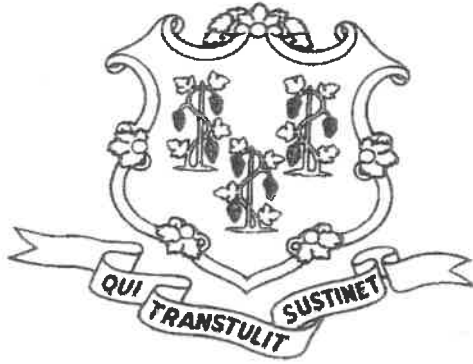


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC	2280	9/30/2021	1	37



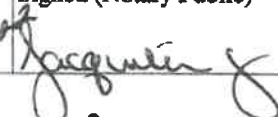
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
					11/31/22
Printed Name (Administrator) Amy Pellerin			Printed Name (Owner) David Baruch		
Subscribed and Sworn to before me:	State of NJ	Date 1-31-2022	Signed (Notary Public) 	Comm. Expires 02/26/2022	
Address of Notary Public 173 Bridge Plaza North, Fort Lee, NJ 07024					

(Notary Seal)

JACQUELINE ELISBERG
 NOTARY PUBLIC OF NEW JERSEY
 Comm. # 2356427
 My Commission Expires 2/26/2022

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By		Phone Number	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

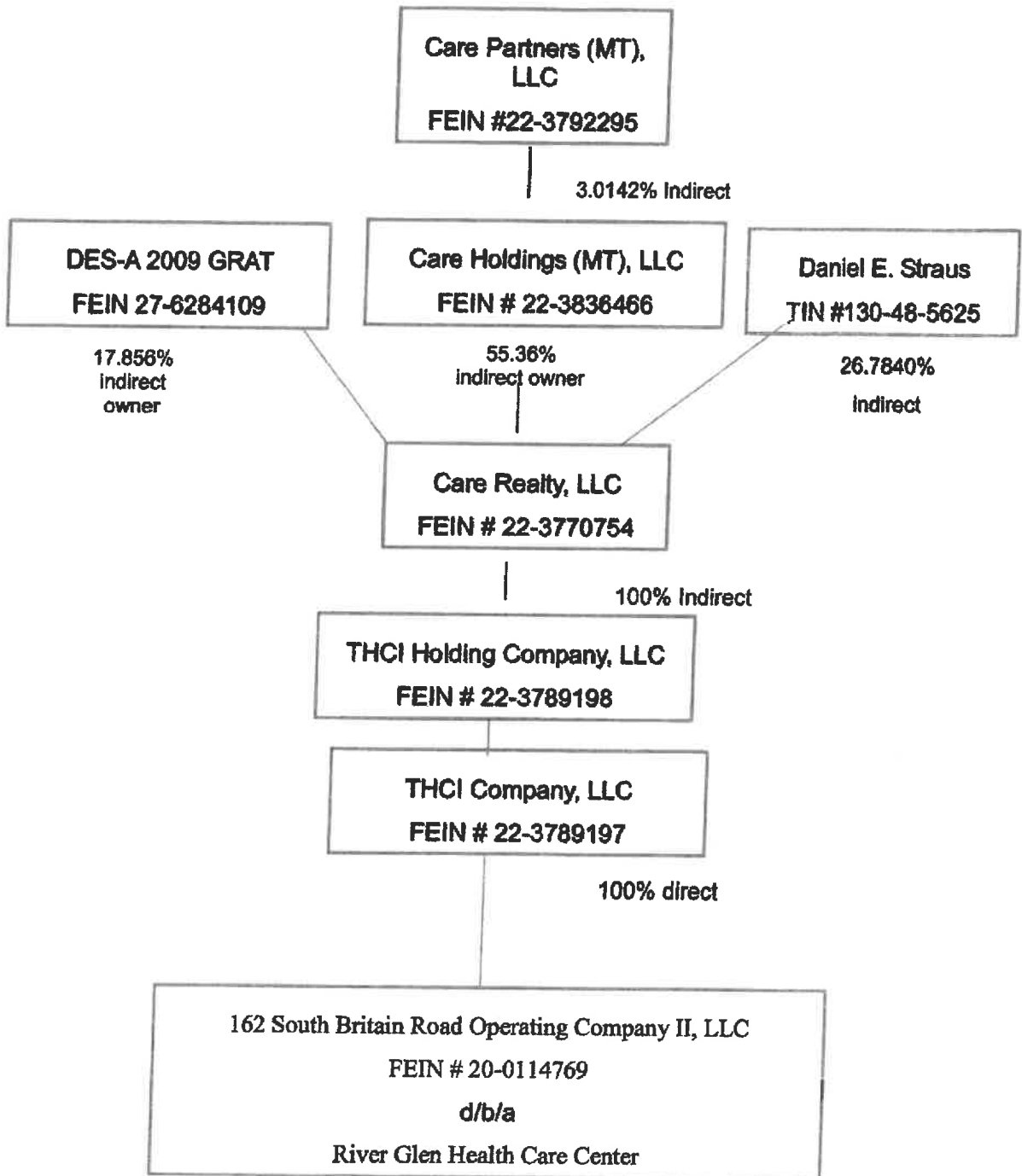
Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-264-9600		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L		Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH 2280	RHNS (Specify)	Medicare Provider No. 07-5241	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" 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.				
Administrator				
Name of Administrator Amy Pellerin		Nursing Home Administrator's License No.:	001577	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



