

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Autumn Lake Healthcare At Cromwell	
Address (No. & Street, City, State, Zip Code) 385 Main Street, Cromwell, CT 06416	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2401	RHNS	(Specify)	Medicare Provider 07-5263
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Medicaid Provider Numbers:	CCNH 1427462967	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Autumn Lake Heathcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Autumn Lake Heathcare At Cromwell [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Chaim Scher			Printed Name (Owner) Aryeh Stern		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Autumn Lake Healthcare At Cromwell	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 385 Main Street, Cromwell, CT 06416				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	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 860-635-5613		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Heathcare At Cromwell			Address (No. & Street, City, State, Zip) 385 Main Street, Cromwell, CT 06416		
License Numbers:	CCNH 2401	RHNS	(Specify)	Medicare Provider No. 07-5263	
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 Chaim Scher			Nursing Home Administrator's License No.:	2061	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Autumn Lake Heathcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	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	%**				
Autumn Lake Heathcare LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	204,000	205,402
Ultimate Therpy	4260 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT other)	13/5a, 9a ,10a	420,000	420,000
Cromwell Realty	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	547,390	547,390
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- 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 Autumn Lake Heathcare At Cromwell			License No. 2401		Report for Year Ended 9/30/2022		Page of 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						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire Accounting Basis

Name of Facility Autumn Lake Healthcare At Cromw	License No. 2401	Report for Year Ended 9/30/2022	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 CJLC LLC 2 Brand Sonnechine 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 229 Broadway #600, New York, NY 10007
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$	9,664
2 Financial Statement Preperation & Regular Accounting	\$	56,013
3	\$	
4	\$	
Charge for Services Provided		
\$		65,677

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder & Woods LLC 2 O'Connell, Attmore & Miller, LLC 3 Carlton Fields PA 4 5	Telephone Number 203-899-8900 860-548-1300 813-223-700
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Address (<i>No. & Street, City, State, Zip Code</i>)	
1	200 Connecticut Ave., Norwalk, CT 06854
2	280 Trumbull Street, Hartford, CT 06103
3	PO Box 3239, Tampa, Florida 33601-3230
4	
5	

Services Provided by This Firm (*describe fully*)

1 Medicaid Eligibility	\$	27,781
2 Resident Claim Against Facility	\$	1,260
3 Defense for EPLI Case	\$	2,651
4	\$	
5	\$	
Charge for Services Provided		
\$		31,692

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

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare At Cromwell		License No. 2401			Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	175	175			175	175							
B. On last day of THIS report period	175	175							175	175			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	138	138			138	138							
B. As of midnight of THIS report period	158	158							158	158			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,132	5,132			4,237	4,237			895	895			
B. Medicaid (Conn.)	37,940	37,940			27,390	27,390			10,550	10,550			
C. Medicaid (other states)													
D. Private Pay	3,032	3,032			2,065	2,065			967	967			
E. State SSI for RCH													
F. Other (Specify) HMO, Private Ins. and Hospice	4,811	4,811			3,820	3,820			991	991			
G. Total Care Days During Period (3A thru F)	50,915	50,915			37,512	37,512			13,403	13,403			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	50,915	50,915			37,512	37,512			13,403	13,403			

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare At Cromwell			License No. 2401			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	9		122		27								
Per Diem Rate													
a. One bed rm.	717.64		272.19		385.76								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,282	3,282			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									131	131			
2. Restorative Treatments									1,176	1,176			
C. Other													
D. Total Physical Therapy Treatments									4,589	4,589			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									580	580			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									14	14			
2. Restorative Treatments									123	123			
C. Other													
D. Total Speech Therapy Treatments									717	717			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,520	2,520			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									97	97			
2. Restorative Treatments									877	877			
C. Other													
D. Total Occupational Therapy Treatments									3,494	3,494			

Report of Expenditures - Salaries & Wages

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	24,000	117				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	166,162	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	337,527	7,631				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	421,176	22,180				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	103,019	4,039				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	98,852	4,266				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	168,656	5,010				
n. Marketing						
o. Other (Specify) See Attached Schedule	32,279	1,857				
<i>A-13. Total Salary Expenditures</i>	1,351,671	47,180				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries Medical Records	\$ 32,279	1,857				
Total	\$ 32,279	1,857	\$ -	-	\$ -	-

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	
Autumn Lake Heathcare At Cromwell				2401	9/30/2022			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										
Aryeh Stern	24,000				Oversees buildings, high level executive decisions, etc.	117	A1	Owens multiple buildings in NJ, MD and CT. Portion of 2022 were dedicated to overseeing CT buildings.		
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).										

