

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 76 West Rocks Road, Norwalk, CT 06851	
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 286-C	RHNS	(Specify)	Medicare Provider 07-5356
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Medicaid Provider Numbers:	CCNH 2865	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) Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Notre Dame Convalescent Homes, Inc. [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.

(a) Subject to the Desk Audit Review

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Notre Dame Convalescent Homes, Inc.	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/7/2021		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 203-847-5893		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Notre Dame Convalescent Homes, Inc.		Address (No. & Street, City, State, Zip ) 76 West Rocks Road, Norwalk, CT 06851		
License Numbers:	CCNH 286-C	RHNS (Specify)	Medicare Provider No. 07-5356	
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 checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Gregory Shahum		Nursing Home Administrator's License No.:	001929	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	3B	37

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

Owner(s) of Facility

N/A



**General Information and Questionnaire  
Related Parties\***

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

### General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
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.				
N/A				



LEASE AGREEMENT

1720 A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Notre Dame Convalescent Homes Incorporated Telephone No: 203-847-5853

Billing Address: 76 West Rocks Rd., Norwalk, CT. 06851 Equipment Location (if other than Billing Address):

EQUIPMENT DESCRIPTION: (Indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

See Attached Schedule A

Table with columns: BASE TERM IN MONTHS (60), TOTAL NUMBER OF LEASE PAYMENTS (60 @ \$ 756.80), END OF LEASE PURCHASE OPTION (Fair market value, plus taxes), and a summary row for (a) Advance Payment, (b) Security Deposit, (c) Documentation Fee, and Total due.

\*\*If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- 1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").

- 8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: [Signature] Print Name: Gregory Shahan Title: Administrator
E-Mail Address: gshahan@ndhrehab.org Date: 06/01/2021
Tax ID Number: E-4171

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X [Signature] Print Name: E-Mail Address:
Accepted by: LEAF CAPITAL FUNDING, LLC By: Title: Date: (LEASE 01 2-7-2019)



# BBI TECHNOLOGIES

## OFFICE EQUIPMENT SOLUTIONS

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

Visit us on the web at [www.bbitech.com](http://www.bbitech.com)

### PRINT MANAGEMENT MAINTENANCE AGREEMENT

We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.

**PRIORITY SERVICE:** You receive priority attention on your service call request

**PREVENTATIVE MAINTENANCE:** To minimize downtime, preventive maintenance is performed per manufacturer specifications

**SERVICE HOURS 8:30 AM to 5:00 PM** - Monday through Friday excluding holidays

**PLEASE READ THE FOLLOWING EXCEPTIONS CAREFULLY:**

- A. Repair or adjustment caused by water, fire, accident, abuse, improper operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. Relocation of your equipment not covered under this agreement
- E. This agreement covers **Hardware Only**. Printer driver installation, scanning configuration, fax configuration or reinstallation of software is **NOT COVERED UNDER THIS AGREEMENT**
- F. **OPTIONAL REMOTE SOFTWARE SUPPORT** Includes: Remote Setup for Scan to Folder / Email & Printer Driver Installation

\$9.95 per month (Please check one and initial): Yes \_\_\_ Not Required X Customer Initials \_\_\_\_\_

**RENEWAL** Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name: Notre Dame Health and Rehab Center

Period Covered: \_\_\_\_\_

Street Address: 76 West Rocks Rd.

City: Norwalk

State: CT

Zip: 06851

Contact: Delores Email Address: dtirpak@ndhrehab.org Phone: 203-847-5853

Equipment Covered by this Agreement: See attached

MAKE	MODEL	SERIAL NUMBER	ID#	Location
COPYSTAR	CS-5053ci			Hallway
COPYSTAR	CS-3553ci			Business Office
COPYSTAR	CS-3553ci			Staff Office

Cost per Black Print: \$0.0065

Cost per Color Print: \$0.06

Copies/Prints Included with this Contract: **Black** \_\_\_\_\_ **Color:** \_\_\_\_\_ Monthly/Quarterly/Annually/Overall

**Base Billed:** Monthly:  Quarterly:  Yearly:  N/A  Base Amount per Month: \$ \_\_\_\_\_

**Overage Billed:** Monthly  Quarterly:  Semi Annual  Yearly:

**COMPLETE SERVICE & SUPPLY AGREEMENT:** Includes all parts, labor, travel and consumables. **Not included: PAPER & STAPLES**

Approved for Service BBI Technologies, Inc.	BBI Representative	DATE	<b>CUSTOMER SIGNATURE</b> 	DATE 6/1/2002
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SCHEDULE A TO LEASE AGREEMENT  
(EQUIPMENT DESCRIPTION)

Lease Application No.: 658941

QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 76 West Rocks Rd., Norwalk , CT 06851

1	Copy Star CS 5053ci	New		CS 5053ci	
	Copy Star CS 3553ci				
	Copy Star CS 3553ci				

LESSEE: Notre Dame Convalescent Homes Incorporated

LEAF CAPITAL FUNDING, LLC

BY: Gregory Shahan  
 PRINT NAME: Gregory Shahan  
 TITLE: Administrator  
 DATE: 6/1/2011

BY: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_



# BBI TECHNOLOGIES

## OFFICE EQUIPMENT SOLUTIONS

269 Woodmont Road, PO Box 3680 Milford, CT 06460

Toll Free 1-800-548-9336 Local 203-878-3581 Fax 203-878-1219

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We pledge and dedicate the skills and technical knowledge of our certified, factory trained technicians and customer support staff to insure the performance of your office equipment.

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- A. Repair or adjustment caused by water, fire, accident, abuse, improper operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. Relocation of your equipment not covered under this agreement
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- F. **OPTIONAL REMOTE SOFTWARE SUPPORT** Includes: Remote Setup for Scan to Folder / Email & Printer Driver Installation

\$9.95 per month (Please check one and initial): Yes  Not Required  Customer Initials \_\_\_\_\_

**RENEWAL** Upon completion of the "period covered" below, this agreement will be renewed quarterly, unless cancelled by either party within 30 days written notice.

This agreement may be subject to an annual increase.

Customer Name: Notre Dame Health and Rehab Center

Period Covered: \_\_\_\_\_

Street Address: 76 West Rocks Rd.

