

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
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 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider 07-5324
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Medicaid Provider Numbers:	CCNH 2318	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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2022	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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [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) James Dahl			Printed Name (Owner) Larence Santilli		
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	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 860-444-1175		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH 2318	RHNS (Specify)	Medicare Provider No. 07-5324	
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 Kimberly Carlson		Nursing Home Administrator's License No.:	2018	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	9/30/2022	3B	37

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

Owner(s) of Facility

Not Applicable

General Information and Questionnaire Related Parties*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2022	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>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? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
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	%**				
Procare LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20, 5a2	361,343	361,343
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg33, A2		
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi-facility 401K			
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Bank fees	Pg 16, m13	2,874	2,874
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Participates in General Health Insurance Plan	Pg 15, 1ae	922,359	922,359
Bayview Health Care Landlord	135 South Rd Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22 L9 and 10b, pg 1	875,738	875,738
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See attached			
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg. 15 1a1	351,715	351,715
Procare LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Notes Payable	Pg. 34, B4	75,943	52,789

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health	License No. 2318	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

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	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cen			2318	9/30/2022			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							
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	Automatic Renewal	66 months	1,219		1,219	
Wells Fargo Financial Leasing, Inc - P.O.Box 10306 Des Moines, IA 50306-0306	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Printer and Toshiba Copier	06/01/20	60 months	13,080		13,080	
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Nurse Call System	Automatic Renewal	60 months	7,263		7,263	
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	Automatic Renewal	60 months	13,528		13,528	
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copier	Automatic Renewal	39 months	795		795	
	<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 ***
								35,885	

* 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 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	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	Address (No. & Street, City, State, Zip Code)
1 Midcap Financial Services, LLC	7255 Woodmont Ave, Bethesda, Maryland 20814
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 PKF O'Connor Davies, LLP	Four Corporate Drive, Suite 488 Shelton, CT 06484
4	

Services Provided by This Firm (*describe fully*)

1 Line of Credit Audit: Disallowed	\$ 3,108
2 Medicare Cost Report	\$ 2,750
3 Income Tax Return Prep	\$ 13,100
4	\$
	Charge for Services Provided
	\$ 18,958

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Midcap Financial Services	301-760-7600
2 Goldman, Gruder & Woods	203-899-8900
3 Murtha Cullina	203-772-7700
4 Pilicy & Ryan, PC	860-444-1175
5 Treasurer, State of CT	860-443-7121

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

1 7255 Woodmont Ave, Bethesda, MD
2 200 Connecticut Ave, Norwalk, CT 06854
3 265 Church St, New Haven, CT 06510
4 365 Main St. PO Box 760, Watertown, CT 06795
5 181 State St, Room 2m PO Box 148 New London, CT 06320

Services Provided by This Firm (*describe fully*)

1 Banking fees (1,272) Payroll Settlement (4,000) Disallowed	\$ 5,272
2 Collections - Disallowed	\$ 24,235
3 Filing Fees Allowed (240)	\$ 240
4 Collections - Disallowed	\$ 1,259
5 Collections-Disallowed	\$ 681
	Charge for Services Provided
	\$ 31,687

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

Schedule of Resident Statistics

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		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	127	127			127	127						
B. On last day of THIS report period	127	127							127	127		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	122	122			122	122						
B. As of midnight of THIS report period	113	113							113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,271	6,271			4,451	4,451			1,820	1,820		
B. Medicaid (Conn.)	31,048	31,048			23,597	23,597			7,451	7,451		
C. Medicaid (other states)												
D. Private Pay	4,129	4,129			2,791	2,791			1,338	1,338		
E. State SSI for RCH												
F. Other (Specify) Managed Care Other	260	260			212	212			48	48		
G. Total Care Days During Period (3A thru F)	41,708	41,708			31,051	31,051			10,657	10,657		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	14	14			14	14						
B. Other Bed Reserve Days	69	69			42	42			27	27		
5. Total Resident Days (3G + 4A + 4B)	41,791	41,791			31,107	31,107			10,684	10,684		

Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview He			License No. 2318			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	15		79		14		5						
Per Diem Rate													
a. One bed rm.	558.14		283.87		535.00		377.00						
b. Two bed rms.	558.14		283.87		525.00		377.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)					5,525	5,525							
1. Maintenance Treatments					1,128	1,128							
2. Restorative Treatments													
C. Other					9,459	9,459							
D. Total Physical Therapy Treatments					16,112	16,112							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					508	508							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					150	150							
2. Restorative Treatments													
C. Other					1,402	1,402							
D. Total Speech Therapy Treatments					2,060	2,060							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					6,243	6,243							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,515	1,515							
2. Restorative Treatments													
C. Other					9,805	9,805							
D. Total Occupational Therapy Treatments					17,563	17,563							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	172,417	2,155				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	254,217	10,325				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,760	1,627				
c. Dietary Workers	498,373	24,349				
6. Housekeeping Service						
a. Head Housekeeper	69,797	2,040				
b. Other Housekeeping Workers	308,740	17,652				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	72,100	1,496				
b. Other Maintenance Workers	78,698	2,883				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	106,983	6,242				
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	240,063	3,497				
b. RN						
1. Direct Care	601,777	11,614				
2. Administrative**	542,138	15,769				
c. LPN						
1. Direct Care	1,109,440	28,029				
2. Administrative**						
d. Aides and Attendants	1,974,335	79,036				
e. Physical Therapists	486,912	13,795				
f. Speech Therapists	81,581	1,709				
g. Occupational Therapists	289,369	7,370				
h. Recreation Workers	250,709	9,568				
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	325,940	9,767				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,520,349	248,923				

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

Name of Facility				License No.	Report for Year Ended				Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	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										
Not Applicable										
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).										
Not Applicable										

* 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	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	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***										
Kimberly Carlson (10/1/21-9/30/22)	172,417			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,072	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		
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	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	54,952	1,124				
2. Dentist	5,747	23				
3. Pharmacist	11,956	12				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	46,923	344				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	92,640	316				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	158	6				
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	360	1				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,232	508				
2. Administrative***	330	1				
b. LPN						
1. Direct Care	709,183	8,294				
2. Administrative***						
c. Aides	482,090	14,217				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,448,571	24,846				

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		License No. 2318	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		
Joseph Allessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Andrea Gutierrez, P.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Kathleen LaBella, 12 Wadsworth Lane, Waterford, CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Procare, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care/ Sambacare, 410 Melville Ave, Lakewood, NJ, 08701	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Fusion Medical Staffing, LLC, P.O. Box 82674, Lincoln NE 68501	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Norton and Associates, Inc. 97 Elm St, Cohasset, MA 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page Staffing Solutions & Executive Search, 260 Madison Ave, 4th Floor, New York,	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Prime Time Healthcare, PO Box 3544, Omaha NE 08103	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Marvel Medical Staffing, P.O. Box 3544, Omaha, NE 68103	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Genie Healthcare Inc. 50 Millstone Rd, Building 100, Suite 100, East Windsor NJ 08520	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health	2318	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 351,715	351,715		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 61,239	61,239		
4. Social Security (F.I.C.A.)	\$ 522,335	522,335		
5. Health Insurance	\$ 752,576	752,576		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 67,776	67,776		
8. Uniform Allowance	\$ 2,465	2,465		
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 67,824	67,824		
d. Accounting and Auditing	\$ 18,958	18,958		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 31,687	31,687		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 57,410	57,410		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 27,408	27,408		
2. Cellular Phones	\$ 720	720		
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*	\$ (19,452)	(19,452)		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 746,630	746,630		
Subtotal	\$ 2,689,291	2,689,291		

