# **State of Connecticut**



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

Cost Year 2021

Name of Facility (as I	,							
162 South Britain Ro	ad Operating C	ompany II, LI	C of Fort Lee,	NJ D/B/A	River Glen	Health Ca	are C	enter
Address (No. & Stree	t, City, State, Z	(ip Code)						
162 South Britain Ro	ad, Southbury,	CT 06488						
Type of Facility								
Chronic and C	onvalescent		Rest Home wit	th Nursing				
✓ Nursing Home	only		Supervision or	ıly		(Specify)		
(CCNH)			(RHNS)					
Report for Year Begin	nning		Report for Yea	r Ending				
10/1/2020			9/30/2021					
		CCNH 2280	RHNS				dicare Provider 07-5241	
		:						
Medicaid Provider No	umbers:	CC	NH	RH	INS		IC	F-IID
		9431						
For Department Use	Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notariz	red	Date Received
Assigned	Notarized	Received	Assign	Assigned		iid Notai iz	zeu	Date Received

# **Table of Contents**

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	5
Gene	eral Information and Questionnaire - Accounting Basis	7
	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

# State of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

#### **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 IMPRISIONMENT 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 1/3//22
Printed Name (Administrator) Amy Pellerin			Printed Name (Owner) David Baruch	1712
Subscribed and Sworn to before me:	State of NJ	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public			10	
173	Bridge P	lata No	rth, fort lee, 25	01084

(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 Adjus	Page	of			
				1A	37
Name of Facility	From	То			
162 South Britain Road Operating Company II, LLC of Fort Lee,	NJ	D/B/A Rive	r Glen Heal	t 10/1/2020	9/30/2021
Address of Facility					
162 South Britain Road, Southbury, CT 06488					
Report Prepared By		Phone Nun	nber	Date	
			γ		γ
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				D:
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.

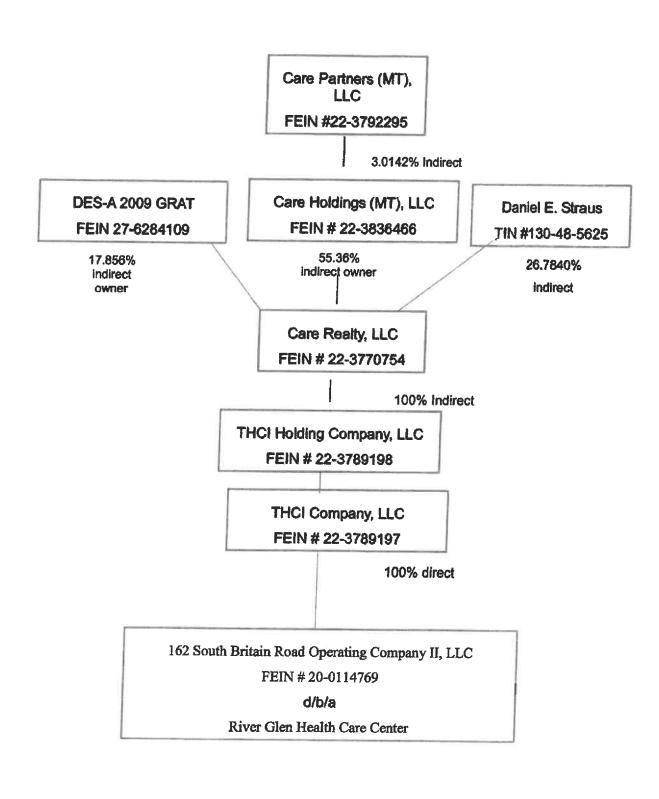
**DO NOT include Fringe Benefit Costs.** 

# **General Information and Questionnaire Type of Facility - Organization Structure**

				ility	Report for Ye	ar Ended		of	
D 111 ( 1 11 )		203	-264-9600		9/30/2021		2	37	
Name of Facility (as shown on license)	H H C - CE	T بد.			Street, City, Sto		06400		
162 South Britain Road Operating Company	CCNH	ort 1	RHNS	Filan	(Specify)	oury, CT	Medicare F	Provider 1	No
License Numbers:	2280		KIINS		(Specify)		07-5241	TOVIDEL	NO.
Type of Facility (Check appropriate box(es)						-	0.02.11		
Chronic and Convalescent Nursing Home only (CCNH)			t Home with bervision only			(Specify)	)		
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O F	Partnership	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Tru	ust
If this facility opened or closed during repor	t year provide	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	<b>/</b> •	
Administrator									
Name of Administrator					Nursing Ho				
Amy Pellerin					Administrat	1	001577		
Other Orange (Orange)	1	(C.1	1 4:	- C 41	License N	No.:			
Other Operators/Owners who are assistant at Name	uministrators	(Iui	or part time	11 10	License N	Jo ·			
Name					Dicense 1	10			

# **General Information and Questionnaire Partners/Members**

Name of Facility			Report for Y	ear Ended	Page of
162 South Britain Road Operat	ting Company II, LLC o	2280	9/30/2021		3 37
Legal Name of Parti		Business A			or Town(s) in egistered
162 South Britain Road Operat of Fort Lee, NJ D/B/A River C Center		162 South Britai Southbury, CT 0			
Name of Partners/Members	Business Ac	ldress	-	Γitle	% Owned
See Attached					



# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
162 South Britain Road Operating Company	2280	9/30/2021		3A 37
If this facility is owned or operated as a corpo	oration, provide the	e following informat	tion:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
N/A				
			(	
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
NT/A				
N/A				
Names of Stockholders Owning at Least				
10% of Shares				
N/A				
IVA				

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LI	2280	9/30/2021	3B	37
If this facility is owned or operated as an individua	l proprietorship, pr	rovide the following informat	ion:	
	ner(s) of Facility			
	-			
N/A				
				-

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

Name of Facility		License	e No.		Report for Year Ended		Page	of
162 South Britain Road	Operating Company II, LLC of		2280		9/30/2021		4	37
		*1**	1 . 1.1					
1 *	eiving compensation from the fa	•		_		If "Yes," provide th		
marriage, ability to cont	rol, ownership, family or busine	ess asso	ciation?	0	Yes • No	complete the inform	nation on Pa	ge 11 of the report.
1	ompanies which provide goods		-					
	roperty or the loaning of funds							
,	ssociation, common ownership,		•	iness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
						NA.		
		Als	so Provi	des		Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	0	•		Escility Deal Estate Lagge	Do 22 / Line 0	707 193	707.183
LLC	57 Old Road to Nine Acre Corner,				Facility Real Estate Lease	Pg. 22 / Line 9	796,182	796,182
Care Group, LLC	Concord, MA 01742	0	0		Management Services/Clinical Specialists	Pg. 16 / Line m12	971,167	971,167
	6 Thompson Road, East Windsor,	•	0					
Partners Healthcare CT	CT 06088				Pharmacy Drugs	Pg 20 / Line 5a2	391,394	371,824
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	•	0		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	12,752	12,115
	6 Thompson Road, East Windsor,	•	0					
Partners Healthcare CT	CT 06088				Pharmacy - I Vs	Page 20 / Line 5j	42,929	40,782
HealthBridge & Related Facilities	173 Bridge Plaza North, Fort Lee, NJ	0	•		Common Pension, Health and Insurance Pra	Page 15 Line 1a5,6,7	1,935,521	1,935,52
		0	•					
		0	0					
		0	0					

<sup>\*</sup> 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 Licens	se No.	Report for Year Ended	Page of
162 South Britain Road Operating Company II, 2	2280	9/30/2021	5 37
If the facility is licensed as CDH and/or RCH or provi	des AIDS or TB	I services with special Medicaio	l 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	
	Number of	hours of routine care provided	by EACH
Nursing	employee c	elassification, i.e., Director (or 0	Charge Nurse),
	Registered	Nurses, Licensed Practical Nur	ses, Aides and
	Attendants		
Direct Resident Care Consultants		hours of resident care provided	by EACH
		(See listing page 13)	
Maintenance and operation of plant	Square feet		
Property costs (depreciation)	Square feet		
Employee health and welfare	Gross salar		
Management services		e cost center involved	
All other General Administrative expenses		rect and Allocated Costs	
The preparer of this report must answer the following	questions applica	able to the cost information pro	vided.
1. In the preparation of this Report, were all   O Y	es O No	If "No," explain fully why such	allocation was
costs allocated as required?		not made.	
2. Explain the allocation of related company expenses			
Management Fee allocation to facilities on the basis of	f patient days. S	ervices of related pharmacy inv	oices as per
customary charges that were negociated.			
3. Did the Facility appropriately allocate and self-disa		•	me cost centers?
(e.g., Assisted Living, Home Health, Outpatient Ser	rvices, Adult Day	y Care Services, etc.)	
<b>⊙</b> Y	CS 0 140	If "No," explain fully why such not made.	allocation was

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	Year Ended		Page	of
162 South Britain Road Operating Company	II, LLC	of For	2280	9/30/2021			6	37
	Relate	ed * to						
	1	ners,						
	1 ~	ators,				Annual		
		cers		Date of	Term of	Amount	Amo	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
Konica Minolta	0	•	Copier	05/24/17	and then on- going	15,074	15,074	
Mail Finance	0	•	Postage Meter	08/02/12	and then on- going	1,926	1,926	
	0	•						
	0	•						
	0	•						
	0	•						
	0	0						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***	17,000	

<sup>\*</sup> Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	Pag	
162 South Britain Road Operating	2280	9/30/2021	7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:		
	Modified Cash			
Is the accounting basis for this				
1*	Yes	If "No," explain.		
previous period?	No			
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 None				
2 3				
4 Services Provided by This Firm ( <i>de</i>	escribe fully)			
1			\$	
2			\$	
3			\$	
4			\$	
			Charge for Servi	ces Provided
			\$	
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		
O Yes O No				
Legal Services Information				
Name of Legal Firm or Independen			Telephone Num	ber
1 Various Legal (Disallowed pag	ge 28)			
2 3				
3				
5				
Address (No. & Street, City, State, 1	7in Code )			
1	Lip Coue )			
2				
3				
4				
5				
Services Provided by This Firm (de	escribe fully)			
1 Disallowed - Page 28				5,678
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Servi	ces Provided
			\$	6,678
Are Those Cherges Deflected in the Evnen			<u> </u>	
Are These Charges Kenedica in the Expen	_	es, Specify Expense Classification and Line No.		
• Yes O No	diture Portion of This Report? If Y Page 15. line 1e	es, Specify Expense Classification and Line No.		