City: Norwalk

State: CT

Zip: 06851

Contact: Delores Email Address: dtirpak@ndhrehab.org Phone: 203-847-5853

Equipment Covered by this Agreement: See attached

MAKE	MODEL	SERIAL NUMBER	ID#	Location
COPYSTAR	CS-5053ci			Hallway
COPYSTAR	CS-3553ci			Business Office
COPYSTAR	CS-3553ci			Staff Office

Cost per Black Print: \$ .0065

Cost per Color Print: \$ .06

Copies/Prints Included with this Contract: Black \_\_\_\_\_ Color: \_\_\_\_\_ Monthly/Quarterly/Annually/Overall

Base Billed: Monthly:  Quarterly:  Yearly:  N/A  Base Amount per Month: \$ \_\_\_\_\_

Overage Billed: Monthly  Quarterly:  Semi Annual  Yearly:

**COMPLETE SERVICE & SUPPLY AGREEMENT:** Includes all parts, labor, travel and consumables. Not included: PAPER & STAPLES

Approved for Service BBI Technologies, Inc.	BBI Representative	DATE	CUSTOMER SIGNATURE	DATE
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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 Year Ended			Page	of
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
U.S. Bank Equipment Finance, Inc., P O. Box 790448, St. Louis, MO 61379	<input type="radio"/>	<input checked="" type="radio"/>	Copiers/Fax (See attached amendment to include additional equipment)	02/03/16	Monthly	17,779	17,779
Marlin Business	<input type="radio"/>	<input checked="" type="radio"/>	Telephone Messaging Service	12/01/11	Quarterly	223	223
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	New Copier	06/01/21	Monthly	4,557	4,557
	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>						22,559	

\* 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 Notre Dame Convalescent Homes,	License No. 286-C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

N/A

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Cost reporting, Auditing, and Accounting	\$ 69,222
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 69,222

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 Wiggin & Dana LLP 2 Goldman Gruder 3 4 5	Telephone Number 203-498-4400 203-899-8900
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 P.O. Box 1832, New Haven, CT 06508  
 2 Connecticut Ave., Norwalk, CT 06851  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 General Resident Matters	\$ 6,106
2 General Representation and Employee Matters	\$ 12,959
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 19,065

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 Notre Dame Convalescent Homes, Inc.		License No. 286-C			Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60						
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	49	49			49	49						
B. As of midnight of THIS report period	43	43							43	43		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,214	2,207		7	1,764	1,757		7	450	450		
B. Medicaid (Conn.)	9,903	9,800		103	7,125	7,053		72	2,778	2,747		31
C. Medicaid (other states)												
D. Private Pay	2,471	2,469		2	1,924	1,924			547	545		2
E. State SSI for RCH												
F. Other (Specify) Managed Care	290	290			197	197			93	93		
G. Total Care Days During Period (3A thru F)	14,878	14,766		112	11,010	10,931		79	3,868	3,835		33
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	14,878	14,766		112	11,010	10,931		79	3,868	3,835		33

**Annual Report of Long-Term Care Facility**

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Notre Dame Convalescent Homes, Inc.		License No. 286-C		Report for Year Ended 9/30/2021			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	7		30			6							
Per Diem Rate													
a. One bed rm.	Various		279.79			420.00							
b. Two bed rms.	Various		279.79			390.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,379	1,379				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,683	4,683				
D. <b>Total Physical Therapy Treatments</b>								6,062	6,062				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								198	198				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								588	588				
D. <b>Total Speech Therapy Treatments</b>								786	786				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,001	1,001				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,853	4,853				
D. <b>Total Occupational Therapy Treatments</b>								5,854	5,854				

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,610	2,208				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	197,467	12,580				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	60,662	3,368				
c. Dietary Workers	328,050	28,945				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	180,044	22,193				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,294	3,383				
b. Other Maintenance Workers	57,272	3,442				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	75,155	7,827				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	100,784	3,372				
b. RN						
1. Direct Care	281,261	8,359				
2. Administrative**	235,712	12,085				
c. LPN						
1. Direct Care	523,857	27,379				
2. Administrative**						
d. Aides and Attendants	915,327	78,222				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	111,417	7,644				
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	79,662	4,316				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	169,379	9,625				
<i>A-13. Total Salary Expenditures</i>	3,521,953	234,948				

\* 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
	0					
Admin. - HR/Social Services	\$ 7,317	86				
Religious - Nuns Pastoral	\$ 126,932	7,633				
Medical Records - In House	\$ 35,130	1,906				
<b>Total</b>	\$ 169,379	9,625	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Visiting Priests	\$ 4,750	149				
MDS Consultant	\$ 20,662	151				
Human Resources	\$ 3,890	39				
Medical Records	\$ 15,643	508				
<b>Total</b>	\$ 44,945	847	\$ -	-	\$ -	-

**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	
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										
Sisters Congregation _ Saint Thomas of Villanova	10,133			Non-discrim.	Employee	N/A	A4			
Sisters Congregation _ Saint Thomas of Villanova	126,932			Non-discrim.	Employee	7,633	A12o			

\* 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	
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Dana J Paul	49,135			Non-discriminatory	Administrator 10/1/2020-1/15/2021	800	A2			
Gregory Shahum	86,475			Non-discriminatory	Administrator 1/15/2021-9/30/2021	1,408	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	8,785	220				
2. Dentist	3,872	5				
3. Pharmacist	888	7				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	142,310	1,562				
b. Other						
6. Social Worker	21,300	533				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	67,550	261				
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						
9. Speech Therapist						
a. Resident Care	57,541	415				
b. Other						
10. Occupational Therapist						
a. Resident Care	133,899	1,516				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	225,983	1,958				
2. Administrative***						
b. LPN						
1. Direct Care	82,326	1,513				
2. Administrative***						
c. Aides	111,752	3,214				
d. Other						
12. Other (Specify) See Attached Schedule	44,945	847				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>901,151</b>	<b>12,051</b>				

\* 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 Notre Dame Convalescent Homes, Inc.		License No. 286-C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthPro Heritage PO Box 69268 Baltimore, MD 21264	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Select Rehabilitation, 2600 Compass Rd. Glenview Il. 60026	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Capital, 405 Park Ave. New York,NY. 10022	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network, PO BOX 982 Southington CT. / 360 Bloomfield Ave Windsor CT.	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AAA Nursing, 3303 Main St, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Gale Healthcare 11274 W Hillsborough Ave, Tampa, FL 33635	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
JP American Staffing, 1825 Barnum Ave, Stratford, CT 06614	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Eye Care, 888 Worcester St, Wellesley, MA 02482	Eye Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Richard Huntley, 40 Cross Street #400, Norwalk, CT 06851	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Edward McDermott, 27 Fisher Ave. Tuckahoe N.Y. 10707	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Emily Quade, 55 Myrtle St. Ext. Norwalk, CT 06855	MDS Coord.	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Simone Parkes 64 Eaton Ave, Bridgeport, CT 06606	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Erla Ticsay, 215 Alba Ave, Bridgeport CT 06606	LPN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Tempositions, 622 Third Ave New York, NY 10017	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MDS Rescue, 507 Main St. Torrington, CT 06790	MDS Coord.	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Various	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 94,495	94,495		
2. Disability Insurance	\$ 18,283	18,283		
3. Unemployment Insurance	\$ 7,704	7,704		
4. Social Security (F.I.C.A.)	\$ 225,982	225,982		
5. Health Insurance	\$ 372,878	372,878		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 8,740	8,740		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 29,955	29,955		
d. Accounting and Auditing	\$ 69,222	69,222		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 19,065	19,065		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 15,786	15,786		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,167	28,167		
2. Cellular Phones	\$			
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	\$ 215,054	215,054		
<b>Subtotal</b>	\$ 1,105,331	1,105,331		

