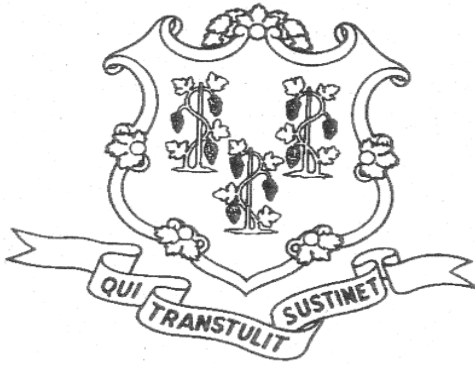


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC o	2280	9/30/2020	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Pellerin, Amy D			Printed Name (Owner) Alberto Lugo		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ		Period Covered: D/B/A River Glen Health	From 10/1/2019	To 9/30/2020
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By		Phone Number	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 203-264-9600		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L		Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH 2280	RHNS (Specify)	Medicare Provider No. 07-5241	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Pellerin, Amy D		Nursing Home Administrator's License No.:	001577	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Mary Noonan		License No.:	1033	

**General Information and Questionnaire
 Corporate Owners**

Name of Facility 162 South Britain Road Operating Company I	License No. 2280	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	Pg. 22 / Line 9	803,967	803,967
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	Pg. 16 / Line m12	1,018,787	1,018,787
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	Pg 20 / Line 5a2	383,441	364,269
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	26,194	24,885
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy - I Vs	Page 20 / Line 5j	49,153	46,695
HealthBridge & Related Facilities	173 Bridge Plaza North, Fort Lee, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	1,102,577	1,102,577
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 162 South Britain Road Operating Company II, I	License No. 2280	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of For			2280	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Konica Minolta	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17	and then on-going	14,953	14,953	
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	08/02/12	and then on-going	1,097	1,097	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							16,050	

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

General Information and Questionnaire
Accounting Basis

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1 Disallowed - Page 28	\$	3,071
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	3,071

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

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/E		2280			9/30/2020				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120							
B. On last day of THIS report period	120	120							120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	102	102			102	102							
B. As of midnight of THIS report period	103	103							103	103			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,355	6,355			4,382	4,382			1,973	1,973			
B. Medicaid (Conn.)	19,783	19,783			14,829	14,829			4,954	4,954			
C. Medicaid (other states)													
D. Private Pay	6,977	6,977			5,360	5,360			1,617	1,617			
E. State SSI for RCH													
F. Other (Specify) Insurance - Managed Care	4,194	4,194			3,245	3,245			949	949			
G. Total Care Days During Period (3A thru F)	37,309	37,309			27,816	27,816			9,493	9,493			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	(75)	(75)			(58)	(58)			(17)	(17)			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	37,234	37,234			27,758	27,758			9,476	9,476			