## **Schedule of Resident Statistics**

Name of Facility			License N	Vo.			Report fo	r Year Ende	:d		Page	of
162 South Britain Road Operating Company II, LLC	of Fort L	ee, NJ D/I	2	280			9/30/202	1			8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
		Total	Total									
	Total All	CCNH	RHNS	Total								
	Levels	Level	Level	(Specify)	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		
Total Number of Days Not Included in Figures in 3G 4. 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		

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

CSP-9 Rev. 9/2002

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

16.2 South Britain Road Operating Company   2280   9,30/2021   9   37	Name of Faci	lity			Licer	nse No.				Report	for Year	Ended		Page	of
F *YES**, provide the following information:   Palec of Change	162 South Br	itain Ro	ad Oper	ating Company	1	2280					9/30/202	1		9	37
Date of CRNII RHNS   CROPE   Lost   Gained   CRNII RHNS   CROPE   RESOURCE   CRNII RHNS   CROPE   CROPE   CRNII RHNS   CROPE   CROPE   CRNII RHNS   CROPE   C		-	-			pacity du	ıring 1	the repo	ort yea	ır?	0	Yes	•	No	
Date of CRNII RHNS   CROPE   Lost   Gained   CRNII RHNS   CROPE   RESOURCE   CRNII RHNS   CROPE   CROPE   CRNII RHNS   CROPE   CROPE   CRNII RHNS   CROPE   C			Place of	f Change		Ch	ange	in Bed	s		Ca	pacity Afte	r Change		
Change	Date of									d					
CCNH	C1														
Change in Resident Days	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
Change in Resident Days							j								
Change in Resident Days															
Change in Resident Days					-	-	-	-		_					
Change in Resident Days															
1st change		-	-		-	-	the r	eport y	ear (a	s report	ted in iter	n 4 above)	provide the nu	mber of	
2nd change   3rd change   4th change   6th Number of Residents and Rates on September 30 of Cost Year				Change in Re	esiden	nt Days					CC	NH	RHNS	(Spe	cify)
3rd change															
Ath change   Continue of Residents and Rates on September 30 of Cost Year											1:				
Medicare															
Nedicare   Medicare   Medicare   Self-Pay   Other State Assisted			lents an	d Rates on Septe	mber	30 of Co	st Ye	ar				1			
No. of Residents	1										Se	lf-Pay		Other Stat	e Assisted
No. of Residents			ĺ												
No. of Residents															
Per Diem Rate		Item		CCNH	С	CNH	RI	INS	CC	NH	RF	INS	(Specify)	R.C.H.	ICF-MR
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.   TOTAL   CCNH   RHNS   (Specify)     7. Total Number of Physical Therapy Treatments   RHNS   (Specify)     887				17		45				12				13	
b. Two bed rms.				TIPE OF L		125 11 25		100	No. All					SHE WA	
c. Three or more bed rms.       TOTAL       CCNH       RHNS       (Specify)         7. Total Number of Physical Therapy Treatments       887       887       887         A. Medicare - Part B       887       887       887         B. Medicaid (Exclusive of Part B)       9									_						
TOTAL   CCNH   RHNS   (Specify)				Various	-	262.34			-	275,00		-		275.00	
7. Total Number of Physical Therapy Treatments       TOTAL       CCNH       RHNS       (Specify)         A. Medicare - Part B       887       887       887         B. Medicaid (Exclusive of Part B)			•												
A. Medicare - Part B       887       887         B. Medicaid (Exclusive of Part B)	bea r	ms.													
A. Medicare - Part B       887       887         B. Medicaid (Exclusive of Part B)															
A. Medicare - Part B       887       887         B. Medicaid (Exclusive of Part B)	7. Total Nu	mber of	Physica	al Therapy Treat	ments	3					TO	TAL	CCNH	RHNS	(Specify)
1. Maintenance Treatments			•	x •							0				
2. Restorative Treatments       8,375       8,375         C. Other       8,375       8,375         D. Total Physical Therapy Treatments       9,262       9,262         8. Total Number of Speech Therapy Treatments       241       241         A. Medicare - Part B       241       241         B. Medicaid (Exclusive of Part B)       3       3         1. Maintenance Treatments       3       3         2. Restorative Treatments       1,951       1,951         D. Total Speech Therapy Treatments       2,192       2,192         9. Total Number of Occupational Therapy Treatments       3       2	В.	Medica	id (Exc	usive of Part B)								-	A CONTRACT		The state of
C. Other       8,375       8,375         D. Total Physical Therapy Treatments       9,262       9,262         8. Total Number of Speech Therapy Treatments       241       241         A. Medicare - Part B       241       241         B. Medicaid (Exclusive of Part B)       30       30         1. Maintenance Treatments       30       30         2. Restorative Treatments       30       30         C. Other       1,951       1,951         D. Total Speech Therapy Treatments       2,192       2,192         9. Total Number of Occupational Therapy Treatments       30       30															
D. Total Physical Therapy Treatments       9,262       9,262         8. Total Number of Speech Therapy Treatments       241       241         A. Medicare - Part B       241       241         B. Medicaid (Exclusive of Part B)       30       30         1. Maintenance Treatments       30       30         2. Restorative Treatments       30       30         C. Other       1,951       1,951         D. Total Speech Therapy Treatments       2,192       2,192         9. Total Number of Occupational Therapy Treatments       30       30			orative	Treatments											
8. Total Number of Speech Therapy Treatments       241       241         A. Medicare - Part B       241       241         B. Medicaid (Exclusive of Part B)       30       30         1. Maintenance Treatments       30       30         2. Restorative Treatments       30       30         C. Other       1,951       1,951         D. Total Speech Therapy Treatments       2,192       2,192         9. Total Number of Occupational Therapy Treatments       30       30			husiaal	Thomany Treater											
A. Medicare - Part B  B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  D. Total Speech Therapy Treatments  9. Total Number of Occupational Therapy Treatments												9,202	9,202		
B. Medicaid (Exclusive of Part B)  1. Maintenance Treatments  2. Restorative Treatments  C. Other  1,951  1,951  D. Total Speech Therapy Treatments  9. Total Number of Occupational Therapy Treatments					icits							241	241		PER
2. Restorative Treatments											-1935-5	700 B		PO WEST	
C. Other 1,951 1,951 D. Total Speech Therapy Treatments 2,192 2,192 9. Total Number of Occupational Therapy Treatments		1. Mai	ntenanc	e Treatments											
D. Total Speech Therapy Treatments 2,192 2,192 9. Total Number of Occupational Therapy Treatments			orative	Treatments											
9. Total Number of Occupational Therapy Treatments															
												2,192	2,192		
A, Medicare - Part B [ 669 ] 669 ]					l reatr	nents					25 300	70 5-00	ENTIRE	WE THE ST	
B. Medicaid (Exclusive of Part B)											TO STATE	669	669		A STATE OF
Maintenance Treatments	ъ.														
2. Restorative Treatments															
C. Other 8,647 8,647	C.											8,647	8,647		
D. Total Occupational Therapy Treatments 9,316 9,316	D.	Total C	ecupati	onal Therapy T	reatn	ients						9,316	9,316		

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
162 South Britain Road Operating Company II, LLC of For			9/30/2021		10	37
Are time records maintained by all individuals receiving con	mpensation?	•	Yes		No	
			Total Cost a	nd Hours	7	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	-	19119		THE LOUIS		
Operators/Owners (Complete also Sec. I of Schedule A1)	Investigation of			183/11		19 1,5
2. Administrator(s) (Complete also Sec. III	BORRELLE		LEC PART			F-14-70
of Schedule A1)  3. Assistant Administrator (Complete also Sec. IV	163,333	2,086				
of Schedule A1)	1000	E/-23		100	Contract Contract	0 2 0
4. Other Administrative Salaries (telephone		211 - (1)				21 12 3
operator, clerks, receptionists, etc.)	537,066	17,580				
5. Dietary Service		Y I BY	2 3 - 1	THE REAL PROPERTY.		70 100
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	589,612	26,457				
6. Housekeeping Service	Sal Contract of	THE PARTY OF			The state of	- 33
a. Head Housekeeper     b. Other Housekeeping Workers	386,507	20,943				
7. Repairs & Maintenance Services	300,307	20,743		100 - 100 m	Life College	
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	106,716	4,840				
8. Laundry Service	THE WATER			X	17-5-47	-11/2
a. Supervisor	111.510					
b. Other Laundry Workers     9. Barber and Beautician Services	114,713	7,128				
Barber and Beautician Services     Protective Services	-			-		
11. Accounting Services	Hall water	- 1850 m		100 I 600	186	1-40
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents	Sandy and and	15 3300				S. B. JAL
a. Directors and Assistant Director of Nurses	221,335	4,012				
b. RN	050 000	20.052				
Direct Care     Administrative**	858,922	20,073 10,961			-	
c. LPN	395,492	10,901				
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 h. Recreation Workers	354,140 209,838	9,211 10,633				
i. Physicians	209,838	10,033			4.0 (5.0	Total Control
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)		NO THE			12/19/19	
Respiratory Therapist	46,847	1,525				
j. Dentists k. Pharmacists	1					
l. Podiatrists						
m. Social Workers/Case Management	100,179	3,268				
n. Marketing	90,371	2,086				
o. Other (Specify)		TE THUE	C DEN E	Dr. Byrd	ESCHOLD DIVIN	
See Attached Schedule	72,302	2,879				
A-13. Total Salary Expenditures	7,434,353	266,269		L		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

	CCN	H		RHNS		(Spec	cify)
Position	\$	Hours	\$	Hour	s	S	Hours
Central Supply Clerk	\$ 31,791	1,141	Tie .				
Medical Records Clerk	\$ 40,511	1,738					
					30 (104) 20 (104)	-	
						Hilles	
							- 17
			1 (8)				
						A 18 113	
						3(5.44)	
				1 70 170			- 51 2
	7 10 1		To a second				n de Chil
	AYEL FI		ilea 545	25 J.E.B.			
			21.00		45 PM		
Total	\$ 72,302	2,879	\$		- \$		

\_\_\_\_\_

#### Schedule of Other Fees (Page 13)

		CCNH	R	HNS	(Spe	cify)
Service	\$	Hours	S	Hours	\$	Hours
					ALC: NO. 1844	1000
						100
			0.80		Supposed to	
		The state of				
The second secon	THE RESERVE OF THE PARTY OF THE		INTEREST		01-01-01	
	The RIVER SERVICE					
				27 17 1		Su fishio
rotal rotal	S		\$ -		\$ -	

\_\_\_\_\_

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

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

Assistant Administrators and Other Related Parties\*

		7	Assistan	t Administra	Assistant Administrators and Other Related Parties*	r Kelate	d Parties	*		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ	g Company	II, LLC of 1	Fort Lee, NJ	2280		9/30/2021			11	37
		Salary Paid	p							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
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										
			= 1							
4 Hive rejuction and concerning the	he consider	fat III info	II informatios	Coll Locking of a	national langitipho	-				

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

<sup>\*\*</sup> Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
162 South Britain Road Operating	Company I	I, LLC of F	ort Lee, NJ I	2280	,	9/30/2021			12	37
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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										

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

<sup>\*\*</sup> Include  $\underline{\mathbf{all}}$  other employment worked during the cost year.