General Information and Questionnaire Corporate Owners

Name of Facility 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	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	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	Pg. 22 / Line 9	796,182	796,182
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	Pg. 16 / Line m12	971,167	971,167
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	Pg 20 / Line 5a2	391,394	371,824
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	12,752	12,115
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy - I Vs	Page 20 / Line 5j	42,929	40,782
HealthBridge & Related Facilities	173 Bridge Plaza North, Fort Lee, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	1,935,521	1,935,521
		<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 162 South Britain Road Operating Company II,	License No. 2280	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fee allocation to facilities on the basis of patient days. Services of related pharmacy invoices as per customary charges that were negotiated.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of Fort			2280	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						
Konica Minolta	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17	and then on-going	15,074	15,074	
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	08/02/12	and then on-going	1,926	1,926	
	<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
Total ***							17,000	

* 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 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual
 Cash
 Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 None 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

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

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

- Yes
 No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Various Legal (Disallowed page 28) 2 3 4 5	Telephone Number
--	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Disallowed - Page 28	\$ 6,678
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$ 6,678	

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

- Yes
 No

Schedule of Resident Statistics

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/E			License No. 2280		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	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	103	103			103	103						
B. As of midnight of THIS report period	87	87							87	87		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,341	6,341			4,363	4,363			1,978	1,978		
B. Medicaid (Conn.)	17,054	17,054			12,651	12,651			4,403	4,403		
C. Medicaid (other states)												
D. Private Pay	4,745	4,745			3,734	3,734			1,011	1,011		
E. State SSI for RCH												
F. Other (Specify) Insurance - Managed Care	4,352	4,352			3,114	3,114			1,238	1,238		
G. Total Care Days During Period (3A thru F)	32,492	32,492			23,862	23,862			8,630	8,630		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	108	108			108	108						
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	32,600	32,600			23,970	23,970			8,630	8,630		