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company I	License No. 2280	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	21	53		17			12	
Per Diem Rate								
a. One bed rm.	Various	224.37		527.00			527.00	
b. Two bed rms.	Various	224.60		300.00			300.00	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,423	1,423		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,591	8,591		
D. Total Physical Therapy Treatments	10,014	10,014		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	340	340		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,884	1,884		
D. Total Speech Therapy Treatments	2,224	2,224		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,026	1,026		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,331	8,331		
D. Total Occupational Therapy Treatments	9,357	9,357		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort	2280	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. of Schedule A1)						
2. Administrator(s) (Complete also Sec. II of Schedule A1)	135,430	2,373				
3. Assistant Administrator (Complete also Sec. I ^v of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	587,872	17,815				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	598,537	28,803				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	358,676	20,396				
7. Repairs & Maintenance Service:						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	104,462	5,040				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	142,260	8,460				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services:						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Resident						
a. Directors and Assistant Director of Nurses	183,311	4,183				
b. RN						
1. Direct Care	921,866	22,644				
2. Administrative**	327,773	9,502				
c. LPN						
1. Direct Care	1,020,996	33,086				
2. Administrative**						
d. Aides and Attendants	1,568,895	85,446				
e. Physical Therapists	562,869	13,678				
f. Speech Therapists	79,438	1,781				
g. Occupational Therapists	353,263	9,538				
h. Recreation Workers	187,546	9,765				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Respiratory Therapists	43,282	1,466				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	142,328	5,060				
n. Marketing	32,353	791				
o. Other (Specify)						
See Attached Schedule	62,830	2,545				
<i>A-13. Total Salary Expenditures</i>	<i>7,413,986</i>	<i>282,372</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Central Supply	\$ 28,125	1,038				
Medical Records	\$ 34,704	1,507				
Total	\$ 62,830	2,545	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility			License No.	Report for Year Ended				Page	of	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ			2280	9/30/2020				11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
N/A										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
N/A										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ				2280	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mary Noonan, 10/1/2019-6/30/2020	78,795			Standard Employee Benefits	Administrator	1,602	A2			
Amy D Pellerin, 7/1/2020-10/31/2020	56,635			Standard Employee Benefits	Administrator	771	A2			
Section IV - Assistant Administrators										
N/A										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC	2280	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	96				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	720	5				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	42,720	101				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, I	2280	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 3,169	3,169		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 81,962	81,962		
4. Social Security (F.I.C.A.)	\$ 553,539	553,539		
5. Health Insurance	\$ 1,074,637	1,074,637		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,711	2,711		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 25,230	25,230		
8. Uniform Allowance	\$ 22,076	22,076		
9. Other (Specify) See Attached Schedule	\$ 3,113	3,113		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 62,757	62,757		
d. Accounting and Auditing	\$			
e. Legal (Services should be fully described on Page 7)	\$ 3,071	3,071		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 16,478	16,478		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 44,183	44,183		
2. Cellular Phones	\$ 4,571	4,571		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 581,581	581,581		
Subtotal	\$ 2,479,077	2,479,077		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC c	2280	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,479,077	2,479,077			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,308	4,308		
3. Gifts to Staff and Residents	\$	15,465	15,465		
4. Employee Travel	\$	4,578	4,578		
5. Education Expenses Related to Seminars and Conventions	\$	495	495		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,800	1,800		
7. Other (<i>Specify</i>) See Attached Schedule	\$	7,521	7,521		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	8,454	8,454		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	154,447	154,447		
4. Fund-Raising***	\$				
5. Medical Records	\$	615	615		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,172	4,172		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	20,359	20,359		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	113,445	113,445		
12. Administrative Management Services**	\$	1,018,787	1,018,787		
13. Other (<i>Specify</i>) See Attached Schedule	\$	136,264	136,264		
C-14 Total Administrative & General Expenditures	\$	3,969,788	3,969,788		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Travel - Meals Corporate Expense	\$ 395		
Travel - Other Corporate Expense	\$ 3,988		
Travel - Hotel	\$ 3,139		
Total Other Travel and Entertainment	\$ 7,521	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Marketing Expense Corporate Expense	\$ 21,364		
Marketing Expense Corporate Expense	\$ 130,185		
Marketing - Meals Corporate Expense	\$ 1,286		
Public Relations Corporate Expense	\$ 213		
Shows & Conferences Corporate Expense	\$ 200		
Sponsorships	\$ 1,200		
Total Other Advertising	\$ 154,447	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues & Subscriptions Corporate Expense	\$ 20,359		
Total Dues	\$ 20,359	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Criminal Record Check Corporate Expense	\$ 11,127		
Compliance Expense Nursing Administration	\$ 9,677		
Other Professional Fees Corporate Expense	\$ 33,641		
Bank Charges Corporate Expense	\$ 22,923		
Collection Fees Corporate Expense	\$ 23,735		
Off Site Storage Corporate Expense	\$ 4,443		
License & Permits Corporate Expense	\$ 3,121		
Consolidated Billing Nursing Administration	\$ 16,763		
Annual Report Fees	\$ 916		
Resident Replacement Items Corporate Expense	\$ 219		
Gift Shop Supplies Corporate Expense	\$ 9,698		
Total Other Administrative and General	\$ 136,264	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 162 South Britain Road Operating Compa	License No. 2280	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Care Group LLC	733,159	Operational and financial management services	Page 16 / Line 12
Care Group LLC	285,629	Data processing allocation to facility for payroll, HR and employee benefit systems	Page 16 / Line 12

