State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Complete Care at Groton Regency, LLC Address (No. & Street, City, State, Zip Code) 1145 Poquonnock Rd, Groton CT 06340 Type of Facility Rest Home with Nursing Chronic and Convalescent ☐ Supervision only ☑ Residential Care Home Nursing Home only (CCNH) (RHNS) Report for Year Ending Report for Year Beginning 9/30/2022 10/1/2021 Medicare Provider Residential Care Home **RHNS** License Numbers: **CCNH** 07-5270 2461 ICF-IID **CCNH RHNS** Medicaid Provider Numbers: 41730 000020355 For Department Use Only Signed and Sequence Number Sequence Number Date Signed and Notarized Date Received Assigned Received Assigned Notarized

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Groton Regency, LLC	2461	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 IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Complete Care at Groton Regency, LLC [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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Jeffrey Turner			Printed Name (Owner) Shalom Stein	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				

(Notary Seal)

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
	eral Information and Questionnaire - Partners/Members	3
	eral Information and Questionnaire - Corporate Owners	3A
	eral Information and Questionnaire - Individual Proprietorship	3B
	eral Information and Questionnaire - Related Parties	4
	eral Information and Questionnaire - Basis for Allocation of Costs	5
	eral Information and Questionnaire - Leases	6
	eral Information and Questionnaire - Accounting Basis	7
	edule of Resident Statistics	8
	edule of Resident Statistics (Cont'd)	9
<u>A</u> .	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
	Adjustments to Statement of Expenditures (Cont'd)	29
D. F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Complete Care at Groton Regency, LLC				10/1/2021	9/30/2022
Address of Facility					
1145 Poquonnock Rd, Groton CT 06340 Report Prepared By Marcum LLP		Phone Nun 203-781-96		Date 2/9/2023	
Item		Total	CCNH	RHNS	Residential Care Home
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 Fac 860-446-9960		Report for Ye 9/30/2022	ear Ended	Page 2	of 37	
Name of Facility (as shown on license)	Address (No	o. & St	reet, City, Sta	ate, Zip)			
Complete Care at Groton Regency, LLC	1145 Poquo		Rd, Groton (
CCNH	RHNS	Resid	ential Care H	ome	Medicare I	Provider N	√o.
License Numbers: 2461					07-5270		-
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Supervision only			Resident	ial Care Hor	me	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	O Profit Corp.	0 1	Non-Profit Co	rp. O	Government	O Trus	st
If this facility opened or closed during report year provide	le:	Date	Opened	Date Clo	osed		
Has there been any change in ownership or operation during this report year?	⊙ Yes	0]	No	If "Yes,"	' explain full	y.	
Administrator							
Name of Administrator			Nursing H				
Jeffrey Turner			Administra		1613		
			License	No.:			
Other Operators/Owners who are assistant administrator	s (full or part time) of thi	License	NI. I			
Name N/A			License	NO.:			

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Complete Care at Groton Rege	ency, LLC	2461	9/30/2022		3 37
					or Town(s) in
Legal Name of Part	nership/LLC	Business A		Which R	egistered
Complete Care at Groton Rege		1145 Poquonno	ck Rd,	CT	
•		Groton CT 0634	10		
Name of Partners/Members	Business Ac	ddress		Title	% Owned
Name of Farmers/Members	Dusiness 1 K	aaross			
	ZCO A II A T alana	J NIT 00701	Managing N	1amber	1
Shalom Stein	760 Albert Ave, Lakev	VOOD NJ 08/01	Managing M	iember	1
			1		
li .					
If .					

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	iled	Page of
Complete Care at Groton Regency, LLC	2461	9/30/2022		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following information	on:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
N/A				
				No. Shares
Name of Directors, Officers	Busines	s Address	Title	Held by Each
N/A				
Names of Stockholders Owning at Least 10%				
of Shares				
N/A				

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

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Groton Regency, LLC	2461	9/30/2022	3B	37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	10n:	
Owi	ner(s) of Facility			
1				
N/A				

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Complete Care at Groton Regency, LLC	Regency, LLC	License No.	No. 2461	Report for Year Ended 9/30/2022		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rel	ated through		If "Yes," provide the Name/Address and	e Name/Ado	fress and
marriage, ability to conti	marriage, ability to control, ownership, family or business association?	ss assoc	iation? O	Yes © No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or service	ses,				
including the rental of pi	including the rental of property or the loaning of funds to this facility,	o this fa	cility,				
related through family as association to any of the	related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	control, of this fa	or business icility?	⊙ Yes O No	If "Yes," provide the following information:	e following	information:
		Also	Also Provides		Indicate Where		
		Good	Goods/Services to		Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	Provided	Page # / Line #	Reported	Related Party
Complete Care Management	Complete Care Management 1730 NJ-37, Toms River, NJ 08757	0	•	Management Fees	Pg 16 / Line M12	1,383,662	1,383,662
Complete Care Management	Complete Care Management 1730 NJ-37, Toms River, NJ 08757	0	•	Rent	Page 22 / Line 9	962,291	***962,291
Intercompany Liabilities	N/A	0	0	Due to/from Intercompany	Page 34 / Line B3		
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				

^{*} 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	License No		Report for Year Ended	Page	ot
Complete Care at Groton Regency, LLC	2461		9/30/2022	5	37
If the facility is licensed as CDH and/or RCH or		DS or TBI	services with special Medicaid	rates, co	sts
must be allocated to CCNH and RHNS as follow	vs:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry			pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provided		
Nursing			classification, i.e., Director (or G		
		Registered	Nurses, Licensed Practical Nur	ses, Aid	es and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	CH
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the follo	wing question	ons applicat	ole to the cost information prov	ided.	
1. In the preparation of this Report, were all	⊙ Yes	O No	If "No," explain fully why suc	h allocat	tion was no
costs allocated as required?			made.		September 1
Please see the attached allocation schedule show	ing the meth	od of allocation	ation of each cost between the	CCNH a	nd the RCF
2. Explain the allocation of related company exp	penses and a	ttach copy of	of appropriate supporting data.		
3. Did the Facility appropriately allocate and sel	lf-disallow d	irect and in	direct costs to non-nursing hon	ie cost c	enters?
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)		
	⊙ Yes	O No	If "No," explain fully why suc made.	h allocat	tion was no

Complete Can	Complete Care at Groton Regency, LLC					
ALLOCATION SCHEDULE	CHEDULE					
2/30/2027		INPUT		TOTAL ALLOCA	TOTAL ALLOCATED AMOUNTS	
ACCOUNT		Total	ALLOCATION	Nursing		
NUMBER	ACCOUNT NAME	AMOUNT	BASIS	Home	ECH	TOTAL
01 41105	Modinis of Colo	/8 555 0/41)	Nursing home	(8 566 044)		(8.566.044)
2011A 13	Medicaid BB - BCH- Only	(00,000,0)	RCH	(1000000)	(2.778.200)	(2.778.200)
301134 10	Medicare RB - SNE Only	(1,950,466)	Nursing home	(1.950.466)		(1,950,466)
30 14A 10	Private RB - SNF Only	(2,300,404)	Nursing home	(2,300,404)		(2,300,404)
30114A.13	Private RB - RCH- Only	(274,625)	RCH	31	(274,625)	(274,625)
30 III A. 10	Prescription Drugs Medicare - SNF Only		Nursing home		•	1.0
30 I I 3 A . 0 7	PT Medicare - SNF Only	(090'64)	Nursing home	(090'62)	63	(090'62)
301113C.07	PT Other - SNF Only	24	Nursing home	*	100	£
30 114A.08	ST Medicare - SNF Only	(2,983)	Nursing home	(2,983)	(19	(2,983)
30 114C.08	ST Other - SNF Only	3,750	Nursing home	3,750	901	3,750
30 I I SA.09	OT Medicare - SNF Only	(134,656)	Nursing home	(134,656)	*	(134,656)
30 115C.09	OT Other - SNF Only	(24,690)	Nursing home	(24,690)	13	(24,690)
30 116A.10	Other Medicare - SNF Only	(38,740)	Nursing home	(38,740)		(38,740)
30 II6A.12	Other Medicare - RCH only	(069'9)	RCH	×	(069'9)	(069'9)
30 1168.10	Other Non Medicare - SNF Only	(219,982)	Nursing home	(219,982)		(219,982)
30 II6B.12	Other Non Medicare - RCH- Only	(6,621)	RCH	•03	(6,621)	(6,621)
30 1V5.22	Interest income - SNF Only	(176)	Nursing home	(176)		(176)
30 11/8.10	Other - SNF Only	(1)	Nursing home	(1)		(1)
	Total Barrania	(16 379 588)		(13.313.452)	(3.066.136)	(16,379,588)
10-A 2.13	Administrator Salary - RCH Only	56,453	RCH	inex	56,453	56,453
10-A[2.43	Administrator Salary - SNF Only	142,567	Nursing Home	142,567		142,567
10-A 4.38	Other Admin - Patient Days	232,824	Patient Days	144,623	88,201	232,824
10-A 5C.3	Dietary Workers - Meals	520,889	Meals	323,560	197,329	520,889
10-A 7A	Engineer or Chief of Maintenance	58,200	Saft	28,846	29,354	58,200
10-A 78.2	Other Maintenance Workers - Sqft	111,626	Saft	55,326	26,300	111,626
10-A 12A.19	Director of Nurses/Assistant Director - SNF Only	286,590	Nursing Home	286,590		286,590
10-A 12B1.1	10-A 12B1.10 RNs - Direct Care - SNF Only	620,493	Nursing Home	620,493		620,493
10-A 12B2.1	10-A 12B2.10 RNs - Administrative - Direct - SNF Only	572,179	Nursing Home	572,179		572,179
10-A 12C1.1	10-A 12C1.10 LPNs - Direct Care - SNF Only	1,050,196	Nursing Home	1,050,196		1,050,196
10-A 12C2.1	10-A 12C2.10 LPNs - Administrative - SNF Only	23,131	Nursing Home	23,131	,	23,131
10-A 12D.1	10-A 12D.10 Aides and Attendants - SNF Only	1,754,130	Nursing Home	1,754,130	1 7 7 7 7	1,754,130
10-A 12D.1	10-A 12D.13 Aides and Attendants - RCH Only	434,748	KCH	207 00	434,748	122 711
10-A 12H.1	10-4/12H.10 Recreation Workers - SNF	132,711	Missing Home	05,430	20,21.0	177,77
10-A) 1211.3	10-A) 1211.38 IMedical Director - SNF Only	117 674	Dationt Days	060 B9	42 684	112 674
10-A 12IVI.2	10-A (12N). 33 Marketing - Bads	92 422	Beds	56,942	35,480	92,422
10-A 120.2	10-A 120.21 Other - Patient Days	46,544	Patient Days	28,912	17,632	46,544
				1	000 4	FFC 010 7
	Total Expense Page 10	6,248,377		5,239,921	1,008,456	100000001
				83.8605%	10.1395%	TOO.OOO
13-8/1	Dietitian - SNF	37,336	Nursing Home	37,336	,	37,336
13-B 2.22	T	11,279	Nursing Home	11,279	500	11,279
13-B 3.10		27,720	Nursing Home	27,720	***	27,720
13-B 5A.07		188,227	Nursing Home	188,227	×	188,227

Complete Lare at Grotor	ALI OCATION SCUEDILIS					
9/30/2022	3CHEOOLE					
303 loc lc	7	INPUT		TOTAL ALLOCA	TOTAL ALLOCATED AMOUNTS	
ACCOUNT		Total	ALLOCATION	Nursing		
NUMBER	ACCOUNT NAME	AMOUNT	BASIS	Home	띯	TOTAL
13-B 8A.38	Medical Director - SNF Only	61,370	Nursing Home	61,370	,	61,370
13-B 9A.08		34,337	Nursing Home	34,337	•))	34,337
13-B 10A.22	OT - Resident Care - SNF Only	235,267	Nursing Home	735,267		235,267
13-8 118.10	LPN's - SNF Only	339,076	Nursing Home	339,076	(0)	339,076
13-B 11C	Aides - SNF Only	452,721	Nursing Home	452,721	Ε.	452,721
13-8 12.14	Other - SNF	82,830	Nursing Home	82,830	*	82,830
	Total Expense Page 13	1,470,163		1,470,163	ae l	1,470,163
15 101 15	Workmen's Compensation - Salary%	78.724	Pavroll	66.018	12,706	78,724
15 1 1 2 15	Hoomplywood Ingirance - Salan %	85.373	Pavroli	71.594	13.779	85,373
15/144 15	Social Security (FICA) - Salary %	468.811	Pavroll	393,147	75,664	468,811
15 145.15	Health Insurance - Sala	207,510	Payroll	174,019	33,491	207,510
15/146.15	Т	5.188	Payroll	4,351	837	5,188
15 149.22	Other Salary	25,141	Payroll	21,083	4,058	25,141
15 1C,22	Bad Debts - Total Patient Days	193,922	Patient Days	120,458	73,464	193,922
15 11D.38	Accounting and Auditing - Total Patient Days	15,000	Patient Days	9,318	5,682	15,000
15 1E.38	Legal - Total Patient Days	9,873	Patient Days	6,133	3,740	9,873
15 16.38	Office Supplies - Total Patient Days	40,019	Patient Days	24,859	15,160	40,019
15 1H1.43		9,358	Patient Days	5,813	3,545	9,358
15 1K3.10		824,403	Nursing Home	824,403	10	824,403
15 1K2		100	Patient Days	62	38	100
	Total Expense Page 15	1,963,422		1,721,258	242,164	1,963,422
1611.4.42	Employee Travel - Total Dationt Dave	3 294	Patient Dave	2 046	1.248	3.294
1011111	Talleton Control and Control a	10 531	Option tooto	11 511	000 7	18 531
16 L5.38		16,551	Patient Days	11,211	020,1	20,228
TO INIT. TO	Advertising Delp Walted - Total Patient Days	47 992	Patient Days	29 743	18 140	47 883
10 INIS		1 805	Patient Days	1171	684	1.805
16 M/09 39	Prostage - Total Fatelit Days Prost and Mamhershin Fees to Professional Associations - Total Patin	7.263	Patient Days	4.512	2.751	7,263
161M8A		099	Patient Davs	410	250	099
16 M9.39	T	266	Patient Days	165	101	266
161M11.07	Т	451,406	Patient Days	280,399	171,007	451,406
16 M12.31		1,383,662	Direct Assignment	1,183,662	200,000	1,383,662
16 M13.39		45,648	Patient Days	28,355	17,293	45,648
	Total Expense Page 16	1,980,646		1,554,489	426,157	1,980,646
00 144 02	-1	100 077	Slook	202 766	178 975	147 741
18 2A1.03	Kaw rood - Ivieals	00000	Masis	24 024	10,010	70 00 OV
18 2A2.U3	Purchased Continue Moals	154 320	Meals	95,859	58.461	154.320
CO'GZ IOT	Total Expense Page	676,700		420,346	256,354	676,700
19 38.05	Purchased Services - Total Patient Days	217,654	Patient Days	135,200	82,454	217,654
19 3D.4	Other - Total Patient Days	17,917	Patient Days	11,129	882'9	17,917
	Total Expense Page 19	235,571		146,329	89,242	235,571
201444 00		35 307	400	12 494	17 713	75 207
201441.02	III-HOUSE CALE SUPPLI	77777	400	172 JAN	175 377	347 712
20/48.02	Purchased Services - Sqft	347,712	Jibs	17,240	7/5/5/1	341,112
, / / VAINC	2015A2 22 Princhased from - SNE Only	154,806	Nursing Home	1000,4CT		つつつけつて

Tradal ALLOCATION TOTAL ALLOCATION Nursing Home L.2.7.7	Complete Care at Grotor ALLOCATION SCHEDULE	Complete Care at Groton Regency, LLC ALLOCATION SCHEDULE					
Nucrial	9/30/202	2					
ACCOUNT NAME ANCOUNT NAME Nursing Nursing Nursing Home 1.217 T.D 1.0. Medicine Cabinet Drugs - Patient Days Medicine Cabinet Drugs - Patient Days 1.237 Nursing Home 1.237 - <			INPUT		TOTAL ALLOCA	TED AMOUNTS	
ACCOUNT NAME BASIS Home RCH TX 10 Medicine Cabined Drugs - Patient Days 1,207 1,218 1,218	ACCOUNT		Total	ALLOCATION	Nursing		
Medicine Cabinet Dugs - Patient Days 3.213 Patient Days 1,996 1,217 Medicine Cabinet Dugs - Patient Days 3.271 Nursing Home 2,271 - Ambulaned Linousine - SNF 1,937 Nursing Home 2,271 - Arbays and related radiological - SNF Only 4,651 - - - Arbays and related radiological - SNF Only 9,943 Nursing Home 4,651 - Laboratory - SNF Only 9,651 Patient Days 2,049 - Other - SNF Total Expense Page 20 888,578 Nursing Home 9,494 - Accased and Maintenance - Sqift 142,712 sqft 1,538 - - Rear - Soft Maintenance - Sqift 142,712 sqft 1,096 1,138 Unber - Sqift Soft 2,055 sqft 1,096 1,138 Unber - Sqift Soft 2,055 sqft 1,096 1,138 Unber - Sqift Soft 2,056 sqft 1,098 1,148 Nomer - Sqift	NUMBER	ACCOUNT NAME	AMOUNT	BASIS	Home		TOTAL
Muchical and Therapeutric Supplies - SNF 1895/73 Nursing Home 1,337	20 58.12	Medicine Cabinet Drugs - Patient Days	3,213	Patient Days	1,996	1,217	3,213
Ambulance Linnosine - SNF 2.271 Nursing Home 2.272 Nursing	20 5C.10	Medical and Therapeutic Supplies - SNF	189,573	Nursing Home	189,573		189,573
Onlyagen - Other - SNF 1,937 Nursing Home 4,661 - K Asys and Indicated - SNF Only 9,464 Nursing Home 4,661 - Douber toby - SL Asys and All Anten and Anten and All Anten and All	20 50.10	Ambulance/Limousine - SNF	2,271	Nursing Home	2,271	1	2,271
K-Rays and related radiological - SNF Only 4,661 Nursing Home 4,661 - Becard celated radiological - SNF Only 9,494 Nursing Home 25,230 15,387 Cher - SNF 109,087 Nursing Home 109,087 - Total Expense Page 20 109,087 Nursing Home 683,889 204,689 Repairs and Maintenance - Sqft 142,712 sqft 70,959 21,328 Hear - Sqft 275,833 sqft 136,595 21,328 Light & Power - Sqft 275,833 sqft 136,595 21,328 Other - Sqft 275,833 sqft 136,595 21,328 Movable Equipment - Sqft 275,835 sqft 136,995 33,077 Movable Equipment - Sqft 2,563 sqft 1,220 3,236 Movable Equipment - Sqft 2,605 sqft 1,230 3,236 Movable Equipment - Sqft 2,605 sqft 1,230 3,236 Movable Equipment - Sqft 2,605 sqft 1,607 3,736	20 5E2.22	Oxygen - Other - SNF	1,937	Nursing Home	1,937	500	1,937
Separatory - SNF Only 9,494 Nursing Home 9,494 Cotal Expense Page 20	20 5F.22	X-Rays and related radiological - SNF Only	4,661	Nursing Home	4,661	*:	4,661
Potient Days Auction	20 5H.22	Laboratory - SNF Only	9,494	Nursing Home	9,494	×	9,494
Other - SNF Other - SNF Nursing Home 109,087 - Repairs and Maintenance - Sqft 888,578 Nursing Home 109,087 204,689 Repairs and Maintenance - Sqft 142,712 sqft 70,734 71,978 71,978 Heat - Sqft 142,787 sqft 136,595 138,998 138,998 Waret - Sqft 153,051 sqft 136,595 138,998 138,078 Other - Sqft Novable Equipment - Sqft 163,051 sqft 11,210 11,408 Novable Equipment - Sqft 163,051 sqft 11,210 11,408 Novable Equipment - Sqft 163,051 sqft 11,210 11,408 Novable Equipment - Sqft 11,210 11,210 11,408 Novable Equipment - Sqft 564 11,210 11,008 Real estate taxes paid by lessor - Sqft 560 sqft 465,950 485,341 Real estate taxes paid by lessor - Sqft 339,219 sqft 465,950 485,341 Real estate taxes paid by lessor - Sqft 20,558	20 51.12	Recreation - Patient Days	40,617	Patient Days	25,230	15,387	40,617
rotal Expense Page 20 888,578 204,689 rotal Expense Page 20 888,578 204,689 204,689 Repairs and Maintenance - Sqft 142,712 sqft 70,734 71,978 Heat - Sqft 20,959 21,328 138,938 204,689 Ught & Power - Sqft 20,583 sqft 136,595 138,938 Water - Sqft 165,583 sqft 82,256 33,077 Movable Equipment - Sqft 22,618 sqft 82,256 33,077 Non Movable Equipment - Sqft 26,6583 sqft 14,08 284 Non Movable Equipment - Sqft 26,68 sqft 14,08 3,28 Non Movable Equipment - Sqft 26,68 sqft 14,68 3,28 Read satzle taxes paid by lessor - Sqft 7,408 sqft 3,672 3,736 Read statzle taxes paid by lessor - Sqft 962,291 sqft 16,54 14,892 Read statzle taxes paid by lessor - Sqft 20,56,857 sqft 1,019,462 1,037,395 Total Expense Page 22	20 51.10	Other - SNF	109,087	Nursing Home	109,087	£2	109,087
Repairs and Maintenance - Sqft 142,712 sqft 70,734 71,978 Heat - Sqft 20,959 21,328 21,328 Light & Power - Sqft 20,959 21,328 21,328 Water - Sqft 32,506 33,077 32,756 33,077 Water - Sqft 65,083 sqft 80,381 82,236 Movable Equipment - Sqft 22,618 sqft 11,210 11,408 Non Movable Equipment - Sqft 564 sqft 2,976 3,029 Leasehold Improvements - Sqft 564 sqft 11,210 11,408 Non Movable Equipment - Sqft 560 sqft 2,976 3,029 Reschold Improvements - Sqft 560 sqft 40,635 3,029 Remail Payments - Sqft 560 sqft 40,635 485,331 Remail Payments - Sqft 339,219 sqft 40,635 485,331 Personal property taxes - Sqft 339,219 sqft 1,019,462 1,037,395 Total Expense - Total Patient Days 2,588		Total Expense Page 20	888,578		683,889	204,689	888,578
Heat - Sqft	22106A.02	Repairs and Maintenance - Sqft	142,712	sqft	70,734	71,978	142,712
Light & Power - Sqft 136,593 sqft 136,595 138,998 Water - Sqft 65,883 sqft 32,506 33,077 Other - Sqft 163,051 sqft 11,210 11,408 Movable Equipment - Sqft 564 sqft 1,210 11,408 Non Mavable Equipment - Sqft 564 sqft 280 284 Non Mavable Equipment - Sqft 564 sqft 1,210 11,088 Non Mavable Equipment - Sqft 7,408 sqft 2,976 3,029 Read lestate taxes paid by lessor - Sqft 395,219 sqft 1,68,131 17,088 Real estate taxes paid by lessor - Sqft 29,226 sqft 1,68,131 11,088 Real estate taxes paid by lessor - Sqft 22,526 sqft 1,68,131 14,892 Personal property taxes - Sqft 2,056,857 sqft 1,019,462 1,037,395 Total Expense - Total Patient Days 2,688 Patient Days 1,670 1,038 Insurance on Property Total Patient Days 140,614 Patient Days <td< td=""><td>22 06B.02</td><td>Heat - Soft</td><td>42,287</td><td>saft</td><td>20,959</td><td>21,328</td><td>42,287</td></td<>	22 06B.02	Heat - Soft	42,287	saft	20,959	21,328	42,287
Water - Sqft sqft 32,506 33,077 Other - Sqft 163,051 sqft 80,815 82,236 Movable Equipment - Sqft 22,618 sqft 11,210 11,408 Leasehold Improvements - Sqft 564 sqft 2,84 284 Leasehold Improvements - Sqft 7,408 sqft 3,672 3,736 Rental Payments - Sqft 962,291 sqft 168,131 171,088 Real estate taxes paid by lessor - Sqft 29,526 sqft 168,131 171,088 Real estate taxes paid by lessor - Sqft 29,526 sqft 1,68,131 171,088 Personal property taxes - Sqft 2,056,857 sqft 1,68,131 1,4892 Total Expense Page 22 2,056,857 Sqft 1,019,462 1,037,395 Insurance on Property Total Expense - Sqft 39,351 Sqft 1,570 1,037 Insurance on Automobilies - Total Patient Days 140,614 Patient Days 1,570 95,339 Intal Expense Page 27 238,629 143,290 95,339	22 06C.02	Ne.	275,593	saft	136,595	138,998	275,593
Other - Sqft sqft 80,815 82,236 Movable Equipment - Sqft 22,618 sqft 11,210 11,408 Non Movable Equipment - Sqft 564 sqft 2,87 284 Non Movable Equipment - Sqft 6,005 sqft 2,976 3,029 Retact and Payment - Sqft 7,408 sqft 47,550 3,736 Retact and Payment - Sqft 339,219 sqft 476,550 485,341 Retact and Payment - Sqft 339,219 sqft 47,635 485,341 Retact and Payment - Sqft 2,056,857 sqft 146,83 14,892 Personal property taxes - Sqft 2,056,857 sqft 1,019,462 1,037,395 Total Expense - Total Patient Days 55,976 Patient Days 34,771 21,026 Insurance on Property Total Patient Days 2,688 Patient Days 1,018 53,269 Insurance on Automobiles - Total Patient Days 2,88 Patient Days 1,670 1,018 Inter - Total Patient Days 2,88 Patient Days 1,670	22 06D.02	Water - Sqft	65,583	saft	32,506	33,077	65,583
Movable Equipment - Sqft 22,618 sqft 11,210 11,408 Non Movable Equipment - Sqft 564 sqft 280 284 Leasehold Improvements - Sqft 7,008 sqft 2,976 3,029 Organization Expense - Sqft 7,008 sqft 476,950 485,341 Real estate taxes paid by lessor - Sqft 339,219 sqft 476,950 485,341 Personal property taxes - Sqft 29,526 sqft 14,634 14,892 Personal property taxes - Sqft 2,056,857 sqft 14,634 14,892 Total Expense - Total Patient Days 55,976 Patient Days 34,771 21,037,395 Insurance on Property Total Expenses - Sqft 39,351 Sqft 1,019,462 1,037,395 Insurance on Automobiles - Total Patient Days 25,976 Patient Days 33,771 21,205 Other - Total Patient Days 140,614 Patient Days 87,345 53,269 Insurance on Automobiles - Total Patient Days 238,629 Patient Days 87,345 95,339 Insurance an	22 06F.02		163,051	sqft	80,815	82,236	163,051
Non Movable Equipment - Sqft 564 sqft 280 284 Leasehold Improvements - Sqft 6,005 sqft 2,976 3,029 3,029 Organization Expense - Sqft 7,408 sqft 4,76,950 4,85,341 4,85,341 Rental Payments - Sqft 1,66,131 1,10,88 1,10,89 1,10,88 1,10,89 Real estate taxes paid by lessor - Sqft 2,05,857 sqft 14,634 14,892 1,037,395 Personal property taxes - Sqft 2,05,857 sqft 1,019,462 1,037,395 1,037,395 Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 1,018 Insurance on Property Total Expenses - Sqft 39,351 Sqft 19,504 19,847 1,018 Insurance on Automobiles - Total Patient Days 140,614 Patient Days 1,670 1,018 1,018 Other - Total Patient Days 123,347 3,359,796 95,339 143,290 95,339 Total Expense Page 27 140,614 Patient Days 143,290 95,339	22 07D.10	Movable Equipment	22,618	sqft	11,210	11,408	22,618
Leasehold Improvements - Sqft 6,005 sqft 2,976 3,029 Organization Expense - Sqft 7,408 sqft 3,672 3,736 Rental Payments - Sqft 962,291 sqft 476,950 485,341 Real estate taxes paid by lessor - Sqft 339,219 sqft 168,131 171,088 Personal property taxes - Sqft 2,9526 sqft 14,634 14,892 1,019,462 1,037,395 Total Expense Page 22 2,056,857 Patient Days 34,771 21,025 21,037,395 Other Interest Expense - Total Patient Days 2,5976 Patient Days 34,771 1,019,462 1,018 Insurance on Property Total Expenses - Sqft 39,351 Sqft 1,574 19,847 Other - Total Patient Days 2,688 Patient Days 1,670 1,018 Other - Total Patient Days 2,38,629 143,290 95,339 Total Expense Page 27 143,290 95,339 15,758,943 12,399,147 3,339,76	22 07C.12	Non Movable Equipment - Sqft	564	saft	280	787	564
Organization Expense - Sqft 7,408 sqft 3,672 3,736 Rental Payments - Sqft 962,291 sqft 476,950 485,341 Real estate taxes paid by lessor - Sqft 339,219 sqft 168,131 171,088 Personal property taxes - Sqft 2,056,857 1,019,462 1,037,395 1,037,395 Total Expense Page 22 2,056,857 Patient Days 34,771 21,205 Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,037,395 Insurance on Automobiles - Total Patient Days 2,688 Patient Days 1,670 1,018 Other - Total Patient Days 2,888 Patient Days 87,345 53,269 Total Expense Page 27 238,629 143,290 95,339 Interest Expense Page 27 15,386,736 95,339	22 08C	Leasehold Improvements - Sqft	6,005	saft	2,976	3,029	900'9
Real estate taxes paid by lessor - Sqft 962,291 sqft 476,950 485,341 Real estate taxes paid by lessor - Sqft 339,219 sqft 168,131 171,088 Personal property taxes - Sqft 2,9,526 sqft 14,634 14,892 Total Expense Page 22 2,056,837 1,019,462 1,037,395 Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 Insurance on Property Total Expenses - Sqft 2,688 Patient Days 1,670 1,018 Other - Total Patient Days 140,614 Patient Days 87,345 53,269 Total Expense Page 27 238,629 143,290 95,339 15,758,943 12,399,147 3,339,796	22 08A	Organization Expense - Sqft	7,408	saft	3,672	3,736	7,408
Real estate taxes paid by lessor - Sqft 339,219 sqft 168,131 171,088 Personal property taxes - Sqft 29,526 sqft 1,634 1,4892 Total Expense Page 22 2,056,837 1,019,462 1,037,395 Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 Other Insurance on Property Total Expenses - Sqft 39,351 Sqft 1,670 1,018 Insurance on Automobiles - Total Patient Days 2,688 Patient Days 1,670 1,018 Other - Total Patient Days 140,614 Patient Days 87,345 53,269 Total Expense Page 27 238,629 143,290 95,339 Insurance Days 15,758,943 12,399,147 3,359,796	22 09.43	Rental Payments -Soft	962,291	saft	476,950	485,341	962,291
Personal property taxes - Sqft 29,526 sqft 14,634 14,892 Total Expense Page 22 2,056,857 1,019,462 1,037,395 Total Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 Other Insurance on Property Total Expenses - Sqft 35,351 Sqft 1,670 1,018 Insurance on Automobiles - Total Patient Days 2,688 Patient Days 87,345 53,269 Other - Total Patient Days 140,614 Patient Days 87,345 53,269 Total Expense Page 27 238,629 143,290 95,339 15,758,943 12,399,147 3,359,796	22 108	Real estate taxes paid by lessor - Sqft	339,219	saft	168,131	171,088	339,219
Total Expense Page 22 2,056,857 1,019,462 1,037,395 Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 Insurance on Property Total Expenses - Sqft 36,771 19,847 19,847 Insurance on Automobiles - Total Patient Days 140,614 Patient Days 1,018 Other - Total Patient Days 140,614 Patient Days 1,018 Total Expense Page 27 238,629 143,290 95,339 15,758,943 12,399,147 3,359,796	22 10C	Personal property taxes - Sqft	29,526	saft	14,634	14,892	29,526
Other Interest Expense - Total Patient Days 55,976 Patient Days 34,771 21,205 Insurance on Property Total Expenses - Sqft 39,351 Sqft 19,504 19,847 Insurance on Automobiles - Total Patient Days 140,614 Patient Days 1,670 1,018 Other - Total Patient Days 238,629 143,290 95,339 Total Expense Page 27 15,399,147 3,359,796			2,056,857		1,019,462	1,037,395	2,056,857
Other Interest Expense - Total Patient Days 25,370 Fatient Days 25,774 21,703 Insurance on Property Total Expenses - Sqft 19,847	04140		200 11	0.00	15C N.C	301.10	56 976
Insurance on Automobiles - Total Patient Days	27 1140 45		39 351	Soft	19.504	19.847	39,351
Other Total Patient Days 87,345 53,269 Total Expense Page 27 140,614 Patient Days 87,345 53,269 Total Expense Page 27 143,290 95,339 15,758,943 12,399,147 3,359,796	27114B	1	2.688	Patient Davs	1.670	1,018	2,688
Total Expense Page 27 238,629 143,290 95,339 15,758,943 12,399,147 3,359,796	27/14C3	Other - Total Patient Days	140,614	Patient Days	87,345	53,269	140,614
12,399,147 3,359,796			238,629		143,290	95,339	238,629
12,399,147 3,359,796							
			15,758,943		12,399,147	3,359,796	15,758,943