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

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	05 110	Report for Y		Page	of
162 South Britain Road Operating Company II, LLC	228	30	9/30/2021		13	37
			Total Cost	and Hours		
_					(2 12)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee			Carle 1	1000	PH ST	
for service basis in lieu of salary						
(For all such services complete Schedule B1)  1. Dietitian	THE RESERVE	Salar Salar				THE REAL PROPERTY.
2. Dentist		_				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy	POLICE DE	THE SERVICE	01505/910	(CD200, 10)		WI BUST
a. Resident Care						
b. Other						
6. Social Worker			1			
7. Recreation Worker						
8. Physicians		HIS VENT	11. 15 Table	THE OWNER OF THE OWNER.		TURSE
a. Medical Director (entire facility)	35,000	96				
b. Utilization Review	Title Mill	T. FO. 57	US STOR		- MITTER	1-345
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility					U 10 50 A	
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)	BIEST VIEW	500			San Table	
Pulmology	28,250	188				
9. Speech Therapist	OF THE PERSON	WIFE	No. of Part Part	and it is		THE PARTY
a. Resident Care						
b. Other						
10. Occupational Therapist		A COLUMN	NAME OF STREET	Walled Man		
a. Resident Care						
b. Other						
11. Nurses and aides and attendants	English V		ST ST	O BY SAY		
a. RN	2160	DESCRIPTION OF REAL PROPERTY.	MIN PERIE			THE PERSON
Direct Care  2. Administrative***	3,160	45				
b. LPN			3-5-9-91			
Direct Care	3,098	56	100 100	TO THE	CONTRACTOR OF	
2. Administrative***	3,078	30	-			
c. Aides	50,632	1,147				
d. Other	30,034	1,14/				
12. Other (Specify)			63 75 2 75		R TEST	LO STUB
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				1 11 6	. D. 17	

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Compar	ny II, LLC of I 2280		9/30/2021		14	37
		Related**	to Owners,			
Name & Address of Individual	Full Explanation of Service	Operator	rs, Officers	Expla	nation of R	elationship
		Yes	No			
Western Connecticut Medical Group, Inc	Medical Director	0	•	N/A		
Nuvance Health	Medical Director	0	•	N/A		
Alliance Medical Group	Pulmonogist	0	0	N/A		
All American HealthCare	RN and LPN Pool	0	•	N/A		
Paramount HealthCare	LPN and Aide Pool	0	0	N/A		
Access Nursing Services	Aide Pool	0	0	N/A		
Nurse Network	Aide Pool	0	0	N/A		
Right at Home	Aide Pool	0	0	N/A		
Solomon Pagte	Aide Pool	0	0	N/A		
Titan Nursing Staffing	Aide Pool	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			
		0	•			
		0	•			
		0	0			
		0	•			
		0	•			
		0	•			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

## C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear 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	- 1		3 10 250		
a. Employee Health & Welfare Benefits	- 1			THE COURSE	
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)	\$	33,650	33,650		
(not-owners and not-operators)					S.F. B. / STEEL
8. Uniform Allowance	\$	15,761	15,761		
9. Other (Specify)	\$	6,497	6,497		
See Attached Schedule		49 310 314	SA PART	- F	
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and	- 1	TENE 11-0 350	100000000000000000000000000000000000000	RESIDENCE.	The state of the s
Operators (Discriminatory)*		ALLEY ETC.	T- 100		12 17 5 14
	- 1		120		1 1 1 3 3
c. Bad Debts*	\$	108,491	108,491		
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$	6,678	6,678		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*		The State of	CONTRACTOR OF THE PARTY.	THE THE	-
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 (Specify purpose and	\$				
attach copy)*	- 1	The Party of the P	C. 18 2 3 5		PET VERNIS
	- 1	1. 基本工程	REAL PROPERTY.		W. 197
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					ST PONDA
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	466,244	466,244		
Subtotal	\$	3,276,568	3,276,568		
			(Comm. Subto	. 1 0 1	

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description	·	CCNH	R	HNS	(S	pecify)
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				
						bengalan
			AV.			
					3 1	
Total	\$	6,497	\$		\$	

### **Schedule of Other Taxes**

Description	CCNH	RH	INS	(Specif	fy)
				1 - 18 -	5
					Tilly
			misely		m
		11 '- , , ;	V-11 H		
Total	\$ -	\$		\$	

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
162 South Britain Road Operating Company II, LLC o 2280		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwa	rd:	3,276,568	3,276,568		
Travel and Entertainment					E-CEC.
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 ( <i>Specify</i> )	\$	2,751	2,751		
See Attached Schedule		JET SE	William William	P. P. Dalland	0.000
m. Other Administrative and General Expenses		TECHNE I	Per Lin		F7 - 100
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		TO SEE SEE	SVA BURN	JA 78 7 5 7 44	1000
4. Fund-Raising***	\$				
5. Medical Records	\$	181	181		
6. Barber and Beauty Supplies (if this service is supplied	\$	136	136		
directly and not by contract or fee for service)***		LO VIEW	1550	Mark Street	SALA
7. Postage	\$	3,371	3,371		
* 8. Dues and Membership Fees to Professional	\$	21,644	21,644		
Associations (Specify)		1 80 114 8	43105 199	25 = 13 Kg	- 1892 E
See Attached Schedule					SIN
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$	307	307		
See Attached Schedule		J. S. VIII S. C.		A TO THE	
11. Services Provided by Contract (Specify and Complete	\$	143,918	143,918		
Schedule C-2, Page 21 for each firm or individual)			THE PARTY OF	30000	THE PERSON
12. Administrative Management Services**	\$	971,167	971,167		
13. Other (Specify)	\$	136,272	136,272		
See Attached Schedule		19-58-13	Charles W		1 3 15 5
C-14 Total Administrative & General Expenditures	\$	4,725,581	4,725,581		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### Schedule of Other Travel and Entertainment

Description	CCNH		RHNS		(Spec	ify)
Travel - Meals Corporate Expense	\$	227	10.35			
Travel - Other Corporate Expense	\$ 2,	346				
Travel - Hotel	\$	178				
						H
Total Other Travel and Entertainment	\$ 2,	751	\$	-	\$	125

#### Schedule of Other Advertising

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

#### Schedule of Dues

Description	C	CNH	R	HNS	(Sp	ecify)
AHCA	\$	1,200		50.6		
Connecticut Association of Health Care Facilities, Inc	\$	7,856	1115	500		
Curaspan	S	5,005			194	
Newpaper - America Repiplican	\$	898				
Consoldated Billing Services	\$	344		I.	100	
Allscripts	\$	4,076		NO.		
Academy of Nutrition and Dietetics	\$	231				
American Association of Nurse Assessment Cord.	\$	750		6 1		
Amazon Business Prime	\$	24	1.0			
American Speech Language Hearing Association	\$	410		7		10
Natonal Board for Occupational Therapists	\$	130		44-11		
Innovative Educational Services	\$	80	5.33			
Sacroiliac Joint Specialities	\$	213				
Navex Global	\$	290		-		
	\$	50		1016		
	\$	88				
Total Dues	\$	21,644	\$	1.0	\$	100

#### Schedule of Contributions

Description	CCNH		RHNS	(Specify)		
Contributions	\$ 3	07				
Total Contributions	s	07 3		•		

#### 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 Annaul 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

<sup>\*</sup> 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)

Nan	ne of Facility		Licens	a No	Report for Y	ear Ended	Page	of
	South Britain Road Operating Company II, Ll	Co		2280	9/30/2021		18	37
102	South Britain Road Operating Company II, El		1	1	7/30/2021	T	10	1 37
	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary			BURN STATE OF	Broken S		139	
	a. In-House Preparation & Service			WE LIET			181	-77 L 1 Th
	1. Raw Food		- 5		253,684			
	2. Non-Food Supplies			+	34,799		-	
	3. Other (Specify)		. \$	5,105	5,105			
	Other Dietary Supplies							
	b. Purchased Services (by contract other		9					- H 7-8 3 - H
	than through Management Services)				(5) A (1)		12.30	
	(Complete Schedule C-2 att. Page 21)			30 m 5 mm ( )	Colors Harry		A PARTY B	
	c. Other (Specify)		_ \$					
				Part of the	1000	REPAIR	HE LOS	
2D.	Total Dietary Expenditures (2a + b + c + d)		9	293,587	293,587	A 20 TO 12 T	The Contract	
							İ	
2E.	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
F.	Resident Meals: Total no. of meals served pe	r da	y:*					
G.	Is cost of employee meals included in 2D?		Yes	•	No			
Н.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)			
	Is cost of meals provided to persons other					If was smaaify		
J.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2D?					cost.		
v	Is any mayony a call-acted from these manuals	^	Vac	0	No	If yes, specify		
K.	Is any revenue collected from these people?	O	res	•	No	amt.		
L.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
, .	snacks at monthly staff meetings, board	_	<b>V</b>	•	NI.	If yes, specify		
M.	meetings) provided to employees included	U	Yes	•	No	cost.		
	in 2D?							
	11 . 10	_	* 7			If yes, specify		
N.	Is any revenue collected from employees?	O	Yes	•	No	amt.		
О.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)			
_	Т		F 0.	\8				

<sup>\*</sup> 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)

,		No.	Report for		Page of
162 South Britain Road Operating Company II, LLC o	of I	2280	9/30/2021	Ť ·	19   37
Item		Total	CCNH	RHNS	(Specify)
<ul> <li>3. Laundry</li> <li>a. In-House Processing*</li> <li>1. Bed linens, cubicle curtains, draperies,</li> </ul>	Lbs.				
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	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	HILLS IN	A.S. 1970 (1980)
3D. Total Laundry Expenditures (3a + b + c)	\$	22,894	22,894		
3E. Laundry Questionnaire  F. Is cost of employee laundry included in 3D?	) Yes	•	No	If yes, specify cost.	
G. Did you receive revenue from employees?	) Yes	•	No	If yes, specify amt.	
H. Where is the revenue received reported in the Co	st Report?		(Page/Line	e Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	) Yes	•	No	If yes, specify cost.	
J. Did you receive revenue from these people?	) Yes	•	No	If yes, specify amt.	
K. Where is the revenue received reported in the Co	st Report?		(Page/Line	e Item)	

<sup>\*</sup> 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.