\* 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**

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	1,105,331	1,105,331			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 15,959	15,959			
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 45	45			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 787	787			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,931	14,931			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,041	5,041			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,840	11,840			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 6,005	6,005			
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> )	\$ 88,310	88,310			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 119,808	119,808			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 1,368,057	1,368,057			

\* 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)
	0		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Admin. - Public Relations - A	14,931		
<b>Total Other Advertising</b>	\$ 14,931	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT CAHCF	\$ 10,400		
CT Dept. of Admin Svcs.	\$ 715		
ALTCFM	\$ 85		
Dept Consumer Protection	\$ 40		
AHCA	\$ 600		
<b>Total Dues</b>	\$ 11,840	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Other Income - Refunds(disallowed)	\$ 42,129		
Admin - Bank Service Charge	\$ 1,501		
Admin - Administrative Fees	\$ 6,003		
Admin - Pre Employment Screening	\$ 8,766		
Admin - Civil Penalties	\$ 655		
Bus. Office - Paychecks/ADP	\$ 37,330		
COVID 19 Care	\$ 22,702		
Religious Supplies	\$ 722		
<b>Total Other Administrative and General</b>	\$ 119,808	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

**\* 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
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2021	18	37
Item		Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	139,550	139,550		
2. Non-Food Supplies	\$	7,423	7,423		
3. Other ( <i>Specify</i> ) _____	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
c. Other ( <i>Specify</i> ) _____	\$	1,952	1,952		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	148,925	148,925	
<b>2E. Dietary Questionnaire</b>					
<b>F. Resident Meals:</b>		Total no. of meals served per day:*			
<b>G. Is cost of employee meals included in 2D?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>H. Did you receive revenue from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>I. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
<b>K. Is any revenue collected from these people?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>L. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
<b>N. Is any revenue collected from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>O. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

\* 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 Notre Dame Convalescent Homes, Inc.		License No. 286-C	Report for Year Ended 9/30/2021		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$				
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other ( <i>Specify</i> ) Laundry & Linen Supplies	\$	21,437	21,437		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	21,437	21,437		
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
Notre Dame Convalescent Homes, Inc.		286-C	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. \$	36,189	36,189		
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> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	36,189	36,189		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	51,431	51,431		
b.	Medicine Cabinet Drugs	\$	19,057	19,057		
c.	Medical and Therapeutic Supplies	\$	137,835	137,835		
d.	Ambulance/Limousine***	\$	6,277	6,277		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	7,049	7,049		
f.	X-rays and Related Radiological Procedures***	\$	23,891	23,891		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	46,807	46,807		
i.	Recreation	\$	14,774	14,774		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$				
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	307,121	307,121		

\* 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)
	0		
<b>Total Other Resident Care</b>	\$ -	\$ -	\$ -

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

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C	Report for Year Ended 9/30/2021	Page of 21   37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
		<input type="radio"/>	<input checked="" type="radio"/>								
Pylon Technology	PO Box 441 Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	36,388				16	M11
PointClickCare Technologies	PO Box 674802 Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	20,018				16	M11
Honeywell Building Solutions	12490 Collection Center Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	18,644				22	6F
Finocchio Brothers	49 Liberty Place, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Disposal	15,131				22	6F
E T's Landscaping	41 Fair St, Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	23,635				22	6F
Ratick Combustion	PO Box 6406 Bridgeport, CT 06606	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	12,339				22	6F
		<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
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 24,291	24,291				
b. Heat	\$ 104,827	104,827				
c. Light & Power	\$ 68,967	68,967				
d. Water	\$ 25,600	25,600				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 22,559	22,559				
f. Other ( <i>itemize</i> )	\$ 101,546	101,546				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 347,790</b>	<b>347,790</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 34,655	34,655				
c. Non-Movable Equipment	\$ 4,803	4,803				
d. Movable Equipment	\$ 31,442	31,442				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 70,900</b>	<b>70,900</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 34,304	34,304				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 105,204</b>	<b>105,204</b>				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
	0		
PLANT OPER/MAINT. - PURCH. SE	\$ 77,011		
PLANT OPER./MAINT-GROUNDS	\$ 24,535		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 101,546</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of				
Notre Dame Convalescent Homes, Inc			286-C		9/30/2021			23	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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			94,852		94,852	94,852	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			2,924,230		2,924,230	2,542,715	S/L	Various	34,040				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			36,893		36,893		S/L	Various	615				
B-4. Subtotal										34,655			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			433,873		433,873	399,791	S/L	Various	4,803				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										4,803			
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1997 Ford Truck		x		8	2002	9,538		9,538	9,538	S/L	8 yr		
b. 1999 Toyota Forerunner/2005 Chrysl		x		Var	Var	23,525		23,525	23,525	S/L	5 yr		
c. 2011 GMC Sierra Truck		x		2	2016	23,710		23,710	23,710	S/L	5 yr		
d. 2020 Mobility Trans S4X		x		2	2020	75,500		75,500	15,100	S/L	5 yr	15,100	
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	908,299		908,299	833,351	S/L	Various	16,002	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	10,185		10,185		S/L	Various	340	
D-3. Subtotal													31,442
<b>E. Total Depreciation</b>											70,900		

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
6/3/2021	Oil Tank Removal/Installation	\$ 36,893	30	\$ 615
<b>Total additions for Building Improvement</b>		\$ 36,893		\$ 615 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
8/3/2021	Power Lift	\$ 4,795	5	\$ 160
8/5/2021	Body Scanner	\$ 5,390	5	\$ 180
<b>Total additions for Movable Equipmen</b>		\$ 10,185		\$ 340 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Notre Dame Convalescent Homes, Inc.			286-C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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.