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

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. of 37

Amount Claimed Page Amount of Lease Annual Term of Report for Year Ended Lease 9/30/2022 Lease** Date of Description of Items Leased 2461 License No. Related * to % 0 0 0 0 Operators, 0 0 0 0 0 0 Officers Owners, Yes 0 0 0 0 0 0 0 0 0 0 Complete Care at Groton Regency, LLC Name and Address of Lessor Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

oN O

O Yes

^{*} 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.

Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire **Accounting Basis**

Name of Facility	License No.	Report for Year Ended		Page	of
Complete Care at Groton Regency,		9/30/2022		7	37
		were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
1	No				
N/A					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Brand Sonnenshine		1641 East 16th St- 4th floor, Brooklyn N	Y 11229		
2					
3					
4	of SHORES				
Services Provided by This Firm (de	escribe fully)		\$	15,000	
1 General Accounting Services			\$		
2					
3			S		
4			\$		moniide d
			Charge fo	or Services P	rovided
			\$	15,000	
		es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15 Line 1d				
Legal Services Information			Telephor	ne Number	
Name of Legal Firm or Independen	nt Attorney		866-636-		
1 CSC			800-221-		
2 Cogency Global			973-533-		
3 Genova Burns	da IID		615-244-		
4 Waller Lansden Dortch & Day	18, LLT		Various	2200	
5 Various Address (No. & Street, City, State,	Zip Code)		1		
PO Box 7410023, Chicago IL					
2 122 E 42nd St 18th fl, New Yo					
3 494 Broad Street Newark, NJ					
4 511 Union Street Suite 2700 N					
5 Various					
Services Provided by This Firm (de	escribe fully)				
1 Annual Report Filing, Acquisitions					
2 Renewal of Statutory Representation			\$		
3 Advice, counsel & representation lab	or and employment law and related	matters			
4 Genesis Portfolio Legal Fees			\$		
5 Various - See Attached (\$50 Disallov	ved on Pg 28)		\$		
			1	or Services P	rovided
			\$	9,873	
Are These Charges Reflected in the Expend		es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15 Line 1e				

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Complete Care at Groton Regency, LI	2461	9/30/2022		7a	37
Legal Services Information					
Name of Legal Firm or Independent A	Attorney		Telephone 1	lumber	
1 N/A			N/A		
2 Various			Various		
Address (No. & Street, City, State,	Zip Code)				
1 N/A					
2 Various					
Services Provided by This Firm (descri	ribe fully)				
I Non-Allowable Notary Fee			\$	50	
2 Various Legal Fees - Will Provide	Further Detail in RFI		\$	8,435	
- Vallous megan 1 ves			Charge for S	ervices Prov	ided
			\$	8,485	
Are These Charges Reflected in the Expe	enditure Portion of This Repo	ort? If Yes, Specify Expense Classification and Lin	e No.		
_	Page 15 Line 1e				
● Yes O No					

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility Complete Care at Groton Regency, LLC			License No. 246	No. 2461			Report for 9/30/2022	Report for Year Ended 9/30/2022	70		Page 8	of 37
					H	Period 10/1 Thru 6/30	1 Thru 6/2	08		Period 7/1	Thru 9/30	0
	Total All	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	243	162		81	243	162		81				
	211	130		18					211	130		81
2. Number of Residents A. As of midnight of PREVIOUS report period	176	114		62	176	114		62				
B. As of midnight of THIS report period	193	120		73					193	120		73
3. Total Number of Days Care Provided During Period												
A. Medicare	3,060	3,060			2,102	2,102			958	958		
B. Medicaid (Conn.)	57,295	33,976		23,319	42,270	25,234		17,036	15,025	8,742		6,283
C. Medicaid (other states)												
D. Private Pay	8,924	6,164		2,760	7,058	4,957		2,101	1,866	1,207		629
E. State SSI for RCH												
F. Other (Specify) Hospice / HMO	364	364			190	190			174	174		
G. Total Care Days During Period (3A thru F)	69,643	43,564		26,079	51,620	32,483		19,137	18,023	11,081		6,942
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Bade												
A. Medicaid Bed Reserve Days	942	303		639	655	234		421	287	69		218
B. Other Bed Reserve Days	64	18		46	19	15	,	46	3	3		
5. Total Resident Days (3G + 4A + 4B)	70,649	43,885		26,764	52,336	32,732		19,604	18,313	11,153		7,160

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licen	se No.				Report	for Year	Ended		Page	of
Complete Car	e at Gro	ton Reg	ency, LLC	2	2461					9/30/202	2		9	37
			in the certified b		pacity dur	ing th	не герог	t year	?	•	Yes	0	No	
II YES	_			.1011.	Ch	onge	in Bed			Ca	pacity Afte	er Change		
1		Place of	Change Residential		CI	lange	III Dedi	5		Ca	pacity Aid	or Change		
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	d					
Cl												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home		or Change
11/17/2021	Х			32						130			Reduce Bed Cap	acity
			n certified bed o 90 days followin			the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
					_						D 17.1	DIDIO	Desidential	Care Home
1.1			Change in Ro	esiden	t Days					116	NH	RHNS	Residential	Care Home
1st chang 2nd chan						_		-		110				
3rd chan														
4th chan														
6. Number	of Resid	lents and	l Rates on Septe	mber			ır							
			Medicare		Medi	caid				Se	lf-Pay		Other Stat	e Assisted
						~ ** *	, p.	n 10	Residential	D C II	ICE MD			
								INS	Care Home	R.C.H.	ICF-MR			
Item CCNH CCNH RHNS CCN No. of Residents 10 96 Per Diem Rate						14	C. NIVA	Time Service		03	10 TO			
a. One b			Various	HARAH	241 58	Directo		-	413.00			142.00	120.36	
b. Two l			Various		241 58				362.00			135.00	120.36	
c. Three			, 817000											
bed r														
		Dhyeio	al Therapy Treat	ments						то	TAL	CCNH	RHNS	Residential Care Home
		re - Par		11101113							334	334		
			usive of Part B)								TOTAL PARTY	To Water	HE LEVELY	
	1. Mai	ntenanc	e Treatments								376	376		
		torative	Treatments											
	Other		mi m								2,079	2,079 2,789		
			Therapy Treatn							ORDINA N	2,789	2,769	Construction of the constr	
		speecn re - Par	Therapy Treatn	iems						-3, 800	640	640		IIIANO EL INDONESIO IL IN
B.	Medica	id (Excl	usive of Part B)							TELEST.	W+ 51 70	H CONTRACTOR OF THE		
ے.			e Treatments								453	453		
			Treatments											
C.	Other										2,328	2,328		
			herapy Treatme							-	3,421	3,421	(S New York)	MICOVIDINO
			tional Therapy	l'reatn	nents					2 1 2 1 2 1 B	125	137	March 19 6	
		re - Par	t B lusive of Part B)					_		DEN HER	137	137	100 00 00 VI	AND THE OWNER OF
В.			e Treatments								31	31		
			Treatments											
C.	Other										257	257		
		Occupati	ional Therapy T	reatm	ents						425	425		

Report of Expenditures - Salaries & Wages

Report of Ex	License No.		Report for Yea		Page	of
Name of Facility	2461		9/30/2022	i Dildod	10	37
Complete Care at Groton Regency, LLC					No	
Are time records maintained by all individuals receiving con	npensation?	•	Yes		NO	
			Total Cost	and Hours	T	
	1 1				Residential	
Th	CCNH	Hours	RHNS	Hours	Care Home	Hours
Item A. Salaries and Wages*	CCIVIT	AMALES OF	THE PARTY OF THE P	170010	W. 28 199	1 200 10 11
1. Operators/Owners (Complete also Sec. I			THE PARTY OF		Called State	
of Schedule A1)						AND DESCRIPTION OF THE PARTY OF
2. Administrator(s) (Complete also Sec. III	DISCUSSION.		(ay) e (enha)		DED AN SE SECTION	1.50
of Schedule A1)	142,567	2,168			56,453	1,52
 Assistant Administrator (Complete also Sec. IV 	STEWEN ST				The state of the second	TE OF THE
of Schedule A1)		CONTRACTOR OF THE PARTY OF THE		- CATANA	A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	E0178 No.
4. Other Administrative Salaries (telephone	144,623	5,002	DUDINGSAUM	TENSIONE.	88,201	4,70
operator, clerks, receptionists, etc.) 5. Dietary Service	144,023	3,002	FIED WEIGHT	BAIR SALE	1 C. 1/2 MARCH	25×100
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	323,560	17,531			197,329	12,05
Housekeeping Service		Tisas Library		Tweet Elev		A STATE OF THE PARTY OF THE PAR
a. Head Housekeeper						
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	Selection of the second		Barren State of State		We vo sheet	35-3600
a. Engineer or Chief of Maintenance	28,846	933			29,354	94
b. Other Maintenance Workers	55,326	2,594			56,300	2,64
8. Laundry Service	点上的数据	ATTENNES IS			DE LINE	W. C.
a. Supervisor					-	
b. Other Laundry Workers				-	+	
Barber and Beautician Services Protective Services	-					
11. Accounting Services	ileasorom (nies)	AND THE	1 G L 1 1 G	1.5		\$20 July 1
a. Head Accountant	-					
b. Other Accountants				Property and the second	100 100 100 100	
12. Professional Care of Residents	TAILS NEW		THE REAL PROPERTY.			
 a. Directors and Assistant Director of Nurses 	286,590	4,767			Cover to the late of	Carlotte and
b. RN	620,493	12,004				
Direct Care Administrative**	572,179	15,785				
c. LPN	INSTITUTE OF THE PARTY OF THE P	STATE OF THE PARTY	MAN TO STATE OF	CHECKE.		BAR.
1. Direct Care	1,050,196	23,970				
2. Administrative**	23,131	786			124.740	17.00
d. Aides and Attendants	1,754,130	77,959		-	434,748	17,82
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists						
h. Recreation Workers	82,436	3,860			50,275	2,35
i. Physicians			日 五 五 五 日 日 日		O DESTRUCTED IN	HEATTE STORY
Medical Director			<u> </u>			
Utilization Review						
3. Resident Care***	PROPERTY AND LOCATION AND LOCAT	SUVE SERVICE	THE RESIDENCE	III LINE TO BOTH	1 18 C S 1 18 V	THE STATE OF
4. Other (Specify)	(MESON UNIVERSE)					
j. Dentists						
k. Pharmacists						
1. Podiatrists					42 694	1,41
m. Social Workers/Case Management	69,990	2,315			42,684 35,480	98
n. Marketing	56,942	1,580	THE RESERVE AND ADDRESS OF THE PARTY OF THE	a maning	33,480	13210
Other (Specify) See Attached Schedule	28,912	894			17,632	54
A-13. Total Salary Expenditures	5,239,921	172,148			1,008,456	45,00

^{*} 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)

	CCN	NH H	RH	NS	Residential C	are Home
Position	\$	Hours	\$	Hours	\$	Hours
					(A)	
Admissions	\$ 28,912	894	X - X - X - X - X - X - X - X - X - X -		\$ 17,632	546
		CHUOF SO				. 18.0 PM
			37 7 7	TVEST CO.		Rapli sus
						Talastin,
			Carlo Carlo			
			U-1275-18			i i
	MERCHANIST STREET	11.674.3				1 × 1 × 1
			11587, 4.80			The second
			to Technology			
Total	\$ 28,912	894	\$ -		\$ 17,632	546

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	Residential	Care Home
Service	\$	Hours	S	Hours	S	Hours
						THE STATE OF
Respiratory Therapist (Disallowed on Pg 28a)	\$ 19,468	418	\$20 STREET, 15			971 S. T. S.
Nursing Consultants	60,062	26 / Monthly				
MDS Consultant	3,300	21	Fig. 10 (ref) 1-1			
				San		
	7.50 57.50 20.0			0 120		
					reity, itsels	V - 15 - 5
				- #9 I k	e de la contraction	H-Bytten e
			PER INTER	1 1 0 0 9		
		A SELLOND				
		No Vocas			PH IS IN	±1 1 1 1 1 1 1
Total	\$ 82,830	439	\$	West II Miles	\$ -	F-UIV.

State of Connecticut

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

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

Assistant Administrators and Other Related Parties*

			Assistan	it Administra	Assistant Administrators and Other Related Parties*	. Kelatec	1 Parties*			
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Complete Care at Groton Regency, LLC	LLC			2461		9/30/2022			11	37
		Salary Paid	p.							
Name	CCNH	RHNS	Residential Care Home	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
Section I - Operators/Owners										
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).										
	:			11 1 1.	3: 1-1	7				

^{*} 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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Newson of Parilles (and Long of)		7	Toolor	Time	Assistant Authitsdators and Other Incident a thes	Denot for Veer Ended	I al U.S.		Dogo	rt C
lyame of Facility (as licensed)				License ivo.		veport for r	an Dilaca		rage	ŏ
Complete Care at Groton Regency, LLC	LLC			2461		9/30/2022			12	37
		Salary Paid	þ							
			:	Fringe Benefits and/or Other			Line Where		Total	•
Name	CCNH	RHINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										
Theodore Vinci (10/1/2021- 8/29/2022)	123,032			Non Discriminatory	Administrator	1,888 A2	A2			
Jeffrey Turner (8/8/2022- 9/30/2022)	19,535			Non Discriminatory	Administrator	280 A2	A2			
Fretard, Roxanne (Director - ALF 10/1/2021-9/30/2022)			56,453	Non 56,453 Discriminatory	Administrator	1,527 A2	A2			
Section IV - Assistant Administrators										
5										
*No allowance for calacies will be considered unless full information is provided. He additional sheets if required	ho concider	foolun po	oitemation	a is provided The	redditional sheets if red	nired				

^{*}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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Complete Care at Groton Regency, LLC	License No.	61	Report for \\ 9/30/2022	ear Ended	Page 13	of 37
Complete Care at Groton Regency, ELC	21	01	Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee	Washington					
for service basis in lieu of salary	S. CONTROL OF					
(For all such services complete Schedule B1)			The Allery			
1. Dietitian	37,336	655				
2. Dentist	11,279	109				
3. Pharmacist	27,720	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	188,227	2,788				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	The state of the s					
a. Medical Director (entire facility)	61,370	585 / Month				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee (Quarterly meetings)	Kol Whata	LANGE OF THE				MEN EN
Pharmaceutical Committee (Quarterly meetings) Staff Development Committee						
(Once annually)						
e. Other (Specify)						Park Mill
9. Speech Therapist			WEST SERVICE			Children
a. Resident Care	34,337	435				
b. Other						
10. Occupational Therapist			CHAPTE !			
a. Resident Care	235,267	3,421				
b. Other						
11. Nurses and aides and attendants						
a. RN		MARKET !				TIME TO SERVICE
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	339,076	5,588				
2. Administrative***						
c. Aides	452,721	10,767				
d. Other						
12. Other (Specify)		MSTERIS	TO THE SHIP		195 60 811 8	6515-55
See Attached Schedule	82,830	439				
B-13 Total Fees Paid in Lieu of Salaries	1,470,163	24,202				

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

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

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

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

Name of Facility	License No.		Report for \\ 9/30/2022	ear Ended	Page 14	of 37
Complete Care at Groton Regency, LLC	2461	D =10+- J*	* to Owners,		14	31
27 P. 11	E II E miles ation of Commiss		rs, Officers	Evnla	nation of R	elationship
Name & Address of Individual	Full Explanation of Service	Yes	No No	Expia	nation of it	Ciationsinp
A L' 1NI A 'C' - The read 1105 Front Country I for	Dietician	1 05	140	N/A		
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dieticiali	0	0			
Omnicare, PO Box 78000 Dept 781668, Dtroit MI 48278	Pharmacist	0	0	N/A		
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	0	•	N/A		
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	0	•	N/A		
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	0	•	N/A		
Genesis Physician Services, PO Box 62946 Baltimore MD 21264	Medical Director	0	•	N/A		
IPC Healthcare PO Box 844929 Los Angeles CA 90084	Medical Director	0	0	N/A		
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	0	0	N/A		
MassTex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Contract ST	0	0	N/A		
Swallowing Diagnostics, 21 Waterville Road Avor CT 06001	Contract ST	0	0	N/A		
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	0	0	N/A		
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Contract Nursing	0	0	N/A		
Cambay Healthcare LLC, 325 North St. Paul Street Suite 3100, Dallas, TX 75201	Contract Nursing	0	0	N/A		
CareerStaff Unlimited, PO Box 301076 Dallas TX 75303	Contract Nursing	0	0	N/A		
Healthmax USA, LLC, 1515 Forest Ave Suite 301 Lakewood NJ 08701	Contract Nursing	0	0	N/A		
Medical Edge Recruitment LLC, 8686 New Trails Dr Suite 120 The Woodlands TX 77381	Contract Nursing	0	0	N/A		
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Contract Nursing	0	0	N/A		
Solomon Page Group LLC, PO BOX 75015 Chicago IL 60675	Contract Nursing	0	0	N/A		
Samba Care, 410 Melville Ave, Lakewood NJ 08701	Contract Nursing	0	0	N/A		
Celtic Consulting / MDS Rescue, 339 Main Street Torrington CT 06790	Nursing Consultants / MDS Consulting	0	0	N/A		
Richter Healthcare Consultants, 8948 Canyon Fails Blvd Suite 400 Twinsburg OH 44087	Nursing Consultants	0	0	N/A		
		0	0			