<sup>\*\*\*</sup> 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.	Repo	ort for Year E	nded	Page	of
162 South Britain Road Operating Company II,	, 2280		9/30/2021		20	37
_						(9 10)
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	42,091	42,091		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
C. Other (Specify)		\$	GANEO II	6 10 10 10 10 10 10 10 10 10 10 10 10 10		100000000000000000000000000000000000000
4D. Total Housekeeping Expenditures (4a +	b+c)	\$	42,091	42,091		
5. Resident Care (Supplies)**			是上海 (10 mg)			
a. Prescription Drugs***		- 1	24 2 F			
1. Own Pharmacy		\$				
2. Purchased from		\$	391,394	391,394		
Partners Pharmacy - CT			Carlon In 188			1,000
b. Medicine Cabinet Drugs		\$	33,376	33,376		
c. Medical and Therapeutic Supplies		\$	161,329	161,329		
d. Ambulance/Limousine***		\$				
e. Oxygen				-0.5		ST 5 3/2
1. For Emergency Use		\$				
2. Other***		\$	29,512	29,512		
f. X-rays and Related Radiological		\$	20,177	20,177		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$	12,569	12,569		
salaries or fees)						
h. Laboratory***		\$	64,248	64,248		
i. Recreation		\$	31,285	31,285		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)****		\$	72,703	72,703		
See Attached Schedule				TANK ST. INC.		11500
5M. Total Resident Care Expenditures (5a - 5	5j)	\$	816,591	816,591		

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### **Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
			186 1.4
			LEAR PERSON
Nursing Supplies	\$ 3,846		
IV Expense	\$ 42,929		
DME (Durable Medical EQPT)	\$ 7,368		
Equipment Rental - Other (Drugs & Supplies)	\$ 1,745		
PT Supplies	\$ 7,164		
RT Supplies	\$ 1,284		
PT/OT Equipment Rental	\$ 8,367		
			The state of
			Land of
	TERENA LA MARCHI		
Total Other Resident Care	\$ 72,703	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ende	d			Page	of
162 South Britain Road Opera	ating Company II, LLC	of Fort Lee,	NJ D/B/A		9/30/2021				21	37
		Related ** t					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Ρσ	Line
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	0	<ul><li>⊙</li></ul>	N/A	Facility repairs and maintenance	11,232	Kilito	(Specify)	22	
CWPM, LLC	P.O. Box 415, Plainville, CT 06062 685 Berkshire Road,	0	•	N/A	Sanitation Services Grounds Maintenance &	33,269			22	6f
Green Horizon Landscaping LLC	Southbury, CT 06488 Mississauga, ON L4W	0	<u> </u>	N/A	Snow Removal Billing and Accounting	15,740			22	
PointClickCare Technologies Inc Smart Linx	0C4, Canada 333 Thornall St, Edison, NJ 08837	0	<ul><li>⊙</li><li>⊙</li></ul>	N/A N/A	System/Service Time Clock and Staff Scheduling Software	28,223 18,231				m11 m11
Kodiak Systems	South Suite 499, Pscataway, NJ 08854	0	<u> </u>	N/A	Network Support & Maintenace Fees - ASP	46,831				m11
Systems Solution, Inc.	Baltimore, MD 21297- 7849	0	0	N/A	Network Support & Maintenace Fees - ASP	25,000				
		0	•							
		0	<u> </u>							
		0	<ul><li>⊙</li><li>⊙</li></ul>							
		0	• •							
		0	0							
		0	•							

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License No.	Report for Y	ear Ended		Page	of
162 South Britain Road Operating Company I 2280	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Spe	ecify)
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 (Provide detail on page 6)	\$ 17,000	17,000			
f. Other (itemize)	\$ 110,635	110,635			
See Attached Schedule	AND THE REAL PROPERTY.			80 (4.5)	
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 427,239	427,239			
7. Depreciation (complete schedule page 23*)					
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 (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 220,751	220,751			
d. Other (Specify)	\$				
*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. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 1,231,207	1,231,207			

<sup>\*</sup> 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	C	CNH	RHNS	(Specify)
Minor Computer Equipment	\$	3,673		
Maintenance Outside Service Grounds - Other Maintenance	\$	31,352		i oktober
Minor Equipment/Tools Other Equipment Maintenance	\$	3,646		550
Grounds Maintenance Rep and Maintenance	\$	15,869		
Snow Removal Rep and Maintenance	\$	8,486		
Pest Control Pest Control	\$	2,031		
Fire Alarm Service Building Maintenance	\$	8,498		
Sanitation Corporate Expense	\$	36,056		
Medical Waste Disposal	\$	1,024		
Total Other Repairs and Maintenance	\$	110,635	\$ -	\$ -

**Depreciation Schedule** 

						iation Sc	neaute					
Name of Facility					License No.		_	Report for Year E	Inded		Page	of
162 South Britain Road Operating Company	II, LI	C of	Fort Le	e, NJ D	228	0		9/30/2021			23	37
					Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful	Depreciation for This Year	T-4-1-
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for this Year	Totals
A. Land Improvements												
Acquired prior to this report period     Disposals (attach schedule)				_								
Disposais (attach schedule)     Acquired during this report period (atta	ch sche	edule)										
A-4. Subtotal	cii scii	ouuic)				Contract of the		2 - X 2 - 2 - 1 - 1 - 1	A. B. D.	100 0 0	Miles II and the	
B. Building and Building Improvements												5 - Jan 19 19 19
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
B-4. Subtotal					500 S	V NE FE		SITE OF THE PARTY		Set N		
C. Non-Movable Equipment												
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
C-4. Subtotal					Au la Car	DIV.				EDISUL!		
	logt	ileage ook ained?	1	te of	Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation		for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle)  a.  b.												
c.												
d.												
2. Movable Equipment		CO.	100	SSU	line in the line i	10-10			The state of the	9 9 9		
a. Acquired prior to this report period	20.00		Var	Var	1,503,755		1,503,755	1,176,928	SL	Various	69,294	
b. Disposals (attach schedule)	2.3	3										
c. Acquired during this report period	200		House &		Paragraphy (4)	THE THE		1 3 4 1 2 1 2	PER 1			
(attach schedule)	10000				79,651		79,651		SL	Various	4,524	
D-3. Subtotal	1	100	1	1	12 7 2 -1	1			CALL STREET	1000		73,818
E. Total Depreciation	No.	100	10-20	THE	mis To	THE PERSON NAMED IN		A STATE OF THE STA	The state	0.00	Mann to To	73,818

#### Schedule of Land Improvements Acquired during this report period

-			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			X 1-13-5.1	
				DUTTE DE
				_
		22 3 1 1 3 2 2 1		
		, T-7 2 - 7 - 1 - 1	V-117-	FILLY SELLY
Fotal additions for Land Impro	vements	S -		S -
	**************************************			+
Deletions:				
		BUILDER STORY		
				-
Total deletions for Land Improv	ements	S -		S -

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

	ints Acquired during this report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Depre	ciation
Additions:	3944				
Section of the sectio					-
		THE UNITED AND A			
					m
The second second					177
	See Hill & Ivi III See L. July S. VIV		11.42		
Total additions for Building Imp	rovements	\$ -		S	*
Deletions:					
					120
				100	
Total deletions for Building Imp	rovements	S		S	

<sup>\*</sup>Ties to Page 23, Line B3

#### Schedule of Non-Movable Equipment Acquired during this report period

			Useful	ul		
Acquisition Date	Description of Item	Cost	Life	Depreciat	tion	
Additions:	1177					
V STATE OF THE PARTY OF THE PAR					56	
Total additions for Non-Movab	le Equipment	s -		\$	•	
Deletions:						
				THE PARTY		
Total deletions for Non-Movable	e Equipment	\$ -		\$	2	

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
8/13/2021	Walk In Cooler	\$	3,707		\$	185
5/28/2021	Walk In Cooler	\$	3,700		\$	185
1/4/2021	1145- Refrigirator Summit FF1511SS	\$	2,100		\$	105
1/1/2021	1145- PULLEY SYSTEM, DUAL, CORNER	\$	3,555		\$	178
1/1/2021	1145- Rehab Treatment Furniture and Specialty Equipment	\$	10,042		\$	502
1/1/2021	1145- Crimson Tilt Mount for 32"-80" Flat Panels	\$	236		\$	12
1/1/2021	1145- LG 55" 4K Commercial Lite	\$	1,570		\$	79
1/1/2021	1145- LG 65" 4K Commercial Lite	\$	1,305		\$	65
1/1/2021	1145- Stove Summit TEM210BRWY	\$	1,090		\$	55
1/1/2021	1145- Washer Dryer Summit SPWD2201SS	\$	1,426		\$	71
1/1/2021	1145- CanDo Vinyl Coated Dumbbell Set	\$	70		\$	4
1/1/2021	1145- Alera Mobile Storage Cabinet, w/Adjustable Shelves 36w x 24d x 66	\$	1,237		\$	62
1/1/2021	1145- Echo 2-Shelf Cart With Cover, 20 x 25	\$	219		\$	11
1/1/2021	1145- River Glen 36'x8' L Shape Custom System Package Track & Trolley	\$	13,925		\$	696
1/1/2021	1145- STOOL, PNEUMATIC W/O SEAT BACK	\$	469		\$	23
1/1/2021	1145- PARALLEL BARS, ELECTRC HEIGHT/WIDTH	\$	11,162		\$	558
11/3/2020	TABLE POWER, ADJ. BACKRES, DROP SECT, ROYBLU-000010	\$	4,485		\$	224
10/31/2020	1145- Mobile Mini (3) 40' Containers	\$	2,970		\$	149
10/31/2020	1145- Rouland Responder 4000 Pull Cord Stations & Corridor Lights	\$	2,047		\$	102
	Credit Memo for Inv# 1912286390	\$	(4,221)		\$	(211
8/8/2020	PATIENT ROOM ALPHA ES WORKSTATION 50 COMPLETE	\$	6,571		\$	329
6/27/2020	16" VELCRO SYSTEM MOP HOLDER, BLUE, W/LOCKING CONNECT	\$	198		\$	10
6/6/2020	17.5" MICRO-FAST MICROFIBER TWIST LOOP MOP VELCRO SYSTI	\$	962		\$	48
7/17/2021		\$	3,297		\$	330
6/30/2021	iPad Cases	\$	533		\$	53
1/1/2021	OTTERBOX DEFENDER IPAD 7TH GEN 10.2-1.0	30	1422.93			143
1/1/2021	APPLE 10.2 IPAD WIFI 32 SG-1.0		5570.68			551
Total additions for	Movable Equipment	\$	79.651		s	4,524
Deletions:	Morabic Equipment	Φ	79,031		9	7,324
Fotal deletions for	Movable Equipment	\$		THE DAY	S	