* 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
301 Rope Ferry Road, LLC d/b/a Bayview Health Car	2318	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,689,291	2,689,291			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,605	3,605			
3. Gifts to Staff and Residents	\$ 15,475	15,475			
4. Employee Travel	\$ 4,438	4,438			
5. Education Expenses Related to Seminars and Conventions	\$ 415	415			
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>)	\$ 12,444	12,444			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 19,466	19,466			
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	\$ 2,858	2,858			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,015	4,015			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,427	1,427			
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>)	\$				
12. Administrative Management Services**	\$ 453,940	453,940			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 152,326	152,326			
C-14 Total Administrative & General Expenditures	\$ 3,359,700	3,359,700			

* 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)
Promotional	\$ 19,466		
Total Other Advertising	\$ 19,466	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 4,015		
Total Dues	\$ 4,015	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,842		
Bank Charges	\$ 44,463		
Payroll Processing Fees	\$ 18,341		
Employee Physicals & Background checks	\$ 14,177		
Energy Audit	\$ 13,175		
Data Processing	\$ 60,328		
Total Other Administrative and General	\$ 152,326	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview	2318	9/30/2022	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 #
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032	638,097	Contract Attached to a Prior Year	See Below
Allocation of Above	421,144	Admin/Gen 66%	Pg 16, Line 12
	102,096	Indirect 16%	Pg 20, Line 5K
	114,857	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032	32,796	Admin/Gen-Other Expense	Page 16, Line 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		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care		2318	9/30/2022		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 386,044	386,044			
2.	Non-Food Supplies	\$ 44,587	44,587			
3.	Other (<i>Specify</i>) _____ Dishes & Utensils = \$10,797	\$ 10,797	10,797			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)						
c. Other (<i>Specify</i>) _____						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 441,428	441,428			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	343	343			
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$618	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	18,2.a.1				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$3,459	
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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2022		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. \$	19,176	19,176		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) Supplies: \$5,827		\$	5,827	5,827		
3D. Total Laundry Expenditures (3a + b + c)		\$	25,003	25,003		
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
301 Rope Ferry Road, LLC d/b/a Bayview Hea		2318	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. \$	38,285	38,285			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt. \$					
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 38,285	38,285			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Procure	\$	327,989	327,989			
b. Medicine Cabinet Drugs	\$	21,775	21,775			
c. Medical and Therapeutic Supplies	\$	370,809	370,809			
d. Ambulance/Limousine***	\$	26,116	26,116			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	13,200	13,200			
f. X-rays and Related Radiological Procedures***	\$	21,282	21,282			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	22,108	22,108			
i. Recreation	\$	20,195	20,195			
j. Direct Management Services*	\$	114,857	114,857			
k. Indirect Management Services*	\$	102,096	102,096			
l. Other (Specify)**** See Attached Schedule	\$	94,195	94,195			
5M. Total Resident Care Expenditures (5a - 5j)		\$ 1,134,622	1,134,622			

* 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)
Medical Equip Rentals-Medicaid	\$ 37,525		
Physical Therapy Supplies	\$ 11,318		
Oxygen Concentrator Rentals	\$ 16,655		
Cable TV Fees	\$ 22,872		
Medical Equip Rentals-Other	\$ 5,825		
Total Other Resident Care	\$ 94,195	\$ -	\$ -

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		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
ADP	100 Corporate Drive, South Windsor, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	13,917			16	m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	29,336			22	6f
Allied Snow Removal	42 Washington St, Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	18,718			22	16
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	361,343			16	m13
Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	26,617			22	16
PointClickCare	P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	28,725			16	m13
		<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"/>							