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare		Medicaid		Self-Pay		Other State Assisted		
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	17		45		12			13	
Per Diem Rate									
a. One bed rm.	Various		262.34		527.00			527.00	
b. Two bed rms.	Various		262.34		275.00			275.00	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	887	887		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,375	8,375		
D. Total Physical Therapy Treatments	9,262	9,262		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	241	241		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,951	1,951		
D. Total Speech Therapy Treatments	2,192	2,192		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	669	669		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,647	8,647		
D. Total Occupational Therapy Treatments	9,316	9,316		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort	2280	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	163,333	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	537,066	17,580				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	589,612	26,457				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	386,507	20,943				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	106,716	4,840				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	114,713	7,128				
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	221,335	4,012				
b. RN						
1. Direct Care	858,922	20,073				
2. Administrative**	395,492	10,961				
c. LPN						
1. Direct Care	1,092,487	32,334				
2. Administrative**						
d. Aides and Attendants	1,478,710	76,114				
e. Physical Therapists	537,954	12,468				
f. Speech Therapists	77,831	1,671				
g. Occupational Therapists	354,140	9,211				
h. Recreation Workers	209,838	10,633				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Respiratory Therapist	46,847	1,525				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	100,179	3,268				
n. Marketing	90,371	2,086				
o. Other (Specify)						
See Attached Schedule	72,302	2,879				
<i>A-13. Total Salary Expenditures</i>	<i>7,434,353</i>	<i>266,269</i>				

* 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
Central Supply Clerk	\$ 31,791	1,141				
Medical Records Clerk	\$ 40,511	1,738				
Total	\$ 72,302	2,879	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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			
	2280		9/30/2021				11	37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
N/A									
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).									
N/A									

* 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	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ				2280	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Amy D Pellerin, 10/1/2020-9/30/21	163,333			Standard Employee Benefits	Administrator	2,086	A2			
Section IV - Assistant Administrators										
N/A										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC	2280	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	35,000	96				
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)						
Pulmology	28,250	188				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,160	45				
2. Administrative***						
b. LPN						
1. Direct Care	3,098	56				
2. Administrative***						
c. Aides	50,632	1,147				
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	120,140	1,532				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of		2280	9/30/2021	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Western Connecticut Medical Group, Inc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nuvance Health	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alliance Medical Group	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
All American HealthCare	RN and LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Paramount HealthCare	LPN and Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Nursing Services	Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network	Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Right at Home	Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Solomon Page	Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Titan Nursing Staffing	Aide Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, I	2280	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 46,727	46,727		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 66,679	66,679		
4. Social Security (F.I.C.A.)	\$ 550,305	550,305		
5. Health Insurance	\$ 1,899,667	1,899,667		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,204	2,204		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,650	33,650		
8. Uniform Allowance	\$ 15,761	15,761		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,497	6,497		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 108,491	108,491		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 6,678	6,678		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 16,251	16,251		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,840	51,840		
2. Cellular Phones	\$ 5,574	5,574		
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	\$ 466,244	466,244		
Subtotal	\$ 3,276,568	3,276,568		

* 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

Description	CCNH	RHNS	(Specify)
Employee Medical Expenses Corporate Expense	\$ 835		
	\$ -		
Tuition Reimbursement Corporate Expense	\$ 4,030		
Other Employee Benefits Corporate Expense - Flexible Spending F	\$ 612		
Other Employee Benefits Corporate Expense - EAP Fee	\$ 1,020		
Total	\$ 6,497	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC	2280	9/30/2021	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,276,568	3,276,568		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,351	2,351		
3. Gifts to Staff and Residents	\$	19,002	19,002		
4. Employee Travel	\$	567	567		
5. Education Expenses Related to Seminars and Conventions	\$	2,475	2,475		
6. Automobile Expense (not purchase or depreciation)	\$	2,387	2,387		
7. Other (Specify)	\$	2,751	2,751		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	11,490	11,490		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	130,994	130,994		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	181	181		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	136	136		
7. Postage	\$	3,371	3,371		
* 8. Dues and Membership Fees to Professional Associations (Specify)	\$	21,644	21,644		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$	307	307		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$	143,918	143,918		
12. Administrative Management Services**	\$	971,167	971,167		
13. Other (Specify)	\$	136,272	136,272		
See Attached Schedule					
C-14 Total Administrative & General Expenditures		\$ 4,725,581	4,725,581		