* 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	
Autumn Lake Healthcare At Cromwell				2401	9/30/2022			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***										
Chaim Scher	166,162				Administrator	2,080	A2			
Section IV - Assistant Administrators										

*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		
Autumn Lake Healthcare At Cromwell	2401	9/30/2022	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	139,382	2,230				
2. Dentist	11,400	142				
3. Pharmacist	25,986	433				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	227,022	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	238				
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	23,797	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	169,181	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	801,386	9,306				
2. Administrative***	557,821	12,008				
b. LPN						
1. Direct Care	2,726,056	50,952				
2. Administrative***						
c. Aides	3,510,155	104,393				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	8,225,186	179,701				

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

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

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

Report of Expenditures

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

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthDrive Dental	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Prescription	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy, 4201 Rte 9, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
RADD, 503 Wolcott Road, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Accurate Staffing, Inc. (ASI), 14C 53rd St., Brooklyn, NY 11232	Nurse Services	<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"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 20,568	20,568		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 11,628	11,628		
4. Social Security (F.I.C.A.)	\$ 99,669	99,669		
5. Health Insurance	\$ 84,293	84,293		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,921	12,921		
8. Uniform Allowance	\$ 1,176	1,176		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,530	1,530		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 15,000	15,000		
d. Accounting and Auditing	\$ 65,677	65,677		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 31,692	31,692		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 56,497	56,497		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,600	23,600		
2. Cellular Phones	\$ 1,839	1,839		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 58,000	58,000		
3. Resident Day User Fee	\$ 856,492	856,492		
Subtotal	\$ 1,340,582	1,340,582		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Training & Upgrade	\$ 1,530		
Total	\$ 1,530	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
CT PTE Taxes	\$ 58,000		
Total	\$ 58,000	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,340,582	1,340,582		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	10,604	10,604		
4. Employee Travel	\$	59,884	59,884		
5. Education Expenses Related to Seminars and Conventions	\$	12,500	12,500		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	3,629	3,629		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	42,034	42,034		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	47,900	47,900		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	204,000	204,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$	457,084	457,084		
C-14 Total Administrative & General Expenditures	\$	2,178,217	2,178,217		

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Office Marketing	\$ 7,991		
Advertising	\$ 34,043		
Total Other Advertising	\$ 42,034	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 47,900		
Total Contributions	\$ 47,900	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 273,358		
Internet	\$ 8,111		
Licenses	\$ 6,147		
Employee Background Check	\$ 2,020		
Data Processing	\$ 28,434		
Consultants	\$ 90,458		
Bank Charges	\$ 5,306		
Penalties	\$ 43,250		
Total Other Administrative and General	\$ 457,084	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	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 #
Autumn Lake Healthcare, LLC	204,000	Management Services	16/m12

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

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

Name of Facility Autumn Lake Healthcare At Cromwell		License No. 2401	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	281,784	281,784		
2. Non-Food Supplies	\$	39,195	39,195		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	71,797	71,797		
c. Other (Specify) _____					
	\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$	392,776	392,776	
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		
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		
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 Autumn Lake Healthcare At Cromwell		License No. 2401	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	246,225	246,225		
c. Other (<i>Specify</i>) Laundry Supplies	\$	1,643	1,643		
3D. Total Laundry Expenditures (3a + b + c)	\$	247,868	247,868		
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
Autumn Lake Heathcare At Cromwell		2401	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	277,243	277,243		
	C. Other (<i>Specify</i>) Housekeeping Supplies		\$ 18,524	18,524		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 295,767	295,767		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	207,292	207,292		
	b. Medicine Cabinet Drugs	\$	5,428	5,428		
	c. Medical and Therapeutic Supplies	\$	110,302	110,302		
	d. Ambulance/Limousine***	\$	55,091	55,091		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,116	5,116		
	f. X-rays and Related Radiological Procedures***	\$	5,251	5,251		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	16,637	16,637		
	i. Recreation	\$	11,024	11,024		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	224,321	224,321		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 640,462	640,462		

* 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)
Diapers	\$ 62,759		
Cable	\$ 22,742		
Medical Waste	\$ 1,300		
Mattresses	\$ 22,658		
M'caid - I/V	\$ 42,932		
IV supplies	\$ 11,007		
Picc/midline insertion	\$ 11,179		
Medical Equipment (Minor)	\$ 18,816		
PPE Expense (covid)	\$ 30,501		
Therapy Supplies	\$ 427		
Total Other Resident Care	\$ 224,321	\$ -	\$ -