* 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
301 Rope Ferry Road, LLC d/b/a Bayview He	2318	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 91,689	91,689				
b. Heat	\$ 112,259	112,259				
c. Light & Power	\$ 123,332	123,332				
d. Water	\$ 45,509	45,509				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 35,885	35,885				
f. Other (<i>itemize</i>)	\$ 90,122	90,122				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 498,796	498,796				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 281	281				
b. Building & Building Improvements	\$ 28,620	28,620				
c. Non-Movable Equipment	\$ 3,818	3,818				
d. Movable Equipment	\$ 42,045	42,045				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 74,764	74,764				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 1,651	1,651				
c. Leasehold Improvements	\$ 44,823	44,823				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 46,474	46,474				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 705,715	705,715				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 106,521	106,521				
c. Personal property taxes	\$ 14,474	14,474				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 947,948	947,948				

* 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)
Groundskeeping	\$ 26,755		
Rubbish Removal	\$ 29,495		
Snow Removal	\$ 18,718		
Supplies	\$ 15,154		
Total Other Repairs and Maintenance	\$ 90,122	\$ -	\$ -

Depreciation Schedule

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				License No. 2318		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				47,027		47,027	45,659	S/L	5 years	281			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											281		
B. Building and Building Improvements													
1. Acquired prior to this report period				837,227		837,227	722,622	S/L	Various	28,620			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											28,620		
C. Non-Movable Equipment													
1. Acquired prior to this report period				338,953		338,953	317,060	S/L	Various	3,818			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											3,818		
		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						2,118,853		2,118,853	1,950,104	S/L	Various	40,324	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						31,425						1,721	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						31,425						1,721	
D-3. Subtotal													42,045
E. Total Depreciation													74,764

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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/30/2021	Dishwasher Breaker	Administrative	\$ 2,164	5	\$ 216
3/31/2022	Dryer	Administrative	\$ 8,305	10	\$ 415
3/31/2022	Oven	Administrative	\$ 16,013	10	\$ 802
3/31/2022	Outdoor Tent	Administrative	\$ 3,334	8	\$ 208
4/30/2022	Gas and Dryer Vent	Administrative	\$ 1,609	10	\$ 80
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 31,425		\$ 1,721
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
10/31/2021	Tile Flooring	\$ 7,250	10	\$ 363
11/30/2021	Fire Pump Piping	\$ 8,839	15	\$ 295
2/28/2022	Heat Pump	1204	10	60
2/28/2022	Vinyl Flooring	3403	10	170
4/30/2022	Outdoor Outlets	1161	10	58
7/31/2022	Cooler and Freezer Condensing Units	21047	10	1052
Total additions for Leasehold Improvemen		\$ 42,904		\$ 1,998
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318		9/30/2022			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. Deferred Finance Fees - Refinance	Var	Var	5	286,028	235,713			1,651	
2.									
3.									
B-4. Subtotal									1,651
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2021	Various	3,665,423	139,295	S/L		42,825	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2022	Various	42,904				1,998	
C-4. Subtotal									44,823
D. Total Amortization									46,474

* 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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	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 type="radio"/> Yes	<input checked="" 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		07/12/06		
4. Date of Initial Licensure		06/09/86		
5. Total Licensed Bed Capacity		127		
6. Square Footage				
7. Acquisition Cost				
a. Land		217,747		
b. Building		5,032,701		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD/KeyBank		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%/6.91%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		9,944,000		
f. Principal balance outstanding as of		8,043,336		
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
301 Rope Ferry Road, LLC d/b/a Bay		2318	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
301 Rope Ferry Road, LLC d/b/a B...		2318		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) Vendor Interest = \$2,672				\$	2,672	2,672	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,672	2,672	
14. Insurance							
a. Insurance on Property (buildings only)				\$	63,502	63,502	
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)				\$	63,502	63,502	
15. Total All Expenditures (A-13 thru C-14)				\$	15,480,876	15,480,876	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	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.	10	A12g	Occupational Therapy	\$ 289,369	289,369		
4.			Other - See attached Schedule	\$ 71,818	71,818		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 158	158		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 67,824	67,824		
10.	15	1d	Accounting	\$ 3,108	3,108		
10a.			Legal	\$ 31,447	31,447		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 360	360		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 15,475	15,475		
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 *	\$ 19,466	19,466		
19.			Income Tax / Corporate Business Tax	\$ (19,452)	(19,452)		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 242,384	242,384		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,463	44,463		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 2,841	2,841		
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)				\$ 769,261	769,261		