^{*} 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		Report for Ye	ear Ended	Page	of
Complete Care at Groton Regency, LLC 24	61	9/30/2022		15	37
					Residential
Υ.		Tatal	CCNH	RHNS	Care Home
Item		Total	CCNH	KIIINO	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits	¢	70.724	((019		12,706
Workmen's Compensation	\$		66,018		12,700
2. Disability Insurance	\$	_	71.504		13,779
3. Unemployment Insurance	\$		71,594		75,664
4. Social Security (F.I.C.A.)	\$		393,147		
5. Health Insurance	\$	207,510	174,019	GEST STORY OF	33,491
6. Life Insurance (employees only)			1071		027
(not-owners and not-operators)	\$		4,351		837
7. Pensions (Non-Discriminatory)	\$		Homesonson	CONTRACTOR OF THE	SIRTUENITESS
(not-owners and not-operators)		E REAL PROPERTY.		TENER MEDICAL	
8. Uniform Allowance	\$				1050
9. Other (<i>Specify</i>)	\$	25,141	21,083	resembly the	4,058
See Attached Schedule			用取掉,另外		
b. Personal Retirement Plans, Pensions, and	\$		A A STATE OF THE S		
Profit Sharing Plans for Owners and					建设建设
Operators (Discriminatory)*					
c. Bad Debts*	\$	193,922	120,458	W. 12 THE WAY, 25	73,464
d. Accounting and Auditing	\$	15,000	9,318		5,682
e. Legal (Services should be fully described on Page	: 7) \$		6,133		3,740
f. Insurance on Lives of Owners and	9	S			
Operators (Specify)*					
g. Office Supplies	\$	40,019	24,859		15,160
h. Telephone and Cellular Phones		DOTO PERSON			
1. Telephone & Pagers	\$	9,358	5,813		3,545
2. Cellular Phones	9				
i. Appraisal (Specify purpose and	9				
attach copy)*					
under copy)					and a second
j. Corporation Business Taxes (franchise tax)	9	S			
k. Other Taxes (Not related to property - See Page 2	?2)			建设建设	
1. Income*	Í	6			
2. Other (Specify)	\$		62		38
See Attached Schedule			THE REAL PROPERTY.		
3. Resident Day User Fee	5	824,403	824,403		
Subtotal		1,963,422	1,721,258		242,164

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS		idential e Home
	-			-
Employee Benefits Expense>Miscellaneous (Disallowed on Pg 28a)	\$ 12,630	2 1	\$	2,431
Employee Benefits Expense>Food (Disallowed on Pg 28a)	8,045	MENTED V		1,549
Employee Benefits Expense>Training & Education	(212)			(41)
Employee Benefits Expense>Employee Physicals	620			119
	District Co.		PATE	
				in in a second
Total	\$ 21,083	\$ -	\$	4,058

Schedule of Other Taxes

Description	CC	CNH	RHNS		Resid Care	
		2				
Sales & Use Tax	\$	62	SERVICES.		\$	38
Total	\$	62	\$		\$	38

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Complete Care at Groton Regency, LLC	2461		9/30/2022		16	37

						Residential
Item			Total	CCNH	RHNS	Care Home
Subtote	als Brought Forwa	rd:	1,963,422	1,721,258		242,164
l. Travel and Entertainment			Abara			
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	3,294	2,046		1,248
5. Education Expenses Related to Seminars a	nd Conventions	\$	18,531	11,511		7,020
6. Automobile Expense (not purchase or depr	reciation)	\$				
7. Other (Specify)		\$				
See Attached Schedule			国际的原			
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$	20,228	12,565		7,663
2. Advertising Telephone Directory all such a	expenses)***	\$				
3. Advertising Other (Specify)***		\$	47,883	29,743	electricity and	18,140
See Attached Schedule				intelligence of		
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$			TO STATE OF THE ST	WINDS AND DESCRIPTION OF
directly and not by contract or fee for servi	ce)***	_		THEO POR N	FF/48735	
7. Postage		\$	1,805	1,121		684
* 8. Dues and Membership Fees to Professiona	1	\$	7,263	4,512	NEW CONTRACTOR	2,751
Associations (Specify)						
See Attached Schedule						SECTION OF THE
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$	660	410		250
9. Subscriptions		\$	266	165		101
10. Contributions***		\$		D1860 SWIDO		NAME OF TAXABLE PARTY.
See Attached Schedule			SERVE NEW YORK			151.005
11. Services Provided by Contract Specify and		\$	451,406	280,399		171,007
Schedule C-2, Page 21 for each firm or inc	lividual)	_		1 100 555	July Charles	200.000
12. Administrative Management Services**		\$	1,383,662	1,183,662		200,000
13. Other (Specify)		\$	45,648	28,355		17,293
See Attached Schedule		-		0.055.51		((0.201
C-14 Total Administrative & General Expenditures		\$	3,944,068	3,275,747		668,321

^{*} 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	C	CNH	RH	NS		lential Home
		100	0.0	1,53	Alexander.	5.81
ELECTRICAL PROPERTY OF A STANFARD			115.0		1	-
	DAGE TO ROLL HIS	TT ST	Marie	OVE		
		25 3111	N. P.	000		The sale
				139		
		77.40				
Total Other Travel and Entertainment	Ŝ		S		S	

Schedule of Other Advertising

Description	CCNH	RHNS		sidential re Home
				197
Marketing & Advertising (Disallowed on Pg 28)	\$ 29,743	0.000	S	18,140
Total Other Advertising	\$ 29,743	s -	S	18,140

Schedule of Dues

description	CCNI	CCNH			Residential Care Home		
	Tribit Street of the Lawrence						
CAHCF Dues	\$ 4	,512		\$	2,751		
		TVO					
			311				
CONTRACTOR OF THE STATE OF THE							
			I S WE V				
		1111					
Total Dues	\$ 4	,512	\$.	\$	2,751		

Schedule of Contributions

Description	CCN	1	R	HNS	dential Home
		20			- 14
Total Contributions	S LONG		S	130	\$) er

Schedule of Other Administrative and General

Description	CCNH		RHNS		Residential Care Home		
	117						
Admin Expense>Financing Costs (Disallowed on Pg 28a)	2	2,792	N/A		\$	1,703	
Admin Expense>resident missing Items (Disallowed on Pg 28a)	- N	166				102	
Admin Expense>Licenses		623		LV.		380	
Admin Expense>Fines & Penalties (Disallowed on Pg 28a)	1000	11			14	7	
Admin Expense>Late Fees (Disallowed on Pg 28a)		1,744				1,063	
Admin Expense>Bank Fees (\$6,839 Disallowed on Pg 28a)		12,679	do.	140		7,733	
Admin Expense>Background Checks		3,948	1500	Tu-	25	2,407	
Admin Expense>Startup Costs (Disallowed on Pg 28a)		6,392				3,898	
		28,355		110	s	17,293	
Total Other Administrative and General	2	20,333	D		1 0	11,473	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Groton Regency, LLC	2461	9/30/2022	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Report Page #/Line #
Complete Care Management, LLC		Management Fees	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)

				Page 5)					
Nam	ne of Facility		License				ear Ended	Page	of
Соп	plete Care at Groton Regency, LLC			2461	9/30	/2022		18	37
								1	ntial Care
	Item			Total	CCI	VΗ	RHNS	H	ome
2.	Dietary				影響	25			
	a. In-House Preparation & Service					#0 W-Z	DESCRIPTION OF	(VE1) (VE2)	150.055
	1. Raw Food		\$	472,441		3,466			178,975
	2. Non-Food Supplies		\$	49,939	3	1,021		-	18,918
	3. Other (Specify)		\$						
	b. Purchased Services (by contract other		\$	154,320	9:	5,859			58,461
	than through Management Services) (Complete Schedule C-2 att. Page 21)								
	c. Other (Specify)	_	\$	A COLUMN TO A STATE OF THE PARTY OF THE PART					
	c. canor (aposto))				() () () () () () () () () ()				
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	676,700	420	0,346		NEW TREE	256,354
2E.	Dietary Questionnaire			Total	CCI	NH	RHNS		ntial Care ome
F.	Resident Meals: Total no. of meals served per	r day	, aje						
G.	Is cost of employee meals included in 2D?		Yes	•	No				
H.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.		
I.	Where is the revenue received reported in the	Cost	t 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?	•	Yes	0	No		If yes, specify cost.		\$4,409
K.	Is any revenue collected from these people?	0	Yes	•	No		If yes, specify amt.		
L.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line	Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board		Yes		No		If yes, specify cost.		
	meetings) provided to employees included in 2D?						Cost.		\$9,594
N.	Is any revenue collected from employees?	0	Yes	•	No		If yes, specify amt.		
0.	Where is the revenue received reported in the	Cos	t 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)

	e of Facility	License	No. 2461	Report for Y 9/30/2022	ear Ended	Page of 19 37
Com	plete Care at Groton Regency, LLC		2401	9/30/2022		Residential Care
	Item		Total	CCNH	RHNS	Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	217,654	135,200		82,4
-	c. Other (Specify)	\$	17,917	11,129		6,7
3D.	Other Laundry Supplies / Minor Equipment Total Laundry Expenditures (3a + b + c)	\$	235,571	146,329		89,2
3E.	Laundry Questionnaire					
F.		Yes	•	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.	
J.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
K.	Where is the revenue received reported in the 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)

1		License No.	Repo	ort for Year E	nded	Page	of
Complete Care at Groton Regency, LLC 2461		2461	L	9/30/2022		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	25,207	12,494		12,713
	b. Purchased Services (by contract other than through Management Services)	Sq. Ft. Serviced by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$	347,712	172,340		175,372
	C. Other (Specify)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	372,919	184,834		188,085
5.	Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy		\$				
	Purchased from Integra Scripts / Omnicare		\$	154,806	154,806		
	b. Medicine Cabinet Drugs		\$	3,213	1,996		1,217
	c. Medical and Therapeutic Supplies		\$	189,573	189,573		
	d. Ambulance/Limousine***		\$	2,271	2,271		
	e. Oxygen 1. For Emergency Use		\$				
	2. Other***		\$	1,937	1,937		
	f. X-rays and Related Radiological Procedures***		\$	4,661	4,661		
	g. Dental (Not dentists who should be inc salaries or fees)	luded under	\$				
	h. Laboratory***		\$	9,494	9,494		
	i. Recreation		\$	40,617	25,230		15,387
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)**** See Attached Schedule		\$	109,087	109,087		第回题
5M.	Total Resident Care Expenditures (5a - 5	5j)	\$	515,659	499,055		16,604

^{*} 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	C	CNH	RHNS	Residential Care Home
Description —	Red K	3+1		-
Nursing Rental Expense (\$5,210 Disallowed on Pg 29a)	\$	9,380	Julius	
Nursing Expense>Data Processing		98,413		
Therapy Expense>Supplies		1,294		
			VELVE N	
<u> </u>				
		el a nika		
		1 1 miles		
Total Other Resident Care	\$	109,087	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Complete Care at Groton Regency, LLC	ency, LLC			License No. 2461	Report for Year Ended 9/30/2022				Page 21 3	of 37
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers			I	otal Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	Residential Care Home	Pg L	Line
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Housekeeping	171,840		175,372	20 4 b	þ
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Laundry	135,200		82,454	19 36	b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Dietary	95,473		58,226	18 26	þ
Carrier Lawn Care and Landscaping	32 Meadow Street, Mystic CT 06355	0	•	N/A	Snow Removal	10,587			22 6	ęf
Carrier Lawn Care and Landscaping	32 Meadow Street, Mystic CT 06355	0	•	N/A	Landscaping	27,289			22 6	6f
David Herbst	175 White Rd, Jackson NJ 08527	0	•	N/A	David Herbst Salary	7,454		4,546	16 m11	n11
Northwest Environmental	2001 Windsor Ave Baltimore, MD 21217	0	•	N/A	Sanitation and Incineration	26,109			22 6	6f
Marcum LLP	8th Floor, New Haven, CT 06511	0	•	N/A	Accounting Fees	6,342		3,867	16 n	m11
LTC Consulting Services	Americas, Lakewood, NJ 08701	0	•	N/A	Consulting Fees	171,442		104,558	16 n	m11
		0	•							
		0	•							
		0	0							
		0	0							
		0	0							

^{*} 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
Complete Care at Groton Regency, LLC	2461	9/30/2022			22] 37
					Reside	ntial Care
Item		Total	CCNH	RHNS	Н	ome
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	142,712	70,734			71,978
b. Heat	\$	42,287	20,959			21,328
c. Light & Power	\$	275,593	136,595			138,998
d. Water	\$	65,583	32,506			33,077
e. Equipment Lease (Provide detail on page	ge 6) \$					
f. Other (itemize)	\$	163,051	80,815			82,236
See Attached Schedule					3 7	
6g. Total Maint. & Operating Expense (6a - 6	5f) \$	689,226	341,609			347,617
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$	279	138			141
b. Building & Building Improvements	\$	86,318	42,783			43,535
c. Non-Movable Equipment	\$	28,615	14,183			14,432
d. Movable Equipment	\$	242,401	120,143			122,258
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	357,613	177,247			180,366
8. Amortization (Complete att. Schedule Page	24*)					
a. Organization Expense	\$	7,408	3,672			3,736
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	6,005	2,976			3,029
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	13,413	6,648			6,765
9. Rental payments on leased real property le	SS					
real estate taxes included in item 10b	\$	962,291	476,950			485,341
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	339,219	168,131			171,088
c. Personal property taxes	\$	29,526	14,634			14,892
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10	0) \$	1,702,062	843,610			858,452

^{*} 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

CCNH	RHNS	Residential Care Home	
\$ 127		\$	130
26,062	united to	1 12	26,521
124	2 35 N 3 - 2		127
14,750	k Epsteral for Epst.		15,009
2,259			2,298
5,247			5,340
17,162			17,464
1,605			1,634
755			768
12,723			12,946
			ASI Biwl
			150
			TYL:
e 90.015	¢	\$	82,236
	\$ 127 26,062 124 14,750 2,259 5,247 17,162 1,605 755	\$ 127 26,062 124 14,750 2,259 5,247 17,162 1,605 755 12,723	\$ 127 \$ \$ 26,062

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

			Depre	Depreciation Schedule	heduk					
Name of Facility			License No.	13		Report for Year Ended	nded		Page	of 37
Complete Care at Groton Regency, LLC			147	10		7707/06/6			C7	10
Property Item			Historical Cost Exclusive of Land	fistorical Cost Exclusive of Less Salvage Land 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			4,185		4,185	1,778	S/L	Various	279	STATE OF STA
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedu	schedule)									
A-4. Subtotal			THE PART OF THE PA	William Control			E-SAG BE			279
B. Building and Building Improvements			1 294 764		1 294 764	524.002	S/L	Various	86,318	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedu	schedule)									なるのでは
B-4. Subtotal				THE PROPERTY.		The state of the s		The same of	STATE OF THE PARTY	86,318
C. Non-Movable Equipment 1 Acquired prior to this report period			280 509		280 509	206 746	S.T.	Various	28.051	
2 Disnosals (attach schedule)										
3. Acquired during this report period (attach schedule)	schedule)		15,792		15,792		S/L	7	564	
C-4. Subtotal			Section of the last					N TON	CHARLES AND STREET	28,615
	Is a mileage logbook maintained?	Date of Acquisit	Is a mileage logbook maintained? Date of Acquisition Historical Cost	t Less		Accumulated Depreciation to	Method of			
	Yes No	Month Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Movable Equipment Motor Vehicles (Specify name, model and year of each vehicle) a	TOWNS THE REAL PROPERTY.									
P										
C,										STATE OF THE PARTY
										会は一日
9		(E)			10000				200	
a. Acquired pnor to this report penod b. Disposals (attach schedule)		Var Var	1,098,913		1,098,913	831,308	S/L	Various	719,783	
Acquired during this report period										
- 1			010 011	Other Park	112,212		24	4	27.610	
d Standard Resident		18 A	110,011		210,011		710		010,22	
	は世紀									
period			113,312		113,312	Constitution of the Consti		The second second	22,618	Salahalan Salah
es l	No.	1000			No. of Street, or other Persons and the Person	The state of the s				242,401
E. Total Depreciation		1						DESCRIPTION OF THE PERSON OF T		357,613

Schedule of Land Improvements Acquired during this report period

Schedule of Land Improvements	Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	reverse i color antiqui di Alcondi Arce Vire i	THE SHIELD WARRY TO DAYS A THE		
AND THE RESERVE		THE PROPERTY OF		
IV U.S. BURGER IN THE			lio Til	
	all than an in a second and a market and		/ Julialia Salu	
Total additions for Land Improv	vement	\$ -	W-PSI	\$ -
Deletions:				
			IIIn Association	
7 - (E.v. 9) - (E.E.				
Total deletions for Land Improv	rement	Service Service	Water P	\$
Total detections for Danie Impro-				

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

ents Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciati
			-25-00-31
			II SA
		STILL STEEL	
		1910 2 5	
		- 10 2 15 11 10 1	
provement	a control of States	os enc	\$ -
		No.	
		100	
			E Para Assi
ALE MILITER DATE OF THE SALES O			New William
rovement	Company States	AURIBLE	\$ -
	Description of Item	Description of Item Cost	Description of Item Cost Life Cost Life Sorovement S -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report periods

Acquisition Date	Description of Item	Cost	Usetul Life	Deprecia	ation
Additions:					
6/24/2022	Unimac washer	\$ 15,792	7	\$	564
			win 1915.		
Total additions for	Non-Movable Equipmes	\$ 15,792	- Carlos Rei	\$	564
Deletions:		TERRITORIAN TOTAL	wite the selection		
					46
CETTAL June	distinguished by the Art				
Total deletions for	 Non-Movable Equipmen	S -	THE WATER	Ŝ	•

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

	Pick One			Useful		
Description of Item	Movable Category		Cost	Life	Dep	reciation
					_	
Ports, computers, laptops, ipads & Sales Tax	Administrative	S	110,578	5	\$	22,116
	Administrative	-	2,734	5		502
	Administrative			والمراز والمراز		THE STATE OF
	Administrative	VIII			29	111011
CONTRACTOR OF THE CONTRACT OF THE CONTRACT OF	Administrative		W-1 - 1 - 1			
	Administrative					
Movable Equipmen		\$	113,312	A . 5 11 II	\$	22,618
			ì			
					30	
			NET I FAI	Mark day	100	
		7.1				
	TOUR HUNDER THE LOCATION DATE	10		717	Jan Co	
						MOVE
Movable Equipmen		\$	S VIEW		\$	LV3
	Ports, computers, laptops, ipads & Sales Tax hardware ipad + implementation Movable Equipmen	Ports, computers, laptops, ipads & Sales Tax Administrative hardware ipad + implementation Administrative Administrative Administrative Administrative Administrative Administrative Administrative	Ports, computers, laptops, ipads & Sales Tax Administrative S hardware ipad + implementation Administrative Administrative Administrative Administrative Administrative Administrative Administrative Shavable Equipmen S	Description of Item Movable Category Ports, computers, laptops, ipads & Sales Tax Administrative Administrative Administrative Administrative Administrative Administrative Administrative Administrative Movable Equipmen S 113,312	Description of Item	Description of Item Movable Category Cost Life Departs, computers, laptops, ipads & Sales Tax Administrative S 110,578 5 \$ hardware ipad + implementation Administrative Administrative Administrative Administrative Administrative S 113,312 S Movable Equipmen

Schedule of Leasehold Improvements Acquired during this report periods

as organizations and a second	Described of Heavy	Cost	Useful Life	Depreciation
Acquisition Date Additions:	Description of Item		Ene	T Control
C. R. P. Call. Cont. P. Call. Co.	Kitchen cabinet rehab	\$ 2,79	95 15	\$ 171
	Job room 360 added	18.61		1,137
	Wallpaper removal and painting	20,20		1,235
	Sheetrock repair/replacement	4.40		273
	Elevator repairs	2.59		159
	remodel complete: invoices 105, 102, 10/18/21	14,84		825
	Installed 5 new chandeliers	4.69		209
	Cabling (three invoices 10718, 10715, 10716)	4,80		133
4/21/2022	Supply and Install Frames , Doors and Hardware Per Proposal Dated 1/11/22	12.88		501
	Supply and install frames , Boots and Hardware Fer Froposal Dated 11 1122 Gutter installation	4.54		126
	Supply and Install Frames, Doors and Hardware Per Proposal Dated 1/11/22	7,4		125
	Supply and Install Frames, Doors and Hardware Fer Froposal Baled Willizz	10.19		170
		7.04		11
	Landscaping Supply and Installation of Material for the Captain's Quarters Per Proposal	4.10		6
		3.4		3
	Repair hole in parking lot Replacement of dry valve feeding dry system - 08/25	8.1:		9'
	Air compressor install for dry sprinkler system	7,3		8
	The Installation of Roof Mounted Utility and Dish Machine Exhaust Fans	5.69		6
8/30/2022	Spa entrance, Nurse Office, SS Office, Rubber Base, MDS Office, close, shower	6,1		3
		1.83		1 1 201 1
	Demo Carpet, Install Wall base, New L.V.P	44,4		24
	multiple invoices, large demo	5,20		5
	Sinks, cabinets, and countertops	7,1		41
	CHOW Fire Alarm Repair- Completed, Services Re - locate front lobby smoke heads	8,34		4
	CHOW parking lot repair	3,7		
	INSTALLED AND WIRED TRANSFORMER FOR CLOTHES WASHER	1,74		1
	REPAIRED PIPING, CHECKED PHOTO CELL	1.20		rate of tables
	Roof Mounted Utility and Dish Machine Exhaust Fans	5,6		
	Roof Mounted Utility and Dish Machine Exhaust Fans Leasehold Improvemer	\$ 229.5		\$ 6,00
	Leasenoid Improvemen			
Deletions:		por la compa		
Total deletions for	Leasehold Improvemen	\$		\$ -

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Complete Care at Groton Regency, LLC		2461	51	9/30/2022			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate Ar	Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	% for	for This Year	Totals
A. Organization Expense								
1.								かの の の の の の の の の の の の の の の の の の の
2.								作品 图 元
ů,								THE PERSON NAMED IN
A-4. Subtotal	The state of the s						Section Section	
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal					経験の対象を		The second second	
C. Leasehold Improvements and Other	r							
1. Acquired prior to this report period	d l							
2. Disposals (attach schedule)								
3. Acquired during this report period			と の の の の の の の の の の の の の の の の の の の			日から		
(attach schedule)	Var Var	Various	229,553		S/L	Vario	6,005	
C-4. Subtotal					作品的 · · · · · · · · · · · · · · · · · · ·			6,005
D. Total Amortization					STATE OF THE STATE OF			6,005
to come out to the contract to the second of the contract to the								

* 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.

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2021 A/D	2022 Deprec.	2022 A/D	NBV
Land Improvements									
Land Imp	Additions Prior to 2022	Var	S/L	15	4,185	1,778	279	2,057	2,128
TOTAL LAND IMPROVEMENTS	OVEMENTS			10.20	4,185	1,778	279	2,057	2,128
Building Improvements	159								
Build Imp	Additions Prior to 2022	Var	S/L	15	1,294,764	524,002	86,318	610,320	684,444
TOTAL BUILDING IMPROVEMENTS	IMPROVEMENTS				1,294,764	524,002	86,318	610,320	684,444
2022 Additions									
17	Kitchen cabinet rehab	10/31/2021	S/L	15	2,795		171	171	2,624
17	Job room 360 added	11/11/2021	S/L	15	18,611		1,137	1,137	17,474
LI	Wallpaper removal and painting	11/1/2021	S/L	15	20,203		1,235	1,235	18,968
ΓI	Sheetrock repair/replacement	11/1/2021	S/L	15	4,467		273	273	4,194
7	Elevator repairs	11/11/2021	S/L	15	2,597		159	159	2,438
LI	remodel complete: invoices 105, 102, 10/18/21	12/10/2021	S/L	15	14,849		825	825	14,024
LI	Installed 5 new chandeliers	1/24/2022	S/L	15	4,695		209	209	4,486
	Cabling (three invoices 10718, 10715, 10716)	4/21/2022	S/L	15	4,805		133	133	4,672
I.	Supply and Install Frames, Doors and Hardware Per	3/11/2022	S/L	[2	12,883		105	501	12,382
LI	Gutter installation	4/21/2022	S/L	15	4,546		126	126	4,420
LI	Supply and Install Frames, Doors and Hardware Per	6/23/2022	S/L	15	7,476		125	125	7,351
ΓI	Install new door	7/7/2022	S/L	15	10,194		170	170	10,024
LI	Landscaping	7/14/2022	S/L	15	7,046		117	117	6,929
LI	Supply and Installation of Material for the Captain's	7/13/2022	S/L	15	4,104		89	89	4,036
П	Repair hole in parking lot	8/2/2022	S/L	15	3,456		38	38	3,418
LI	Replacement of dry valve feeding dry system - 08/25	8/25/2022	S/L	7	8,157		46	26	8,060
ΓI	Air compressor install for dry sprinkler system	8/25/2022	S/L	7	7,320		87	87	7,233
ΙΊ	The Installation of Roof Mounted Utility and Dish	8/30/2022	S/L	7	2,690		89	89	5,622
LI	Spa entrance, Nurse Office, SS Office, Rubber Base,	8/31/2022	S/L	15	6,120		34	34	980'9
ב	Demo Carpet, Install Wall base, New L.V.P	8/31/2022	S/L	15	1,825		10	10	1,815
LI	multiple invoices, large demo	8/31/2022	S/L	15	44,455		247	247	44,208
I	Sinks, cabinets, and countertops	8/1/2022	S/L	15	5,261		58	58	5,203

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

					Historical	2021	2022	2022	
Asset Type	Description	Date In Service	Method	Life	Cost	A/D	Deprec.	A/D	NBV
LI LI	CHOW Fire Alarm Repair- Completed, Services Re-	8/19/2022	S/L	15	7,179		40	40	7,1
LI	CHOW parking lot repair	9/2/2022	S/L	15	8,348		46	46	8,3
17	INSTALLED AND WIRED TRANSFORMER FOR	9/14/2022	S/L	15	3,771		21	21	3,750
17	REPAIRED PIPING, CHECKED PHOTO CELL	9/14/2022	S/L	15	1,745		10	10	1,7
17	Roof Mounted Utility and Dish Machine Exhaust	9/20/2022	S/L	15	1,265		,	1	1,3
II	Roof Mounted Utility and Dish Machine Exhaust	9/20/2022	S/L	15	2,690		*	10	5,6