* 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)
Travel - Meals Corporate Expense	\$ 227		
Travel - Other Corporate Expense	\$ 2,346		
Travel - Hotel	\$ 178		
Total Other Travel and Entertainment	\$ 2,751	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Corporate Advertising, Marketing, Shows, Sponsorship	\$ 130,994		
Total Other Advertising	\$ 130,994	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
AHCA	\$ 1,200		
Connecticut Association of Health Care Facilities, Inc	\$ 7,856		
Curaspan	\$ 5,005		
Newspaper - America Republican	\$ 898		
Consolidated Billing Services	\$ 344		
Allscripts	\$ 4,076		
Academy of Nutrition and Dietetics	\$ 231		
American Association of Nurse Assessment Cord.	\$ 750		
Amazon Business Prime	\$ 24		
American Speech Language Hearing Association	\$ 410		
National Board for Occupational Therapists	\$ 130		
Innovative Educational Services	\$ 80		
Sacroiliac Joint Specialities	\$ 213		
Navex Global	\$ 290		
	\$ 50		
	\$ 88		
Total Dues	\$ 21,644	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 307		
Total Contributions	\$ 307	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Criminal Record Check Corporate Expense	\$ 5,415		
Compliance Expense Nursing Administration	\$ 9,522		
Other Professional Fees Corporate Expense	\$ 39,257		
Bank Charges and Collection Fees	\$ 34,160		
Off Site Storage Corporate Expense	\$ 4,271		
License and Permits and Annual Report Fee	\$ 3,649		
Consolidated Billing Nursing Administration	\$ 9,042		
Facility Entertainment Corporate Expense	\$ 57		
Miscellaneous Expense Corporate Expense	\$ 294		
Resident Replacement Items Corporate Expense	\$ 903		
Gift Shop Supplies Corporate Expense	\$ 14,546		
Other Facility Operating Expense	\$ 15,156		
Total Other Administrative and General	\$ 136,272	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
162 South Britain Road Operating Compa	2280	9/30/2021	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 #
Care Group LLC	685,538	Operational and financial management services	Page 16 / Line 12
Care Group LLC	285,629	Data processing allocation to facility for payroll, HR and employee benefit systems	Page 16 / Line 12

*** 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
162 South Britain Road Operating Company II, LLC o		2280	9/30/2021		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 253,684	253,684			
2.	Non-Food Supplies	\$ 34,799	34,799			
3.	Other (<i>Specify</i>) _____ Other Dietary Supplies	\$ 5,105	5,105			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 293,587	293,587			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of		2280	9/30/2021	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	8,240	8,240	
c. Other (Specify) Laundry Supplies		\$	14,653	14,653	
3D. Total Laundry Expenditures (3a + b + c)		\$	22,894	22,894	
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
162 South Britain Road Operating Company II,		2280	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. \$	42,091	42,091		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	42,091	42,091		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partners Pharmacy - CT	\$	391,394	391,394		
b.	Medicine Cabinet Drugs	\$	33,376	33,376		
c.	Medical and Therapeutic Supplies	\$	161,329	161,329		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	29,512	29,512		
f.	X-rays and Related Radiological Procedures***	\$	20,177	20,177		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	12,569	12,569		
h.	Laboratory***	\$	64,248	64,248		
i.	Recreation	\$	31,285	31,285		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	72,703	72,703		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	816,591	816,591		