Notre Dame Convalescent Homes, Inc.  
Depreciation Schedule  
09/30/21

PROPERTY CATEGORY	Acquisition Year	Historical Costs	Cost to Be Depreciated	Method	Life	2017 Accum. Dep.	2018 Deprec.	2018 Accum. Dep.	2019 Deprec.	2019 Accum. Dep.	2020 Deprec.	2020 Accum. Deprec.	2021 Deprec.	2021 Accum. Deprec.	Net Book Value
<b>Land Improvements</b>															
<b>Acquired prior 2011 per 2011 Cost Report</b>															
Land Improvements	Various	94,852	94,852	Var.	S/L	94,852	-	94,852	-	94,852	-	94,852	-	94,852	-
<b>Total</b>		<b>94,852</b>	<b>94,852</b>			<b>94,852</b>	<b>-</b>	<b>94,852</b>	<b>-</b>	<b>94,852</b>	<b>-</b>	<b>94,852</b>	<b>-</b>	<b>94,852</b>	<b>-</b>
<b>Building and Building Improvements</b>															
<b>Acquired prior 2011 per 2011 Cost Report</b>															
Building and Building Improvements	Various	2,334,709	2,334,709	Var.	S/L	2,334,709	-	2,334,709	-	2,334,709	-	2,334,709	-	2,334,709	-
		2,334,709	2,334,709			2,334,709	-	2,334,709	-	2,334,709	-	2,334,709	-	2,334,709	-
<b>Acquired in 2011</b>															
Business Office Flooring	10/31/2010	1,150	1,150	5	S/L	1,150	-	1,150	-	1,150	-	1,150	-	1,150	-
Roof (ND Wing and MK Section - Allowable)	12/31/2010	101,220	101,220	20	S/L	35,427	5,061	40,488	5,061	45,549	5,061	50,610	5,061	55,671	45,549
Replace Skylights	3/1/2011	2,600	2,600	20	S/L	910	130	1,040	130	1,170	130	1,300	130	1,430	1,170
Renovate Beauty Salon	9/23/2011	9,348	9,348	20	S/L	3,271	467	3,738	467	4,205	467	4,672	467	5,139	4,209
		114,318	114,318			40,758	5,658	46,416	5,658	52,074	5,658	57,732	5,658	63,390	50,928
<b>Acquired in 2012</b>															
Phil's Main Roofing, LLC	7/6/2012	6,000	6,000	20	S/L	1,800	300	2,100	300	2,400	300	2,700	300	3,000	3,000
Phil's Main Roofing, LLC	7/11/2012	175	175	20	S/L	53	9	62	9	71	9	80	9	89	86
Phil's Main Roofing, LLC	7/13/2012	4,470	4,470	20	S/L	1,342	224	1,566	224	1,790	224	2,014	224	2,238	2,233
Chiller	8/9/2012	13,983	13,983	25	S/L	3,356	559	3,915	559	4,474	559	5,033	559	5,592	8,392
		24,628	24,628			6,550	1,092	7,642	1,092	8,734	1,092	9,826	1,092	10,918	13,710
<b>Acquired in 2013</b>															
L.P Painting Service, Inc.	10/15/2012	28,162	28,162	20	S/L	7,040	1,408	8,448	1,408	9,856	1,408	11,264	1,408	12,672	15,489
		28,162	28,162			7,040	1,408	8,448	1,408	9,856	1,408	11,264	1,408	12,672	15,489
<b>Acquired in 2015</b>															
Bathroom Showers	06/05/2015	950	950	20	S/L	144	48	192	48	240	48	288	48	336	615
Bathroom	06/30/2015	2,850	2,850	20	S/L	429	143	572	143	715	143	858	143	1,001	1,850
Condensate Pump Replacement	08/26/2015	5,250	5,250	20	S/L	789	263	1,052	263	1,315	263	1,578	263	1,841	3,410
8 Floor Repairs	06/17/2015	2,000	2,000	20	S/L	300	100	400	100	500	100	600	100	700	1,300
Bathroom Tile	06/30/2015	5,855	5,855	10	S/L	1,758	586	2,344	586	2,930	586	3,516	586	4,102	1,754
		16,905	16,905			3,418	1,140	4,558	1,140	5,698	1,140	6,838	1,140	7,978	8,927
<b>Acquired in 2016</b>															
Roofing Project	12/1/2015	136,170	136,170	15	S/L	18,156	9,078	27,234	9,078	36,312	9,078	45,390	9,078	54,468	81,702
Front Doorway Project	8/1/2016	104,792	104,792	15	S/L	13,972	6,986	20,958	6,986	27,944	6,986	34,930	6,986	41,916	62,876
P. Arcario's Salary (Various Projects)	1/1/2016	15,585	15,585	4	S/L	7,792	3,896	11,688	3,896	15,584	3,896	19,480	3,896	23,376	1
Less: Restricted Contributions Revenue	9/30/2016	(60,000)	(60,000)	15	S/L	(8,000)	(4,000)	(12,000)	(4,000)	(16,000)	(4,000)	(20,000)	(4,000)	(24,000)	(36,000)
		196,547	196,547			31,920	15,960	47,880	15,960	63,840	15,960	79,800	15,960	95,760	108,579
<b>Acquired in 2017</b>															
Front Doorway Project	3/4/2017	99,987	99,987	15	S/L	6,666	6,666	13,332	6,666	19,998	6,666	26,664	6,666	33,330	66,657
Therapy Room Project	4/7/2017	18,470	18,470	15	S/L	1,231	1,231	2,462	1,231	3,693	1,231	4,924	1,231	6,155	12,315
Boiler Project	9/14/2017	63,568	63,568	20	S/L	3,178	3,178	6,356	3,178	9,534	3,178	12,712	3,178	15,890	47,678
Less: Restricted Contributions Revenue	9/30/2017	(40,000)	(40,000)	15	S/L	(2,667)	(2,667)	(5,334)	(2,667)	(8,001)	(2,667)	(10,668)	(2,667)	(13,335)	(26,665)
		142,025	142,025			8,408	8,408	16,816	8,408	25,224	8,408	33,632	8,408	42,040	99,985
<b>Acquired in 2018</b>															
Fire Doors	3/2/2018	21,752	21,752	20	S/L	-	1,088	1,088	1,088	2,176	1,088	3,264	1,088	4,352	17,400
Satellite Antenna System	4/3/2018	9,800	9,800	20	S/L	-	490	490	490	980	490	1,470	490	1,960	7,840
Courtyard Paving	6/20/2018	16,425	16,425	10	S/L	-	1,643	1,643	1,643	3,286	1,643	4,929	1,643	6,572	9,853
Camera System	7/12/2018	6,044	6,044	15	S/L	-	403	403	403	806	403	1,209	403	1,612	4,432
Hillway Flooring	9/11/2018	12,915	12,915	20	S/L	-	646	646	646	1,292	646	1,938	646	2,584	10,331
		66,936	66,936			-	4,270	4,270	4,270	8,540	4,270	12,810	4,270	17,080	49,856
<b>Acquired in 2021</b>															
Oil Tank Removal/Installation	6/3/2021	36,893	36,893	30	S/L	-	-	-	-	-	-	-	615	615	36,278
		36,893	36,893			-	-	-	-	-	-	-	615	615	36,278
<b>Total</b>		<b>2,961,123</b>	<b>2,961,123</b>			<b>2,432,803</b>	<b>37,936</b>	<b>2,470,739</b>	<b>37,936</b>	<b>2,508,675</b>	<b>34,040</b>	<b>2,542,715</b>	<b>34,655</b>	<b>2,577,370</b>	<b>383,752</b>
<b>Non-Movable Equipment</b>															
<b>Acquired prior 2011 per 2011 Cost Report</b>															
Non-Movable Equipment	Various	349,132	349,132	Var.	S/L	297,534	16,818	314,352	16,818	331,170	16,818	347,988	1,144	349,132	-
		349,132	349,132			297,534	16,818	314,352	16,818	331,170	16,818	347,988	1,144	349,132	-
<b>Acquired in 2011</b>															
32E Bock Hot Water Heater (Maintenance Equip.)	10/31/2010	3,309	3,309	10	S/L	2,317	331	2,648	331	2,979	331	3,310	-	3,310	(1)
Automatic Grease Trap (Kitchen Equipment)	8/1/2011	18,600	18,600	10	S/L	13,020	1,860	14,880	1,860	16,740	1,860	18,600	-	18,600	-
		21,909	21,909			15,337	2,191	17,528	2,191	19,719	2,191	21,910	-	21,910	(1)
<b>Acquired in 2012</b>															
Devine Bros., Inc. - Mechanical Contractors	11/1/2011	16,562	16,562	20	S/L	4,968	828	5,796	828	6,624	828	7,452	828	8,280	8,282
Devine Bros., Inc. - Mechanical Contractors	12/14/2011	16,562	16,562	20	S/L	4,968	828	5,796	828	6,624	828	7,452	828	8,280	8,282
		33,124	33,124			9,937	1,656	11,593	1,656	13,249	1,656	14,905	1,656	16,561	16,563
<b>Acquired in 2013</b>															
Upholstery and furnishings	6/6/2013	10,767	10,767	20	S/L	2,691	538	3,229	538	3,767	538	4,305	538	4,843	5,924
Decorative Living of Westport	6/11/2013	2,598	2,598	20	S/L	650	780	1,430	780	2,210	780	2,990	780	3,770	1,428
Window Treatments Unlimited	6/14/2013	594	594	20	S/L	149	30	179	30	209	30	239	30	269	325
Robert Allen Group	8/7/2013	5,411	5,411	20	S/L	1,354	271	1,625	271	1,896	271	2,167	271	2,438	2,973
		19,370	19,370			4,844	969	5,813	969	6,782	969	7,751	969	8,720	10,651
<b>Acquired in 2014</b>															