TOTAL LEASEHOLD IMPROVEMENTS

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

					Historical	2021	2022	2022	
Asset Type	Description	Date In Service	Method	Life	Cost	A/D	Deprec.	A/D	NBV
NON-MOVABLE EQUIPMENT	IPMENT								
FFE	Additions Prior to 2022 Unimac washer	Var 6/24/2022	S/L S/L	10	280,509 15,792	206,746	28,051 564	234,797	45,712 15,228
TOTAL NON-MOVABLE EQUIPMENT	LE EQUIPMENT			150 10	296,301	206,746	28,615	235,361	60,940
MOVABLE EQUIPMENT	IN								
MME	Additions Prior to 2022	Var	S/L	\$	1,098,913	831,568	219,783	1,051,351	47,562
2022 Additions MME MME	Ports, computers, laptops, ipads & Sales Tax hardware ipad + implementation	9/30/2021 10/2 8 /2021	S/L S/L	~ ~	110,578 2,734		22,116	22,116	88,462
TOTAL MOVABLE EQUIPMENT	QUIPMENT				1,212,225	831,568	242,401	1,073,969	138,256
TOTAL ASSETS PER CR SCHEDULE TOTAL ASSETS PER TRIAL BALANCE POTINDING	CR SCHEDULE TRIAL BALANCE				3,037,028 358,656	1,564,094	363,618 29,187	1,927,712 29,187	1,109,316 329,469
VARIANCE					2,678,371	1,564,094	334,431	1,898,525	779,846

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1

(779,846) (334,431)

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

		7	License No.		Report for Year En	ded		Page of	
Con	ıple	te Care at Groton Regency, LL	2461		9/30/2022			25 37	_
11.	Pro	operty Questionnaire							
	Pa	rt A							
	Is	the property either owned by th	e Facility	0	Yes	0	No	If "Yes," complete Part	
	or	leased from a Related Party?*		0	103	O	110	If "No," complete Part	С.
		*If any owner or operator of this fac	ility is related by fam	nily, m	агтіаде, ownership, abili	ity to control or			
		business association to any person o	r organization from v	whom l	buildings are leased, the	n it is considered a			
		related party transaction.		-	Total				NSO.
-	1.	Description Date Land Purchased		_	Total				
		Date Structure Completed			05/29/05				
-		If NOT Original Owner, Date	of Purchase		03/25/03				
_	4.	Date of Initial Licensure	or r drondse		09/01/21				
-	5.	Total Licensed Bed Capacity			130				I GI
		Square Footage			116,814				
		Acquisition Cost							1850
		a. Land			951,983				
		b. Building			8,567,843				
	Pa	rt B - Owner and Related Par	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
		Financing					15072		77.0
		a. Type of Financing (e.g., fi	xed, variable)		Variable				
		b. Date Mortgage Obtained			12/17/21				
		c. Interest Rate for the Cost	Year		Variable				
		d. Term of Mortgage (number			3 Years				
		e. Amount of Principal Borro			17,232,160				
		f. Principal balance outstand		022	17,232,160				Sec. 11
		Complete if Mortgage was F							
		During Current Cost Ye					MONTH MAY BE	THE VALUE DAY OF THE REAL PROPERTY.	25
		g. Type of Financing (e.g., fi	ixed, variable)						_
		h. Date of Refinancing		_					-
		i. New Interest Rate	<u> </u>						_
		j. Term of Mortgage (number							-
-		k. Amount of Principal Borrol. Principal Outstanding on 1							
		Part C - Arms-Length Lease		erty I	mprovements Only	v			
_		Name and Address of Lesso			perty Leased		Term of Lease	Annual Amount of Le	ase
		Name and Address of Lesso.		110	perty Leased	Date of Bease	TOTAL OF EGGS		
_	_								
			1						

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Complete Care at Groton Regency, Ll 2461		9/30/2022			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable	9				
Equipment	\$				
First Mortgage Name of Lender	Rate	120% 24/02			
Number 1					
Address of Lender			1000		
	Φ.				MASKS MARK
2. Second Mortgage	Rate			1	THE STATE OF
Name of Lender	Rate	Land out has been			
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
Address of Lender		CONTRACTOR OF THE PARTY OF THE	45		
4. Fourth Mortgage	\$				
Name of Lender	Rate				
			The first		
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$		State Line		
Loan Origination Date					
3. Interest Rate %					
4. Term			经验		
5. CHEFA Interest Expense					
	\$				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	J.		v Subtotals i	formuland to x	lext naga)

(Carry Subtotals forward to next page)

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

Name of Facility Complete Care at Groton Regency, 246			Report for Ye 9/30/2022	ear Ended		Page of 27 37
Item			Total	CCNH	RHNS	Residential Care Home
	otals Bro	ught Forward:				
12. C. Movable Equipment	7tuis 210	wg				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
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 Interes	t					
Expense (C1 + 2)		\$ \$		34,771		21,205
12. D. Other Interest Expense (Specify) Interest on LOC / Misc		Φ	33,970	34,771		21,200
13. Total All Interest Expense (12B7 + 12C3	3 + 12D	\$	55,976	34,771		21,205
14. Insurance				10.504		10.947
a. Insurance on Property (buildings onl	y)	\$		19,504		19,847
b. Insurance on Automobiles	100 1 1	\$	2,688	1,670		1,018
c. Insurance other than Property (as spe	ecitied at	oove)				
1. Umbrella (Blanket Coverage)		\$	_			
2. Fire and Extended Coverage		\$		07.245		53,269
3. Other (Specify)		\$	140,614	87,345	VINE SEE SUCH	33,209
Liability / EPLI						
14d. Total Insurance Expenditures (14a + b	+ c)	\$	182,653	108,519		74,134
15. Total All Expenditures (A-13 thru C-14)		\$		12,564,904		3,528,470

D. Adjustments to Statement of Expenditures

	e of Fa		Groton Regency, LLC	Lic	ense No. 2461	Report for Year 9/30/2022	r Ended	Page of 28 37
Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	Residential Care
Page	10 - S	alarie	es and Wages				SEARCH THE SE	VENEZULI SETE
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$	92,422	56,942		35,480
Page	13 - F	Profes	sional Fees				ENT DE CES	
5.			Resident Care Physicians **	\$				
6.	13	b10a	Occupational Therapy	\$	235,267	235,267		
7.			Other - See attached Schedule	\$	19,468	19,468		
Page	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	193,922	120,458		73,464
10.			Accounting	\$				
10a.	15	12	Legal	\$	1,369	850		519
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life			NAMES OF STREET	The same	
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or		SE Xune (4)			
			universities for tuition and related costs					A STATE OF S
			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	m2/3	Unallowable Advertising *	\$	47,883	29,743		18,140
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.	16	m12	Unallowable Management Fees	\$	852,108	852,108		
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	61,375	43,626		17,749
		Dietar	y Expenditures		The Late of the La	DE POPE VI		A professional designation
24.			Meals to employees, guests and others		1088110	MARKET AND	Will The	
			who are not residents	\$				
Page	19 - 1	Launa	lry Expenditures		STOR WE SUM		BALL REVIEW	
25.	_		Laundry services to employees, guests			CAN V. 17	Service Control	
			and others who are not residents	\$				
Page	20 - 1	House	keeping Expenditures		A PROPERTY			The second second
26.			Housekeeping services to employees, guests			THE NAME		
			and others who are not residents	\$				
_			Subtotal (Items 1 - 26	5) \$	1,503,814	1,358,463		145,351

* 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	CCNI		R	HNS		idential e Home
		Marketing Salary	56	,942	Me	TY IN	150	35,480
					BALLS.	MEAN.	E POT	
						12 300		WE 100
				are.	E.W.		1,712	2107
111111								
Total Othe	r Salaries A	 	\$ 56	,942	\$		\$	35,480

Schedule of Fees Adjustments

age Ref	Line Ref	Description	CC	CNH	RHNS	Residenti Care Hon
		Respiratory Therapist	\$	19,468		
MEAN	ROLF TA				3	
				E - 10		E VALUE OF
	5.6	ikanima in dan arang sa malang		W FA	(80) L. (80)	
7.7	91,555				73 6	
					20.51	
tal Otha	r Fees Adj	ustmants	\$	19,468	\$ -	S

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	7,51	idential e Home
	1a9	Employee Benefits Expense>Miscellaneous	\$ 12,752		\$	2,309
	1a9	Employee Benefits Expense>Food	8,123			1,471
	Var	Benefits Associated with Marketing Salary	6,989	DE LEGI		4,354
	m8a	Chamber Dues	410	MATHER YES		250
	m13	Admin Expense>Financing Costs	2,792	TOWN AND IN	TOTAL	1,703
	m13	Admin Expense>resident missing Items	166		i Sumi	102
	m13	Admin Expense>Fines & Penalties	11		THE SE	7
	m13	Admin Expense>Late Fees	1,744		STOCK	1,063
	m13	Admin Expense>Startup Costs	6,392		VIIII	3,898
	m13	Admin Expense>Bank Fees	4,248			2,591
Total Othe	r A&G Ad	instments	\$ 43,626	\$ -	\$	17,749

26,764 Greater of Actual or 90%

\$

Complete Care at Groton Regency, LLC Calculation of Allowable Management Fee September 30, 2022

Total Days

Disallowed Management Fee

	CCNH			
Descrption	Amount			
C (1 - 1 (P- 1 (/ Line m 12)	1,183,662			
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j)	1,165,002			
Management fees Charged (Pg. 20 / Line 5k)	0			
Total Management fees Charged	1,183,662	TB Linked		
Patient Days	43,885	Page 8 of C	/R	
Imputed Days - 90% Occupancy	44,134	Calculation		
Amount Per Patient Day (Greater of 90% or Actua	al Days)	\$	26.8197	
PPD Allowance Per Rate Agreement			7.00	
2022 CPI Increase of 1.0732%		-	1.0732	J.04a
PPD Allowance 9/30/2022			7.51	
Amount over (Under)		\$	19.3073	
Total Days			44,134	Greater of Actual or 90%
Disallowed Management Fee		\$	852,108	
	RCH			
	11011			
Descrption	Amount			
Management fees Charged (Pg. 16 / Line m12)	200,000			
Management fees Charged (Pg. 20 / Line 5j)	0			
Management fees Charged (Pg. 20 / Line 5k)	0	-		
Total Management fees Charged	200,000	TB Linked		
Patient Days	26,764	Page 8 of C	C/R	
Imputed Days - 90% Occupancy	26,609	Calculation	1	
Amount Per Patient Day (Greater of 90% or Actu	al Days)	\$	7.4727	
PPD Allowance Per Rate Agreement			7.00	
2022 CPI Increase of 1.0732%			1.0732	J.04a
PPD Allowance 9/30/2022		y 	7.51	6
Amount over (Under)		\$	(0.0397)	

Complete Care at Groton Regency, LLC **September 30, 2022 Benefits Disallowance**

Marketing Benefits Disallowance

Marketing Benefits Disallowed

Marketing Salary	92,422	Page 10
Total Salaries	6,248,377	_TB Linked
Percent to Total Salaries	1.48%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	766,882	TB Linked
Marketing Benefits Disallowed	11,343	Page 28 attachment

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

			D. Adjustments to Statemen					Dans	of
Name	of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	
Com	olete (Care at	Groton Regency, LLC	L_,	2461	9/30/2022		29	37
					Total			,	1.0
Item	Page	Line			Amount of			1	ential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	I	Iome
			Subtotals Brought Forward	\$	1,503,814	1,358,463	MANAGEMENT TO	W-100	145,351
Page	20 - F	Reside	nt Care Supplies***			SENSORIE	MINISTER OF	Acceptant	8 (193) (194)
27.	20	5a2	Prescription Drugs	\$	154,806	154,806			
28.	20	5d	Ambulance/Limousine	\$	2,271	2,271			
29.	20	5f	X-rays, etc	\$	4,661	4,661			
30.	20	5h	Laboratory	\$	9,494	9,494		ļ	
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	1,937	1,937			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	30,755	21,078			9,677
Page	22 - N	Mainte	enance and Property		Siem Bin.				
35.			Excess Movable Equipment Depreciation					HUNG	
			See Attached Schedule	\$					
36.			Depreciation on Unallowable					NE S	
			Motor Vehicles	\$					
37.			Unallowable Property and Real					SALE.	1802 189
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince					14 Non	1991 Bullion
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous			WALL THE REAL VALUE OF THE PARTY OF THE PART		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE REAL PROPERTY.
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$	1	1			
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	1_				
1.77	For P	ofit P	Providers Only				2000		STOR WITH
48.	7. 1.	5,1.1	Building/Non Movable Eq. Depreciation		THE REAL PROPERTY.	10216 20 141			
10.			Unallowable Building Interest -						
			See Attached Schedule	\$	THE RESERVE				
40	Total	Amo	unt of Decrease (Items 1 - 48)	\$	1,707,739	1,552,710			155,029

^{***} 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	Resid Care	
20		Nursing Rental Expense	\$ 5,210		\$	× ,
20		Cable Television Disallowance (See Attached)	15,868			9,677
	1,38			T		W
	Evillar 16				3 1 2 1	
Total Othe	r Ancillary	Costs	\$ 21,078	\$ -	\$	9,677

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNI	I	RHNS	Resider Care H	
1000000	1488			914 T			1000
	1285				8.00	1	
						+	-
		in presidentification of the finite of the second		2017		124	
71	E LANT			85 X1		3,847,0	H.
120							
						7 (1)	riggy
Total Exce	ss Movable	Equipment Depreciation		- \$		\$	

Schedule of Other Property Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
				THE RIGHT E
			P. DE MARCHA	
	items: Tell for the second with the second			
			30.0	
Fotal Other	Property Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residentia Care Home
0.50					
200					
UT TWO					
275.74	F 100E				
			37/15/29/1	TAJE /IV	78 IU IV IV
					0 10 1 10 1
			100	4 K E T	
Cotal Othe	r Adjustme	nts	\$	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

	Description		CCNH		RHNS	6	Care Home
V 8	Other Rev>Miscellaneous	\$		1			TV-1
				-			
15 July 11				-		-	
THE LA							
				. 50		91	
					* unane		
LA COLLEGE				84			178 1
				(1)			
D. 60 - 51		•	W 151-75	1	\$. \$	
		Adjustments					

Schedule of Other - Direct Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
		CIS MANAGEMENT SERVICES IN		
			isly live	
1,110			1 mp = 2 1 m.	
- 2				
		\$	\$ -	\$ -
I otal Othe	er Adjustments	J -	-	

Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
PH-84				
Sea W				P. T. III Ewith
			West Wilder	
illow/				The wife St
		Part of the part of the last o		
i la sur				

Total Unallowable Building Interest

.

Complete Care at Groton Regency, LLC Disallowance Schedule for Cable TV September 30, 2022

Total Cable TV Expense acct # 80-232-00	\$ amount 32,745 TB Linked
Monthly Allowable amount Months in Cost Report Year	\$ 600 12
Total Allowable Cost	\$ 7,200
Full Year Cost Report (365 out of 365 Days)	 100%
Revised Allowable Cost	\$ 7,200
Disallowed Cable TV	\$ 25,545

F. Statement of Revenue

Vame of Facility License No.		Report for Ye	ear Ended		Page of
Complete Care at Groton Regency, LLC 2461		9/30/2022		30 37	
Item		Total	CCNH _	RHNS	Residential Care Home
		Den total	200 1830 B	Dhiconina I	Escal mains so
. Resident Room, Board & Routine Care Revenue	•	11 244 244	8,566,044	ALL CONTRACTOR	2,778,200
1. a. Medicaid Residents (CT only)	\$	11,344,244	8,300,044		2,770,200
b. Medicaid Room and Board Contractual Allowance **	\$ \$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **		1.050.466	1.050.466		
3. a. Medicare Residents (all inclusive)	\$ \$	1,950,466	1,950,466		
b. Medicare Room and Board Contractual Allowance **	_	2.575.020	2 200 404		274,625
4. a. Private-Pay Residents and Other	\$	2,575,029	2,300,404		274,023
b. Private-Pay Room and Board Contractual Allowance **	\$	MINISTER SHOW THE	NY DOLLAND	N PAGE ON	This was to be a
I. 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	\$	79,060	79,060		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	_			
4. a. Speech Therapy - Medicare	\$	2,983	2,983		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	(3,750)	(3,750)		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	134,656	134,656		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	24,690	24,690		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	45,430	38,740		6,690
b. Other (Specify) - Non-Medicare	\$		219,982		6,621
II. Total Resident Revenue (Section I. thru Section II.)	\$		13,313,275		3,066,136
V. Other Revenue*		TENEST VE	Ria Stute	POTONIA TIME	
	\$	CHOCK WALLEST CO.		-	
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$		176		
5. Interest Income (Specify)	\$		170		-
6. Private Duty Nurses' Fees					
7. Barber, Coffee, Beauty and Gift shops	\$		1		
8. Other (Specify)	\$				
7. Total Other Revenue (1 thru 8)	\$		177		-
VI. Total All Revenue (III +V)	\$	16,379,588	13,313,452		3,066,136

^{*} 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	Residen Care Ho	
		PINTS WISHOSON .			
30 II 6a	Radiology Rey>Medicare A	\$ 1,461		DOM:	
30 II 6a	Radiology Rev>Medicare A>C/A	(1,461)			IO
30 II 6a	Lah Rev>Medicare A	5,692			
30 II 6a	Lab Rev>Medicare A>C/A	(5,692)	N. GILL	711	
30 II 6a	Other Ancillary Rev>Part B	17,682	-015701	7 ()	
30 II 6a	Other Ancillary Rev>Part B>Sequester	(967)		LV, LE	
30 ll 6a	Vaccine Rev>Medicare A	80		7- 1- OL	17.5
30 II 6a	Vaccine Rev>Part B	14,420			7.8
30 II 6a	Vaccine Rev>Part B>COVID Vaccine	6,160	1 14 50 0		
30 II 6a	Revenue Adjustments>Medicare A	(1)		Tel Tel You	
30 II 6a	Revenue Adjustments>Part B	1,155			
30 II 6a	Revenue Adjustments>Part B>COVID	211	HAVE BUILD		701
30 II 6a	Other Ancillary Rev>Part B>ALF				5,690
Total Oth	er Resident Revenue - Medicare	\$ 38,740	\$	\$ 6	5,690

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Reside Care H	
					¥:
30 П 6Ь	Other Ancillary Rev>Private	\$ 766	Designation.		
30 II 6b	Other Ancillary Rev>Medicare HMO>Capitated Payments	168,560			
30 II 6b	Other Rev>Medicaid	61,390			
30 II 6b	Revenue Adjustments>Medicare HMO	(10,734)	14		0.11/
30 II 6b	Revenue Adjustments>Medicaid>ALF	EVUITABLE OF SECULIAR		2	6,621
Total Oth	er Resident Revenue	\$ 219,982	S -	\$	6,621

Interest Income

Account

Page Ref	Account	Balance	С	CNH	R	HNS		dential Home
- W-T								
30 IV 5	Interest Income from Late Payments	N/A	\$	176	No.			
Total Inte	rest Income	The second second second	S	176	5		2	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
		SENERED DURK VIIII (18-2)		
30 IV 8	Other Rev>Miscellaneous (Disallowed on Pg 29a)	\$ 1		
25/50				
			E TO THE	
				III III II SSC
1797-7				
Total Oth	er Revenue	\$ 1	\$ -	\$ -

G. Balance Sheet

Name c	of Facility	License No.	Report for Year Ended	P	age of
Comple	ete Care at Groton Regency, Ll	LC 2461	9/30/2022	3	31 37
		Account			Amount
Assets					
A. C	urrent Assets				
1.	Cash (on hand and in banks)		\$	107,378
2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad Debts)	\$	2,498,962
3.	Other Accounts Receivable	(Excluding Owners or	Related Parties)	\$	
4	Inventories			\$	
5.	Prepaid Expenses			\$	272,126
	a				
	b			N S	
	c			SIE	
	d. See Schedule		272,126	86500	以自身发展图示。
	Interest Receivable			\$	
	Medicare Final Settlement R			\$	
8.	Other Current Assets (itemiz		54.000	\$	54,000
	Due From>Vendor Security D	epositi	54,000		
	•			Way	
	See Schedule			10000	
	otal Current Assets (Lines Al	thru 8)		\$	2,932,466
	ixed Assets				
	Land			\$	2.120
2.	Land Improvements	*Historical Cost	4,185	\$	2,128
		Accum. Depreciation			604 444
3.	Buildings	*Historical Cost	1,294,764	\$	684,444
		Accum. Depreciation		0	222.549
4.	Leasehold Improvements	*Historical Cost	229,553	\$	223,548
		Accum. Depreciation		0	(0.040
5.	Non-Movable Equipment	*Historical Cost	<u>296,301</u>	\$	60,940
		Accum. Depreciation		-	120 256
6.	Movable Equipment	*Historical Cost	1,212,225	\$	138,256
		Accum. Depreciation	on 1,073,969 Net		
7.	Motor Vehicles	*Historical Cost		\$	
		Accum. Depreciation	on Net	-	
8.	Minor Equipment-Not Depre	eciable		\$	
9.	Other Fixed Assets (itemize)			\$	(753,583)
	Fixed Assets>CIP		26,264		
	See Schedule		(779,847)		
B-10.	Total Fixed Assets (Lines B	1 thru 9)		\$	355,733

^{*} 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

31	A5	Prepaid Expenses	\$ 27,747
31	A5	Prepaid Expenses>Insurance	5,289
	A5	Prenaid Expenses>Financing Costs	3.098
	A5	Prenaid Expenses>RE Taxes	175,674
	A5	Prepaid Expenses>Insurance - General Liability & Other	123,606
	A5	Prepaid Expenses>Insurance - General Liability & Other>Contra	(98.756
31	A5	Prepaid Expenses-Insurance - EPLI	12,237
	A5	Prenaid Expenses>Insurance - Property	21,043
	A5	Prenaid Expenses>Insurance - Auto	2 188
-	aid Exp		\$ 272,126

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

Page Ref	Line Ref	Description	The second second	
-				
			STREET NO. STR.	_
		Assets (Itemize)		

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

Page Ref	Line Ref	Description	_	-
	B9	Rounding	S	(1)
31	B9	F/S vs C/R NBV	-	(779_846
	CHEN.		4	
Total Othe	r Other Fi	sed Assets (Itemize)	s	(779.847)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
-	The state of the s		
			gue?
12I	R		
	00.10		
			9,1133
Total Othe	r Assets		\$,

Schedule of Notes Payable (Itemize) Page 33 Line A2

A SHEETEN DO NOT BEEN AND

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

Line Ref	Description		
			MI W
		- 13-4 F	
			2
r Current	labilities (Itemize)	\$	
		Line Ref Description Turrent Liabilities (Itemize)	

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

Page Ref Line 31 B4	Ref Description Duc To/(Front)>Amex Groton	\$ 7,583
31 B4	Due To/(From)>Vendor	(15,031
31 84	Due To/(From)>Facility CC>Voorbees	25
31 84	Due To/(From)>Medicare A	3,786
31 84	Due To/(From)>Medicare A>Sequester	4,691
31 B4	Due To/(From)>Commercial HMO	19,590
	ent Liabilities (Itemize)	\$ 20,644

G. Balance Sheet (cont'd)

Name	of Facility	License No.	Report for Year Ended		Page		of
Comp	olete Care at Groton Regency, L	L(2461	9/30/2022		32		37
		Account			Ar	nount	
			Total Brought Forward:	\$		3,28	88,199
C. I	Leasehold or like property reco	rded for Equity Purpose	es.				
	1. Land			\$			
	2. Land Improvements	*Historical Cost					
		Accum. Depreciation	n Net	\$			
3	3. Buildings	*Historical Cost					
		Accum. Depreciatio	n Net	\$			
4	4. Non-Movable Equipment	*Historical Cost		l			
		Accum. Depreciation	n Net	\$			
	5. Movable Equipment	*Historical Cost	19	l			
		Accum. Depreciatio	n Net	\$			
(6. Motor Vehicles	*Historical Cost	· · · · · · · · · · · · · · · · · · ·				
		Accum. Depreciatio	n Net	\$			
,	7. Minor Equipment-Not Dep	reciable		\$			
C-8	-8 Total Leasehold or Like Properties (C1 thru 7)						
D. 1	Investment and Other Assets						
	1. Deferred Deposits			\$			
	2. Escrow Deposits			\$			
	3. Organization Expense	*Historical Cost	22,223				
		Accum. Depreciation	n 8,025 Net	\$		1	14,198
-	4. Goodwill (Purchased Only)			\$			
	5. Investments Related to Res	ident Care (temize)		\$			
					1 × 7 7 1		
	•			10	多數		Stan V
	6. Loans to Owners or Related	d Parties (itemize)		\$			3,668
	Name and Address	Amount	Loan Date	33			
				98			
			1	6.9			
			1				
	Due From>Old Owner	53,668				WIE STA	(C) 1000
,	7. Other Assets (<i>itemize</i>)			\$		(16	59,786)
	Other Assets>Escrow>F	Property Tax	(169,786)				
				16			
	See Schedule			6	Wall of the	(1/	1 020
	Total Investments and Other A)	\$			01,920)
D-9.	Total All Assets (Lines A9 + E	310 + C8 + D8)		\$		3,10	36,279

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended	Page	of 37	
Complete Ca	are at	Groton Regency, LLC	2461	9/30/2022		33	
			Account			Am	ount
Liabilities							
Α.	Cu	rrent Liabilities				,	700 292
	1.	Trade Accounts Payable			\$		799,383
	2.	Notes Payable (itemize)			3		CAVILLE BELLEVILLE
		0 01 11					
		See Schedule	Comment a sertio	· (itamiza)	9	STUDIES ST	SAXOHEJP/JEA
	3.	Loans Payable for Equipm		Amount	Date Due		1953 CH21
		Name of Lender	Purpose	Allount	Date Due		
					1 1		
					1 8		
					1		
					1 8		
					1		
	4.	Accrued Payroll (Exclusiv	ve of Owners and/or	Stockholders only)	- 5	\$	219,497
	5.	Accrued Payroll (Owners			9	\$	
	6.	Accrued Payroll Taxes Pa			9	\$	6,179
	7.	Medicare Final Settlemen			9	\$	
	8.	Medicare Current Financi			9	\$	
	9.	Mortgage Payable (Curre			9	\$	
		. Interest Payable (Exclusiv	e of Owner and/or	Related Parties)	5	\$	
		Accrued Income Taxes*	#		9	\$	
		Other Current Liabilities	(itemize)		5	\$	632,058
		Other Current Payables>401K		2,457 Accrued Expenses>M	ans 442,228		
		Other Current Payables>Misc. PR	D	(148)			
		Other Current Payables>Resident		9,305			
		Accrued Expenses		8,216 See Schedule			
A-13	3. To	tal Current Liabilities (Lin			9	\$	1,657,117