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

Name of Facility Autumn Lake Heathcare At Cromwell			License No. 2401	Report for Year Ended 9/30/2022	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
Ed's Lawn Care LLC	124 Shunpike Rd., Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	27,146			22	6a
Ed's Lawn Care LLC	124 Shunpike Rd., Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	14,827			22	6a
Waste Wanted Solutions	178 Rt 59, Ste 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	31,489			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	65,814			18	2b
Effectv		<input type="radio"/>	<input checked="" type="radio"/>		Advertising	28,341			16	m3
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	263,972			19	3b
Future Care Consultants	14 53rd St., Suite 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and A/P and Payroll Services	240,000			16	m13
Accurate Staffing	14 53rd St. Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Nursing Staff/Employees	7,595,418			13	
Network Dr		<input type="radio"/>	<input checked="" type="radio"/>		Contract (provide computers, software etc)	36,424			16	m13
Collaborative Laboratory	114 Woodland St., Hartford CT 06105	<input type="radio"/>	<input checked="" type="radio"/>		Labs	17,066			20	5h
Point Click Care	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	18,585			16	m13
Hospitality Consulting	Blvd, Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary Supplies	63,875			18	
Western Environmental Solutions, LLC	Blvd, Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Consulting and purchasing services	31,019			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	313,934			20	4b

* 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
Autumn Lake Healthcare At Cromwell	2401	9/30/2022	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 214,934	214,934		
b. Heat	\$ 90,831	90,831		
c. Light & Power	\$ 152,557	152,557		
d. Water	\$ 79,969	79,969		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$			
f. Other (<i>itemize</i>)	\$			
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 538,291	538,291		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 339,010	339,010		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 79,835	79,835		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 418,845	418,845		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 162,302	162,302		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 162,302	162,302		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 547,390	547,390		
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 211,914	211,914		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,340,451	1,340,451		

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

Depreciation Schedule

Name of Facility Autumn Lake Healthcare At Cromwell		License No. 2401			Report for Year Ended 9/30/2022			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		10,170,286		10,170,286	2,288,316	SL	30	339,010				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal									339,010			
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												
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative												
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period												
D-3. Subtotal												
E. Total Depreciation												

79,835
418,845

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
1/19/2022	Bedside Cabinet/Drawer/Overbed Tables	Standard Resident	\$ 41,960	5	\$ 8,392
9/6/2022	HVAC	Administrative	\$ 150,600	5	\$ 30,120
1/31/2022	Electric Standard Bed	Standard Resident	\$ 3,988	5	\$ 798
1/18/2022	Desktop Computer	Administrative	\$ 731	5	\$ 146
1/28/2022	Dell OptiPlex	Administrative	\$ 1,373	5	\$ 275
5/16/2022	SonicWall Essential Protection	Administrative	\$ 567	5	\$ 113
5/16/2022	SonicWall Essential Protection	Administrative	\$ 535	5	\$ 107
10/28/2021	Bariatric Bed	Standard Resident	\$ 2,925	5	\$ 585
7/18/2022	PATC	Administrative	\$ 1,010	5	\$ 202
8/1/2022	Vital Signs Monitor	Administrative	\$ 1,207	5	\$ 241
2/1/2022	Burn Packaged	Administrative	\$ 8,186	5	\$ 1,637
10/1/2021	Western	Administrative	\$ 717	5	\$ 143
1/27/2021	Electric Standard Bed	Standard Resident	\$ 1,466	5	\$ 293
1/13/2021	Electric Standard Bed	Standard Resident	\$ 1,466	5	\$ 293
11/3/2021	Digital Chair Scale	Standard Resident	\$ 1,377	5	\$ 275
11/19/2021	Bariatric Bed	Standard Resident	\$ 1,588	5	\$ 318
9/19/2021	Ice Maker	Administrative	\$ 2,009	5	\$ 402
11/21/2021	Meal Delivery Cart	Administrative	\$ 5,086	5	\$ 1,017
7/19/2021	Scale Dual Ramp	Standard Resident	\$ 1,379	5	\$ 276
9/24/2021	Protekt Lift	Standard Resident	\$ 1,234	5	\$ 247
9/15/2021	Electric Standard Bed	Standard Resident	\$ 2,156	5	\$ 431
5/18/2021	Protekt Lift	Standard Resident	\$ 1,064	5	\$ 213
8/2/2021	Cameras (4)	Administrative	\$ 3,240	5	\$ 648
11/24/2021	Cameras Outdoor Dome	Administrative	\$ 7,529	5	\$ 1,506
11/5/2021	Computer Kiosk	Administrative	\$ 5,492	5	\$ 1,098
12/1/2021	Computer Kiosk	Administrative	\$ 2,746	5	\$ 549
2/25/2021	Proactive Bariatric	Standard Resident	\$ 725	5	\$ 145
10/12/2021	Scale Dual Ramp	Standard Resident	\$ 691	5	\$ 138
10/12/2021	Scale Dual Ramp	Standard Resident	\$ 1,054	5	\$ 211
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 254,101		\$ 50,820 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*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
1/11/2022	Renovation Resident Rooms	\$ 2,600	15	\$ 173
1/25/2022	Renovations	\$ 51,048	15	\$ 3,403
2/21/2022	Wallpaper	\$ 1,531	15	\$ 102
4/5/2022	Door/Paint	\$ 2,077	15	\$ 138
4/12/2022	Door/Paint	\$ 878	15	\$ 59
5/1/2022	Kitchen Flooring	\$ 790	15	\$ 53
5/16/2022	Kitchen Flooring	\$ 2,061	15	\$ 137
6/14/2022	Wallpaper	\$ 1,258	15	\$ 84
6/20/2022	Wallpaper/Wall Panel/Handrails	\$ 20,459	15	\$ 1,364
7/26/2022	Hallway Renovations	\$ 11,517	15	\$ 768
8/1/2022	Hallway Renovations	\$ 12,123	15	\$ 808
8/22/2022	Hallway Renovations	\$ 26,407	15	\$ 1,760
9/6/2022	Hallway Renovations	\$ 16,279	15	\$ 1,085
9/14/2022	Wallpaper/Wall Panel/Handrails	\$ 35,357	15	\$ 2,357
9/19/2022	Hallway Renovations	\$ 12,453	15	\$ 830
10/4/2021	Kitchen Flooring	\$ 867	15	\$ 58
10/17/2021	Flooring	\$ 867	15	\$ 58
11/14/2021	Flooring	\$ 1,733	15	\$ 116