<sup>\*</sup>Ties to Page 23, Line D2c

#### Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:	Description of Item	Cost	Lite	БСР	rectation
7/7/2021	supply and install and 20x41 concrete slab to support new shed	\$ 3,345	15	\$	112
7/7/2021	supply and install and 20x41 concrete slab to support new shed	\$ 3,345	15	\$	112
7/7/2021	30x 18 metal storage garage to be supplied and installed	\$ 7,439	25	\$	149
10/31/2020	1145- Interior design services for new SNF	\$ 25,280	25	\$	506
10/31/2020	1145- River Glen Renovation	\$ 208,626	25	\$	4,173
10/31/2020	1145- River Glen Renovation	\$ 90,921	25	\$	1,818
10/31/2020	1145- River Glen Renovation	\$ 250,223	25	\$	5,004
10/31/2020	1145- River Glen Renovation	\$ 228,385	25	\$	4,568
10/31/2020	1145- River Glen Renovation	\$ 245,750	25	\$	4,915
10/31/2020	1145- River Glen Renovation	\$ 166,250	25	\$	3,325
10/31/2020	1145- River Glen Renovation	\$ 190,770	25	\$	3,815
10/31/2020	1145- River Glen Renovation	\$ 59,379	25	\$	1,188
10/31/2020	1145- River Glen Renovation	\$ 58,445	25	\$	1,169
10/31/2020	1145- River Glen Renovation	\$ 43,913	25	\$	878
10/31/2020	1145- DPH Fee for Submission of Renovation Plans	\$ 6,573	25	\$	131
10/31/2020	1145- Interior design services for new SNF	\$ 1,500	25	\$	30
10/31/2020	1145- Interior design services for new SNF	\$ 7,000	25	\$	140
10/31/2020	1145- Interior design services for new SNF	\$ 2,500	25	\$	50
10/31/2020	1145- Interior design services for new SNF	\$ 5,000	25	\$	100

<sup>\*\*</sup>Ties to Page 23, Line D2b

10/31/2020	1145- Interior design services for new SNF	\$	500	25	\$	1
10/31/2020	1145- Interior design services for new SNF	\$	1,336	25	\$	2
10/31/2020	1145- Interior design services for new SNF	\$	4,837	25	\$	9
10/31/2020	1145- Interior design services for new SNF	\$	11,500	25	\$	23
10/31/2020	1145- Interior design services for new SNF	\$	1,000	25	\$	2
10/31/2020	1145- Interior design services for new SNF	\$	11,037	25	\$	22
10/31/2020	1145- Interior design services for new SNF	\$	10,500	25	\$	21
10/31/2020	1145- Interior Finishes	\$	3,250	25	\$	6
10/31/2020	1145- Interior Finishes	\$	6,500	25	\$	13
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	3,500	25	\$	7
10/31/2020	1145- Interior Finishes	\$	8,800	25	\$	17
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- Interior Finishes	\$	250	25	\$	
10/31/2020	1145- River Glen Renovation	\$	590,207	25	\$	11,80
10/31/2020	1145- River Glen Renovation	\$	385,135	25	\$	7,70
10/31/2020	1145- River Glen Renovation	\$	225,079	25	\$	4,50
10/31/2020	1145- River Glen Renovation	\$	225,079	25	\$	4,50
10/31/2020	1145- Interior design services for new SNF	\$	4,000	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	12,000	25	\$	2
10/31/2020	1145- Interior design services for new SNF	\$	10,806	25	\$	2
10/31/2020	1145- Interior design services for new SNF	\$	1,000	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	1,750	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	4,000	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	750	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	4,000	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	1,000	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	7,000	25	\$	1
10/31/2020	1145- Interior design services for new SNF	\$	6,000	25	\$	13
10/31/2020	1145- Interior design services for new SNF	\$	5,033	25	\$	10
10/31/2020	1145- Interior design services for new SNF	\$	7,107	25	\$	1.
10/31/2020	1145- Interior design services for new SNF	\$	2,525	25	\$	
10/31/2020	1145- Interior design services for new SNF	\$	5,030	25	\$	1
10/31/2020	1145- Interior design services for new SNF	\$	3,530	25	\$	
10/31/2020	1145- Asbestos Testing	\$	2,551	25	\$	
10/31/2020	1145- Feasibility Study	\$	1,250	25	\$	
10/31/2020	1145- Feasibility Study	\$	1,250	25	\$	
10/31/2020	1145- Installation of Communications Cabling	\$	31,533	25	\$	6.
10/31/2020	1145- Interior Finishes	\$	2,500	25	\$	
10/31/2020	1145- Interior Finishes	\$	2,500	25	\$	
	1145- Interior design services for new SNF	\$	18,594	25	\$	3
	1145- Interior design services for new SNF	\$	632,387	25	\$	12,6
10/31/2020	1145- Interior design services for new SNF	\$	558	25	\$	
	1145- Interior design services for new SNF	\$	5,000	25	\$	1
	1145- Interior design services for new SNF	\$	66,210	25	\$	1,3
	1145- Interior design services for new SNF	\$	1,534	25	\$	774
	1145- Interior design services for new SNF	\$	6,000	25	\$	1
	1145- Interior design services for new SNF	\$	3,501	25	\$	
	1145- Interior design services for new SNF	\$	4,039	25	\$	
	1145- Interior design services for new SNF	\$	6,564	25	\$	1
	1145- Interior design services for new SNF	\$	5,566	25	\$	1
	1145- Interior design services for new SNF	\$	12,640	25	\$	2
	1145- Interior design services for new SNF	\$	51,728	25	\$	1,0
	1145- Interior design services for new SNF	\$	17,507	25	\$	3
	1145- River Glen Renovation	\$	95,335	25	\$	1.9
	1145- Track, Optitrac, 8Ft Alum White	\$	442	7	\$	.,,
	1145- Cubicle Curtains 144x80x20	\$	1,635	7	\$	1 1
	CM FOR ARTWORK, INV# 010216	\$	(21,900)	7	\$	(1,5
	1145- Artwork	\$	21,000	7	\$	1,5
	1145- Artwork	\$	21,000	7	\$	1,5
	1145- 132 Fitted Bedspreads	THE STATE OF	11248.71	7	-	1,0

8/31/2020 Installation of New Water Pump	13347.37	10	6	67
Total additions for Leasehold Improvement	\$ 4,239,341	\$	88,59	94
Deletions:			-114 H	
			- 11/19	H
Total deletions for Leasehold Improvement	\$ -	S		

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

## **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	ır Ended		Page	of
162 9	South Britain Road Operating Company I	I, LLC o	of Fort	2280		9/30/2021			24	37
		Date	e of			Accumulated Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									HEE TO VE
	1.									
	2.									
	3.									
A-4.	Subtotal	Direction of	V 11.5					174	The same of the	
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal	17 30	170	1 1 2		Superior to the		-10		
C.	Leasehold Improvements and Other									A STATE OF THE STA
	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	250		- J	The rest Section	The state of the s	THE PROPERTY OF	1100		
	(attach schedule)	var	var		4,239,341				88,594	
C-4.	Subtotal				Contract Contract	STATE OF SAME	The state of the s	22 100		220,751
D.	Total Amortization	KATE K	100			THE PERSON NAMED IN		4000		220,751

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

Name of Facility License N	0.	Report for Year En		Page of		
162 South Britain Road Operating Cor 2	280	9/30/2021			25 37	
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility					If "Yes," complete Part B.	
or leased from a Related Party?*	•	Yes	0	No	If "No," complete Part C.	
*If any owner or operator of this facility is related	d by family m	arriage ownershin ahi	lity to control or		ii ivo, compicie i ait c.	
business association to any person or organization						
a related party transaction.		,				
Description		Total				
Date Land Purchased						
Date Structure Completed						
3. If NOT Original Owner, Date of Purcha	se		Service Service			
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		120	HANN LA PE			
6. Square Footage						
7. Acquisition Cost		TEST IS THE TAXABLE SAV	A Lieu (pi)			
a. Land						
b. Building			0.134	0.136	The service of the se	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
1. Financing	ala.				A THE RESERVE	
<ul> <li>a. Type of Financing (e.g., fixed, varial</li> <li>b. Date Mortgage Obtained</li> </ul>	oie)	06/30/21				
c. Interest Rate for the Cost Year		2.67%				
d. Term of Mortgage (number of years)		2.07%				
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		0,170,139		1 - 10 mm	12 N. P. 1984 N. S.	
During Current Cost Year	•			101411-1131		
g. Type of Financing (e.g., fixed, variate	ole)					
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				
<ol> <li>Principal Outstanding on Note Paid-</li> </ol>	Off	6,456,916				
Part C - Arms-Length Leases for Real	Property I	mprovements Only	Y			
Name and Address of Lessor	Prop	erty 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 Ye		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	е				
Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender	,				
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$			MARK PL	
Name of Lender	Rate		2 11 12		
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender	I				
B. CHEFA Loan Information			A CHEST		
1. Original Loan Amount	\$				
2. Loan Origination Date				AL BU	
3. Interest Rate %					
4. Term		HE	Carlotte Control	PARTY.	
5. CHEFA Interest Expense					
2 B7. Total Building Interest Expense (A1 - A4 + B5)	\$		Subtatale f		

(Carry Subtotals forward to next page)