* 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)
10	12M	Community Coordinator & Marketing Salaries and Benefits	\$ 71,818		
Total Other Salaries Adjustment			\$ 71,818	\$ -	\$ -

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	Bank Charges	\$ 44,463		
Total Other A&G Adjustments			\$ 44,463	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent				2318	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 769,261	769,261		
Page 20 - Resident Care Supplies***							
27.	20	5a1 &	Prescription Drugs	\$ 327,989	327,989		
28.	20	5 d	Ambulance/Limousine	\$ 26,116	26,116		
29.	20	5 f	X-rays, etc	\$ 21,282	21,282		
30.	20	5 h	Laboratory	\$ 22,108	22,108		
31.	20	5 c	Medical Supplies	\$ 21,302	21,302		
32.	20	5 e 2	Oxygen (non emergency)	\$ 13,200	13,200		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 18,561	18,561		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,181	5,181		
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.	\$ 822	822		
44.			Other - Miscellaneous Administrative	\$ 19,272	19,272		
45.			Management Fees Direct	\$ 66,105	66,105		
46.			Management Fees Indirect	\$ 58,760	58,760		
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)				\$ 1,369,959	1,369,959		

*** 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	Medical Equipment Rental - Other	\$ 5,825		
20	52b	E-Box	\$ 12,736		
Total Other Ancillary Costs			\$ 18,561	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Depreciation Carryforward	\$ 5,181		
Total Excess Movable Equipment Depreciation			\$ 5,181	\$ -	\$ -

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)
20	5j	Radio and Television Revenue	\$ 19,272		
Total Other Adjustments			\$ 19,272	\$ -	\$ -

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
301 Rope Ferry Road, LLC d/b/a Bayview	2318	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>)	\$ 16,303,192	16,303,192			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,322,271)	(7,322,271)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,131,455	2,131,455			
b. Medicare Room and Board Contractual Allowance **	\$ 438,434	438,434			
4. a. Private-Pay Residents and Other	\$ 3,558,399	3,558,399			
b. Private-Pay Room and Board Contractual Allowance **	\$ (298,714)	(298,714)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 167,438	167,438			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (167,438)	(167,438)			
c. Prescription Drugs - Non-Medicare	\$ 195,877	195,877			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (195,877)	(195,877)			
2. a. Medical Supplies - Medicare	\$ 8,602	8,602			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (282)	(282)			
c. Medical Supplies - Non-Medicare	\$ 704	704			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (704)	(704)			
3. a. Physical Therapy - Medicare	\$ 644,225	644,225			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (488,555)	(488,555)			
c. Physical Therapy - Non-Medicare	\$ 279,900	279,900			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (279,900)	(279,900)			
4. a. Speech Therapy - Medicare	\$ 135,530	135,530			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (110,175)	(110,175)			
c. Speech Therapy - Non-Medicare	\$ 74,410	74,410			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (74,410)	(74,410)			
5. a. Occupational Therapy - Medicare	\$ 711,040	711,040			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (528,847)	(528,847)			
c. Occupational Therapy - Non-Medicare	\$ 313,560	313,560			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (313,560)	(313,560)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 438,252	438,252			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,620,285	15,620,285			
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>)	\$ 822	822			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 53,774	53,774			
V. Total Other Revenue (1 thru 8)	\$ 54,596	54,596			
VI. Total All Revenue (III +V)	\$ 15,674,881	15,674,881			