Upholstery and furnishings	10/15/2013	10,338	10,338	10	S/L	4,136	1,034	5,170	1,034	6,204	1,034	7,238	1,034	8,272	2,066
		10,338	10,338			4,136	1,034	5,170	1,034	6,204	1,034	7,238	1,034	8,272	2,066
<b>Total</b>		<b>433,873</b>	<b>433,873</b>			<b>331,787</b>	<b>22,668</b>	<b>354,455</b>	<b>22,668</b>	<b>377,123</b>	<b>22,668</b>	<b>399,791</b>	<b>4,803</b>	<b>404,594</b>	<b>29,280</b>
<b>Motor Vehicles - Moveable Equipment</b>															
<b>Acquired prior 2011 per 2011 Cost Report</b>															
1997 Ford Truck	8/1/2002	9,538	9,538	8	S/L	9,538	-	9,538	-	9,538	-	9,538	-	9,538	-
1999 Toyota ForeRunner	1/1/2004	17,025	17,025	5	S/L	17,025	-	17,025	-	17,025	-	17,025	-	17,025	-
2005 Chrysler Van	12/1/2008	6,500	6,500	5	S/L	6,500	-	6,500	-	6,500	-	6,500	-	6,500	-
		33,063	33,063			33,063	-	33,063	-	33,063	-	33,063	-	33,063	-
<b>Acquired in 2016</b>															
2012 GMC Sierra Truck	2/1/2016	23,710	23,710	5	S/L	9,484	4,742	14,226	4,742	18,968	4,742	23,710	-	23,710	0
		23,710	23,710			9,484	4,742	14,226	4,742	18,968	4,742	23,710	-	23,710	0
<b>Acquired in 2020</b>															
2020 Mobility Trans S4X	2/19/2020	75,500	75,500	5	S/L	-	-	-	-	15,100	15,100	15,100	15,100	30,200	45,300
		75,500	75,500			-	-	-	-	15,100	15,100	15,100	15,100	30,200	45,300
<b>Total</b>		<b>132,273</b>	<b>132,273</b>			<b>42,547</b>	<b>4,742</b>	<b>47,289</b>	<b>4,742</b>	<b>52,031</b>	<b>19,842</b>	<b>71,873</b>	<b>15,100</b>	<b>86,973</b>	<b>45,300</b>
<b>Movable Equipment</b>															
<b>Acquired prior 2011 per 2011 Cost Report</b>															
Moveable Equipment	Various	655,485	655,485	Var.	S/L	655,485	-	655,485	-	655,485	-	655,485	-	655,485	-
		655,485	655,485			655,485	-	655,485	-	655,485	-	655,485	-	655,485	-
<b>Acquired in 2011</b>															
ADS Time Clock System	10/1/2010	4,185	4,185	5	S/L	4,185	-	4,185	-	4,185	-	4,185	-	4,185	-
Computer, Monitor, and Printer	11/30/2010	5,813	5,813	5	S/L	5,813	-	5,813	-	5,813	-	5,813	-	5,813	-
Alliance Patient Stand-Assist Lift	7/1/2011	3,061	3,061	10	S/L	2,143	306	2,449	306	2,755	306	3,061	-	3,061	1
61 Cherry Overbed Tables	6/30/2011	12,410	12,410	10	S/L	8,687	1,241	9,928	1,241	11,169	1,241	12,410	-	12,410	-
25 Flat Screen TVs	6/30/2011	4,462	4,462	10	S/L	3,123	446	3,569	446	4,015	446	4,461	-	4,461	1
PointClickCare Software	7/30/2011	17,375	17,375	5	S/L	17,375	-	17,375	-	17,375	-	17,375	-	17,375	-
Nursing Station Kiosks & Install	9/1/2011	12,171	12,171	5	S/L	12,171	-	12,171	-	12,171	-	12,171	-	12,171	-
		61,734	61,734			55,753	1,993	57,746	1,993	59,739	1,993	61,732	-	61,732	1
<b>Acquired in 2012</b>															
Kiosk Bundle	10/31/2011	165	165	5	S/L	165	-	165	-	165	-	165	-	165	-
Mobility Cart	11/17/2011	2,440	2,440	5	S/L	2,440	-	2,440	-	2,440	-	2,440	-	2,440	-
Mobility Cart	1/25/2012	287	287	5	S/L	287	-	287	-	287	-	287	-	287	-
Touch Screen Tablet PC	3/13/2012	2,555	2,555	5	S/L	2,555	-	2,555	-	2,555	-	2,555	-	2,555	-
Beds	2/8/2012	2,826	2,826	10	S/L	1,696	283	1,979	283	2,262	283	2,545	283	2,828	(2)
Beds	2/27/2012	3,276	3,276	10	S/L	1,966	328	2,294	328	2,622	328	2,950	328	3,278	(2)
Telephone Equipment	12/15/2011	17,833	17,833	7	S/L	15,286	2,547	17,833	-	17,833	-	17,833	-	17,833	-
Antenna Module	2/14/2012	464	464	7	S/L	397	67	464	-	464	-	464	-	464	-
Flatscreen TV	7/11/2012	1,890	1,890	10	S/L	1,134	189	1,323	189	1,512	189	1,701	189	1,890	(0)
Laptop	8/9/2012	1,003	1,003	5	S/L	1,003	-	1,003	-	1,003	-	1,003	-	1,003	-
LCD Monitor	8/9/2012	366	366	5	S/L	366	-	366	-	366	-	366	-	366	-
		33,105	33,105			27,296	3,414	30,709	800	31,509	800	32,309	800	33,109	(4)
<b>Acquired in 2013</b>															
Lenovo Monitor	2/7/2013	2,166	2,166	5	S/L	2,166	-	2,166	-	2,166	-	2,166	-	2,166	-
		2,166	2,166			2,166	-	2,166	-	2,166	-	2,166	-	2,166	-
<b>Acquired in 2014</b>															
Radiant Heat Plate Dispenser	7/10/2014	1,500	1,500	7	S/L	857	214	1,071	214	1,285	214	1,499	1	1,500	0
Cambrio 2-compartment Meal Delivery Cart	8/11/2014	6,881	6,881	10	S/L	2,752	688	3,440	688	4,128	688	4,816	688	5,504	1,377
17" CarePoint Kiosk Bundle Computer	1/4/2014	1,664	1,664	7	S/L	951	238	1,189	238	1,427	238	1,665	-	1,665	(1)
Electric beds (5)	5/2/2014	7,500	7,500	10	S/L	3,000	750	3,750	750	4,500	750	5,250	750	6,000	1,500
		17,545	17,545			7,560	1,890	9,450	1,890	11,340	1,890	13,230	1,439	14,669	2,876
<b>Acquired in 2015</b>															
Economy Beverage Service Cart w/ locking doors	4/7/2015	2,931	2,931	10	S/L	879	293	1,172	293	1,465	293	1,758	293	2,051	880
Careworx - Computer kiosk for nursing	5/21/2015	8,071	8,071	5	S/L	4,842	1,614	6,456	1,614	8,070	1	8,071	1	8,072	(1)
Fiberglass Dining Tble (11) Spectables, Inc.	4/28/2015	9,077	9,077	10	S/L	2,724	908	3,632	908	4,540	908	5,448	908	6,356	2,721
		20,080	20,080			8,445	2,815	11,260	2,815	14,075	1,202	15,277	1,202	16,479	3,601
<b>Acquired in 2016</b>															
Elliptical	11/1/2015	3,100	3,100	4	S/L	1,550	775	2,325	775	3,100	-	3,100	-	3,100	-
Carepoint Kiosk	12/9/2015	3,070	3,070	3	S/L	2,046	1,023	3,069	1	3,070	-	3,070	-	3,070	0
Industrial Blender	1/1/2016	1,279	1,279	10	S/L	256	128	384	128	512	128	640	128	768	511
Hospital Beds	9/1/2016	3,658	3,658	10	S/L	732	366	1,098	366	1,464	366	1,830	366	2,196	1,462
Hospital Beds	1/1/2016	3,138	3,138	10	S/L	628	314	942	314	1,256	314	1,570	314	1,884	1,254
Walkie - Talkies	3/1/2016	3,780	3,780	8	S/L	946	473	1,419	473	1,892	473	2,365	473	2,838	942
Hospital Beds	3/1/2016	11,543	11,543	10	S/L	2,308	1,154	3,462	1,154	4,616	1,154	5,770	1,154	6,924	4,619
Snow Plow	5/1/2016	4,740	4,740	5	S/L	1,896	948	2,844	948	3,792	948	4,740	-	4,740	(0)
Dryers	6/1/2016	17,954	17,954	10	S/L	3,590	1,795	5,385	1,795	7,180	1,795	8,975	1,795	10,770	7,184
Water Dispenser	7/1/2016	5,055	5,055	8	S/L	1,264	632	1,896	632	2,528	632	3,160	632	3,792	1,263
		57,317	57,317			15,216	7,608	22,824	6,586	29,410	5,810	35,220	4,862	40,082	17,235
<b>Acquired in 2017</b>															
Hospital Beds	10/18/2016	1,829	1,829	10	S/L	183	183	366	183	549	183	732	183	915	914
Hospital Beds	1/24/2017	2,926	2,926	10	S/L	293	293	586	293	879	293	1,172	293	1,465	1,461
Hospital Beds	7/17/2017	5,423	5,423	10	S/L	542	1,084	1,626	542	2,168	542	2,710	542	3,252	2,713
HK Laundry Equipment	12/1/2016	11,587	11,587	10	S/L	1,159	1,159	2,318	1,159	3,477	1,159	4,636	1,159	5,795	5,792
		21,765	21,765			2,177	2,177	4,354	2,177	6,531	2,177	8,708	2,177	10,885	10,880
<b>Acquired in 2018</b>															
Sure Temp Thermometer	11/16/2017	2,208	2,208	5	S/L	-	442	442	442	884	442	1,326	442	1,768	440