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

Name of Facility License 1 162 South Britain Road Operating 22	No. 80		Report for Y 9/30/2021	ear Ended		Page of 27   37
Item			Total	CCNH	RHNS	(Specify)
	otals Brou	ight Forward:	Total	COIVII	Idiido	(Specify)
12. C. Movable Equipment		B I 0. 11 0. 41				
Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$	Carrie Blood, ni		1000 1000	
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender	_					
12. C. 3. Total Movable Equipment Inter	est					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	All al		P.B. W	
13. Total All Interest Expense (12B7 + 12	C3 + 12D	) \$				
14. Insurance						
a. Insurance on Property (buildings o	nly)	\$	9,834	9,834		
b. Insurance on Automobiles		\$	2,434	2,434		
c. Insurance other than Property (as s	pecified a	,				
1. Umbrella (Blanket Coverage)		\$	91,845	91,845		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$		REAL PROPERTY	Tu silla	A VEREN
					No.	10-44
14d. Total Insurance Expenditures (14a +		\$		104,113		
15. Total All Expenditures (A-13 thru C-1	4)	\$	15,217,797	15,217,797		

# D. Adjustments to Statement of Expenditures

	e of Fa	ncility Britain Road Operating Company II, LLC of Fort Le	License No. 2280	Report for Yea 9/30/2021	r Ended	Page of 28   37
	Page No.	l I	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page	10 - S	Salaries and Wages		J. P. Lewis L. P. L. Co.		
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 - F	Professional Fees	DELETA B		EL BUT ISL	
5.		Resident Care Physicians **	\$			
6.		Occupational Therapy	\$			
7.		Other - See attached Schedule	\$			
Page.	s 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	1 12 Park	and a street		THE TANK
		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	\$	230,237		
20.		Fund Raising / Contributions	\$ 307	307		
21.		Unallowable Management Fees	\$ 729,757	729,757		
22.		Barber and Beauty	\$	,		
23.		Other - See attached Schedule	\$			
	18 - L	Dietary Expenditures		1.333.333		SELIE HARDEN
24.		Meals to employees, guests and others who are not residents	\$	BALS, FORE	21 113	and the state of
Pago	19 - I	aundry Expenditures			dilli e la	
25.		Laundry services to employees, guests		DECEMBER 1	THE RESERVE	Sussing
<b>2</b> 0.		and others who are not residents	\$	A STATE OF THE PARTY OF THE PAR		
Page	20 - F	lousekeeping Expenditures	PERMIT ISA		CHIEF CO.	B 17/11 2
26.		Housekeeping services to employees, guests			Marie Roll	The second second
~∪.		and others who are not residents	\$			1000
	'					

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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	\$ 1,6	32	
16	L7	Travel - Meals	\$ 2	27	
16	L7	Travel - Other	\$ 2,3	46	
16	L7	Travel - Hotel	\$ 1	78	
16	m13	Bank Charge Fees	\$ 10,7	46	
16	m13	Collecton Fees	\$ 23,4	14	
16	m13	Consolidated Billing	\$ 9,0	42	
16	m13	Resident Replacement	\$ 9	03	
16	m13	Gift Shop Expense	\$ 14,5	46	
16	m13	Other Fees - Penalty Expense	\$ -		
		YOUR CELEBRATE THE PARTY OF THE			
m 4 1 0 4	0.1.1			24 0	
I otal Othe	r Salaries A	Adjustment	\$ 63,0	34 \$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	<b>TSSU</b>				
	100				
	W. T. D.				
					THE PARTY
otal Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

## Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m 13	Facility Entertainment Corporate Expense	57.01.	1117-1-12	
E 11-1184					
Total Othe	r A&G Ad	justments	\$ -	\$ -	\$ -

\_\_\_\_\_\_

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

Name	e of Fa	acility	D. Adjustments to Stateme		ense No.	Report for Y		Page	of
		_	n Road Operating Company II, LLC of Fort		2280	9/30/2021	2002 2210000	29	37
			Troub operating company 11, 220 off of		Total	7,00,101			
Item	Page	Line			Amount of				
No.	_		Item Description		Decrease	CCNH	RHNS	(Sn	ecify)
140.	140.	140.	Subtotals Brought Forward	\$	1,506,908	1,506,908	KIINS	(Sp	cony
Dago	20 - 1	Posido	nt Care Supplies***	Ψ	1,500,508	1,500,908		780	
27.	20-1	lesiue	Prescription Drugs	\$	391,394	391,394			1000
28.			Ambulance/Limousine	\$	391,374	391,394			
29.			X-rays, etc	\$	20,177	20,177			
30.			Laboratory	\$	64,248	64,248			
31.			Medical Supplies	\$	04,240	04,246			
32.			Oxygen (non emergency)	\$	20,177	20 177			
33.			Occupational Therapy	\$	20,177	20,177			
34.			Other - See Attached Schedule	\$	76.207	76 207			
	22 1	Mr. tord		2	76,307	76,307		W I I I	100
	22 ~ 1	<u>ainte</u>	enance and Property	-		2 3 3 3 5	5/2		C-10
35.			Excess Movable Equipment Depreciation	اہ					
0.6			See Attached Schedule	\$				The State of the S	
36.			Depreciation on Unallowable					1500	1 5 7 9
			Motor Vehicles	\$					
37.			Unallowable Property and Real		E TUESDOOL I	Section 10 men		THE REAL PROPERTY.	A TEN
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
	27 - I	nsura		_			APPLE !	- Under	
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	scella							142 10
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 H	or Pr	ofit P	roviders Only		Tisks - Fall B	143014		Name of	1. 1. 1.
48.			Building/Non Movable Eq. Depreciation		N N N	A PROPERTY.	IN ESTATE	DIATE.	1 00 100
			Unallowable Building Interest -			SEN MEN		23 7	
			See Attached Schedule	\$					
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	2,757,607	2,757,607			

<sup>\*\*\*</sup> 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	y)
20	5i	Cable TV In Excess (see attached disallowance)	\$ 20,530			
20	51	PT/OT Equipment Rental Disallowed (see attached)	\$ 4,196			
20	5j	DME (Durable Medical Equpt)	\$ 7,368		L DUE !	
20	5j	IV Expense	\$ 42,929			
20	5j	RT Supplies	\$ 1,284			
20	5j	OT Supplies	\$ 1.			
100						4
			#C 00#	0		
Total Othe	r Ancillary	Costs	\$ 76,307	\$ -	2	•

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
TEU PIE					
				NAME OF BUILDING	
NA SECTION	H 61-	The second second			PART HE
	Table 1			105	
				4 (4) (5)	
riniti.					
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	s -

## **Schedule of Other Property Adjustments**

age Ref	Line Ref	Description		CCNH	RHI	NS	(Speci	fy)
					976.6			
				N EN				77
100 R. A.							May 8	
of Earl			Gladin Petron State (4) in	Kirjin Sal	o fa unk			
				110				
	ik 5 iz=			K TEM				
	71 Ev.					1 2 1 2		
nti ita				ST VIII	T. B.L.	// E	u u	
Z III								
tal Othe	r Property	Adjustments	S		S		S	

Page Ref	Line Ref	Description	 CCN	H	RHN	<u>S</u>	(Spec	ify)
								-
120						-		-
						-		333
	A	THE REPORT OF THE PARTY OF						
	- PARTY							
								315
						-		VI SV
	- 12							
Total Othe	r Adjustm	ents	S	*	\$		\$	

## Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
30		Other Revenue - Provider Relief Funding	\$	674,286		1 1000 100
30	IV5	Interest Income	\$	4,111		
					Man P. A	
m . 104	1 12 1		•	679.207	•	
Total Othe	r Adjustm	ents	2	678,397	2 -	12 -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Spe	cify)
			313,14			
ALIE R						
					/	55-
						-
					17.57	
Total Othe	r Adjustm	ents	s -	s -	S	100

## Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)
Mi Th			THE SEC	
to the first			Section 1	
			117.712	
Total Unal	llowable Building Interest	\$ -	\$ -	\$ -

## F. Statement of Revenue

Name of Facility License No. 162 South Britain Road Operating Compt 2280	V CIX	Report for Y 9/30/2021	Page of 30 37		
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue			3 27 7%		S VESTIVE
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)	0	
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)		
I. Other Resident Revenue		AT WEST	3/1-2/30	1-200	1000 - 100
a. Prescription Drugs - Medicare	\$	225,640	225,640		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				u .
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 **	\$	212,100	2.12,100		
c. Speech Therapy - Non-Medicare	\$	143,622	143,622		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	143,022	115,022		
5. a. Occupational Therapy - Medicare	\$	1,099,600	1,099,600		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	1,099,000	1,099,000		
c. Occupational Therapy - Non-Medicare	\$	675 022	675 022		0
·	\$	675,933	675,933		
d. Occupational Therapy - Non-Medicare Contractual Allowance **		(2.407.590)	(2.407.590)		
6. a. Other (Specify) - Medicare	\$		(2,497,589)		
b. Other (Specify) - Non-Medicare	\$		(1,556,382)		
II. Total Resident Revenue (Section I. thru Section II.)	2	13,189,222	13,189,222	-	E TO THE OWN
V. Other Revenue*		1 15 90	STORE TO		
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		

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> 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 Oth	er 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		worth, a fe
	Xray Managed Care	\$ 6,741	FINANCE.	7 - 1
	Flu Shots	\$ 855		
	Ancillary Contractual Adjustment Managed Care	\$ (1,601,975)		
	Lab Private	\$ 11		0.1 10.3
Total Oth	er Resident Revenue	\$ (1,556,382)	3	\$ -

#### **Interest Income**

#### Account

Page Ref	Account	Balance		CCNH	R	HNS	(Sp	ecify)
			\$	4,111	les.			,N/ -
		A STATE OF THE STATE OF			1			13
			TL.		TO B	ST U		30.0
				- 211				
Total Inte	est Income		\$	4.111	\$	110	\$	

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 674,286	Blill, Isili	
	Maria			UETER
	1. 10 10 10 10 10 10 10 10 10 10 10 10 10		1115175	
Total Oth	er Revenue	\$ 674,286	\$ -	s -