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

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

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

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

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A			License No. 2280	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	
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility repairs and maintenance	11,232				22	6f
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	33,269				22	6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds Maintenance & Snow Removal	15,740				22	6f
PointClickCare Technologies Inc	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Accounting System/Service	28,223				16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	18,231				16	m11
Kodiak Systems	South Suite 499, Piscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support & Maintenance Fees - ASP	46,831				16	m11
Systems Solution, Inc.	Baltimore, MD 21297-7849	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support & Maintenance Fees - ASP	25,000					
		<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
162 South Britain Road Operating Company I	2280	9/30/2021	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 81,024	81,024		
b. Heat	\$ 67,930	67,930		
c. Light & Power	\$ 132,491	132,491		
d. Water	\$ 18,160	18,160		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 17,000	17,000		
f. Other (<i>itemize</i>)	\$ 110,635	110,635		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 427,239	427,239		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 73,818	73,818		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 73,818	73,818		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 220,751	220,751		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 220,751	220,751		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 796,182	796,182		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 122,216	122,216		
c. Personal property taxes	\$ 18,240	18,240		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,231,207	1,231,207		

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

Depreciation Schedule

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D			License No. 2280			Report for Year Ended 9/30/2021			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,503,755		1,503,755	1,176,928	SL	Various	69,294	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					79,651		79,651		SL	Various	4,524	
D-3. Subtotal												73,818
E. Total Depreciation												73,818

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

10/31/2020	1145- Interior design services for new SNF	\$ 500	25	\$ 10
10/31/2020	1145- Interior design services for new SNF	\$ 1,336	25	\$ 27
10/31/2020	1145- Interior design services for new SNF	\$ 4,837	25	\$ 97
10/31/2020	1145- Interior design services for new SNF	\$ 11,500	25	\$ 230
10/31/2020	1145- Interior design services for new SNF	\$ 1,000	25	\$ 20
10/31/2020	1145- Interior design services for new SNF	\$ 11,037	25	\$ 221
10/31/2020	1145- Interior design services for new SNF	\$ 10,500	25	\$ 210
10/31/2020	1145- Interior Finishes	\$ 3,250	25	\$ 65
10/31/2020	1145- Interior Finishes	\$ 6,500	25	\$ 130
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 3,500	25	\$ 70
10/31/2020	1145- Interior Finishes	\$ 8,800	25	\$ 176