Sure Temp Thermometer	12/4/2017	2,208	2,208	5	S/L	-	442	442	442	884	442	1,326	442	1,768	440	
Hospital bed	1/3/2018	1,601	1,601	10	S/L	-	160	160	160	320	160	480	160	640	961	
Hospital Beds	2/6/2018	3,766	3,766	10	S/L	-	377	377	377	754	377	1,131	377	1,508	2,258	
John Deere Lawn Mower	5/19/2018	2,147	2,147	5	S/L	-	429	429	429	858	429	1,287	429	1,716	431	
		11,930	11,930			-	1,850	1,850	1,850	3,700	1,850	5,550	1,850	7,400	4,530	
<b>Acquired in 2020</b>																
AeroClave Room Decontamination System		13,999	13,999	10	S/L	-	-	-	-	-	1,400	1,400	1,400	2,800	11,199	
3 Portable Applicators, Hand Sprayers		3,747	3,747	5	S/L	-	-	-	-	-	749	749	749	1,499	2,248	
3 Remote Head Tripod		327	327	5	S/L	-	-	-	-	-	65	65	65	131	196	
Vital Oxide Disinfectant Solution 3 Cases		480	480	10	S/L	-	-	-	-	-	48	48	48	96	384	
Freight Outbound		280	280	5	S/L	-	-	-	-	-	56	56	56	112	168	
Aeroclave data logging software		850	850	3	S/L	-	-	-	-	-	283	283	283	567	283	
Electrotherapy System		3,795	3,795	7	S/L	-	-	-	-	-	542	542	542	1,084	2,711	
CardioTech GT-4500 Hand-held Bladder Scanner		3,695	3,695	7	S/L	-	-	-	-	-	528	528	528	1,056	2,639	
		27,173	27,173			-	-	-	-	-	3,672	3,672	3,672	7,344	19,829	
<b>Acquired in 2021</b>																
Power Lift	8/3/2021	4,795	4,795	5	S/L	-	-	-	-	-	-	-	160	160	4,635	
Body Scanner	8/5/2021	5,390	5,390	5	S/L	-	-	-	-	-	-	-	180	180	5,210	
		10,185	10,185			-	-	-	-	-	-	-	340	340	9,846	
<b>Total</b>		<b>918,484</b>	<b>918,484</b>				<b>774,099</b>	<b>21,747</b>	<b>795,845</b>	<b>18,111</b>	<b>813,956</b>	<b>19,394</b>	<b>833,350</b>	<b>16,342</b>	<b>849,692</b>	<b>68,793</b>
Cost Report Totals		<b>4,540,605</b>	<b>4,540,605</b>				<b>3,676,087</b>	<b>87,093</b>	<b>3,763,180</b>	<b>83,457</b>	<b>3,846,637</b>	<b>95,944</b>	<b>3,942,581</b>	<b>70,900</b>	<b>4,013,481</b>	<b>527,125</b>
T/B		<b>4,717,994</b>									150,909	3,763,724	150,909	3,763,724	954,270	
Variance		<b>(177,389)</b> (a)					87,093	3,763,180	83,457	3,846,637	(54,965)	178,857	(80,009)	249,757	(427,145)	
<b>Reconciliation</b>													(c)		(b)	
Variance Prior to FY2016		76,089														
Variance from FY2016		1,280														
Variance from FY2017		21														
Add Back: Restricted Contributions Revenue FY2016		60,000														
Add Back: Restricted Contributions Revenue FY2017		40,000														
Rounding		(1)														
<b>Reconciliation Total</b>		<b>177,389</b> (a)														