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

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

Name of Facility 162 South Britain Road Operating Company II, LLC o		License No. 2280	Report for Year Ended 9/30/2020	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 287,797	287,797		
2.	Non-Food Supplies	\$ 29,806	29,806		
3.	Other (Specify) _____ Other Dietary Expense	\$ 4,634	4,634		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 322,237	322,237		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC of		2280	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	7,279	7,279		
c. Other (Specify) Laundry Supplies		\$	13,481	13,481		
3D. Total Laundry Expenditures (3a + b + c)		\$	20,760	20,760		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II,		2280	9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46,199	46,199			
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced					
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel					
	Amt. \$					
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	46,199	46,199		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Partners Pharmacy - CT	\$	383,441	383,441			
b. Medicine Cabinet Drugs	\$	34,146	34,146			
c. Medical and Therapeutic Supplies	\$	165,426	165,426			
d. Ambulance/Limousine***	\$					
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	26,724	26,724			
f. X-rays and Related Radiological Procedures***	\$	20,466	20,466			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	13,595	13,595			
h. Laboratory***	\$	80,856	80,856			
i. Recreation	\$	33,605	33,605			
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	72,891	72,891			
5M. Total Resident Care Expenditures (5a - 5j)		\$	831,149	831,149		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
RN Agency	\$ -		
LPN Agency	\$ 1,069		
C N A Agency	\$ -		
Nursing Supplies Corporate Expense	\$ 3,923		
Patient Medical Fees Corporate Expense			
Podiatry Service Expense			
IV Expense Corporate Expense	\$ 49,153		
DME (Durable Medical EQPT) Corporate Expense	\$ 2,544		
Equipment Rental - Other (Drugs & Supplies) Corporate Expense			
PT Supplies Corporate Expense	\$ 6,524		
OT Supplies Housekeeping	\$ -		
ST Supplies Corporate Expense	\$ -		
RT Supplies Corporate Expense	\$ 278		
PT/OT Equipment Rental Corporate Expense	\$ 9,400		
Total Other Resident Care	\$ 72,891	\$ -	\$ -

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A			License No. 2280	Report for Year Ended 9/30/2020			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility repairs and maintenance	16,529			22	6f
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	33,715			22	6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds Maintenance & Snow Removal	28,373			22	6f
PointClickCare Technologies Inc	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Accounting System/Service	26,651			16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	16,730			16	m11
Kodiak Systems	South Suite 499, Pscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support & Maintenance Fees - ASP	44,064			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company I	2280	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 69,379	69,379				
b. Heat	\$ 58,985	58,985				
c. Light & Power	\$ 124,636	124,636				
d. Water	\$ 19,920	19,920				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,050	16,050				
f. Other (<i>itemize</i>)	\$ 122,053	122,053				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 411,022	411,022				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 81,661	81,661				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 81,661	81,661				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 151,155	151,155				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 151,155	151,155				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 803,967	803,967				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 121,171	121,171				
c. Personal property taxes	\$ 15,672	15,672				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,173,627	1,173,627				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Minor Computer Equipment Corporate Expense	\$ 2,712		
Maintenance Outside Service Grounds - Other Maintenance	\$ 26,251		
Minor Equipment/Tools Other Equipment Maintenance	\$ 6,207		
Grounds Maintenance Rep and Maintenance Default Corporate Expense	\$ 22,513		
Snow Removal Rep and Maintenance Default Maintenance	\$ 10,183		
Pest Control Pest Control Corporate Expense	\$ 1,999		
Fire Alarm Service Building Maintenance	\$ 11,330		
Sanitation Corporate Expense	\$ 39,401		
Medical Waste Disposal Corporate Expense	\$ 1,457		
Total Other Repairs and Maintenance	\$ 122,053	\$ -	\$ -

Depreciation Schedule

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/E				License No. 2280			Report for Year Ended 9/30/2020			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,422,925		1,422,925	1,095,267	SL	Various	77,619	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						80,830		80,830		SL	Various	4,042	
D-3. Subtotal													81,661
E. Total Depreciation													81,661