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- Interior Finishes	\$ 250	25	\$ 5
10/31/2020	1145- River Glen Renovation	\$ 590,207	25	\$ 11,804
10/31/2020	1145- River Glen Renovation	\$ 385,135	25	\$ 7,703
10/31/2020	1145- River Glen Renovation	\$ 225,079	25	\$ 4,502
10/31/2020	1145- River Glen Renovation	\$ 225,079	25	\$ 4,502
10/31/2020	1145- Interior design services for new SNF	\$ 4,000	25	\$ 80
10/31/2020	1145- Interior design services for new SNF	\$ 12,000	25	\$ 240
10/31/2020	1145- Interior design services for new SNF	\$ 10,806	25	\$ 216
10/31/2020	1145- Interior design services for new SNF	\$ 1,000	25	\$ 20
10/31/2020	1145- Interior design services for new SNF	\$ 1,750	25	\$ 35
10/31/2020	1145- Interior design services for new SNF	\$ 4,000	25	\$ 80
10/31/2020	1145- Interior design services for new SNF	\$ 750	25	\$ 15
10/31/2020	1145- Interior design services for new SNF	\$ 4,000	25	\$ 80
10/31/2020	1145- Interior design services for new SNF	\$ 1,000	25	\$ 20
10/31/2020	1145- Interior design services for new SNF	\$ 7,000	25	\$ 140
10/31/2020	1145- Interior design services for new SNF	\$ 6,000	25	\$ 120
10/31/2020	1145- Interior design services for new SNF	\$ 5,033	25	\$ 101
10/31/2020	1145- Interior design services for new SNF	\$ 7,107	25	\$ 142
10/31/2020	1145- Interior design services for new SNF	\$ 2,525	25	\$ 50
10/31/2020	1145- Interior design services for new SNF	\$ 5,030	25	\$ 101
10/31/2020	1145- Interior design services for new SNF	\$ 3,530	25	\$ 71
10/31/2020	1145- Asbestos Testing	\$ 2,551	25	\$ 51
10/31/2020	1145- Feasibility Study	\$ 1,250	25	\$ 25
10/31/2020	1145- Feasibility Study	\$ 1,250	25	\$ 25
10/31/2020	1145- Installation of Communications Cabling	\$ 31,533	25	\$ 631
10/31/2020	1145- Interior Finishes	\$ 2,500	25	\$ 50
10/31/2020	1145- Interior Finishes	\$ 2,500	25	\$ 50
10/31/2020	1145- Interior design services for new SNF	\$ 18,594	25	\$ 372
10/31/2020	1145- Interior design services for new SNF	\$ 632,387	25	\$ 12,648
10/31/2020	1145- Interior design services for new SNF	\$ 558	25	\$ 11
10/31/2020	1145- Interior design services for new SNF	\$ 5,000	25	\$ 100
10/31/2020	1145- Interior design services for new SNF	\$ 66,210	25	\$ 1,324
10/31/2020	1145- Interior design services for new SNF	\$ 1,534	25	\$ 31
10/31/2020	1145- Interior design services for new SNF	\$ 6,000	25	\$ 120
10/31/2020	1145- Interior design services for new SNF	\$ 3,501	25	\$ 70
10/31/2020	1145- Interior design services for new SNF	\$ 4,039	25	\$ 81
10/31/2020	1145- Interior design services for new SNF	\$ 6,564	25	\$ 131
10/31/2020	1145- Interior design services for new SNF	\$ 5,566	25	\$ 111
10/31/2020	1145- Interior design services for new SNF	\$ 12,640	25	\$ 253
10/31/2020	1145- Interior design services for new SNF	\$ 51,728	25	\$ 1,035
10/31/2020	1145- Interior design services for new SNF	\$ 17,507	25	\$ 350
10/31/2020	1145- River Glen Renovation	\$ 95,335	25	\$ 1,907
1/1/2021	1145- Track, Optitrac, 8Ft Alum White	\$ 442	7	\$ 32
1/1/2021	1145- Cubicle Curtains 144x80x20	\$ 1,635	7	\$ 117
10/31/2020	CM FOR ARTWORK, INV# 010216	\$ (21,900)	7	\$ (1,564)
10/31/2020	1145- Artwork	\$ 21,000	7	\$ 1,500
10/31/2020	1145- Artwork	\$ 21,000	7	\$ 1,500
10/31/2020	1145- 132 Fitted Bedspreads	11248.71	7	803
9/23/2021	Replacement of Telephone System	53136.89	10	2657