^{*} 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	License No.	Report for Year	Ended	Page	of
Complete Care at Groton Regency, LLC	2461	9/30/2022		34	37
	Account			Α	mount
		Total Broug	ght Forward:		1,657,117
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipmen		T	\$	1000000	ediction with the control of the con
Name of Lender	Purpose	Amount	Date Due		
			1 1		
			- 24		
			18		
					25 M 78 K 76 K
2. Mortgages Payable			\$		954 096
3. Loans from Owners or Re		T , ,		Shirt San	854,086
Name and Address of Lender	Amount	Loan I	Date		
			100		
			8		
Due To>Interfacility	854,086				
·			100		THE PERSON NAMED IN
			100		
			18		
4. Other Long-Term Liability	ies (itamiza)		\$		20,644
4. Other Long-Term Liability	ios (iemize)		Φ	A PRINT	20,011
4					
			- 8		
San Sahadula		20,644			
See Schedule	(Lines P1 thm A)	20,044	\$	100000	874,730
B-5. Total Long-Term Liabilities C. Total All Liabilities (Lines A	(Lines D1 ulfu 4)		\$		2,531,847
C. Total All Liabilities (Lines A	(r-13 D-3)		η	_	2,551,077

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

	le of Facility License No. Report for Year Ended		Page 35	of 37
Com	plete Care at Groton Regency, LL 2461 9/30/2022		Amo	
A.	Reserves		Allio	unt
Δ.		\$		
		- -		
	2. Reserve for depreciation value of leased buildings and appurtenances	\$		
_	to be amortized	12		
	3. Reserve for depreciation value of leased personal property (Equity)	\$		
	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	\$		
B.	Net Worth			
	1. Owner's Capital	\$		
	2. Capital Stock	\$		
	3. Paid-in Surplus	\$		
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$		33,787
	6. Gain or Loss for Period 10/1/2021 thru 9/30/2022	\$		620,645
	7. Total Net Worth	\$		654,432
C.	Total Reserves and Net Worth	\$		654,432
D.	Total Liabilities, Reserves, and Net Worth	\$		3,186,279

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year I	Ended	Page	of
Complete Care at Groton Regency, LL	C 2461	9/30/2022		36	37
	Account				mount
A. Balance at End of Prior Period as		09/30/2021		\$	57,805
B. Total Revenue (From Statement of				\$	16,379,588
C. Total Expenditures (From Statem	ent of Expenditures	Page 27)		\$	15,758,943
D. Net Income or Deficit				\$	620,645
E. Balance				\$	678,450
F. Additions					
Additional Capital Contribute Total Expenses Per Page	27 \$16,093,374				
F/S vs C/R Depreciation	(334,431)				
Total Expenses Per FS	\$15,758,943				
2. Other (itemize)					
				\$	Marahay III a sa
F-3. Total Additions				Φ	
G. Deductions	un Doute and (Smarify)			\$	24,018
1. Drawings of Owners/Operato		Title	Amount	9	21,010
Name and Address (No., Cit	y, State, Zip)	quity>Robert Ho	24,018		
		quity/Robert 110	24,010		
2 04 77/11 1 1 76 76	V			\$	
2. Other Withdrawings (Specify)		Amou	nt	A CONTRACTOR	
Purpose		Alliou	.111		
				\$	24,018
3. Total Deductions	00/00	100		\$	654,432
H. Balance at End of Period	09/30	11 4 4		Ψ	034,432

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of	
Complete Care at Groton Regency, LLC	2461	9/30/2022	37	37	
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Residential Care Home					
	Preparer/Reviewer Certificat	ion			
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.					
Signaruse of Preparer Allettus	PRINCIPAZ	Date Signed 2 / 9 / 2 3			
Printed Name of Preparer					
Matthew S. Bavolack					
Addres Address		Phone Number			
555 Long Wharf Drive, New Haven, CT 065	203-781-9600				
Contacted Person Regarding Additional Info	Phone Number				
Peri Neumann	732-951-7099				
Contact Email Address					
PeriN@ltcally.com					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Complete Care at Groton Regency, LLC for the year ended 9/30/2022, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Complete Care at Groton Regency, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Complete Care at Groton Regency, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 31, 2023

Annual Report of Long-Term Care Facility Cost Year 2022 Checklist

This checklist is not required to be submitted with the Annual Report

Facility NameComplete Care at Groton Regency, LLC						
Complete the additional she	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.					
Yes No Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?					
Yes No Explanation:	Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.					
Yes No Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.					
Yes No Explanation:	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report. 					

Yes No Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No Explanation:	6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No I I I I I I I I I	15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?
Yes No Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Yes No	17. Have all contractual allowances been properly reported on Page 30?
Yes No Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No Y Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No / Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No I	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No	Has all required documentation been submitted to the Annual Report review and audit contractor?

Complete Care Management Client: Medicaid - Complete Care at Groton Regency, LLC Engagement: Period Ending: 9/30/2022 Trial Balance: A.01 - TB FINAL RJE UNADJ JE Ref# Description Account 9/30/2022 9/30/2022 (1,159.00)(1,159.00) 10-001-02 Cash>Clearing>Payroll 9,223,00 Cash>Operating>Groton 10-010-29 8,829.00 8.829,00 Cash>Petty Cash>Groton 10-011-29 979,00 979.00 Cash>Petty Cash Box PNA 10-015-00 10,201.00 10,201.00 Cash>Payroll>Groton 10-020-29 69,305.00 69.305.00 Cash>Resident Trust>Groton 10-060-29 5,000,00 5,000.00 10-061-25 Cash>Care Cost>Groton RHC 5,000.00 5,000.00 10-061-29 Cash>Care Cost>Groton 39.00 39,00 Accounts Receivable>Miscellaneous 11-100-00 251,394.00 251,394,00 11-102-00 Accounts Receivable>Medicare A 77,308.00 77,308.00 11-103-00 Accounts Receivable>Part B (1,411.00)(1,411.00)Accounts Receivable>Part B>ALF 11-103-77 230,962.00 230,962,00 11-104-00 Accounts Receivable>Private 5,952.00 5.952.00 Accounts Receivable>Private>ALF 11-104-77 115.469.00 115,469,00 11-105-00 Accounts Receivable>Commercial HMO 189,571.00 189.571.00 11-106-00 Accounts Receivable>Medicare HMO 59,752.00 59,752.00 11-109-00 Accounts Receivable>Hospice 1,571,950.00 1.571,950,00 11-111-00 Accounts Receivable>Medicaid 191,088.00 191.088.00 Accounts Receivable> Medicaid>ALF 11-111-77 (22,245.00)(22,245,00)Accounts Receivable>Income 11-112-00 19.912.00 Accounts Receivable>Income>ALF 19,912.00 11-112-77 (166,003,00) (166,003.00) Accounts Receivable>Allow for Doubtful Accts 11-120-00 (24.776.00) Accounts Receivable>Medicare Colns Write Off (24,776.00)11-122-00 27,747.00 27,747.00 12-000-00 Prepaid Expenses 5.289.00 Prepaid Expenses>Insurance 5,289,00 12-124-00 3,098.00 Prepaid Expenses>Financing Costs 3.098.00 12-153-00 175,674.00 Prepaid Expenses>RE Taxes 175,674,00 12-161-00 123,606.00 Prepaid Expenses>Insurance - General Liability & Other 123,606,00 12-162-00 (98,756.00) Prepaid Expenses>Insurance - General Liability & Other>Contra (98,756.00)12-162-01 12,237.00 12,237,00 Prepaid Expenses>Insurance - EPLI 12-163-00 21,043.00 21,043.00 Prepaid Expenses>Insurance - Property 12-165-00 2,188,00 2,188.00 12-167-00 Prepaid Expenses>Insurance - Auto (81,524.00) (81,524.00) 13-127-00 Due From>Old Owner 135,192.00 135,192.00 Due From>Old Owner>AP Items 13-127-10 54,000.00 54.000.00 13-128-00 Due From>Vendor Security Deposits 229,552.00 229.552.00 Fixed Assets>Leasehold Improvements 14-131-00 15,792.00 Fixed Assets>Furniture, Fixtures and Equipment 15,792,00 14-132-00 113,312.00 113,312.00 Fixed Assets>Computer Hardware 14-134-00 26,264.00 26,264.00 14-136-00 Fixed Assets>CIP (29, 187, 00)6,569.00 (22,618.00)Accum Depn>Miscellaneous 15-100-00 RJE - 1 6,569.00 22.223.00 22,223.00 Other Assets>Deferred Financing Costs 17-000-00 (169,786.00) (169.786.00)17-283-91 Other Assets>Escrow>Property Tax (8,025.00)(8,025.00)Accumulated Amortization > Deferred Financing Costs 19-265-00 (799,383.00) (799,383,00) 20-000-00 Accounts Payable (2,457.00) (2,457.00)Other Current Payables>401K 21-148-00 Other Current Payables>Misc. PR Deduction 148.00 148.00 21-149-00 (69.305.00) (69,305.00) Other Current Payables>Resident Funds 21-350-00 (111,497.00) (111,497.00)Accrued Wages & Related 23-000-00 (6,179.00)Accrued Wages & Related>PR Taxes (6,179.00)23-156-00 (100,932.00)Accrued Wages & Related>Benefit Time (100,932.00)23-157-00 (7,068.00)Accrued Wages & Related>Benefit Time>Old Owner (7,068.00)23-157-10 (118, 216.00)(118,216.00)24-000-00 Accrued Expenses (442, 228.00)Accrued Expenses>Management Fee (442,228.00) 24-279-00 (7,583.00)(7,583.00)Due To/(From)>Amex Groton 27-000-40 15,031.00 Due To/(From)>Vendor 15,031.00 27-000-80 (25.00)Due To/(From)>Facility CC>Voorhees (25.00)27-100-61 (3,786.00)Due To/(From)>Medicare A (3.786.00)27-102-00 (4,691.00)(4,691.00) Due To/(From)>Medicare A>Sequester 27-102-14 (19,590.00) (19,590,00) Due To/(From)>Commercial HMO 27-105-00 (67,080.00)(67,080.00) Due To/(From)>Interfacility>NJ14 27-900-57 (120.00)Due To/(From)>Interfacility>WV/DE 5 and CT4 (120.00)27-901-48 (564,053.00) (868,948.00) (304,895.00) Due To/(From)>Interfacility>CT4 27-901-49 RJE - 4 (603,350.00)RJE - 5 39,297.00 90.768.00 90,768.00 Due To/(From)>Interfacility>CT4 and NJ14 27-901-50 (6,134.00) (6,134.00)27-901-51 Due To/(From)>Interfacility>CT4 and GA (750.00)(750.00)27-901-52 Due To/(From)>Interfacility>CT4 and PA4 (3,622.00) (3,622.00) Due To/(From)>Interfacility>CT4 and NJ4 27-901-53 (1.380.00)(1,380.00)Due To/(From)>Interfacility>CT4 and NJ2 27-901-55 (196,00)(196.00)27-901-59 Due To/(From)>Interfacility>CT4 and MD5

	Date de la lace	UNADJ JE Ref #	RJE FINAL
Account	Description		
		9/30/2022	9/30/2022 (47.00)
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4 Due To/(From)>Interfacility>CT4 and CT3	(47.00) 3,423.00	3,423.00
27-902-11 30-000-00	Retained Earnings	(57,805.00)	(57,805.00)
31-404-87	Partners' Equity>Robert Hoch>Draws	24,018.00	24,018.00
40-102-00	Room & Board Revenue>Medicare A	(1,964,828.00)	(1,964,828.00) 14,362.00
40-102-14	Room & Board Revenue>Medicare A>Sequester	14,362.00 (1,603,461.00)	(1,603,461.00)
40~104-00 40-104-77	Room & Board Revenue>Private Room & Board Revenue>Private>ALF	(274,625.00)	(274,625.00)
40-105-00	Room & Board Revenue>Commercial HMO	(32,046.00)	(32,046.00)
40-106-00	Room & Board Revenue>Medicare HMO	(574,326.00)	(574,326.00)
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	100.00	100.00 (90,671.00)
40-109-00	Room & Board Revenue>Hospice Room & Board Revenue>Medicaid	(90,671.00) (8,566,044.00)	(8,566,044.00)
40-111-00 40-111-77	Room & Board Revenue>Medicaid>ALF	(2,778,200.00)	(2,778,200.00)
41-102-00	Pharmacy Rev>Medicare A	(56,625.00)	(56,625.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	56,625.00	56,625.00 (136.751.00)
42-102-00	PT Revenue>Medicare A	(136,751.00) 136,751.00	(136,751.00) 136,751.00
42-102-01 42-103-00	PT Revenue>Medicare A>C/A PT Revenue>Part B	(101,110,00)	(101,110.00)
42-103-00	PT Revenue>Part B>C/A	22,050.00	22,050.00
42-106-00	PT Revenue>Medicare HMO	(41,542.00)	(41,542.00)
42-106-01	PT Revenue>Medicare HMO>C/A	41,542.00	41,542.00 (42,167.00)
42-111-00	PT Revenue>Medicaid PT Revenue>Medicaid>C/A	(42,167.00) 42,167.00	42,167.00
42-111-01 43-102-00	OT Revenue>Medicare A	(149,530.00)	(149,530.00)
43-102-01	OT Revenue>Medicare A>C/A	149,530.00	149,530.00
43-103-00	OT Revenue>Part B	(136,606.00)	(136,606.00) 1,950.00
43-103-01	OT Revenue>Part B>C/A	1,950.00 (61,178.00)	(61,178.00)
43-106-00 43-106-01	OT Revenue>Medicare HMO OT Revenue>Medicare HMO	61,178.00	61,178,00
43-111-00	OT Revenue>Medicaid	(55,095.00)	(55,095.00)
43-111-01	OT Revenue>Medicaid>C/A	55,134.00	55,134.00
44-102-00	ST Revenue>Medicare A	(24,729.00) 24,729.00	(24,729.00) 24,729.00
44-102-01 44-103-00	ST Revenue>Medicare A>C/A ST Revenue>Part B	(27,712.00)	(27,712:00)
44-106-00	ST Revenue>Medicare HMO	(3,990.00)	(3,990.00)
44-106-01	ST Revenue>Medicare HMO>C/A	7,740.00	7,740.00
44-111-00	ST Revenue>Medicaid	(5,467.00)	(5,467.00) 5,467.00
44-111-01	ST Revenue>Medicaid>C/A	5,467.00 (1,461.00)	(1,461.00)
45-102-00 45-102-01	Radiology Rev>Medicare A Radiology Rev>Medicare A>C/A	1,461.00	1,461.00
46-102-00	Lab Rev>Medicare A	(5,692.00)	(5,692.00)
46-102-01	Lab Rev>Medicare A>C/A	5,692.00	5,692.00 (17,682.00)
47-103-00	Other Ancillary Rev>Part B	(17,682.00) 967.00	967.00
47-103-14 47-103-77	Other Ancillary Rev>Part B>Sequester Other Ancillary Rev>Part B>ALF	(6,690.00)	(6,690.00)
47-103-77	Other Ancillary Rev>Private	(766.00)	(766.00)
47-106-24	Other Ancillary Rev>Medicare HMO>Capitated Payments	(168,560.00)	(168,560.00)
48-102-00	Vaccine Rev>Medicare A	(80.00) (1 4,42 0.00)	(80.00) (14,420.00)
48-103-00	Vaccine Rev>Part B Vaccine Rev>Part B>COVID Vaccine	(6,160.00)	(6,160.00)
48-103-74 51-100-00	Other Rev>Miscellaneous	(1.00)	(1.00)
51-111-00	Other Rev>Medicaid	(61,390.00)	(61,390.00)
51-160-00	Other Rev>Interest	(176.00)	(176.00) 1.00
52-102-00	Revenue Adjustments>Medicare A	1.00 (1,155.00)	(1,155.00)
52-103-00 52-103-74	Revenue Adjustments>Part B Revenue Adjustments>Part B>COVID	(211.00)	(211.00)
52-103-74	Revenue Adjustments>Medicare HMO	10,734.00	10,734.00
52-111-77	Revenue Adjustments>Medicaid>ALF	(6,621.00)	(6,621.00)
55-000-00	Nursing Rental Expense	9,380.00 1,937.00	9,380.00 1,937.00
57-000-00 58-000-00	Oxygen Expense Lab Expense	1,937.00 8,051.00	8,051.00
58-000-74	Lab Expense>COVID	1,443.00	1,443.00
59-000-00	Radiology Expense	3,792.00	869.00 4,661.00
		RJE - 4	869.00 11,912.00
60-183-00	Nursing Expense>Supplies-Disposable Nursing Expense>Supplies>Bariatric	11,912.00 2 6 4.00	264.00
60-183-07 60-183-74	Nursing Expense>Supplies>Banautc Nursing Expense>Supplies>COVID	45,522.00	45,522,00
60-183-76	Nursing Expense>Supplies>PPD	108,098.00	108,098.00
60-184-00	Nursing Expense>Supplies-Non Disposable	22,357.00	22,357.00 880.00
60-185-00	Nursing Expense>Incontinence Supplies	880.00 18,479.00	18,479.00
60-204-00 60-205-00	Nursing Expense>Training & Education Nursing Expense>Sanitation & Incineration	540.00	540.00
60-212-00	Nursing Expense>Clinical Services	6,010.00	6,010.00
60-213-00	Nursing Expense>Transportation	2,271.00	2,271.00 35,410.00 98,413.00
60-230-00	Nursing Expense>Data Processing	63,003.00	33,410.00 35,413.00

		UNADJ	JE Ref#	RJE	FINAL
Account	Description		JE Kei #	NOL.	1 Continues
		9/30/2022			9/30/2022
		00.404.00	RJE - 4	35,410.00	29,104.00
60-263-00	Nursing Expenses Consulting Fees	29,104.00 3,828.00			3,828.00
60-263-02 60-700-06	Nursing Expense>Consulting Fees>Add Back Nursing Expense>Contracted Services>Other	0.00		21,120.00	21,120.00
00-700-00	Natising Expenses Continues of Moods Carlot	-	RJE - 4	21,120.00	
60-700-19	Nursing Expense>Contracted Service>LPN	296,649.00		1,354.00	298,003.00
		000 405 00	RJE - 4	1,354.00	393,261.00
60-700-20	Nursing Expense>Contracted Service>CNA	386,185.00	RJE - 4	7,076.00 7,172.00	393,201,00
			RJE - 4	(96.00)	
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	40,899.00		174.00	41,073.00
			RJE - 4	174.00	50 400 00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	56,029.00	RJE - 4	3,431.00 3,431.00	59,460,00
CO 700 27	Nursing Expense>Contracted Service>MDS	3,300.00	1/02 - 4	5,451.00	3,300.00
60-700-27 60-801-80	Nursing Expense>CNA>Wages	1,304,976.00			1,304,976.00
60-801-81	Nursing Expense>CNA>Overtime	126,375.00			126,375,00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	94,278,00			94,278.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	78,385.00			78,385.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	2,871.00			2,871.00 3,938.00
60-801-87	Nursing Expense>CNA>Training Pay	3,938.00 3,419.00			3,419.00
60-801-88	Nursing Expense>CNA>Other Pay	57,321.00			57,321.00
60-801 - 90 60-801-91	Nursing Expense>CNA>Sick/Vacation Pay Nursing Expense>CNA>Holiday Pay	71,384.00			71,384.00
60-801-91	Nursing Expense>CNA>PTO Accrual	11,183,00			11,183.00
60-805-80	Nursing Expense>LPN>Wages	738,978.00			738,978.00
60-805-81	Nursing Expense>LPN>Overtime	81,475.00			81,475.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	21,959.00			21,959.00 70,360.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	70,360.00 9,039.00			9.039.00
60-805-84 60-805-87	Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Training Pay	1,394,00			1,394.00
60-805-88	Nursing Expense>LPN>Other Pay	1,077,00			1,077.00
60-805-89	Nursing Expense>LPN>On Call Pay	200.00			200.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	39,264.00			39,264.00
60-805-91	Nursing Expense>LPN>Holiday Pay	39,257.00			39,257.00
60-805-92	Nursing Expense>LPN>PTO Accrual	5,903.00			5,903.00 36,553.00
60-806-80	Nursing Expense>LPN Supervisor>Wages	36,553.00 500.00			500.00
60-806-83 60-806 - 84	Nursing Expense>LPN Supervisor>Shift Bonus Pay Nursing Expense>LPN Supervisor>Retro Pay/Adjustment Pay	22.00			22.00
60-806-89	Nursing Expense>LPN Supervisor>On Call Pay	600.00			600.00
60-806-90	Nursing Expense>LPN Supervisor>Sick/Vacation Pay	2,033.00			2,033.00
60-806-91	Nursing Expense>LPN Supervisor>Holiday Pay	877.00			877.00 705.00
60-806-92	Nursing Expense>LPN Supervisor>PTO Accrual	705.00			171,424.00
60-808-80	Nursing Expense>RN>Wages	171,424.00 2,841.00			2,841.00
60-808-81	Nursing Expense>RN>Overtime Nursing Expense>RN>Shift Premium Pay	7,230.00			7,230.00
60-808-82 60-808-83	Nursing Expense>RN>Shift Bonus Pay	8,336.00			8,336.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	1,639,00			1,639.00
60-808-87	Nursing Expense>RN>Training Pay	511.00			511.00
60-808-89	Nursing Expense>RN>On Call Pay	1,400.00			1,400.00 10,647.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	10,647.00			10,363.00
60-808-91	Nursing Expense>RN>Holiday Pay	10,363.00 (1,665.00)			(1,665.00)
60-808-92 60-809-80	Nursing Expense>RN>PTO Accrual Nursing Expense>RN Supervisor>Wages	277,538.00			277,538.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	66,754.00			66,754.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	7,611.00			7,611.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	12,639.00			12,639.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,263.00			1,263.00 601.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	601.00 2.600.00			2,600.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay Nursing Expense>RN Supervisor>Sick/Vacation Pay	15,980.00			15,980.00
60-809-90 60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	13,978.00			13,978.00
60-809-91	Nursing Expense>RN Supervisor>PTO Accrual	8,803.00			8,803.00
61-750-00	Nursing Admin Expense>Medical Director	61,814.00		(444.00)	61,370.00
			RJE - 2	(11,279.00)	
		460 706 00	RJE - 4	10,835.00	162,726.00
61-811-80	Nursing Admin Expense>Director (DON)>Wages	162,726.00 600.00			600.00
61-811-83	Nursing Admin Expense>Director>Shift Bonus Pay	(1,462.00)			(1,462.00)
61-811-84 61-811-89	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay Nursing Admin Expense>Director>On Call Pay	400.00			400.00
61-811-99	Nursing Admin Expense>Director>Sick/Vacation Pay	9,855.00			9,855.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	2,107.00			2,107,00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	2,575.00			2,575.00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	96,431.00			96,431.00 100.00
61-812-83	Nursing Admin Expense>Assistant Director>Shift Bonus Pay	100.00 400.00			400.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	400.00			