**Tickmarks**

(a) - carry forward amount from prior year depreciation schedule. In FY2016, there was an additional variance of \$1,280 and restricted capital improvement revenue of \$100,000 added to the initial \$76,089, \$21 variance in FY2017, which ultimately totals to the \$137,389

**Reconciliation Amounts**

(b) E/S vs C/R NBV - Pg 31, Line B9	427,145
(c) Rounding Variance - Pg 31, Line B9	
(c) E/S vs C/R Deprac - Pg 36, Line F1	80,009

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

Name of Facility Notre Dame Convalescent Homes, Inc	License No. 286-C	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes <input checked="" type="radio"/> No	
<small>*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.</small>			If "Yes," complete Part B. If "No," complete Part C.	
Description	Total			
1. Date Land Purchased	1952-Convent			
2. Date Structure Completed	1967, 1972			
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure	05/20/05			
5. Total Licensed Bed Capacity	60			
6. Square Footage	32,319			
7. Acquisition Cost				
a. Land	1966-\$15,000			
b. Building	1966- \$286,852			
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2021				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Notre Dame Convalescent Homes, Inc		286-C	9/30/2021			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (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
Notre Dame Convalescent Homes, I	286-C	9/30/2021	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	26,536	26,536	
b. Insurance on Automobiles	\$	16,284	16,284	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	22,220	22,220	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	82,300	82,300	
ADMIN.-INSUR.(PRO.CAS.LIAB.)				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	147,340	147,340	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	6,905,167	6,905,167	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 133,899	133,899		
7.			Other - See attached Schedule	\$ 4,750	4,750		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 29,955	29,955		
10.			Accounting	\$			
10a.			Legal	\$			
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.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 14,931	14,931		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,358	46,358		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 229,893	229,893		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12B	Visiting Priests	\$ 4,750		
<b>Total Other Fees Adjustments</b>			\$ 4,750	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	13	Admin - Civil Penalites	\$ 655		
16	13	Religious Supplies	\$ 722		
16	13	Other Income - Refunds	\$ 42,129		
16	13	Bank Service Charge - Bounced Check	\$ 102		
16	3	Discriminatory Gifts	\$ 2,750		
<b>Total Other A&amp;G Adjustments</b>			\$ 46,358	\$ -	\$ -



**Notre Dame Convalescent Homes, Inc.**  
**Schedule of Disallowance- Priests and Nuns**  
**September 30, 2021**

	<b>Square Feet</b>	<b>Percent</b>
Convent	8,058	19%
Priest Quarters	1,170	3%
Nursing Home	<u>32,319</u>	<u>78%</u>
	41,547	100%

**Property & Overhead Cost Disallowance**

	<u>Cost Reported</u>	<u>Convent</u>	<u>Priest</u>
A&G Expense Items:			
Repairs & Maintenance	24,291		
Heat	104,827		
Light & Power	68,967		
Water	25,600		
Other Maintenance	<u>101,546</u>		
Total	325,231		
Allocation % from above		19%	3%
Allocation Cost		<u>63,078</u>	<u>9,159</u>
Factor*		0.33333	0.33333
Unallowable Amount		<u>21,026</u>	<u>3,053</u>
<b>Amount to Disallow - Page 29 , Line 39</b>		<b><u>21,026</u></b>	<b><u>3,053</u></b>

**Insurance Disallowance**

Property Insurance	<u>26,536</u>		
Allocation % from above		19%	3%
Allocation Cost		<u>5,147</u>	<u>747</u>
Factor*		0.33333	0.33333
<b>Unallowable Amount (Page 29, Line39)</b>		<b><u>1,716</u></b>	<b><u>249</u></b>