8/31/2020	Installation of New Water Pump	13347.37	10	667
Total additions for Leasehold Improvement		\$ 4,239,341		\$ 88,594 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2



Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of Fort			2280		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	var	var		3,329,261	2,159,743	S/L	Var	132,157	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	var	var		4,239,341				88,594	
C-4. Subtotal									220,751
D. Total Amortization									220,751

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 162 South Britain Road Operating Cor	License No. 2280	Report for Year Ended 9/30/2021	Page 25	of 37																																																																											
11. Property Questionnaire																																																																															
Part A																																																																															
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																											
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																															
Description	Total																																																																														
1. Date Land Purchased																																																																															
2. Date Structure Completed																																																																															
3. If NOT Original Owner, Date of Purchase																																																																															
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	120																																																																														
6. Square Footage																																																																															
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td style="text-align: right;">06/30/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td style="text-align: right;">2.67%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td style="text-align: right;">16</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td style="text-align: right;">8,900,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 9/30/21</td> <td style="text-align: right;">6,478,439</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Complete if Mortgage was Refinanced During Current Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> h. Date of Refinancing</td> <td style="text-align: right;">06/29/10</td> <td></td> <td></td> <td></td> </tr> <tr> <td> i. New Interest Rate</td> <td style="text-align: right;">5.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> j. Term of Mortgage (number of years)</td> <td style="text-align: right;">27</td> <td></td> <td></td> <td></td> </tr> <tr> <td> k. Amount of Principal Borrowed</td> <td style="text-align: right;">8,900,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td> l. Principal Outstanding on Note Paid-Off</td> <td style="text-align: right;">6,456,916</td> <td></td> <td></td> <td></td> </tr> </table>			Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained	06/30/21				c. Interest Rate for the Cost Year	2.67%				d. Term of Mortgage (number of years)	16				e. Amount of Principal Borrowed	8,900,000				f. Principal balance outstanding as of 9/30/21	6,478,439				Complete if Mortgage was Refinanced During Current Cost Year					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing	06/29/10				i. New Interest Rate	5.00%				j. Term of Mortgage (number of years)	27				k. Amount of Principal Borrowed	8,900,000				l. Principal Outstanding on Note Paid-Off	6,456,916			
Part B - Owner and Related Parties	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
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l. Principal Outstanding on Note Paid-Off	6,456,916																																																																														
b. Building																																																																															
Part C - Arms-Length Leases for Real Property Improvements Only																																																																															
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																																																											

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Co		2280	9/30/2021		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating	2280	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. Total All Interest Expense (12B7 + 12C3 + 12D)			\$			
14. Insurance						
a. Insurance on Property (buildings only)			\$	9,834	9,834	
b. Insurance on Automobiles			\$	2,434	2,434	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	91,845	91,845	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$	104,113	104,113	
15. Total All Expenditures (A-13 thru C-14)			\$	15,217,797	15,217,797	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort Le				2280	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$ 90,371	90,371		
3.			Occupational Therapy	\$ 354,140	354,140		
4.			Other - See attached Schedule	\$ 63,034	63,034		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 108,491	108,491		
10.			Accounting	\$			
10a.			Legal	\$ 6,678	6,678		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 4,134	4,134		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 19,002	19,002		
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.			Unallowable Advertising *	\$ 130,994	130,994		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 307	307		
21.			Unallowable Management Fees	\$ 729,757	729,757		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,506,908	1,506,908		

* 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)
15	1a9	Other Employee Benefits	\$ 1,632		
16	L7	Travel - Meals	\$ 227		
16	L7	Travel - Other	\$ 2,346		
16	L7	Travel - Hotel	\$ 178		
16	m13	Bank Charge Fees	\$ 10,746		
16	m13	Collecton Fees	\$ 23,414		
16	m13	Consolidated Billing	\$ 9,042		
16	m13	Resident Replacement	\$ 903		
16	m13	Gift Shop Expense	\$ 14,546		
16	m13	Other Fees - Penalty Expense	\$ -		
Total Other Salaries Adjustment			\$ 63,034	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m 13	Facility Entertainment Corporate Expense	57.01.		
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort			2280	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,506,908	1,506,908		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 391,394	391,394		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 20,177	20,177		
30.			Laboratory	\$ 64,248	64,248		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 20,177	20,177		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 76,307	76,307		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 678,397	678,397		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,757,607	2,757,607		

*** 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 In Excess (see attached disallowance)	\$ 20,530		
20	5l	PT/OT Equipment Rental Disallowed (see attached)	\$ 4,196		
20	5j	DME (Durable Medical Eqpt)	\$ 7,368		
20	5j	IV Expense	\$ 42,929		
20	5j	RT Supplies	\$ 1,284		
20	5j	OT Supplies	\$ -		
Total Other Ancillary Costs			\$ 76,307	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Revenue - Provider Relief Funding	\$ 674,286		
30	IV5	Interest Income	\$ 4,111		
Total Other Adjustments			\$ 678,397	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Comp	2280	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 7,985,271	7,985,271				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,936,644)	(3,936,644)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,813,645	3,813,645				
b. Medicare Room and Board Contractual Allowance **	\$ 821,147	821,147				
4. a. Private-Pay Residents and Other	\$ 4,808,629	4,808,629				
b. Private-Pay Room and Board Contractual Allowance **	\$ (588,398)	(588,398)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 225,640	225,640				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 163,549	163,549				
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	\$ 1,096,044	1,096,044				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 692,748	692,748				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 242,406	242,406				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 143,622	143,622				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,099,600	1,099,600				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 675,933	675,933				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (2,497,589)	(2,497,589)				
b. Other (Specify) - Non-Medicare	\$ (1,556,382)	(1,556,382)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,189,222	13,189,222				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 4,111	4,111				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 674,286	674,286				
V. Total Other Revenue (1 thru 8)	\$ 678,397	678,397				
VI. Total All Revenue (III + V)	\$ 13,867,619	13,867,619				