	The second secon	UNADJ JE Ref	# RJE	FINAL
Account	Description		# 1102	9/30/2022
		9/30/2022		7,762.00
61-812-90 61-812-91	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay Nursing Admin Expense>Assistant Director>Holiday Pay	7,762.00 2,836.00		2,836.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	2,260.00		2,260.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	37,557.00		37,557.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	3,717.00		3,717.00 1,240.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,240.00 1,848.00		1,848.00
61-814-92 61-816-80	Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>LPN Unit Manager>Wages	22,036,00		22,036.00
61-816-83	Nursing Admin Expense>LPN Unit Manager>Shift Bonus Pay	201.00		201.00
61-816-89	Nursing Admin Expense>LPN Unit Manager>On Call Pay	100.00		100.00
61-816-90	Nursing Admin Expense>LPN Unit Manager>Sick/Vacation Pay	431.00 305.00		431.00 305.00
61-816-91 61-816-92	Nursing Admin Expense>LPN Unit Manager>Holiday Pay Nursing Admin Expense>LPN Unit Manager>PTO Accrual	58.00		58.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	137,699.00		137,699.00
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	1,707.00		1,707.00
61-817-82	Nursing Admin Expense>MDS / RNAC>Shift Premium Pay	198.00		198.00 1,873.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	1,873.00 1,148.00		1,148.00
61-817-84 61-817 - 89	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>On Call Pay	1,100.00		1,100.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	15,281.00		15,281.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	3,258.00		3,258.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	5,447.00		5,447.00 55,481.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	55,481.00 990.00		990.00
61-819-81 61-819-82	Nursing Admin Expense>Nurse Admin>Overtime Nursing Admin Expense>Nurse Admin>Shift Premium Pay	4,651.00		4,651.00
61-819-83	Nursing Admin Expense>Nurse Admin>Shift Bonus Pay	825.00		825,00
61-819-90	Nursing Admin Expense>Nurse Admin>Sick/Vacation Pay	2,422.00		2,422.00
61-819-91	Nursing Admin Expense>Nurse Admin>Holiday Pay	2,999.00		2,999.00 42,267.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	42,267.00 1,446.00		1,446.00
61-821-81 61-821-84	Nursing Admin Expense>Nursing Secretary>Overtime Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	(181.00)		(181.00)
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	2,945.00		2,945.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,458.00		1,458.00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual	1,536,00		1,536.00 10,525.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	10,525.00 (273.00)		(273.00)
61-823-81 61-823-83	Nursing Admin Expense>Staff Coordinator>Overtime Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	(143.00)		(143.00)
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	349.00		349.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	2,799.00		2,799.00 186,959.00
61-825-80	Nursing Admin Expense> RN Unit Manager> Wages	186,959.00 7,934.00		7,934.00
61-825-81 61-825-82	Nursing Admin Expense>Unit Manager>Overtime Nursing Admin Expense>Unit Manager>Shift Premium Pay	1,033.00		1,033.00
61-825-83	Nursing Admin Expense-Unit Manager-Shift Bonus Pay	2,700.00		2,700.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	483.00		483.00
61-825-88	Nursing Admin Expense>Unit Manager>Other Pay	656.00 7,516.00		656.00 7,516.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	10,409.00		10,409.00
61-825-90 61-825-91	Nursing Admin Expense>Ont Manager>Slow vacation Flay Nursing Admin Expense>Unit Manager>Holiday Pay	6,655.00		6,655.00
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	5,665.00		5,665.00
62-102-00	Pharmacy Expense>Medicare A	72,910.00		72,910.00 41.00
62-104-00	Pharmacy Expense>Private	41.00 48.821.00		48,821.00
62-105-00	Pharmacy Expense>HMO Pharmacy Expense>Medicaid	10,727.00		10,727.00
62-111-00 62-145 - 00	Pharmacy Expense>RX	9,249.00		9,249.00
62-145-32	Pharmacy Expense>RX>Vaccines	8,198.00		8,198.00
62-145-74	Pharmacy Expense>Rx>COVID	4,860.00		4,860.00 3,213.00
62-222-00	Pharmacy Expense>Contracted Senice	3,213.00 27,720.00		27,720.00
62-700-00 65-102-00	Pharmacy Expense>Contracted Service PT Expense>Medicare A	80,296.00		80,296.00
65-103-00	PT Expense>Med B	30,402.00		30,402.00
65-104-00	PT Expense>Private	303.00		303.00
65-105 - 00	PT Expense>HMO B	26,588.00		26,588.00 26,378.00
65-106-00	PT Expense>HMO A PT Expense>Medicaid	26,378.00 24,260.00		24,260.00
65-111-00 66-102-00	OT Expense>Medicare A	86,720.00		86,720.00
66-103-00	OT Expense>Part B	55,297.00		55,297.00
66-104-00	OT Expense>Private	00.08		80,00 38,057.00
66-105-00	OT Expense>HMO B	38,057.00 25,319.00		25,319.00
66-106-00	OT Expense>Medicaid	29,794.00		29,794.00
66-111 - 00 67-102-00	OT Expense>Medicaid ST Expense>Medicare A	4,947.00		4,947.00
67-102-00	ST Expense>Part B	12,998.00		12,998.00
67-104-00	ST Expense>Private	94.00		94.00 6,073.00
67-105-00	ST Expense>HMO B	6,073.00 6,307.00		6,307.00
67-106-00 67-111-00	ST Expense>HMO A ST Expense>Medicaid	2,021.00		2,021.00
G7-111-00	OT Expositor modified	·		

A	Description	UNADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2022	021,011		9/30/2022
57 700 00	CT Francis Contracted Service	1,897.00			1,897.00
67-700-00 68-183-00	ST Expense>Contracted Service Therapy Expense>Supplies	1,294.00			1,294.00
68-827-00	Therapy Expense>Respiratory	19,468.00			19,468.00
69-811-80	Social Services Expense>Director>Wages	41,521,00			41,521.00
69-811 - 90	Social Services Expense>Director>Sick/Vacation Pay	229.00			229.00 1,047.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,047.00 1,167.00			1,167.00
69-811 - 92 69-830-80	Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages	64,135.00			64,135.00
69-830-81	Social Services Expense>Assistant>Overtime	150.00			150.00
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	486.00			486.00
69-830-87	Social Services Expense>Assistant>Training Pay	163.00			163.00 1,377.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	1,377.00 1,517.00			1,517.00
69-830-91 69-830-92	Social Services Expense>Assistant>Holiday Pay Social Services Expense>Assistant>PTO Accrual	882.00			882.00
70-177-00	Dietary Expense>Supplements	15,074.00			15,074.00
70-178-00	Dietary Expense>Food	457,367.00			457,367.00
70-183-00	Dietary Expense>Supplies	45,613.00			45,613.00 2,153.00
70-184-00	Dietary Expense>Minor Equip	2,153.00 2,173.00			2,173.00
70-191-00	Dietary Expense>Enteral Feeding Supplies Dietary Expense>Contracted Service	154,320.00			154,320.00
70-700-00 70-831-80	Dietary Expense>Contracted Get vice Dietary Expense>Aide>Wages	346,984.00			346,984.00
70-831-81	Dietary Expense>Aide>Overtime	6,253,00			6,253.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	3,896.00			3,896,00
70-831-83	Dietary Expense>Aide>Shift Bonus Pay	200.00			200.00 (407.00)
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	(407.00) 1,619.00			1,619.00
70-831-88	Dietary Expense>Aide>Other Pay Dietary Expense>Aide>Sick/Vacation Pay	13,489.00			13,489.00
70-831-90 70-831-91	Dietary Expense>Aide>Holiday Pay	20,085.00			20,085.00
70-831-92	Dietary Expense>Aide>PTO Accrual	555.00			555.00
70-832-80	Dietary Expense>Cook>Wages	107,777.00			107,777.00
70-832 - 81	Dietary Expense>Cook>Overtime	9,381.00			9,381.00 3,320.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	3,320.00 144.00			144.00
70-832-88 70-832-90	Dietary Expense>Cook>Other Pay Dietary Expense>Cook>Sick/Vacation Pay	4,570.00			4,570.00
70-832-91	Dietary Expense>Cook>Holiday Pay	5,051.00			5,051.00
70-832-92	Dietary Expense>Cook>PTO Accrual	(2,028.00)			(2,028.00)
70-833-00	Dietary Expense>Contracted Dietician	32,726.00	DIE 4	4,610.00	37,336.00
71 000 00	Author France	50.00	RJE - 4	4,610.00	50.00
71-000-00 71 - 178-00	Activity Expense Activity Expense>Food	337.00			337.00
71-183-00	Activity Expense>Supplies	2,933.00			2,933.00
71-183-74	Activity Expense>Supplies>COVID	15.00			15.00
71-700-00	Activity Expense>Contracted Service	2,025.00			2,025.00 44,246.00
71-811-80	Activity Expense>Director>Wages	44,246.00 907.00			907.00
71-811-81 71-811-82	Activity Expense>Director>Overtime Activity Expense>Director>Shift Premium Pay	21.00			21.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	1,157.00			1,157.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	5,618.00			5,618.00
71-811-91	Activity Expense>Director>Holiday Pay	1,744.00			1,744.00
71-811-92	Activity Expense>Director>PTO Accrual	1,752.00			1,752.00 70,860.00
71-831-80	Activity Expense>Aide>Wages	70,860.00 316.00			316.00
71-831-81 71-831-82	Activity Expense>Aide>Overtime Activity Expense>Aide>Shift Premium Pay	172.00			172.00
71-831-84	Activity Expense>Aide>Shift Termidin Tay Activity Expense>Aide>Retro Pay/Adjustment Pay	(319.00)			(319.00)
71-831-87	Activity Expense>Aide>Training Pay	108.00			108.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	2,866.00			2,866.00 3,879.00
71-831-91	Activity Expense>Aide>Holiday Pay	3,879.00 (616.00)			(616.00)
71-831-92	Activity Expense>Aide>PTO Accrual Housekeeping Expense>Supplies	25,207.00			25,207.00
72-183-00 72-700-00	Housekeeping Expense>Contracted Service	347,712.00			347,712.00
73-183-00	Laundry Expense>Supplies	15,102.00			15,102.00
73-184-00	Laundry Expense>Minor Equip	2,815.00			2,815.00
73-700-00	Laundry Expense>Contracted Service	217,654.00			217,654.00 257.00
75-182-74	Maintenance Expense>Supplies>COVID	257.00 52,583.00			52,583.00
75-183-00 75-184-00	Maintenance Expense>Supplies Maintenance Expense>Minor Equip	251.00			251.00
75-205-00	Maintenance Expense>Sanitation & Incineration	28,227.00		1,532.00	29,759.00
70 200 00			RJE - 4	1,532.00	
75-207-00	Maintenance Expense>Repairs & Maint	69,816.00	D.E. 4	72,896.00	142,712.00
		4 557 00	RJE - 4	72,896.00	4,557.00
75-217-00	Maintenance Expense>Extermination	4,557.00 10,587.00			10,587.00
75-218-00	Maintenance Expense>Snow Removal Maintenance Expense>Landscaping	34,626.00			34,626.00
75-219-00 75-219-83	Maintenance Expense>Landscaping Maintenance Expense>Landscaping>supplies	3,239.00			3,239.00
75-230-00	Maintenance Expense>Data Processing	1,523.00		700.00	1,523.00
75-700-00	Maintenance Expense>Contracted Service	24,889.00		780.00	25,669.00

	Description	UNADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2022	OL IXCI #	NOL	9/30/2022
		3/30/2022	RJE-4	780.00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
75-811-80	Maintenance Expense>Director>Wages	49,121,00	NOC-4	700.00	49,121.00
75-811-81	Maintenance Expense>Director>Overtime	2,810.00			2,810.00
75-811-84	Maintenance Expense>Director>Retro Pay/Adjustment Pay	(249.00)			(249.00)
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	2,258.00			2,258.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,949.00			1,949.00
75-811-92	Maintenance Expense>Director>PTO Accrual	2,311.00			2,311.00
75-829-80	Maintenance Expense>Staff>Wages	100,094,00			100,094.00
75-829-81	Maintenance Expense>Staff>Overtime	2,577.00			2,577.00
75-829-84	Maintenance Expense>Staff>Retro Pay/Adjustment Pay	394.00			394.00
75-829-87	Maintenance Expense>Staff>Training Pay	414.00			414.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	5,826.00			5,826.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	2,175.00			2,175.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	146.00			146.00
76-227-00	Utility Expense>Gas	42,287.00		05.00	42,287.00
76-228-00	Utility Expense>Electric	275,568.00	D.15° 4	25,00	275,593.00
			RJE - 4	25.00	CE E83 00
76-229-00	Utility Expense>Water/Sewer	65,583.00			65,583.00
77-801-80	Assisted Living>CNA>Wages	318,650,00			318,650.00 27,443.00
77-801-81	Assisted Living>CNA>Overtime	27,443.00			21,311.00
77-801-82	Assisted Living>CNA>Shift Premium Pay	21,311.00			7,060.00
77-801-83	Assisted Living>CNA>Shift Bonus Pay	7,060.00			1,653.00
77-801-84	Assisted Living>CNA>Retro Pay/Adjustment Pay	1,653.00			28,644.00
77-801-90	Assisted Living>CNA>Sick/Vacation Pay	28,644.00 19,861.00			19,861.00
77-801-91	Assisted Living>CNA>Holiday Pay	10,126.00			10,126.00
77-801-92	Assisted Living>CNA>PTO Accrual	48,579.00			48,579.00
77-811-80	Assisted Living>Administrator>Wages	1,465.00			1,465.00
77-811-83	Assisted Living>Administrator>Shift Bonus Pay Assisted Living>Administrator>Sick/Vacation Pay	4,260.00			4,260.00
77-811-90		883.00			883.00
77-811-91	Assisted Living>Administrator>Holiday Pay Assisted Living>Administrator>PTO Accrual	1,266.00			1,266.00
77-811-92	Admin Expense>Medicaid>Bed Tax	824,403.00			824,403.00
80-111-16 80-153-00	Admin Expense>Financing Costs	4,495.00			4,495.00
80-162-00	Admin Expense>I marking Gosts Admin Expense>Insurance - General Liability & Other	127,136.00			127,136.00
80-163-00	Admin Expense>Insurance - EPLI	13,478.00			13,478.00
80-167-00	Admin Expense>Insurance - Auto	2,688.00			2,688.00
80-181-00	Admin Expense>Shredding	2,001.00		1,110.00	3,111.00
00-101-00	/ tallilly Experies streaming		RJE - 4	1,110.00	
80-182-00	Admin Expense>Furnishing	11,390.00			11,390.00
80-183-00	Admin Expense>Supplies	8,048.00		934.00	8,982.00
			RJE - 4	934.00	
80-183-09	Admin Expense>Supplies>Toner	3,939.00			3,939.00
80-183-78	Admin Expense>Supplies>Paper	2,607.00			2,607.00
80-184-00	Admin Expense>Computer Hardware	5,260.00			5,260.00
80-202-00	Admin Expense>resident missing Items	268.00			268.00
80-208-00	Admin Expense>Equip-Rental	4,730.00		40.00	4,730.00
80-209-00	Admin Expense>Postage	1,792.00	D. I.E. 4	13.00	1,805.00
			RJE - 4	13.00	0.540.00
80-210-00	Admin Expense>Internet	2,512.00		50.740.00	2,512.00 108,422.00
80-230-00	Admin Expense>Data Processing	54,703.00	DIE 4	53,719.00	100,422.00
			RJE - 4	53,469.00	
	A L. D. Proc. Land	0.050.00	RJE - 4	250.00 300.00	9,358.00
80-231-00	Admin Expense>Telephone	9,058.00	RJE - 4	300.00	9,000,00
00 000 00	Admin Frances Cable TV	22 74F 00	1102 - 4	300.00	32,745.00
80-232-00	Admin Expense>Cable TV	32,745.00 1,003.00			1,003.00
80-234-00	Admin Expense>Licenses	8,341.00		(1,078.00)	7,263.00
80-235-00	Admin Expense>Dues & Subscriptions	0,541.00	RJE - 3	(1,078.00)	
00.000.00	Admin Eveneno Traval	3,294.00		(1,070,00)	3,294.00
80-236-00	Admin Expense>Travel	1,438.00		8,435.00	9,873.00
80-238-00	Admin Expense>Legal Fees	1,100.00	RJE - 4	8,435.00	
BU 350 00	Admin Expense>Accounting Fees	15,000.00		-1,	15,000.00
80-239-00 80-240-00	Admin Expense>Accounting Fees Admin Expense>Professional Fees	1,758.00			1,758.00
80-240-02	Admin Expense>Professional Fees>Add Back	308,856.00		438.00	309,294.00
00-240-02	Manin Pybenson Lorossiana i cessua pani		RJE - 4	438.00	
80-241-01	Admin Expense>IT Fees>Add Back	19,838.00			19,838.00
80-242-00	Admin Expense>Fines & Penalties	18.00			18.00
80-243-00	Admin Expense>Late Fees	2,807.00			2,807,00
80-244-00	Admin Expense>Bank Fees	20,412.00			20,412.00
80-245-00	Admin Expense>Background Checks	399.00			399.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	5,956.00			5,956.00
80-249-00	Admin Expense>Recruiting	20,228.00			20,228.00

Account	Description	UNADJ	JE Ref#	RJE	FINAL
rioodani		9/30/2022			9/30/2022
80-250-00	Admin Expense>Marketing & Advertising	34,228.00		9,652.00	43,880.00
80-250-00	Admin Expenses Marketing & Advertising	·	RJE - 4	8,116.00	
		4 000 00	RJE - 4	1,536.00	4,003.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	4,003.00 163,922.00			163,922.00
80-251-00 80-251-74	Admin Expense>Bad Debt Admin Expense>Bad Debt>Medicare Coinsurance	30,000.00			30,000.00
80-252-00	Admin Expense>Startup Costs	209,574.00		(199,283,00)	10,291.00
***************************************	, 		RJE - 4	(199,783.00)	
		12.024.00	RJE - 4	500.00 (12,035.00)	(1.00)
80-255-00	Admin Expense>Startup Costs>Agency	12,034.00	RJE - 4	(12,131.00)	(1.55)
			RJE - 4	96.00	
80-279-00	Admin Expense>Management Fee	819,609.00		564,053.00	1,383,662.00
			RJE - 4	603,350.00	
7	Admin Francis Contracted Service	94.00	RJE - 5	(39,297.00)	94.00
80-700-00 80-700-02	Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back	12,000.00			12,000.00
80-811-80	Admin Expense>Director>Wages	133,905.00			133,905.00
80-811-84	Admin Expense>Director>Retro Pay/Adjustment Pay	531.00			531.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	4,777.00			4,777.00 2,654.00
80-811-91	Admin Expense>Director>Holiday Pay	2,654.00 700.00			700.00
80-811-92 80-838-80	Admin Expense>Director>PTO Accrual Admin Expense>Receptionist>Wages	77,216,00			77,216.00
80-838-81	Admin Expense>Receptionist>Overtime	1,585.00			1,585.00
80-838-82	Admin Expense>Receptionist>Shift Premium	11.00			11.00
80-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	258.00			258.00 720.00
80-838-88	Admin Expense>Receptionist>Other Pay	720.00 2,655.00			2,655.00
80-838-90 80-838 - 91	Admin Expense>Receptionist>Sick/Vacation Pay Admin Expense>Receptionist>Holiday Pay	3,578.00			3,578.00
80-838-92	Admin Expense>Receptionist>PTO Accrual	635.00			635.00
80-839-80	Admin Expense>Admissions>Wages	41,451.00			41,451.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	2,041.00 692.00			2,041.00 692.00
80-839-91	Admin Expense>Admissions>Holiday Pay Admin Expense>Admissions>PTO Accrual	2,360.00			2,360.00
80-839-92 80-840-80	Admin Expense>Business Office>Wages	68,731.00			68,731.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	3,821.00			3,821.00
80-840-91	Admin Expense>Business Office>Holiday Pay	1,939,00			1,939.00 3,364.00
80-840-92	Admin Expense>Business Office>PTO Accrual	3,364.00 63,675,00			63,675.00
80-841-80 80-841-90	Admin Expense>Human Resources>Wages Admin Expense>Human Resources>Sick/Vacation Pay	3,266.00			3,266.00
80-841-91	Admin Expense>Human Resources>Holiday Pay	1,370.00			1,370.00
80-842-80	Admin Expense>Marketing>Wages	17,308.00			17,308.00
80-842-83	Admin Expense>Marketing>Shift Bonus Pay	275.00 1,131.00			275,00 1,131.00
80-842-84 80-842-89	Admin Expense>Marketing>Retro Pay/Adjustment Pay Admin Expense>Marketing>On Call Pay	825.00			825.00
80-842-91	Admin Expense>Marketing>On Can'r ay Admin Expense>Marketing>Holiday Pay	1,768.00			1,768.00
80-842-92	Admin Expense>Marketing>PTO Accrual	428.00			428.00
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	43,270.00			43,270.00 600.00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	600.00 3.500.00			3,500.00
80-843-89	Admin Expense>Regional Marketing/CAD>On Call Pay Admin Expense>Regional Marketing/CAD>Sick/Vacation Pay	5,579.00			5,579.00
80-843-90 80-843-91	Admin Expense>Regional Marketing/CAD>Holiday Pay	1,129.00			1,129.00
80-843-92	Admin Expense>Regional Marketing/CAD>PTO Accrual	1,005.00			1,005.00
80-844-80	Admin Expense>Recruiting>Wages	15,604.00			15,604.00 15,061.00
85-100-00	Employee Benefits Expense>Miscellaneous	15,061.00 468,811.00			468,811.00
85-156-61 85-156 - 62	Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI	74,806.00			74,806.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	10,567.00			10,567.00
85-178-00	Employee Benefits Expense>Food	9,594.00			9,594.00
85-204-00	Employee Benefits Expense>Training & Education	(253.00)			(253.00) 739.00
85-257-00	Employee Benefits Expense>Workers Comp	739.00 78,724.00			78,724.00
85-881-00 85-882-00	Employee Benefits Expense>Workers Comp Employee Benefits Expense>Health Insurance	204,465.00			204,465.00
85-884-00	Employee Benefits>Dental/Vision Insurance	3,045.00			3,045.00
85-885-00	Employee Benefits>Life Insurance	3,493.00	DIE 1	1,695.00	5,188.00
	B. A. Sarana Bart	962,291.00	RJE - 4	1,695.00	962,291.00
91-121-00	Property Expense>Rent Property Expense>Personal Property Taxes	29,526.00			29,526.00
91-125-00 91-161-00	Property Expense>RE Taxes	339,219.00			339,219.00
91-165-00	Property Expense>Insurance - Property	39,351,00		/o Foo oc:	39,351.00
92-000-00	Depreciation Expense	29,187.00		(6,569.00)	22,618.00

Account	Description	UNADJ	JE Ref#	RJE	FINAL
1 8 W		9/30/2022			9/30/2022
			RJE - 1	(6,569.00)	
93-265-00	Amortization Expense>Financing Costs	7,408.00			7,408.00
94-000-00	Interest Expense	55,976.00			55,976.00
98-999-99	Prior Period Expense	25,090.00		(25,090.00)	0.00
	, , , , , , , , , , , , , , , , , , ,		RJE - 4	(25,090.00)	
Marcum 101	Accum Depreciation>Leasehold Improvements	0.00		(6,005.00)	(6,005,00)
			RJE - 1	(6,005.00)	
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00		6,005.00	6,005.00
			RJE - 1	6,005.00	
Marcum 103	Accum Depreciation>Non Movable	0.00		(564.00)	(564.00)
			RJE - 1	(564.00)	
Marcum 104	Depreciation Expense>Non Movable	0.00		564.00	564,00
			RJE - 1	564,00	
Marcum 105	Dentist	0.00		11,279.00	11,279.00
			RJE - 2	11,279.00	
Marcum 106	Subscriptions	0.00		266.00	266.00
(112100111 100			RJE - 3	266.00	
Marcum 107	Chamber Dues	0.00		660.00	660.00
marount for			RJE - 3	660.00	
Marcum 108	Education	0.00		52.00	52.00
Marcall 100			RJE - 3	52.00	
Marcum 109	Sales & Use Tax	0.00		100.00	100.00
11.5.104111 100			RJE - 3	100.00	
Total		0.00	1149	0.00	0.00

Client:

Complete Care Management Medicald - Complete Care at Groton Regency, LLC 9/30/2022

Engagement:
Period Ending:
Trial Balance:

A.01 - TB A.02 - TR Combined Detail LS 2

Workpaper:	A.02 - TB Combined Detail LS 2				
Account	Description	UNADJ	JE Ref#	RJE	FINAL
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9/30/2022		9/30/2022	9/30/2022
Group : [10-A]	Salaries and Wages				
Subgroup : [2.13]	Administrator - RCH Only				
77-811-80	Assisted Living>Administrator>Wages	48,579.00		0.00	48,579 00
77-811-83	Assisted Living>Administrator>Shift Bonus Pay	1,465.00		0.00	1,465,00
77-811-90	Assisted Living>Administrator>Sick/Vacation Pay	4,260.00		0.00	4,260,00
77-811-91	Assisted Living>Administrator>Holiday Pay	883.00		0.00	883,00
77-811-92	Assisted Living>Administrator>PTO Accrual	1,266,00		0.00	1,266.00
Subtotal [2.13]	Administrator - RCH Only	56,453.00	2	0.00	56,453.00
Subtotal [2.15]	Administrator from only		7.		
Subgroup : [2.43]	Administrators - SNF				
80-811-80	Admin Expense>Director>Wages	133,905.00		0,00	133,905.00
	Admin Expense-Director-Retro Pay/Adjustment Pay	531.00		0.00	531,00
80-811-84	Admin Expense>Director>Sick/Vacation Pay	4,777.00		0.00	4,777.00
80-811-90		2,654.00		0,00	2,654.00
80-811-91	Admin Expense>Director>Holiday Pay Admin Expense>Director>PTO Accrual	700,00		0.00	700.00
80-811-92		142,567.00	92	0.00	142,567.00
Subtotal [2.43]	Administrators - SNF				
0.1	Other Admir - Deticat days				
Subgroup : [4.38]	Other Admin - Patient days	77,216.00		0.00	77,216.00
80-838-80	Admin Expense>Receptionist>Wages	1,585.00		0,00	1,585,00
80-838-81	Admin Expense>Receptionist>Overtime	11,00		0,00	11.00
80-838-82	Admin Expense>Receptionist>Shift Premium	258.00		0.00	258.00
60-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	720.00		0.00	720.00
80-838-88	Admin Expense>Receptionist>Other Pay			0,00	2,655.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	2,655,00		0.00	3,578.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	3,578.00			835.00
80-838-92	Admin Expense>Receptionist>PTO Accrual	635.00		0.00	
80-840-80	Admin Expense>Business Office>Wages	68,731_00		0.00	68,731.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	3,821_00		0,00	3,821,00
80-840-91	Admin Expense>Business Office>Holiday Pay	1,939.00		0.00	1,939,00
80-840-92	Admin Expense>Business Office>PTO Accrual	3,364.00		0.00	3,384.00
80-841-80	Admin Expense>Human Resources>Wages	63,675.00		0,00	63,675,00
80-841-90	Admin Expense>Human Resources>Sick/Vacation Pay	3,266.00		0,00	3,268.00
80-841-91	Admin Expense>Human Resources>Holiday Pay	1,370.00		0,00	1,370.00
Subtotal [4.38]	Other Admin - Patient days	232,824.00		0.00	232,824.00
Oubtoil [woo]					
Subgroup : [5C.3]	Dietary Workers - Meals				
70-831-80	Dietary Expense>Aide>Wages	346,984,00		0.00	346,984,00
70-831-81	Dietary Expense>Aide>Overtime	6,253,00		0,00	6,253,00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	3,896.00		0,00	3,896.00
70-831-83	Dietary Expense-Aide-Shift Bonus Pay	200.00		0,00	200,00
	Dietary Expense-Aide-Retro Pay/Adjustment Pay	(407.00)		0.00	(407,00)
70-831-84	Dietary Expense>Aide>Other Pay	1,619.00		0.00	1,619.00
70-831-88	Dielary Expense>Aide>Sick/Vacation Pay	13,489.00		0,00	13,489,00
70-831-90		20,085,00		0.00	20,085.00
70-831-91	Dietary Expense-Aide-Holiday Pay	555.00		0.00	555.00
70-831-92	Dietary Expense>Aide>PTO Accrual	107,777.00		0.00	107,777.00
70-832-80	Dietary Expense>Cook>Wages	9,381.00		0.00	9,381.00
70-832-81	Dietary Expense>Cook>Overtime	3,320.00		0.00	3,320.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	144.00		0.00	144.00
70-832-88	Dietary Expense>Cook>Other Pay	4,570.00		0.00	4,570.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	5,051.00		0.00	5,051.00
70-832-91	Dietary Expense>Cook>Holiday Pay			0.00	(2,028.00)
70-832-92	Dietary Expense>Cook>PTO Accrual	(2,028.00)		0.00	520,889.00
Subtotal [5C.3]	Dietary Workers - Meals	520,889.00		0.00	
	Ford and Other of Maintenance Co-FA				
Subgroup : [7A]	Engineer or Chief of Maintenance - Sq Ft	49,121.00		0,00	49,121.00
75-811-80	Maintenance Expense>Director>Wages	2,810.00		0.00	2,810.00
75-811-81	Maintenance Expense>Director>Overtime	(249.00)		0.00	(249.00)
75-811-84	Maintenance Expense>Director>Retro Pay/Adjustment Pay			0.00	2,258.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	2,258.00		0.00	1,949.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,949.00		0.00	2,311.00
75-811-92	Maintenance Expense>Director>PTO Accrual	2,311 00		0.00	58,200.00
Subtotal [7A]	Engineer or Chief of Maintenance - Sq Ft	58,200.00		0,00	30,200.00
	City - Mai-to-case Maylena Caft				
Subgroup : [7B.2]	Other Maintenance Workers - Sqft	100,094.00		0.00	100,094.00
75-829-80	Maintenance Expense>Staff>Wages	2,577.00		0.00	2,577.00
75-829-81	Maintenance Expense>Staff>Overtime			0.00	394.00
75-829-84	Maintenance Expense>Staff>Retro Pay/Adjustment Pay	394.00		0.00	414.00
75-829-87	Maintenance Expense>Staff>Training Pay	414.00		0.00	5,826.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	5,826.00			2,175.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	2,175.00		0.00	
75-829-92	Maintenance Expense>Staff>PTO Accrual	146.00		0.00	146.00
Subtotal [7B.2]	Other Maintenance Workers - Sqft	111,626.00		0.00	111,626.00
Subgroup : [12A.19]	Director of Nurses/Assistant Director - SNF Only				400 700 00
61-811-80	Nursing Admin Expense>Director (DON)>Wages	162,726,00		0.00	162,728,00
61-811-83	Nursing Admin Expense>Director>Shift Bonus Pay	600.00		0,00	600,00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	(1,462.00)		0.00	(1,462.00)
61-811-89	Nursing Admin Expense>Director>On Call Pay	400.00		0.00	400.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	9,855.00		0.00	9,855.00