\* Based on space in use only 8 out of 24 hours a day

**Total amount on page 29a**

**26,044**

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

Name of Facility				License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 229,893	229,893		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 51,431	51,431		
28.	20	5d	Ambulance/Limousine	\$ 6,277	6,277		
29.	20	5f	X-rays, etc	\$ 23,891	23,891		
30.	20	5h	Laboratory	\$ 46,807	46,807		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,049	7,049		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,334	8,334		
<b>Page 22 - Maintenance and Property</b>							
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	\$ 26,044	26,044		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 10,152	10,152		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 409,878	409,878		

\*\*\* 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	5i	Cable TV Disallowance	\$ 8,334		
<b>Total Other Ancillary Costs</b>			\$ 8,334	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

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

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Var	Var	Non-Allowable Cost Related to Convent & Priests (See Attached)	\$ 26,044		
<b>Total Other Property Adjustments</b>			\$ 26,044	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	Sub 18	Staff Recognition Fund	\$ 10,135		
30	Sub 18	Rev. Spec. Insurance Reimbursement(Disallowed)	\$ 17		
<b>Total Other Adjustments</b>			\$ 10,152	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Notre Dame Convalescent Homes, Inc.**  
**September 30, 2021**  
**Cable Disallowance Calculation**  
**Page 29a Attachment**

Total Allowable Amount		3,600	
Amount Reported	Page 20, LN 5i	11,934	
<b>Disallowance</b>		<u><u>8,334</u></u>	Page 29a

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 2,543,279	2,543,279				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,037,233	1,037,233				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,125,600	1,125,600				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 46,860	46,860				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,310	1,310				
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	\$ 218,998	218,998				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 926	926				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 76,849	76,849				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 224,130	224,130				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 281,530	281,530				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 45,911	45,911				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 5,602,626	5,602,626				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 675	675				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 338	338				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 950,981	950,981				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 951,994	951,994				
<b>VI. Total All Revenue</b> (III +V)	\$ 6,554,620	6,554,620				

\* 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)
		0		
30 10a	X-RAY MEDICARE A	\$ 13,182		
30 10a	LAB MEDICARE a	\$ 7,778		
30 10a	HHS CRF Funds (MEDICARE)	\$ 260,570		
<b>Total Other Resident Revenue - Medicare</b>		\$ 281,530	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 10b	LAB MEDICAID	\$ 31		
30 10b	COVID RELIEF PAYMENT (MEDICAID)	\$ 45,880		
<b>Total Other Resident Revenue</b>		\$ 45,911	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 10b	Rev.Spec.Serv. - Interest		\$ 338		
<b>Total Interest Income</b>			\$ 338	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 Sub 18	Rev. Spec. Serv. - Unrestricted Contribution	\$ 58,174		
30 Sub 18	Unrealized Gain/Loss	\$ 102,230		
30 Sub 18	Rev. Spec. Serv. - Unrestricted Contribution	\$ 42,091		
30 Sub 18	Rev. Spec. Insurance Reimbursement(Disallowed)	\$ 17		
30 Sub 18	Staff Recognition Fund	\$ 10,135		
30 Sub 18	COVID Federal Loan	\$ 738,334		
<b>Total Other Revenue</b>		\$ 950,981	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	714,963
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	968,103
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(18)
4. Inventories			\$	37,012
5. Prepaid Expenses			\$	4,730
a. General	4,730			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(17,650)
8. Other Current Assets ( <i>itemize</i> )			\$	29,220
Sequestration - Ins.	4,021			
Medicaid Settlement	25,199			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,736,360</b>
B. Fixed Assets				
1. Land			\$	36,800
2. Land Improvements	*Historical Cost	94,852	\$	
	Accum. Depreciation	94,852		Net
3. Buildings	*Historical Cost	2,961,123	\$	383,753
	Accum. Depreciation	2,577,370		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	433,873	\$	29,279
	Accum. Depreciation	404,594		Net
6. Movable Equipment	*Historical Cost	918,484	\$	68,791
	Accum. Depreciation	849,693		Net
7. Motor Vehicles	*Historical Cost	132,273	\$	45,300
	Accum. Depreciation	86,973		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	427,147
F/S vs C/R NBV	427,145			
See Schedule	2			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>991,070</b>

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

(Carry Total forward to next page)



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
		Rounding	\$ 2
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 2

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Resident Refunds	\$ 45,114
33	A12	Due to Others	\$ 82,448
<b>Total Other Current Liabilities (Itemize)</b>			\$ 127,562

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,727,430
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	2,088,189
	Investment Account	1,971,547		
	Ratchford Trust	116,642		
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	2,088,189
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,815,619

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	134,519
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
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> )				\$	72,256
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(15,293)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	200,121
Client Fund Liability		12,108	Employee Tax Shelter PI	(6,249)	
Sunshine Club		1,871	Payroll Savings	53,398	
Wage Garnishments		183	Roth - PPI/Ameriprise	5,116	
403-B Loan Repayment		6,132	See Schedule	127,562	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	391,603

\* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				391,603
<b>Liabilities (cont'd)</b>				
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> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 391,603

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

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,854,572
6. Gain or Loss for Period			\$	(430,556)
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	4,424,016
<b>C. Total Reserves and Net Worth</b>			\$	4,424,016
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,815,619

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2021	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	4,930,594
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,554,620
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,985,176
D. Net Income or Deficit			\$	(430,556)
E. Balance			\$	4,500,038
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Expenses per Pg. 27	\$6,905,167			
F/S vs C/R Deprec.	\$80,009			
Expense Per F/S	\$6,985,176			
2. Other <i>(itemize)</i>				
Prior Period Adjustment		(76,022)		
F-3. Total Additions			\$	(76,022)
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. <b>Balance at End of Period</b>			\$	4,424,016
	09/30/21			

### I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<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				
Matthew S. Bivolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Delores Tirpak			203-847-5893	
Contact Email Address				
dtirpak@ndhrehab.org				

## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Notre Dame Convalescent Homes, Inc. for the year ended September 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Notre Dame Convalescent Homes, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Notre Dame Convalescent Homes, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

***MARCUM LLP***

New Haven, CT  
January 18, 2022





Prepared By: Notre Dame

Provider Name: Notre Dame Conv. Homes, Inc  
 Provider Number: 2865  
 Period Ended: 9/30/2021

Name of Workpaper: VHCL CKLST

**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	Comment
1	Are all vehicles registered and insured in the facility's name? <i>Please provide copies of the most recent insurance cards and current vehicle registration.</i>			
2	Are all purchase and lease agreements made in the facility's name?			
3	Are mileage logs maintained for facility vehicles claimed for reimbursement?			
4	Has the maximum allowable number of vehicles claimed for reimbursement been exceeded?			
5	Was there any personal usage of Facility vehicles? If so, please state the personal use percentage.			
6	Have all newly acquired motor vehicle additions for the 2013 cost year been supported with invoices or purchase/lease agreements and cancelled checks? Please provide copies.			