11/29/2021	Door Installations/Painting	\$ 3,210	15	\$ 214	24
12/9/2021	Door Installations	\$ 3,753	15	\$ 250	
8/2/2021	Door	\$ 1,925	15	\$ 128	
9/1/2021	Electrical	\$ 8,667	15	\$ 578	
10/1/2021	Western	\$ 5,945	15	\$ 396	
11/26/2021	Electrical	\$ 13,110	15	\$ 874	
12/28/2021	Western	\$ 3,374	15	\$ 225	
1/31/2022	Electrical	\$ 3,614	15	\$ 241	
2/1/2022	Electrical	\$ 2,874	15	\$ 192	
2/18/2022	Kamco Supply Corp.	\$ 2,005	15	\$ 134	
4/12/2022	Western	\$ 14,840	15	\$ 989	
5/29/2022	Electrical	\$ 4,399	15	\$ 293	
7/26/2022	Heat Pump	\$ 4,635	15	\$ 309	
11/27/2022	Labor Install Fence and Gate	\$ 5,318	15	\$ 355	
5/12/2022	Roofing	\$ 52,820	15	\$ 3,521	
Total additions for Leasehold Improvement		\$ 330,790		\$ 22,053	*
Deletions:					
Total deletions for Leasehold Improvement		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Autumn Lake Heathcare At Cromwell			License No. 2401		Report for Year Ended 9/30/2022			Page 24	of 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		2,089,634	761,728			140,249	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				330,790				22,053	
C-4. Subtotal									162,302
D. Total Amortization									162,302

* 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 Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	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	01/01/15			
2. Date Structure Completed	01/01/67			
3. If NOT Original Owner, Date of Purchase	01/01/15			
4. Date of Initial Licensure	01/01/15			
5. Total Licensed Bed Capacity	175			
6. Square Footage	57,824			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
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
Autumn Lake Healthcare At Cromwel		2401	9/30/2022			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
Autumn Lake Heathcare At Cromw		2401		9/30/2022		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)				\$	2,958	2,958	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,958	2,958	
14. Insurance							
a. Insurance on Property (buildings only)				\$	215,603	215,603	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	215,603	215,603	
15. Total All Expenditures (A-13 thru C-14)				\$	15,429,250	15,429,250	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Cromwell			2401	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 169,181	169,181		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 15,000	15,000		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 42,034	42,034		
19.	15	1k2	Income Tax / Corporate Business Tax	\$ 58,000	58,000		
20.	16	m10	Fund Raising / Contributions	\$ 47,900	47,900		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 43,250	43,250		
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)				\$ 375,365	375,365		