61-811-91	Nursing Admin Expense>Director>Holiday Pay	2,107,00	0.00	2,107.00
	Nursing Admin Expense>Director>PTO Accrual	2,575.00	0.00	2,575.00
61-811-92	Nursing Admin Expense>Assistant Director (ADON)>Wages	96,431.00	0.00	96,431.00
61-812-80		100.00	0.00	100.00
61-812-83	Nursing Admin Expense>Assistant Director>Shift Bonus Pay	400.00	0.00	400.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay		0.00	7,762,00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	7,762,00		2,836.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,836.00	0,00	
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	2,260,00	0,00	2,260.00
Subtotal [12A.19]	Director of Nurses/Assistant Director - SNF Only	286,590.00	0.00	286,590.00
- 1	DN - Direct Core CNE Only			
Subgroup : [12B1.10] 60-808-80	RNs - Direct Care - SNF Only Nursing Expense>RN> Wages	171,424.00	0.00	171,424.00
	Nursing Expense>RN>Overtime	2,841.00	0.00	2,841.00
60-808-81		7,230.00	0.00	7,230,00
60-808-82	Nursing Expense>RN> Shift Premium Pay	8,336,00	0.00	8,336,00
60-808-83	Nursing Expense>RN>Shift Bonus Pay		0.00	1,639.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	1,639,00	0.00	511.00
60-808-87	Nursing Expense>RN>Training Pay	511,00		1,400.00
60-808-89	Nursing Expense>RN>On Call Pay	1,400,00	0.00	
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	10,647.00	0.00	10,647.00
60-808-91	Nursing Expense>RN>Holiday Pay	10,363.00	0.00	10,363.00
60-808-92	Nursing Expense>RN>PTO Accrual	(1,665,00)	0.00	(1,665,00)
60-809-80	Nursing Expense>RN Supervisor>Wages	277,538.00	0.00	277,538.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	66,754.00	0.00	66,754.00
	Nursing Expense>RN Supervisor>Shift Premium Pay	7,611.00	0.00	7,611.00
60-809-82		12,639.00	0.00	12,639.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	1,263.00	0.00	1,263.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay		0.00	601.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	601,00	0.00	2,600.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	2,600.00		15,980.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	15,980,00	0,00	
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	13,978,00	0.00	13,978.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	8,803.00	0.00	8,803.00
Subtotal [12B1.10]	RNs - Direct Care - SNF Only	620,493.00	0.00	620,493.00
Subtotal [1251.10]	Ma - phase date - only			
Subgroup : [12B2.10]	RNs - Administrative - SNF Only		0.00	37,557.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	37,557.00		
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	3,717.00	0,00	3,717,00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,240.00	0.00	1,240,00
61-814-92	Nursing Admin Expense>Central Supply>PTO Accrual	1,848.00	0,00	1,848.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	137,699,00	0,00	137,699.00
	Nursing Admin Expense>MDS / RNAC>Overtime	1,707.00	0,00	1,707.00
61-817-81	Nursing Admin Expense>MDS / RNAC>Shift Premium Pay	198.00	0.00	198.00
61-817-82		1,873.00	0,00	1,873.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	1,148,00	0,00	1,148.00
61-817-84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay		0.00	1,100.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	1,100,00	0.00	15,281.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	15,281,00		3,258.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	3,258.00	0,00	
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accruel	5,447.00	0.00	5,447.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	55,481.00	0.00	55,481.00
61-819-81	Nursing Admin Expense>Nurse Admin>Overtime	890.00	0.00	990,00
	Nursing Admin Expense>Nurse Admin>Shift Premium Pay	4,651,00	0.00	4,651,00
61-819-82	Nursing Admin Expense>Nurse Admin>Shift Bonus Pay	825.00	0,00	825,00
61-819-83		2,422 00	0.00	2,422.00
61-819-90	Nursing Admin Expense>Nurse Admin>Sick/Vacation Pay	2,999.00	0,00	2,999.00
61-819-91	Nursing Admin Expense>Nurse Admin>Holiday Pay	42,267.00	0.00	42,267.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages		0,00	1,446.00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	1,446.00	0.00	(181.00)
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	(181.00)		2.945.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	2,945.00	0,00	
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,458.00	0,00	1,458,00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual	1,536.00	0.00	1,536.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	10,525.00	0.00	10,525.00
61-823-81	Nursing Admin Expense-Staff Coordinator>Overtime	(273.00)	0.00	(273.00)
61-823-83	Nursing Admin Expense-Staff Coordinator-Shift Bonus Pay	(143.00)	0.00	(143,00)
	Nursing Admin Expense-Staff Coordinator-Shift Boliday Pay	349.00	0.00	349,00
61-823-91		2,799.00	0.00	2,799.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	186,959 00	0.00	186,959,00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	7,934,00	0.00	7,934.00
61-825-81	Nursing Admin Expense>Unit Manager>Overtime		0.00	1,033.00
61-825-82	Nursing Admin Expense>Unit Manager>Shift Premium Pay	1,033.00	0.00	2,700,00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	2,700.00		483,00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	483.00	0,00	
61-825-88	Nursing Admin Expense>Unit Manager>Other Pay	656.00	0,00	656.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	7,516.00	0.00	7,516.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	10,409.00	0 00	10,409.00
	Nursing Admin Expense-Unit Manager-Holiday Pay	6,655.00	0.00	6,655.00
61-825-91	Nursing Admin Expense>Unit Manager>PTO Accrual	5,685.00	0.00	5,665.00
61-825-92	RNs - Administrative - SNF Only	572,179.00	0.00	572,179.00
Subtotal [12B2.10]	Mas - Additionative - Out. Only			
Subgroup : [12C1.10]	LPNs - Direct Care - SNF Only		2.55	700 070 00
60-805-80	Nursing Expense>LPN>Wages	738,978.00	0.00	738,978,00
60-805-81	Nursing Expense>LPN>Overtime	81,475.00	0.00	81,475,00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	21,959,00	0.00	21,959,00
	Nursing Expense>LPN>Shift Bonus Pay	70,360,00	0.00	70,360.00
60-805-83		9,039.00	0.00	9,039.00
80-805-84	Nursing Expense-LPN-Retro Pay/Adjustment Pay	1,394.00	0.00	1,394,00
60-805-87	Nursing Expense>LPN>Training Pay	1,077.00	0.00	1,077.00
60-805-88	Nursing Expense>LPN>Other Pay	200.00	0.00	200.00
60-805-89	Nursing Expense>LPN>On Call Pay		0.00	39,264.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	39,264.00		39,257.00
60-805-91	Nursing Expense>LPN>Holiday Pay	39,257.00	0.00	39,237.00

60-805-92	Nursing Expense>LPN>PTO Accruel	5,903.00	0.00	5,903,00
	Nursing Expense>LPN Supervisor>Wages	38,553,00	0.00	36,553.00
60-806-80	Nursing Expense>LPN Supervisor>Shift Bonus Pay	500,00	0.00	500_00
60-806-83		22.00	0_00	22.00
60-806-84	Nursing Expense>LPN Supervisor>Retro Pay/Adjustment Pay	600,00	0.00	600.00
60-806-89	Nursing Expense>LPN Supervisor>On Call Pay	2,033.00	0.00	2,033,00
60-806-90	Nursing Expense>LPN Supervisor>Sick/Vacation Pay	877,00	0.00	877,00
60-806-91	Nursing Expense>LPN Supervisor>Holiday Pay	705,00	0.00	705.00
60-806-92	Nursing Expense>LPN Supervisor>PTO Accrual		0.00	1,050,196.00
Subtotal [12C1.10]	LPNs - Direct Care - SNF Only	1,050,196.00	0.00	1,030,130,00
Cult [112C2 10]	LPNs - Administrative - SNF			
Subgroup : [12C2.10] 61-816-80	Nursing Admin Expense>LPN Unit Manager>Wages	22,036.00	0_00	22,036.00
61-816-83	Nursing Admin Expense>LPN Unit Manager>Shift Bonus Pay	201,00	0.00	201.00
* / - /	Nursing Admin Expense>LPN Unit Manager>On Call Pay	100,00	0.00	100,00
61-816-89	Nursing Admin Expense>LPN Unit Manager>Sick/Vacation Pay	431,00	0.00	431.00
61-816-90		305,00	0.00	305,00
61-816-91	Nursing Admin Expense>LPN Unit Manager>Holiday Pay	58.00	0.00	58.00
61-816-92	Nursing Admin Expense>LPN Unit Manager>PTO Accrual		0.00	23,131.00
Subtotal [12C2.10]	LPNs - Administrative - SNF	23,131.00	0.00	20,701.00
Subgroup : [12D.10]	Aides and Attendants - SNF Only			
	Nursing Expense>CNA>Wages	1,304,976,00	0.00	1,304,976,00
60-801-80	-	126,375.00	0.00	126,375.00
60-801-81	Nursing Expense-CNA-Overtime	94,278,00	0.00	94,278,00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	78,385.00	0.00	78,385.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	2,871.00	0.00	2,871.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay		0.00	3,938.00
60-801-87	Nursing Expense>CNA>Training Pay	3,938,00		3,419.00
60-801-88	Nursing Expense>CNA>Other Pay	3,419,00	0.00	
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	57,321,00	0.00	57,321.00
60-801-91	Nursing Expense>CNA>Holiday Pay	71,384,00	0.00	71,384,00
60-801-92	Nursing Expense>CNA>PTO Accrual	11,183,00	0.00	11,183.00
Subtotal [12D.10]	Aides and Attendants - SNF Only	1,754,130.00	0.00	1,754,130.00
		//		
Subgroup: [12D.13]	Aides and Attendants - RCH Only	318,650,00	0,00	318,650,00
77-801-80	Assisted Living>CNA>Wages		0.00	27,443,00
77-801-81	Assisted Living>CNA>Overtime	27,443,00		21,311.00
77-801-82	Assisted Living>CNA>Shift Premium Pay	21,311,00	0,00	
77-801-83	Assisted Living>CNA>Shift Bonus Pay	7,060,00	0.00	7,060,00
77-801-84	Assisted Living>CNA>Retro Pay/Adjustment Pay	1,653,00	0.00	1,653,00
77-801-90	Assisted Living>CNA>Sick/Vacation Pay	28,644.00	0_00	28,644.00
	Assisted Living>CNA>Holiday Pay	19,861.00	0.00	19,861.00
77-801-91		10,126.00	0.00	10,126,00
77-801-92	Assisted Living>CNA>PTO Accrual	434,748.00	0.00	434,748.00
Subtotal [12D.13]	Aides and Attendants - RCH Only	101111111111111111111111111111111111111	8	
Subgroup : [12H.10]	Recreation Workers - Patient Days			
71-811-80	Activity Expense>Director>Wages	44,246,00	0.00	44,246.00
71-811-81	Activity Expense>Director>Overtime	907,00	0.00	907,00
	Activity Expense>Director>Shift Premium Pay	21.00	0,00	21.00
71-811-82		1,157.00	0.00	1,157.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	5,618,00	0.00	5,618,00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	1,744.00	0.00	1,744,00
71-811-91	Activity Expense>Director>Holiday Pay	1,752.00	0.00	1,752.00
71-811-92	Activity Expense>Director>PTO Accrual		0.00	70,860.00
71-831-80	Activity Expense>Aide>Wages	70,860.00	0.00	316.00
71-831-81	Activity Expense>Aide>Overtime	316,00		172,00
71-831-82	Activity Expense>Aide>Shift Premium Pay	172,00	0.00	
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	(319.00)	0.00	(319,00)
71-831-87	Activity Expense>Aide>Training Pay	108.00	0.00	108,00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	2,866,00	0.00	2,866,00
71-831-91	Activity Expense>Aide>Holiday Pay	3,879.00	0.00	3,879.00
	Activity Expense>Aide>PTO Accrual	(618.00)	0.00	(616,00)
71-831-92 Subtotal [12H.10]	Recreation Workers - Patient Days	132,711.00	0.00	132,711.00
Subtotal (12m.10)	(Addigation Monates Antan = 5)			
Subgroup: [12M,33]	Social Workers/Case Management - Patient Days		0.00	41,521.00
69-811-80	Social Services Expense>Director>Wages	41,521.00	0.00	
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	229.00	0.00	229,00
69-811-91	Social Services Expense>Director>Holiday Pay	1,047,00	0.00	1,047.00
69-811-92	Social Services Expense>Director>PTO Accruel	1,167.00	0.00	1,167.00
69-830-80	Social Services Expense>Assistant>Wages	64,135,00	0.00	64,135.00
69-830-81	Social Services Expense>Assistant>Overtime	150.00	0.00	150.00
	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	486.00	0.00	486,00
69-830-84		163 00	0.00	163.00
69-830-87	Social Services Expense>Assistant>Training Pey	1,377.00	0.00	1,377,00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	1,517,00	0.00	1,517.00
69-830-91	Social Services Expense>Assistant>Holiday Pay		0.00	882.00
69-830-92	Social Services Expense>Assistant>PTO Accrual	882.00	0.00	112,674.00
Subtotal [12M.33]	Social Workers/Case Management - Patient Days	112,674.00	0.00	114,074.00
	**anketine Dode			
Subgroup : [12N.22]	Marketing - Beds Admin Expense>Marketing>Wages	17,308,00	0.00	17,308,00
80-842-80	Admin Expense-Marketing-Wages Admin Expense-Marketing-Shift Bonus Pay	275.00	0.00	275,00
80-842-83		1,131,00	0.00	1,131.00
80-842-84	Admin Expense>Marketing>Retro Pay/Adjustment Pay	825.00	0.00	825.00
80-842-89	Admin Expense>Marketing>On Call Pay		0.00	1,768.00
80-842-91	Admin Expense>Marketing>Holiday Pay	1,768.00		428.00
80-842-92	Admin Expense>Marketing>PTO Accrual	428.00	0.00	
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	43,270.00	0.00	43,270,00
	Autilit Expenses regional Marketing/Ordes Mages			
	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	600,00	0,00	600.00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	600.00 3,500.00	0.00	3,500.00
80-843-83 80-843-89	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay Admin Expense>Regional Marketing/CAD>On Call Pay		0.00 0.00	3,500.00 5,579.00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	3,500.00	0.00	3,500.00

80-843-92	Admin Expense>Regional Marketing/CAD>PTO Accrual	1,005,00	0.00	1,005.00
	Admin Expense>Recruiting>Wages	15,604,00	0.00	15,604.00
80-844-80	Marketing - Beds	92,422.00	0.00	92,422.00
Subtotal [12N.22]	marketing - beds	-		
	Other Bettert Bour			
Subgroup : [120.21]	Other - Patient Days	41,451,00	0.00	41,451.00
80-839-80	Admin Expense>Admissions>Wages	2,041,00	0.00	2,041.00
80-839-90	Admin Expense>Admissions>Sick/Vecation Pay		0.00	692.00
80-839-91	Admin Expense>Admissions>Holiday Pay	692,00		
80-839-92	Admin Expense>Admissions>PTO Accrual	2,360,00	0.00	2,360.00
Subtotal [120.21]	Other - Patient Days	46,544.00	0.00	46,544.00
Total [10-A]	Salaries and Wages	6,248,377.00	0.00	6,248,377.00
Total [10-24]				
0 Mn D1	Drofessianal Foor			
Group : [13-B]	Professional Fees			
Subgroup : [1]	Dietitian - SNF Only	32,726.00	4,610.00	37,336.00
70-833-00	Dietary Expense>Contracted Dieticlan		4,610.00	37,336.00
Subtotal [1]	Dietitian - SNF Only	32,726.00	4,810,00	57,000,00
Subgroup : [2.22]	Dentist - SNF Only	2.22	11,279.00	11,279.00
Marcum 105	Dentist	0.00		
Subtotal [2.22]	Dentist - SNF Only	0.00	11,279.00	11,279.00
Subgroup : [3.10]	Pharmacist - SNF			
62-700-00	Pharmacy Expense>Contracted Service	27,720,00	0.00	27,720.00
Subtotal [3.10]	Pharmacist - SNF	27,720.00	0.00	27,720.00
Subtotal [5.10]	Filalitiadist - Olei	A.————————————————————————————————————		
0.1	DT Posident Care SNE Only			
Subgroup : [5A.07]	PT - Resident Care - SNF Only	80,296.00	0.00	80,296,00
65-102-00	PT Expense>Medicare A		0.00	30,402.00
65-103-00	PT Expense>Med B	30,402,00	0,00	303.00
65-104-00	PT Expense>Private	303,00		
65-105-00	PT Expense>HMO B	26,588.00	0,00	26,588.00
65-106-00	PT Expense>HMO A	26,378,00	0.00	26,378.00
65-111-00	PT Expense>Medicaid	24,260.00	0.00	24,260.00
Subtotal [5A.07]	PT - Resident Care - SNF Only	188,227.00	0.00	188,227.00
Subtotal [SA.,01]	11- Hadiaani date on only			
	Madical Diseases ONE Only			
Subgroup : [8A.38]	Medical Director - SNF Only	61,814.00	(444.00)	61,370.00
61-750-00	Nursing Admin Expense>Medical Director		(444.00)	61,370.00
Subtotal [8A.38]	Medical Director - SNF Only	61,814.00	[444.00]	01,010.00
Subgroup : [9A.08]	ST - Resident Care SNF Only			
67-102-00	ST Expense>Medicare A	4,947,00	0.00	4,947.00
67-103-00	ST Expense>Part B	12,998 00	0,00	12,998,00
67-104-00	ST Expense>Private	94.00	0,00	94.00
	ST Expense>HMO B	6,073.00	0.00	6,073,00
67-105-00		6,307.00	0.00	6,307.00
67-106-00	ST Expense>HMO A	2,021,00	0,00	2,021.00
67-111-00	ST Expense>Medicaid		0.00	1,897.00
67-700-00	ST Expense>Contracted Service	1,897,00	0.00	34,337.00
Subtotal [9A.08]	ST - Resident Care SNF Only	34,337.00	0.00	34,337,300
Subgroup : [10A.22]	OT - Resident Care - SNF Only			
66-102-00	OT Expense>Medicare A	86,720,00	0.00	86,720.00
66-103-00	OT Expense>Part B	55,297.00	0.00	55,297.00
66-104-00	OT Expense>Private	80.00	0.00	80.00
66-105-00	OT Expense>HMO B	38,057.00	0.00	38,057.00
66-108-00	OT Expense>HMO A	25,319.00	0.00	25,319,00
		29,794.00	0.00	29,794,00
66-111-00	OT Expense>Medicaid	235,267.00	0.00	235,267.00
Subtotal [10A.22]	OT - Resident Care - SNF Only	200,201,00		
Subgroup : [11B.10]	LPN's - SNF Only	296,649.00	1,354.00	298,003.00
60-700-19	Nursing Expense>Contracted Service>LPN			41,073.00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	40,899,00	174.00	
Subtotal [11B.10]	LPN's - SNF Only	337,548.00	1,528.00	339,076.00
-				
Subgroup : [11C]	Aides - SNF Only			
60-700-20	Nursing Expense>Contracted Service>CNA	386,185.00	7,076,00	393,261.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	56,029.00	3,431.00	59,460,00
	Aides - SNF Only	442,214.00	10,507.00	452,721.00
Subtotal [11C]	Aldes - Still Stilly			
Cultura (*40 443	Other SNE Only			
Subgroup : [12.14]	Other - SNF Only	6,010.00	0.00	6,010,00
60-212-00	Nursing Expense>Clinical Services		0.00	29,104.00
60-263-00	Nursing Expense>Consulting Fees	29,104.00		3,828.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	3,828.00	0,00	
60-700-06	Nursing Expense>Contracted Services>Other	0.00	21,120.00	21,120,00
60-700-27	Nursing Expense>Contracted Service>MDS	3,300.00	0,00	3,300.00
68-827-00	Therapy Expense>Respiratory	19,468.00	0.00	19,468.00
Subtotal [12.14]	Other - SNF Only	61,710.00	21,120.00	82,830.00
Gubtotai [12.14]	Callet Old Ging			
m . 1540 m-	Post-reised Face	1,421,563.00	48,600.00	1,470,163.00
Total [13-B]	Professional Fees	1,421,000.00	40,000,00	
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1.15]	Workmen's Compensation - Salary%		44-44-6	
85-881-00	Employee Benefils Expense>Workers Comp	78,724.00	0.00	78,724.00
Subtotal [1A1.15]	Workmen's Compensation - Salary%	78,724.00	0.00	78,724.00
anning [iwi'is]		41 August Anna Control of the Contro		
Cubana (1450 45)	Hammloument Incurance - Salam %			
Subgroup : [1A3.15]	Unemployment Insurance - Salary %	74,806.00	0.00	74,806,00
85-156-62	Employee Benefits Expense>PR Taxes>SUI	(4,000.00	0,00	. 41000100