## G. Balance Sheet

Name of Facility	License No.	Report for Year	Ended	Page of
162 South Britain Road Opera	ting Com 2280	9/30/2021		31 37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in	ı banks)		\$	34,108
2. Resident Accounts R	eceivable (Less Allowan	ce for Bad Debts)	\$	801,604
	ivable (Excluding Owner	rs or Related Parties)	\$	(0
4 Inventories			\$	
5. Prepaid Expenses			\$	21,567
a. <u>Insurances</u>		14,830		
b. Property Taxes		5,044		
c. Misc		1,693	19	
d. See Schedule			100	
6. Interest Receivable			\$	
<ol><li>Medicare Final Settle</li></ol>	ement Receivable		\$	
8. Other Current Assets	(itemize)		\$	76,489
Resident PNA		76,489	1	
9			- 2	
See Schedule			8	
A-9. Total Current Assets (L	ines A1 thru 8)		\$	933,768
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cos	it	\$	
	Accum. Deprec	ciation	Net	
3. Buildings	*Historical Cos	st	\$	
	Accum. Deprec	ciation	Net	
4. Leasehold Improvem	ents *Historical Cos	st 7,568,603	\$	5,188,109
	Accum. Deprec	ciation 2,380,494	Net	
5. Non-Movable Equip	nent *Historical Cos	st	\$	
	Accum. Deprec	iation	Net	
6. Movable Equipment	*Historical Cos	it 1,583,406	\$	332,660
• •	Accum. Deprec		Net	
7. Motor Vehicles	*Historical Cos	st	\$	
	Accum. Deprec	iation	Net	
8. Minor Equipment-No			\$	
9. Other Fixed Assets (	temize)		\$	
See Schedule				
B-10. Total Fixed Assets (	Lines B1 thru 9)		\$	5,520,769
D-10. 10th 1 blen 7100cm (			ĪΦ	3,320,703

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

Page Ref	Line Ref	Description	
	115.3		
otal Prep	oald Expen		\$ .
		rrent Assets (itemized) Page 31 Line A8	
age Ref	Line Ref	Description	
Cotal Oth	Cument	Assets (Itemize)	S
OTHI OTH	y Current.	Assets (Iveniuse)	3
chedule (	COther Fir	ced Assets (Itemize) Page 31 Line B9	
		Description	
1001			
			THE STATE OF
otal Othe	r Other Fi	xed Amets (Itemize)	\$ -
chedule o	of Other As	sets Page 32 Line D7	
age Ref	Line Ref	Description	_
			-
otal Othe	r Assets		\$ .
ahadula a	C Natas Day	able (Innite) Born 23 Line 42	********************
		vable (Hemize) Page 33 Line A2 Description	
age Ref	Line Ref		
age Ref	Line Ref		\$
Page Ref	Line Ref	Description	\$
otal Note	Line Ref	Description  Trent Liabilities (Renize) Page 33 Line A12	S
otal Note	Line Ref	Description  Frent Liabilities (Itemize) Page 33 Line A12  Description  Acorded Accounting & Tax	\$ 1,000
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description	\$ 1,000 \$ 10,497
otal Note	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Accord Accounting & Tax. Accord Pharmacy Accord Workers Comp Insurance Accord GIFL - Third	\$ 1,000 \$ 10,497 \$ (338,726 \$ 370,295
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Accounting & Tax. Accounted Paramety Accounted Workers Comp. Insurance Accounted GLPL - Third Accounted Mustamanus	\$ 1,000 \$ 10,497 \$ (338,726 \$ 370,295 \$ 1,345
Page Ref	Line Ref	Prent Liabilities (Itemize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Pharmacy Accrued Workers Comp Insurance Accrued Auto Insurance Accrued Health Insurance	\$ 1,000 \$ 10,491 \$ (338,726 \$ 370,295 \$ 1395 \$ 190,344 \$ (10,845
otal Note	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Acorued Accounting & Tax Accrued Pharmacy Accrued Others Comp Insurance Accrued Others Comp Insurance Accrued Hauthinsurance Accrued Hauthinsurance Accrued Hauthinsurance Accrued Health Insurance Accrued Dental Insurance Accrued Dental Insurance Accrued Health Insurance Accrued Health Insurance	\$ 1,000 \$ 10,495 \$ (338,722 \$ 370,295 \$ 1,345 \$ 190,344 \$ (10,844 \$ 1,245
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Accorded Accounting & Tex. Accorded Accounting & Tex. Accorded Partmaney Accorded Monitors Comp. Insurance Accorded Auto Insurance Accorded Auto Insurance Accorded Monitors Comp. Insurance Accorded Monitors Insurance Accorded Monitors Insurance	\$ 1,000 \$ 10,497 \$ 338,724 \$ 370,295 \$ 190,344 \$ (10,845 \$ 1240 \$ 3773 \$ 373 \$ 386
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Pharmsey Accrued Office Comp Insurance Accrued GLPL - Third Accrued Worker Comp Insurance Accrued Health Insurance Accrued Health Insurance Accrued Health Insurance Accrued Accrued Line Insurance Accrued Acc	\$ 1,000 \$ 10,495 \$ (338,722 \$ 370,295 \$ 190,344 \$ 190,344 \$ 10,845 \$ 1,246 \$ 373 \$ 386 \$ (2,595
otal Note	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Pharmacy Accrued Pharmacy Accrued Pharmacy Accrued Humane Accrued Health Insurance Accrued Health Insurance Accrued Health Insurance Accrued Dental Insurance Accrued Supplemental Insurance Accrued Accrued Carle Insurance Accrued Accrued Carle Insurance Accrued Accrued Carle Insurance Accrued Supplemental Insurance Accrued Carle Insurance Accrued Carle Insurance Accrued Carle Insurance Accrued Carle Insurance	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 190,344 \$ 190,345 \$ 1 2,405 \$ 1 2,405 \$ 3,73 \$ 3,86 \$ (2,995 \$ (4,218
otal Note	Line Ref	Description  Trent Liabilities (Itenize) Page 33 Line A12  Description Aconed Accounting & Tax Accound Worker Comp Insurance Accound GLPL - Thurd Accound GLPL - Thurd Accound GLPL insurance Accound Hair Insurance Accound Supplemental Insurance Accound Supplemental Insurance Accound Supplemental Insurance Accound State Illusian Accound Hair Illusian Accound Canal Illusian Accound State Illusian Account Illusian Account Illusian Account State Illusian Account State Illusian Account State Illusian Account Illusian Ac	\$ 1,000 \$ 10,499 \$ (338,722 \$ 370,295 \$ 1934 \$ 190,848 \$ 1,246 \$ 3,737 \$ 3,89 \$ (2,599 \$ 1,218 \$ 1,218 \$ 2,218 \$ 1,218 \$ 1,218
otal Note	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Pharmacy Accrued Pharmacy Accrued Pharmacy Accrued Humane Accrued Health Insurance Accrued Health Insurance Accrued Health Insurance Accrued Dental Insurance Accrued Supplemental Insurance Accrued Accrued Carle Insurance Accrued Accrued Carle Insurance Accrued Accrued Carle Insurance Accrued Supplemental Insurance Accrued Carle Insurance Accrued Carle Insurance Accrued Carle Insurance Accrued Carle Insurance	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,297 \$ 1345 \$ (10,845 \$ 1240 \$ 370,297 \$ 386 \$ (2,595 \$ (1,218 \$ 123 \$ 373,297 \$ 1,218 \$ 123 \$ 3,218 \$ 1,218 \$ 3,218 \$ 3,218
otal Note	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Pharmacy Accrued Pharmacy Accrued GLPL - Third Accrued Auto Insurance Accrued Hall Insurance Accrued Supplies Hall Insuran	\$ 1,000 \$ 10,497 \$ (338,72) \$ 370,295 \$ 10,845 \$ 10,845 \$ 12,000 \$ 373,75 \$ 386 \$ (2,595) \$ (1,218) \$ 127,000 \$ 170,000 \$ 170,
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Account Accounting & Tax Account On The Transport Complianarine Account On More Complianarine Account On The Insurance Accounted United Transport Accounted United Transport Accounted United Transport Accounted More Complianarine Accounted Health Insurance Accounted Health Insurance Accounted Auto Insurance Accounted Conficial Biliness Ac	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,399 \$ 1,345 \$ 190,344 \$ 11,246 \$ 373,35 \$ 38,65 \$ (2,595 \$ (1,218) \$ 173 \$ 3,70,39 \$ 1,73 \$ 7,098 \$ 1,73 \$ 7,098 \$ 1,66,615 \$ 166,615
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Accrued Accounting & Tex. Accrued Harmaney Accrued Workers Comp Insurance Accrued Health Insurance Accrued Health Insurance Accrued Health Insurance Accrued Health Insurance Accrued Other Insurance Accrued Other Insurance Accrued Other Insurance Accrued MoleLife Insurance Accrued MoleLife Insurance Accrued MoleLife Insurance Accrued Accrued Insurance Accrued Accrued Insurance Accrued Line Insurance Accrued HaS Accrued Withholdings Social Security Payable Accrued State and Use Tax.	\$ 1,000 \$ 10,497 \$ 333,724 \$ 370,295 \$ 1,345 \$ 10,845 \$ 10,845 \$ 12,405 \$ 377,35 \$ 3,605 \$ (2,595 \$ (1,218 \$ 17,088 \$ 22,066 \$ 16,6,615 \$ 16,6,615 \$ 110,885 \$ 110,885
otal Note	Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Aconucl Accounting & Tax Accrued Pharmace Accrued Pharmace Accrued Of Description Accrued Morkers Comp Insurance Accrued Morkers Comp Insurance Accrued Health Insurance Accrued Hang Insurance Accrued Complete Insurance Accrued Charle Insurance Accrued Lang Insurance Accrued Hang Accrued Ha	\$ 1,000 \$ 10497 \$ 370,299 \$ 1,345 \$ 190,344 \$ 190,344 \$ 1,246 \$ 370,399 \$ 370,399 \$ 3,259 \$ 4,218 \$ 12,266 \$ 10,269 \$ 17,77 \$ 7,099 \$ 12,266 \$ 166,615 \$ 166,615 \$ 110,885 \$ 1,266 \$ 156,615 \$ 110,885 \$ 1,266 \$ 156,615 \$ 110,885 \$ 1,266 \$ 110,885 \$ 110,885 \$ 1,266 \$ 110,885 \$ 1,266 \$ 110,885 \$ 1,266 \$ 110,885 \$ 1,266 \$
rage Ref	Line Ref	Description  Trent Liabilities (Itemize) Page 33 Line A12  Description Accrued Accounting & Tax Accrued Plantmey Accrued Plantmey Accrued Plantmey Accrued Plantmey Accrued Morkers Comp Insurance Accrued GI.Pt Thurd Accrued Dental Insurance Accrued Lealth Insurance Accrued Dental Insurance Accrued Dental Insurance Accrued Supplemental Insurance Accrued Accrued Lealth Insurance Accrued Accrued Lealth Insurance Accrued Lealth Insurance Accrued Accrued Library Accrued Lealth Illness Accrued Lealth Ill	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 1345 \$ (10,845 \$ 12,40 \$ 377,55 \$ 386 \$ (2,595 \$ (1218 \$ 10,885 \$ 10,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 12,705 \$ 110,885 \$ 11
Page Ref	Line Ref	Description  Trent Liabilities (Itenize) Page 33 Line A12  Description Aconed Accounting & Tax Accound Worker Comp Insurance Accound GLPL - Thurd Accound GLPL - Thurd Accound GLPL - Thurd Accound Harmance Accound Harmance Accound Harmance Accound Harmance Accound Harmance Accound Harmance Accound Supplemental Insurance Accound Supplemental	\$ 1,000 \$ 10,497 \$ (338,726 \$ 370,295 \$ 193,44 \$ 10,845 \$ 12,40 \$ 12,40 \$ 22,95 \$ (12,18) \$ 17,000 \$ 22,000 \$ 165,615 \$ 165,615 \$ 110,835 \$ 17,000 \$ 17,000 \$ 17,000 \$ 17,000 \$ 17,000 \$ 18,100 \$ 10,100 \$ 110,100 \$ 110
age Ref	Line Ref  6 Other Cu Line Ref  7 Current 1	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Account Accounting & Tax Account Accounting & Tax Account Morkers Comp Insurance Account Morkers Comp Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Auto Insurance Accounted Internation Accounted Internation Accounted Internation  Accounter Internation  Accounted Internation  Accounter Interna	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 1345 \$ (10,845 \$ 12,40 \$ 377,55 \$ 386 \$ (2,595 \$ (1218 \$ 10,885 \$ 10,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 12,705 \$ 110,885 \$ 11
age Ref	Line Ref  6 Other Cu Line Ref  7 Current 1	Pescription  Trent Liabilities (Itemize) Page 33 Line A12  Description Accound Accounting & Tax Accound Pharmacy Accound Workers Comp Insurance Accound GLPL - Third Accound Morkers Comp Insurance Accound Health Insurance Accound Health Insurance Accound Auto Insurance Account Auto Insurance Accoun	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 1345 \$ (10,845 \$ 12,40 \$ 377,55 \$ 386 \$ (2,595 \$ (1218 \$ 10,885 \$ 10,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 12,705 \$ 110,885 \$ 11
age Ref	Line Ref  6 Other Cu Line Ref  7 Current 1	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Account Accounting & Tax Account Accounting & Tax Account Morkers Comp Insurance Account Morkers Comp Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Auto Insurance Accounted Internation Accounted Internation Accounted Internation  Accounter Internation  Accounted Internation  Accounter Interna	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 1345 \$ (10,845 \$ 12,40 \$ 377,55 \$ 386 \$ (2,595 \$ (1218 \$ 10,885 \$ 10,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 12,705 \$ 110,885 \$ 11
see Ref.	Line Ref  6 Other Cu Line Ref  7 Current 1	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Account Accounting & Tax Account Accounting & Tax Account Morkers Comp Insurance Account Morkers Comp Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Auto Insurance Accounted Internation Accounted Internation Accounted Internation  Accounter Internation  Accounted Internation  Accounter Interna	\$ 1,000 \$ 10,497 \$ (338,724 \$ 370,295 \$ 1345 \$ (10,845 \$ 12,40 \$ 377,55 \$ 386 \$ (2,595 \$ (1218 \$ 10,885 \$ 10,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 110,885 \$ 12,705 \$ 110,885 \$ 11
Page Ref  Total Note  Total Other	Line Ref  S Payable  f Other Cu Line Ref  Current 1  f Other Lou Line Ref	Description  Trent Liabilities (Remize) Page 33 Line A12  Description Account Accounting & Tax Account Accounting & Tax Account Morkers Comp Insurance Account Morkers Comp Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Health Insurance Accounted Auto Insurance Accounted Internation Accounted Internation Accounted Internation  Accounter Internation  Accounted Internation  Accounter Interna	\$ 1.0 \$ 10.4 \$ (238.7 \$ 370.2 \$ 1.3 \$ 190.3 \$ 10.8 \$ 1.2 \$ 3 3 \$ (2.9 \$ 3 2.2 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 1