* 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)
16	m13	Penalties	\$ 43,250		
Total Other A&G Adjustments			\$ 43,250	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell				2401	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 375,365	375,365		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 207,292	207,292		
28.	20	5d	Ambulance/Limousine	\$ 55,091	55,091		
29.	20	5f	X-rays, etc	\$ 5,251	5,251		
30.	20	5h	Laboratory	\$ 16,637	16,637		
31.	20	5c	Medical Supplies	\$ 4,674	4,674		
32.	20	5e2	Oxygen (non emergency)	\$ 5,116	5,116		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 53,939	53,939		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 723,365	723,365		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	M'caid - I/V	\$ 42,932		
50	51	IV supplies	\$ 11,007		
Total Other Ancillary Costs			\$ 53,939	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,570,777	10,570,777				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,607,389	5,607,389				
b. Medicare Room and Board Contractual Allowance **	\$ 27,175	27,175				
4. a. Private-Pay Residents and Other	\$ 1,010,090	1,010,090				
b. Private-Pay Room and Board Contractual Allowance **	\$ 20,013	20,013				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
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	\$ 544,900	544,900				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (430,811)	(430,811)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 201,443	201,443				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (145,786)	(145,786)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 519,623	519,623				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (429,536)	(429,536)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 37,426					37,426
b. Other (<i>Specify</i>) - Non-Medicare	\$ 563,712					563,712
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,096,415	17,495,277				601,138
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>)	\$ 433	433				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,970	2,970				
V. Total Other Revenue (1 thru 8)	\$ 3,403	3,403				
VI. Total All Revenue (III +V)	\$ 18,099,818	17,498,680				601,138

* 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)
	Fluenza Billing			\$ 24,444
	Pneumonia billing			\$ 4,942
	Other Rev Mcre B -glucose			\$ 13,148
	Other Rev Mcre B-Pneumoni			\$ (5,108)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ 37,426

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Grant Income			\$ 127,034
	ERC FUNDS			\$ 151,513
	Optum (part B Capitated)			\$ 279,984
	Other Rev Mcre B-flu Shot			\$ 5,108
	Other Rev Mcre B -TL			\$ 81
	HMO Ancillary wx (UHC16-1)			\$ (8)
Total Other Resident Revenue		\$ -	\$ -	\$ 563,712

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 433		
Total Interest Income			\$ 433	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Rev. Misc.	\$ 2,970		
Total Other Revenue		\$ 2,970	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Heathcare At Cromwell	2401	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	914,072
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,470,555
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	89,947
a. _____				
b. _____				
c. _____				
d. See Schedule		89,947		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	337,391

See Schedule		337,391		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,811,965
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>2,420,424</u>		\$	1,496,394
	Accum. Depreciation <u>924,029</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,496,394

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	5,308,359
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	1,120,658
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost 10,170,286	
			Accum. Depreciation 2,627,324	Net
			\$	7,542,962
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost 1,305,315	
			Accum. Depreciation 1,045,638	Net
			\$	259,676
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 8,923,296	
D. Investment and Other Assets				
1. Deferred Deposits			\$	43,080
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>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 43,080	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 14,274,736	

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Insurance	\$ 62,115
		Prepaid Interest	\$ 2,149
		Prepaid Expenses	\$ 25,683
		Total Prepaid Expenses	\$ 89,947

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

Page Ref	Line Ref	Description	
		Due to/From Previous Owner	\$ 337,391
		Total Other Current Assets (Itemize)	\$ 337,391

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	
		Capital Leases Payable	\$ 22,302
		Insurance Adj	\$ 26,679
		Total Notes Payable	\$ 48,981

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

Page Ref	Line Ref	Description	
		Due to Medicare	\$ 5,422
		Due to Medicaid	\$ (61,998)
		Total Other Current Liabilities (Itemize)	\$ (56,576)

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	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	6,474,478
2. Notes Payable (<i>itemize</i>)			\$	48,981

See Schedule				48,981
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			\$	10,179
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>)			\$	(56,576)

See Schedule				(56,576)
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	6,477,062

* 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 Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				6,477,062
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>)				\$ 4,476,965
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	4,476,965	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,476,965
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,954,027

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	8,915,876
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	8,915,876
B. Net Worth				
1. Owner's Capital			\$	(1,833,338)
2. Capital Stock			\$	(6,432,398)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	2,670,568
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(5,595,168)
C. Total Reserves and Net Worth			\$	3,320,709
D. Total Liabilities, Reserves, and Net Worth			\$	14,274,736

H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(12,688,952)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	18,099,818
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,429,250
D. Net Income or Deficit			\$	2,670,568
E. Balance			\$	(10,018,384)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(10,018,384)
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2022	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				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
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