* 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)
	Lab Medicare A - Current Period	\$ 40,992		
	IV Therapy Medicare A - Current Period	\$ 21,143		
	X-Ray Medicare A - Current Period	\$ 10,830		
	Ancillary Contractual Adjustment Medicare A - Current Period	\$ (2,570,553)		
	Total Other Resident Revenue - Medicare	\$ (2,497,589)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Managed Care	\$ 26,183		
	IV Therapy Managed Care	\$ 11,803		
	Xray Managed Care	\$ 6,741		
	Flu Shots	\$ 855		
	Ancillary Contractual Adjustment Managed Care	\$ (1,601,975)		
	Lab Private	\$ 11		
	Total Other Resident Revenue	\$ (1,556,382)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			\$ 4,111		
	Total Interest Income		\$ 4,111	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 674,286		
	Total Other Revenue	\$ 674,286	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	34,108
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	801,604
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(0)
4 Inventories			\$	
5. Prepaid Expenses			\$	21,567
a. Insurances	14,830			
b. Property Taxes	5,044			
c. Misc	1,693			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	76,489
Resident PNA	76,489			
_____ _____ _____ See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	933,768
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
4. Leasehold Improvements	*Historical Cost <u>7,568,603</u> Accum. Depreciation <u>2,380,494</u>	Net	\$	5,188,109
5. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
6. Movable Equipment	*Historical Cost <u>1,583,406</u> Accum. Depreciation <u>1,250,746</u>	Net	\$	332,660
7. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
_____ _____ _____ See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,520,769

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	6,454,537
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	23,000
Deposits for Utilities		23,000		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	23,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,477,537

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company I	2280	9/30/2021	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 693,143
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>)				\$ 3,768
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ (150)
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>)				\$ 887,674

See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,584,435

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility 162 South Britain Road Operating Compan		License No. 2280	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,584,435	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (13,697,903)	
Name and Address of Lender	Amount	Loan Date			
	(13,697,903)				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (13,697,903)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ (12,113,467)	

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Co	2280	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	5,520,769
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			\$	5,520,769
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	14,125,845
6. Gain or Loss for Period	10/1/2020	thru 9/30/2021	\$	(1,055,610)
7. Total Net Worth			\$	13,070,236
C. Total Reserves and Net Worth			\$	18,591,004
D. Total Liabilities, Reserves, and Net Worth			\$	6,477,537

H. Changes in Total Net Worth

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	14,125,845
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,867,619
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,923,228
D. Net Income or Deficit			\$	(1,055,610)
E. Balance			\$	13,070,236
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures (Page 27) \$ 15,217,797				
(Less F/S vs C/R Depreciation) (\$ 294,569				
Total \$ 14,923,228				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/21	\$	13,070,236

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title VP Finance/Operations	Date Signed 2/3/2022		
Printed Name of Preparer Fran Petricone				
Address Address 57 Old Road to Nine Acre Corner, Concord, MA 01742			Phone Number 1-978-831-2123	
Contacted Person Regarding Additional Information Needed Regarding This Report Fran Petricone			Phone Number 1-978-831-2123	
Contact Email Address fpetricone@care-one.com				