# G. Balance Sheet (cont'd)

162 South Britain Road Ope	rating Com 2280 Account	9/30/2021		32   37		
	Account					
G T 1 11 12				Amount		
C T 1 11 111		Total Brought Forv	vard: \$	6,454,537		
C. Leasehold or like prop	erty recorded for Equity Pu	poses.				
1. Land			\$			
2. Land Improvement	s *Historical Cos	t				
	Accum. Deprec	iation Net	\$			
3. Buildings	*Historical Cos					
	Accum. Deprec	iation Net	\$			
4. Non-Movable Equi	pment *Historical Cos	t				
	Accum. Deprec	iation Net	\$			
5. Movable Equipmen	nt *Historical Cos	t				
	Accum. Deprec	iation Net	\$			
6. Motor Vehicles	*Historical Cos	<u> </u>				
	Accum. Deprec	iation Net	\$			
7. Minor Equipment-	Not Depreciable		\$			
C-8 Total Leasehold or Li	ke Properties (C1 thru 7)		\$			
D. Investment and Other	Assets					
1. Deferred Deposits			\$	Ŷ.		
2. Escrow Deposits			\$			
3. Organization Expension	nse *Historical Cos					
	Accum. Deprec	iation Net	\$			
4. Goodwill (Purchase			\$			
5. Investments Relate	d to Resident Care (itemize	)	\$			
-			Ti a			
			Eivi			
	Related Parties (itemize)		\$			
Name and A	ddress Amount	Loan Date	TALL BY			
			1000			
			140			
7. Other Assets ( <i>itemi</i>	ze.)		\$	23,000		
Deposits for Uti	· ·	23,000		25,000		
Deposits for our	MINIO	23,000				
See Schedule			77.13			
	D-8. Total Investments and Other Assets (Lines D1 thru 7)					
D-9. Total All Assets (Lines		··· /	\$	23,000 6,477,537		

<sup>\*</sup> 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 Fac	-		License No.	Report for Year	Ended	Page	
162 South B	ritain	Road Operating Company I	2280	9/30/2021		33	37
			Account				Amount
Liabilities							
Α.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	693,143
	2.	Notes Payable (itemize)				\$	
		( <del></del>					
						S. S.	
		G 01 11					
		See Schedule	1.00	\ /*; \ \ \		Φ.	
	3.	Loans Payable for Equipme			D-t- D	\$	- API + IV A REA
		Name of Lender	Purpose	Amount	Date Due	<u>-</u>	
						N. S.	
						- The Side	
						11,04	
						Ex III by	
						1-00	
						TO U A T	
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)		\$	3,768
	5.	Accrued Payroll (Owners a	nd/or Stockholders o	only)		\$	
	6.	Accrued Payroll Taxes Payable					(150)
	7.	Medicare Final Settlement Payable					
	8.	Medicare Current Financing Payable					
	9.	Mortgage Payable (Current Portion)					
	10.	). Interest Payable (Exclusive of Owner and/or Related Parties)					
	11.	1. Accrued Income Taxes*					
	12.	2. Other Current Liabilities (itemize)				\$	887,674
						B BILLS	
				See Schedule	887,674	1 = 0	
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)			\$	1,584,435

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
162 South Britain Road Operating Compan	2280	9/30/2021		34	37
A	Account			Ar	nount
	t Forward:		1,584,435		
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
					1 Sept 3.51
					Name of the Park
			100		
			- 1		
Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itomize)		\$		(13,697,903)
Name and Address of Lender	Amount	Loan Da		E 1577	(13,077,703)
Name and Address of Lender	Amount	Loan Da	ite		
	j.				
			18		PAGER
	(12 (07 002)		100		
	(13,697,903)		- 1		
					170
			- 1		
			18		
					5 ASSES
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4. Other Long-Term Liabilitie	es (itemize)		\$		
					15 K 16 G 17
0.0111					S. SILE THE
See Schedule	7 D14 4			T STATE	110 COT 000
B-5. Total Long-Term Liabilities (I	\$ \$		(13,697,903) (12,113,467)		
C. Total All Liabilities (Lines A-1	C. Total All Liabilities (Lines A-13 + B-5)				

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

Nan	ne of Facility License No.	R	eport for Y	ear Ended	Pa	ge of
162	South Britain Road Operating Co. 2280	9	/30/2021		35	5   37
	Account		Amount			
A.	Reserves					
	Reserve for value of leased land				\$	
	2. Reserve for depreciation value of leased build	dings a	and appurte	nances		
	to be amortized				\$	5,520,769
	3. Reserve for depreciation value of leased person	onal p	roperty (Eq	uity)	\$	
	4. Reserve for leasehold real properties on which	h fair	rental value	is based	\$	
	5. Reserve for funds set aside as donor restricted	i i			\$	
	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 10/1/20	020	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 Fa		License No.	Report for Year	Ended	Page	of
162 South	Britain Road Operating Comp		9/30/2021		36	37
Account						mount 14,125,845
	Revenue (From Statement of				\$	13,867,619
	Expenditures (From Stateme	nt of Expenditures Pa	age 27)		\$	14,923,228
	ncome or Deficit				\$	(1,055,610)
E. Balan					\$	13,070,236
F. Addit	dditional Capital Contributed Total Expenditures (Page 2 (Less F/S vs C/R Depreciat Total	\$ 15,217,79				
2. O	ther (itemize)					
F-3. Total	Additions				\$	
G. Dedu	ctions					
1. D	rawings of Owners/Operators	/Partners (Specify)			\$	
ı	Name and Address (No., City,	State, Zip)	Title	Amount		
2. O	ther Withdrawings (Specify)				\$	
	Purpose		Amou	ınt	044015	The Marie Land
	•					
3. To	otal Deductions		1		\$	
	ice at End of Period	09/30/21			\$	13,070,236

# I. Preparer's/Reviewer's Certification

Name	of Facility	License No.	Report for Year Ended	Page of				
162 Sc	outh Britain Road Operating	2280	9/30/2021	37 37				
	Check appropriate category							
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	□ (Specify)				
		Preparer/Reviewer Certificat	tion					
	I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signat	ure of Preparer	Title VP Francistope	Date Signed	2/3/202				
Printed	l Name of Preparer	-						
Fran P	etricone							
Addres	Address		Phone Number					
57 Old Road to Nine Acre Corner, Concord, MA 01742 1-978-831-2123								
Contac	cted Person Regarding Additional Info	Phone Number						
	etricone	1-978-831-2123						
Contact Email Address								
fpetric	one@care-one.com							