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See attached list	\$ 80,830	Various	\$ 4,042
Total additions for Movable Equipmen		\$ 80,830		\$ 4,042 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See attached list	\$ -	Various	\$ -
Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of Fort			2280		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		3,329,261	2,008,588	S/L	Var	151,155	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	S/L			S/L	Var		
C-4. Subtotal									151,155
D. Total Amortization									151,155

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 162 South Britain Road Operating Cor	License No. 2280	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	06/29/10				
c. Interest Rate for the Cost Year	5.00%				
d. Term of Mortgage (number of years)	27				
e. Amount of Principal Borrowed	8,900,000				
f. Principal balance outstanding as of <u>9/30/2020</u>	6,668,419				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Co		2280	9/30/2020		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating	2280	9/30/2020	27	37		
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify) \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$						
12. D. Other Interest Expense (Specify) \$						
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$						
14. Insurance						
a. Insurance on Property (buildings only) \$ 6,981 6,981						
b. Insurance on Automobiles \$ 4,255 4,255						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage) \$ 87,186 87,186						
2. Fire and Extended Coverage \$						
3. Other (Specify) \$						
14d. Total Insurance Expenditures (14a + b + c) \$ 98,421 98,421						
15. Total All Expenditures (A-13 thru C-14) \$ 14,329,909 14,329,909						

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort Le				2280	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	A12n	Salaries not related to Resident Care	\$ 32,353	32,353		
3.	10	A12g	Occupational Therapy	\$ 353,263	353,263		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 62,757	62,757		
10.			Accounting	\$			
10a.			Legal	\$ 3,071	3,071		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 3,131	3,131		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 15,465	15,465		
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 *	\$ 154,447	154,447		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 748,379	748,379		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 116,932	116,932		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,489,798	1,489,798		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Other Employee Benefits	\$ 3,113		
16	L7	Travel - Other	\$ 7,521		
16	L7	Meeting Expense	\$ -		
16	L7	Travel - Hotel & Meals Exp	\$ 7,521		
16	m13	Bank Charge Fees	\$ 22,923		
16	m13	Collecton Fees	\$ 23,735		
16	m13	Consolidated Billing	\$ 16,763		
16	m13	Resident Replacement	\$ 219		
16	m13	Gift Shop Expense	\$ 9,698		
16	m13	Other Fees - Penalty Expense	\$ -		
20	5i	Cable TV In Excess (see attached disallowance)	\$ 20,896		
20	5l	PT/OT Equipment Rental Disallowed (see attached)	\$ 4,541		
Total Other A&G Adjustments			\$ 116,932	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort			2280	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,489,798	1,489,798		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 383,441	383,441		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 20,466	20,466		
30.			Laboratory	\$ 80,856	80,856		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 26,724	26,724		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 51,975	51,975		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 504,200	504,200		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,557,460	2,557,460		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	DME (Durable Medical Equpt)	\$ 2,544		
20	5j	IV Expense	\$ 49,153		
20	5j	RT Supplies	\$ 278		
20	5j	OT Supplies	\$ -		
Total Other Ancillary Costs			\$ 51,975	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Revenue	\$ 504,080		
30	IV5	Interest Revenue	\$ 120		
Total Other Adjustments			\$ 504,200	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Compar 2280		9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,489,805	9,489,805				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,113,699)	(5,113,699)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 3,682,397	3,682,397				
b. Medicare Room and Board Contractual Allowance **	\$ 602,877	602,877				
4. a. Private-Pay Residents and Other	\$ 6,191,487	6,191,487				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,088,726)	(1,088,726)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 206,096	206,096				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 178,423	178,423				
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	\$ 1,212,644	1,212,644				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 713,286	713,286				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 246,420	246,420				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 130,302	130,302				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,182,396	1,182,396				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 642,242	642,242				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,593,378)	(2,593,378)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,523,491)	(1,523,491)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,159,080	14,159,080				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 120	120				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 504,080	504,080				
V. Total Other Revenue (1 thru 8)	\$ 504,200	504,200				
VI. Total All Revenue (III +V)	\$ 14,663,279	14,663,279				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare A	\$ 44,253		
	IV Therapy Medicare A	\$ 14,647		
	X-Ray Medicare A	\$ 11,127		
	Ancillary Contractual Adjustment Medicare A	\$ (2,663,405)		
	Total Other Resident Revenue - Medicare	\$ (2,593,378)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Managed Care	\$ 33,101		
	Lab Medicaid	\$ 1,742		
	IV Therapy Medicaid	\$ 188		
	IV Therapy Managed Care	\$ 14,917		
	X-Ray Managed Care	\$ 9,323		
	Ancillary Contractual Adjustment Managed Care	\$ (1,567,817)		
	Ancillary Contractual Adjustment Medicaid	\$ (13,255)		
	Ancillary Contractual Adjustment Private	\$ (2,312)		
	Flu Shots	\$ 624		
	Total Other Resident Revenue	\$ (1,523,491)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 120		
	Total Interest Income		\$ 120	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 504,080		
	Total Other Revenue	\$ 504,080	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Comp	2280	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	3,883
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	(58,394)
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(0)
4 Inventories			\$	
5. Prepaid Expenses			\$	20,475
a. Prepaid GL-PL	13,930			
b. Prepaid Other Insurance & Property Tax	6,545			
c. Prepaid Maintenance Contracts				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	61,576
Resident PNA Funds	61,576			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	27,540
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>3,329,261</u>		\$	1,166,494
	Accum. Depreciation <u>2,162,767</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,503,755</u>		\$	321,908
	Accum. Depreciation <u>1,181,847</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,488,402