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
31, a3	Misc Revenue From CRF Funds	\$ 438,252		
Total Other Resident Revenue		\$ 438,252	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, LA2	Interest on A/R	822	\$ 822		
Total Interest Income			\$ 822	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debts Recoveries	\$ 53,524		
	Class Act Settlement - Willamette Valley Toxicology	\$ 250		
Total Other Revenue		\$ 53,774	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	271,925
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,181,336
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	23,768
5. Prepaid Expenses			\$	119,437
a. Prepaid Insurance	103,909			
b. Prepaid Expenses	5,063			
c. Prepaid Interest	10,465			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	253,412
8. Other Current Assets (<i>itemize</i>)			\$	20,480
Medicare Cost Settlement	20,480			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,870,358
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	47,027	\$	1,087
	Accum. Depreciation	45,940		Net
3. Buildings	*Historical Cost	837,226	\$	85,985
	Accum. Depreciation	751,241		Net
4. Leasehold Improvements	*Historical Cost	519,623	\$	335,506
	Accum. Depreciation	184,117		Net
5. Non-Movable Equipment	*Historical Cost	338,953	\$	18,075
	Accum. Depreciation	320,878		Net
6. Movable Equipment	*Historical Cost	2,149,073	\$	157,086
	Accum. Depreciation	1,991,987		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(14,743)
Excluded Movable Equipment Carryforward	1,206			
See Schedule	(15,949)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	582,996

* 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	
		Fixed Asset Difference to Books	\$ (15,949)
Total Other Other Fixed Assets (Itemize)			\$ (15,949)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deferred Finance Fees net of Amort.	\$ 82,985
Total Other Assets			\$ 82,985

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	
Total Other Current Liabilities (Itemize)			\$ -

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
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	2,453,354
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	390,340
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,019,660		
	Accum. Depreciation	2,807,864	Net	\$ 4,211,796
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)			\$	4,602,136
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,360,483
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	(3,802,307)
Name and Address	Amount	Loan Date		
Related Party	(3,802,307)	3/29/12		
7. Other Assets <i>(itemize)</i>			\$	127,654
	Deposits-Security Deposits Leased Equip.	6,930		
	Project Development	37,739		
	See Schedule	82,985		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(314,170)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,741,320

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview He		2318	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,844,149
2. Notes Payable (<i>itemize</i>)				\$	(6,214,188)
Line of Credit					(6,214,188)
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>)				\$	415,805
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	396,572
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>)				\$	2,106,798
Accrued Expenses - Sales Tax		167	Accrued Expense - Propc	183	
Accrued Health Insurance		2,858			
Accrued Operating Expenses		42,095			
Provider Taxes Due		2,061,495	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	(1,450,864)

* 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 301 Rope Ferry Road, LLC d/b/a Bayview H		License No. 2318	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				(1,450,864)	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	573,952
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	152,450
Name and Address of Lender	Amount	Loan Date			
Procare Investment	152,450				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	(2,129,429)
Due from Related Landlord		(2,205,974)			
Notes Payable - Procare CT		75,943			
Notes Payable - Procaire		602			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	(1,403,027)
C. Total All Liabilities (Lines A-13 + B-5)				\$	(2,853,891)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayv	2318	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,211,796
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			\$	4,602,136
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,370,538
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 194,005
7. Total Net Worth			\$	4,993,075
C. Total Reserves and Net Worth			\$	9,595,211
D. Total Liabilities, Reserves, and Net Worth			\$	6,741,320

H. Changes in Total Net Worth

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvie	License No. 2318	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			\$	4,787,683
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,674,881
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,480,876
D. Net Income or Deficit			\$	194,005
E. Balance			\$	4,981,688
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2021 Legal Fee	4,000			
2021 Accounting	7,876			
2021 Misc Expense	(489)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	11,387
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			\$	4,993,075

I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2022	Page 37	of 37
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<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

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Athena Health Care Associates, Inc

Address Address	Phone Number
135 South Rd, Farmington, CT 06032	860-751-3900

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Lynn Rinaldi	860-751-3900

Contact Email Address

Lrinaldi@athenahealthcare.com