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
		Accrued Accounting & Tax	\$ 1,000
		Accrued Pharmacy	\$ 8,608
		Accrued Workers Comp Insurance	\$ (289,892)
		Accrued GLPL - Third	303,800.57
		Accrued Auto Insurance	1,172.90
		Accrued Health Insurance	138,380.63
		Accrued Dental Insurance	(10,308.03)
		Accrued Vision Insurance	1,510.86
		Accrued Whole Life Insurance	585.54
		Accrued Supplemental Life Payable	423.23
		Accrued Critical Illness	(2,129.62)
		Accrued Short Term Disability	(522.43)
		Accrued Long Term Disability	(159.36)
		Accrued HSA Payable	6,875.00
		Other Payroll Withholdings	112.52
		Accrued Provider Tax Payable	137,353.70
		Accrued Sales & Use tax Payable	5,701.00
		Fed NonCurrent Defer Tax Liab	212,781.89
		Unearned Room & Board	152,965.20
		Unearned Revenues	581,240.94
		PNA Security Deposit	61,576.11
Total Other Current Liabilities (Itemize)			\$ 1,311,077

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,515,942	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
Deposit for Utilities			23,000	\$ 23,000
\$ 23,000				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 23,000				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 1,538,942				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company I	2280	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	428,157
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	(242)
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,311,077

See Schedule				1,311,077
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,738,993

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				1,738,993
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (15,814,299)
Name and Address of Lender	Amount	Loan Date		
	(15,814,299)			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (15,814,299)
C. Total All Liabilities (Lines A-13 + B-5)				\$ (14,075,305)

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Con	2280	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,488,402
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,488,402
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,559,658
6. Gain or Loss for Period			\$	566,187
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	14,125,845
C. Total Reserves and Net Worth			\$	15,614,247
D. Total Liabilities, Reserves, and Net Worth			\$	1,538,942

H. Changes in Total Net Worth

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	Report for Year Ended 9/30/2020	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	13,559,658		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,663,279		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,097,093		
D. Net Income or Deficit			\$	566,187		
E. Balance			\$	12,993,471		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Total Expenditures (Page 27) \$ 14,329,909						
(Less F/S vs C/R Depreciation) (\$ 232,816						
Total \$ 14,097,093						
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>		Title			Amount	
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose		Amount				
3. Total Deductions			\$			
H. Balance at End of Period			\$	12,993,471		

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Fran Petricone				
Address Address			Phone Number	
57 Old Road to Nine Acre Corner, Concord, MA 01742			1-978-831-2123	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Fran Petricone			1-978-831-2123	
Contact Email Address				
fpetricone@care-one.com				