85-156-63 Subtotal [1A3.15]	Employee Benefits Expense>PR Texes>FUI Unemployment Insurance - Salary %	10,567,00 85,373.00	0.00	10,567_00 85,373.00
Subgroup : [1A4.15] 85-156-61 Subtotal [1A4.15]	Social Security (FICA) - Salary % Employee Benefits Expense>PR Taxes>Fica Social Security (FICA) - Salary %	468,811.00 468,811.00	0.00	468,811.00 468,811.00
Subgroup : [1A5.15] 85-882-00 85-884-00 Subtotal [1A5.15]	Health Insurance - Salary % Employee Benefits Expense-Health Insurence Employee Benefits-Dental/Vision Insurance Health Insurance - Salary %	204,485,00 3,045.00 207,510.00	0.00 0.00 0.00	204,465,00 3,045,00 207,510,00
Subgroup : [1A6.15] 85-885-00 Subtotal [1A6.15]	Life Insurance - Salary % Employee Benefits-Life Insurance Life Insurance - Salary %	3,493,00 3,493,00	1,695.00 1,695.00	5,188.00 5,188.00
Subgroup : [1A9,22] 85-100-00 85-178-00 85-204-00 85-257-00	Other - Salary % Employee Benefits Expense>Miscelleneous Employee Benefits Expense>Food Employee Benefits Expense>Training & Education Employee Benefits Expense>Employee Physicals Other - Salary %	15,061,00 9,594,00 (253,00) 739,00 25,141,00	0.00 0.00 0.00 0.00 0.00	15,061.00 9,594.00 (253,00) 739.00 25,141.00
Subtotal [1A9.22] Subgroup : [1C.22] 60-251-00 80-251-74 Subtotal [1C.22]	Bad Debts - Total Patient Days Admin Expense>Bad Debt Admin Expense>Bad Debt>Medicare Coinsurance Bad Debts - Total Patient Days	183,922.00 30,000.00 193,922.00	0.00	163,922.00 30,000.00 193,922.00
Subgroup : [1D.38] 80-239-00 Subtotal [1D.38]	Accounting and Auditing - Total Patient Days Admin Expense>Accounting Fees Accounting and Auditing - Total Patient Days	15,000.00 15,000.00	0.00	15,000.00 15,000.00
Subgroup : [1E.38] 80-238-00 Subtotal [1E.38]	Legal - Total Patient Days Admin Expense≻Legal Fees Legal - Total Patient Days	1,438.00 1,438.00	8,435,00 8,435,00	9,873,00 9,873.00
Subgroup : [1G.38] 80-181-00 80-182-00 80-183-00 80-183-09 80-183-78 80-184-00	Office Supplies - Total Patient Days Admin Expense> Shredding Admin Expense> Furnishing Admin Expense> Supplies Admin Expense> Supplies> Toner Admin Expense> Supplies> Paper Admin Expense> Computer Hardware	2,001.00 11,390.00 8,048.00 3,939.00 2,607.00 5,260.00	1,110,00 0,00 934,00 0,00 0,00 0,00	3,111.00 11,390.00 8,982.00 3,939.00 2,607.00 5,260.00
80-208-00 Subtotal [1G.38] Subgroup : [1H1.43]	Admin Expense>Equip-Rental Office Supplies - Total Patient Days Telephone and Telegraph - Total Patient Days	4,730.00 37,975.00	2,044.00	4,730.00
80-231-00 Subtotal [1H1.43] Subgroup : [1K2]	Admin Expense>Telephone Telephone and Telegraph - Total Patient Days Other - Total Patient Days	9,058.00	300.00	9,358.00 9,358.00
Marcum 109 Subtotal [1K2] Subgroup : [1K3.10]	Sales & Use Tex Other - Total Patient Days Other taxes - Resident Day User Fee - SNF	0.00	100,00	100.00
80-111-16 Subtotal [1K3.10] Total [15]	Admin Expense>Medicaid>Bed Tex Other taxes - Resident Day User Fee - SNF Expenditures Other than Salaries	824,403.00 824,403.00 1,950,848.00	12,574.00	824,403.00 1,963,422.00
Group : [16] Subgroup : [L4.43] 80-236-00 Subtotal [L4.43]	Expenditures Other than Salaries (cont'd) - Admin. and General Employee Travel - Total Patlent Days Admin Expense>Travel Employee Travel - Total Patlent Days	3,294.00 3,294.00	0.00	3,294.00 3,294.00
Subgroup : [L5.38] 60-204-00 Marcum 108 Subtotal [L5.38]	Education - Patient Days Nursing Expense>Training & Education Education Education - Patient Days	18,479,00 0.00 18,479.00	0.00 52.00 52.00	18,479.00 52.00 18,531.00
Subgroup : [M1.19] 80-249-00 Subtotal [M1.19]	Advertising Help Wanted - Total Patient Days Admin Expense-Recruiting Advertising Help Wanted - Total Patient Days	20,228.00 20,228.00	0.00	20,228.00 20,228.00
Subgroup : [M3] 80-250-00 80-250-74 Subtotal [M3]	Advertising Other - Total Patient Days Admin Expense>Marketing & Advertising Admin Expense>Marketing & Advertising>COVID Advertising Other - Total Patient Days	34,228.00 4,003.00 38,231.00	9,652.00 0.00 9,652.00	43,880.00 4,003.00 47,883.00
Subgroup : [M7.38] 80-209-00 Subtotal [M7.38]	Postage - Total Patient Days Admin Expense>Postage Postage - Total Patient Days	1,792.00 1,792.00	13.00 13.00	1,805.00 1,805.00
Subgroup : [M8.38] 80-235-00 Subtotal [M8.38]	Dues and Membership Fees - Total Patient Days Admin Expense-Dues & Subscriptions Dues and Membership Fees - Total Patient Days	8,341.00 8,341.00	(1,078.00) (1,078.00)	7,263.00 7,263.00

	B. J. St. J. Charles B. Ballant Barra			
Subgroup : [MBA]	Dues to Chamber of Commerce - Patient Days Chamber Dues	0,00	660.00	660.00
Mercum 107 Subtotal [M8A]	Dues to Chamber of Commerce - Patient Days	0.00	660.00	660.00
Captotal [mon]		-		
Subgroup : [M9.39]	Subscriptions - Patient Days			
Marcum 106	Subscriptions	0,00	266.00	266.00 266.00
Subtotal [M9.39]	Subscriptions - Patient Days	0.00	266.00	200.00
	and the state of the Designation of			
Subgroup : [M11.07]	Services Provided by Contract - Total Patient Days	54,703,00	53,719.00	108,422.00
80-230-00	Admin Expense>Data Processing Admin Expense>Professional Fees	1,758.00	0.00	1,758,00
80-240-00 80-240-02	Admin Expense>Professional Fees>Add Back	308,856,00	438.00	309,294.00
80-241-01	Admin Expense>IT Fees>Add Back	19,838,00	0.00	19,838.00
80-700-00	Admin Expense>Contracted Service	94.00	0,00	94,00
80-700-02	Admin Expense>Contracted Service>Add Back	12,000 00	0.00	12,000.00
Subtotal [M11.07]	Services Provided by Contract - Total Patient Days	397,249.00	54,157.00	451,406.00
Subgroup : [M12.31]	Administrative Management Services - Direct Assignment	940 600 00	564,053,00	1,383,662.00
80-279-00	Admin Expense>Management Fee	819,609.00 819,609.00	564,053.00	1,383,662.00
Subtotal [M12.31]	Administrative Management Services - Direct Assignment			
Subgroup : [M13.39]	Other - Total Patient Days			
80-153-00	Admin Expense>Financing Costs	4,495.00	0.00	4,495.00
80-202-00	Admin Expense>resident missing Items	268.00	0.00	268.00
80-234-00	Admin Expense>Licenses	1,003,00	0.00	1,003.00
80-242-00	Admin Expense>Fines & Penalties	18,00	0.00	18,00
80-243-00	Admin Expense>Late Fees	2,807.00	0.00	2,807.00
80-244-00	Admin Expense>Bank Fees	20,412,00	0.00	20,412,00
80-245-00	Admin Expense>Background Checks	399,00	0,00	399.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	5,956,00	0.00	5,958,00
80-252-00	Admin Expense>Startup Costs	209,574.00	(199,283.00)	10,291.00
80-255-00	Admin Expense>Startup Costs>Agency	12,034,00	(12,035.00)	(1.00)
98-899-99	Prior Period Expense	25,090,00	(25,090,00)	0,00
Subtotal [M13.39]	Other - Total Patient Days	282,056.00	(236,408.00)	45,648.00
Total [16]	Expenditures Other than Salaries (cont'd) - Admin, and General	1,589,279.00	391,367,00	1,980,646.00
		(U))	
Group : [18]	Dietary Basis for Allocation of Costs Raw Food - Meals			
Subgroup : [2A1.03]	Dietary Expense>Supplements	15,074.00	0.00	15,074.00
70-177-00	Dietary Expense>Food	457,367_00	0.00	457,367,00
70-178-00	Raw Food - Meals	472,441.00	0.00	472,441.00
Subtotal [2A1.03]	Raw rood - Meals		(
Subgroup : [2A2.03]	Non-Food Supplies - Meals			
70-183-00	Dietary Expense>Supplies	45,613,00	0.00	45,613.00
70-184-00	Dietary Expense>Minor Equip	2,153,00	0.00	2,153.00
70-191-00	Dietary Expense≻Enteral Feeding Supplies	2,173.00	0.00	2,173,00
Subtotal [2A2.03]	Non-Food Supplies - Meals	49,939.00	0.00	49,939.00
Subgroup : [2B.03]	Purchased Services - Meals	454 000 00	0.00	154,320.00
70-700-00	Dietary Expense>Contracted Service	154,320.00	0.00	154,320.00
Subtotal [2B.03]	Purchased Services - Meals	154,320.00	0.00	104,020.00
Total [18]	Dietary Basis for Allocation of Costs	676,700.00	0.00	676,700.00
Group : [19]	Laundry-Basis for Allocation of Costs			
Subgroup : [3B.05]	Purchased Services - Total Patient Days	0.7.05.4.00	0.00	217,654.00
73-700-00	Laundry Expense>Contracted Service	217,654.00	0.00	217,654.00
Subtotal [3B.05]	Purchased Services - Total Patient Days	217,034.00	0.00	
	Del T-t-I Deticat Dave			
Subgroup : [3D.4]	Other -Total Patient Days	15,102,00	0.00	15,102.00
73-183-00	Laundry Expense>Supplies	2,815.00	0.00	2,815,00
73-184-00	Laundry Expense>Minor Equip	17,917.00	0,00	17,917.00
Subtotal [3D.4]	Other -Total Patient Days	11,011100		
Total [19]	Laundry-Basis for Allocation of Costs	235,571.00	0.00	235,571.00
	A Desire to the State of Conta			
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs			
Subgroup : [4A1.02]	In-House Care Supplies - Sqft	25,207.00	0.00	25,207,00
72-183-00	Housekeeping Expense>Supplies	25,207.00	0,00	25,207.00
Subtotal [4A1.02]	In-House Care Supplies - Sqft	23,207.00	-	
0	Bushhead Services - Soft			
Subgroup : [4B.02]	Purchased Services - Sqft	347,712.00	0.00	347,712.00
72-700-00 Subtotal IAB 021	Housekeeping Expense>Contracted Service Purchased Services - Sqft	347,712.00	0.00	347,712.00
Subtotal [4B.02]	Fulfillated optations and t			
Subgroup : [5A2.22]	Purchased from - SNF Only			
62-102-00	Pharmacy Expense>Medicare A	72,910.00	0.00	72,910.00
62-104-00	Pharmacy Expense>Private	41.00	0,00	41.00
62-105-00	Pharmacy Expense>HMO	48,821,00	0,00	48,821.00
62-111-00	Pharmacy Expense>Medicaid	10,727,00	0.00	10,727,00
62-145-00	Phermacy Expense>RX	9,249.00	0.00	9,249.00
62-145-32	Pharmacy Expense>RX>Vaccines	8,198.00	0.00	8,198.00
62-145-74	Pharmacy Expense>Rx>COVID	4,880.00	0.00	4,860.00
Subtotal [5A2.22]	Purchased from - SNF Only	154,806.00	0.00	154,806.00

Subgroup ; [5B.12]	Medicine Cabinet Drugs - Patient Days			
62-222-00	Pharmacy Expense>OTC	3,213.00	0.00	3,213.00
Subtotal [5B.12]	Medicine Cabinet Drugs - Patient Days	3,213.00	0.00	3,213.00
02210121 [02112]	•			
Subgroup : [5C.10]	Medical and Therapeutic Supplies - SNF			
60-183-00	Nursing Expense>Supplies-Disposable	11,912,00	0_00	11,912,00
		264,00	0.00	264,00
60-183-07	Nursing Expense>Supplies>Barietric	45,522 00	0.00	45,522.00
60-183-74	Nursing Expense>Supplies>COVID		0.00	108,098.00
60-183-76	Nursing Expense>Supplies>PPD	108,098,00		
60-184-00	Nursing Expense>Supplies-Non Disposable	22,357,00	0,00	22,357.00
60-185-00	Nursing Expense>Incontinence Supplies	880,00	0.00	880,00
	Nursing Expense>Sanitation & Incineration	540_00	0.00	540,00
60-205-00		189,573.00	0.00	189,573.00
Subtotal [5C.10]	Medical and Therapeutic Supplies - SNF	100.010.00	-	
Subgroup : [5D.10]	Ambulance/Limousine - SNF		0.00	2,271.00
60-213-00	Nursing Expense>Transportation	2,271.00	0.00	
Subtotal [5D.10]	Ambulance/Limousine - SNF	2,271.00	0.00	2,271.00
01	Oxygen - Other - SNF			
Subgroup : [5E2.22]	*-	1,937.00	0.00	1,937.00
57-000-00	Oxygen Expense	1,937.00	0.00	1,937.00
Subtotal [5E2.22]	Oxygen - Other - SNF	1,337.00	0.00	.,,,,,,,,,
Subgroup : [5F.22]	X-Rays and related radiological - SNF			
59-000-00	Radiology Expense	3,792,00	869.00	4,661.00
Subtotal [5F.22]	X-Rays and related radiological - SNF	3,792.00	869.00	4,661.00
Subtotat [5F.22]	A-tays and lengted radiological - otto			
	A A . A . CHE Oak			
Subgroup : [5H.22]	Laboratory - SNF Only	0.054.00	0.00	8,051,00
58-000-00	Lab Expense	8,051,00		1,443.00
58-000-74	Lab Expense>COVID	1,443.00	0.00	
Subtotal [5H.22]	Laboratory - SNF Only	9,494.00	0.00	9,494.00
Oubtotal [ottlas]				
0	Pearantian Patient Days			
Subgroup : [51.12]	Recreation - Patient Days	50.00	0,00	50,00
71-000-00	Activity Expense		0.00	337.00
71-178-00	Activity Expense>Food	337,00		2,933,00
71-183-00	Activity Expense>Supplies	2,933.00	0,00	
71-183-74	Activity Expense>Supplies>COVID	15,00	0.00	15.00
	Activity Expense>Contracted Service	2,025,00	0,00	2,025.00
71-700-00	· ·	2,512,00	0.00	2,512.00
80-210-00	Admin Expense>Internet	32,745.00	0.00	32,745.00
80-232-00	Admin Expense>Cable TV		0.00	40,617.00
Subtotal [51.12]	Recreation - Patient Days	40,617.00	0.00	40,017.00
Subgroup : [5J.10]	Other - SNF			
55-000-00	Nursing Rental Expense	9,380,00	0,00	9,380,00
	•	63,003,00	35,410,00	98,413,00
60-230-00	Nursing Expense>Data Processing	1,294.00	0.00	1,294.00
68-183-00	Therapy Expense>Supplies		35,410.00	109,087.00
Subtotal [5J.10]	Other - SNF	73,677.00	33,410.00	- 100,001.00
		9	S	200 570 00
Total [20]	Housekeeping and Resident Care Basis for Allocation of Costs	852,299.00	36,279.00	888,578.00
rotal [20]	, , , , , , , , , , , , , , , , , , ,		-	
	M. S. A and Donnards			
Group : [22]	Maintenance and Property			
Subgroup : [6A.02]	Repairs and Maintenance - Sqft	00.040.00	72 806 00	142 712 00
75-207-00		69,816,00	72,896.00	142,712.00
75-207-00	Repairs and Maintenance - Sqft	69,816.00 69,816.00	72,896.00 72,896.00	142,712.00 142,712.00
	Repairs and Maintenance - Sqft Maintenance Expense>Repairs & Maint			
75-207-00 Subtotal [6A.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft			142,712.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage	69,816.00		
75-207-00 Subtotal [6A.02] Subgroup : [6B.02] 76-227-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas	69,816.00 42,287.00	72,896.00	142,712.00 42,287.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage	69,816.00	72,896.00	142,712.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02] 76-227-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas	69,816.00 42,287.00	72,896.00	142,712.00 42,287.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02] 76-227-00 Subtotal [6B.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas	69,816.00 42,287.00 42,287.00	72,896.00 0.00 0.00	142,712.00 42,287.00 42,287.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02]	Repairs and Maintenance - Sqft Maintenance Expense>Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage	42,287.00 42,287.00 275,568.00	72,896.00 0.00 0.00	142,712.00 42,287.00 42,287.00 275,593.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02] 76-227-00 Subtotal [6B.02] Subgroup : [6C.02] 76-228-00	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric	69,816.00 42,287.00 42,287.00	72,896.00 0.00 0.00	142,712.00 42,287.00 42,287.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage	42,287.00 42,287.00 275,568.00	72,896.00 0.00 0.00	142,712.00 42,287.00 42,287.00 275,593.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02]	Repairs and Maintenance - Sqft Maintenance Expense>Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage	42,287.00 42,287.00 275,568.00	72,896.00 0.00 0.00	142,712.00 42,287.00 42,287.00 275,593.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00	72,896.00 0.00 0.00 25.00 25.00	142,712.00 42,287.00 42,287.00 275,593.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense>Plectric	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00	72,896.00 0.00 0.00 25.00 25.00	142,712.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00	72,896.00 0.00 0.00 25.00 25.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense>Plectric	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00	72,896.00 0.00 0.00 25.00 25.00	142,712.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02]	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense>Plectric	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00	72,896.00 0.00 0.00 25.00 25.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.02]	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Electric Utility Expense>Electric Clight & Power - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00	72,896.00 0.00 0.00 25.00 25.00 0.00 0.00	142,712.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00
75-207-00 Subtotal [6A.02] Subgroup : [6B.02] 76-227-00 Subtotal [6B.02] Subgroup : [6C.02] 76-228-00 Subtotal [6C.02] Subgroup : [6D.02] 76-229-00 Subtotal [6D.02] Subgroup : [6F.2] 75-182-74	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Ofther - Square Footage Other - Square Footage	42,287.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00	72,896.00 0.00 0.00 25.00 25.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-102-74 75-183-00	Repairs and Maintenance - Sqrft Maintenance Expense>Repairs & Maint Repairs and Maintenance - Sqrft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies>	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00	72,896.00 0.00 0.00 25.00 25.00 0.00 0.00	142,712.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00	Repairs and Maintenance - Sqrt Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Sqs Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Supplies	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-205-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Sqs Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Samination & Incineration	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 52,583.00 257.00 52,583.00 251.00 28,227.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 0.00 1,532.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 52,583.00 251.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00	Repairs and Maintenance - Sqft Maintenance Expense>Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water/Sower Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Stermination	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00 251.00 20,759.00 4,557.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-205-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Sqs Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Samination & Incineration	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 28,227.00 4,557.00 10,587.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00 251.00 29,759.00 4,557.00 10,587.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00 75-218-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Shapilias Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation Maintenance Expense-Stermination Maintenance Expense-Stermination Maintenance Expense-Stermination Maintenance Expense-Show Removal	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 1,532.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 28,759.00 4,557.00 10,587.00 34,626.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Sand intenance Expense-Sand incorrection Maintenance Expense-Sand Removal Maintenance Expense-Snow Removal Maintenance Expense-Landscaping	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 28,227.00 4,557.00 10,587.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00 251.00 20,759.00 4,557.00 10,587.00 34,628.00 3,239.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] 76-229-00 Subtotal [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies Maintenance Expense-Supplies Maintenance Expense-Samination & Incineration Maintenance Expense-Extermination Maintenance Expense-Extermination Maintenance Expense-Endscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 1,532.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 28,759.00 4,557.00 10,587.00 34,626.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.02] 76-102-74 75-183-00 75-218-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 3,239.00 1,523.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 257.00 52,583.00 251.00 29,759.00 4,557.00 10,587.00 34,626.00 3,239.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Stermination Maintenance Expense>Sanow Removal Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Date Processing Maintenance Expense>Contracted Service	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00 3,239.00 1,523.00 24,869.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 29,759.00 4,557.00 10,587.00 32,39.00 1,523.00 25,669.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.02] 76-102-74 75-183-00 75-218-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Landscaping	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 3,239.00 1,523.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 29,759.00 4,557.00 10,587.00 34,626.00 3,239.00 1,523.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Stermination Maintenance Expense>Sanow Removal Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Date Processing Maintenance Expense>Contracted Service	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00 3,239.00 1,523.00 24,869.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 29,759.00 4,557.00 10,587.00 32,39.00 1,523.00 25,669.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-229-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 Subtotal [6F.2]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Utility Expense-Valer Footage Water - Square Footage Utility Expense-Water/Sower Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies-COVID Maintenance Expense-Supplies Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Snow Removal Maintenance Expense-Landscaping Maintenance Expense-Landscaping Maintenance Expense-Data Processing Maintenance Expense-Data Processing Maintenance Expense-Contracted Service Other - Square Footage	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00 3,239.00 1,523.00 24,869.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 29,759.00 4,557.00 34,626.00 3,239.00 1,523.00 25,669.00 163,051.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies> COVID Maintenance Expense-Supplies Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Snow Removal Maintenance Expense-Landscaping Maintenance Expense-Date Processing Maintenance Expense-Date Processing Maintenance Expense-Contracted Service Other - Square Footage Non-movable Equipment - Sqft	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00 3,239.00 1,523.00 24,869.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	42,287,00 42,287,00 42,287,00 275,593,00 275,593,00 275,593,00 65,583,00 65,583,00 251,00 29,759,00 4,557,00 10,587,00 34,626,00 3,239,00 1,523,00 25,589,00 163,051,00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-217-00 75-218-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12] Marcum 104	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Data Processing Maintenance Expense>Contracted Service Other - Square Footage Non-movable Equipment - Sqft Depreciation Expense>Non Movable	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 34,626.00 3,238.00 1,523.00 24,889.00 160,739.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532.00 0.00	42,287.00 42,287.00 42,287.00 275,593.00 275,593.00 65,583.00 65,583.00 251.00 29,759.00 4,557.00 34,626.00 3,239.00 1,523.00 25,669.00 163,051.00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-184-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense-Gas Heat - Square Footage Light & Power - Square Footage Utility Expense-Electric Light & Power - Square Footage Water - Square Footage Utility Expense-Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense-Supplies> COVID Maintenance Expense-Supplies Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Sanitation & Incineration Maintenance Expense-Snow Removal Maintenance Expense-Landscaping Maintenance Expense-Date Processing Maintenance Expense-Date Processing Maintenance Expense-Contracted Service Other - Square Footage Non-movable Equipment - Sqft	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 3,238.00 1,523.00 24,889.00 160,733.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 2,312.00 584.00	42,287,00 42,287,00 42,287,00 275,593,00 275,593,00 65,583,00 65,583,00 251,00 28,759,00 10,587,00 34,626,00 3,239,00 1,523,00 25,589,00 163,051,00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12] Marcum 104 Subtotal [7C.12]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Date Processing Maintenance Expense>Contracted Service Other - Square Footage Non-movable Equipment - Sqft Depreciation Expense>Non Movable Non-movable Equipment - Sqft	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 3,238.00 1,523.00 24,889.00 160,733.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 2,312.00 584.00	42,287,00 42,287,00 42,287,00 275,593,00 275,593,00 275,593,00 65,583,00 65,583,00 251,00 29,759,00 4,557,00 10,587,00 34,626,00 3,239,00 1,523,00 25,589,00 163,051,00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-217-00 75-218-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12] Marcum 104	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Snow Removal Maintenance Expense>Snow Removal Maintenance Expense>Landscaping>supplies Maintenance Expense>Landscaping>supplies Maintenance Expense>Contracted Service Other - Square Footage Non-movable Equipment - Sqft Depreciation Expense>Non Movable Non-movable Equipment - Sqft Movable Equipment - Sqft	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 251.00 28,227.00 4,557.00 10,587.00 3,239.00 1,523.00 24,889.00 160,739.00 0.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 2,312.00 564.00	42,287,00 42,287,00 42,287,00 275,593,00 275,593,00 65,583,00 65,583,00 251,00 29,759,00 4,557,00 10,587,00 34,826,00 25,589,00 15,23,00 25,589,00 15,23,00 25,589,00 15,23,00 25,589,00 163,051,00
75-207-00 Subtotal [6A.02] Subgroup: [6B.02] 76-227-00 Subtotal [6B.02] Subgroup: [6C.02] 76-228-00 Subtotal [6C.02] Subgroup: [6D.02] 76-228-00 Subtotal [6D.02] Subgroup: [6F.2] 75-182-74 75-183-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-219-00 75-700-00 Subtotal [6F.2] Subgroup: [7C.12] Marcum 104 Subtotal [7C.12]	Repairs and Maintenance - Sqft Maintenance Expense-Repairs & Maint Repairs and Maintenance - Sqft Heat - Square Footage Utility Expense>Gas Heat - Square Footage Light & Power - Square Footage Utility Expense>Electric Light & Power - Square Footage Water - Square Footage Utility Expense>Water/Sewer Water - Square Footage Other - Square Footage Other - Square Footage Other - Square Footage Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Date Processing Maintenance Expense>Contracted Service Other - Square Footage Non-movable Equipment - Sqft Depreciation Expense>Non Movable Non-movable Equipment - Sqft	69,816.00 42,287.00 42,287.00 275,568.00 275,568.00 65,583.00 65,583.00 257.00 52,583.00 251.00 28,227.00 4,557.00 10,587.00 3,238.00 1,523.00 24,889.00 160,733.00	72,896.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 0.00 1,532,00 0.00 0.00 0.00 0.00 0.00 2,312.00 584.00	42,287,00 42,287,00 42,287,00 275,593,00 275,593,00 65,583,00 65,583,00 251,00 28,759,00 10,587,00 34,626,00 3,239,00 1,523,00 25,589,00 163,051,00

Subtotal [7D.10]	Movable Equipment - Sqft	29,187.00	(6,569.00)	22,618.00
Subgroup : [8A] 93-265-00 Subtotal [8A]	Organization Expense - Sqft Amortization Expense>Financing Costs Organization Expense - Sqft	7,408.00 7,408.00	0.00	7,408.00 7,408.00
Subgroup : [8C] Marcum 102 Subtotal [8C]	Leasehold Improvements - Sqft Depreciation Expense>Leasehold Improvements Leasehold Improvements - Sqft	0.00	6,005.00 6,005.00	6,005.00 6,005.00
Subgroup : [9.43] 91-121-00 Subtotal [9.43]	Rental Payments - Sqft Property Expense>Rent Rental Payments - Sqft	962,291.00 962,291.00	0.00	962,291.00 962,291.00
Subgroup : [10B] 91-161-00 Subtotal [10B]	Real estate taxes paid by lessor - Sqft Property Expense-RE Taxes Real estate taxes paid by lessor - Sqft	339,219.00 339,219.00	0,00	339,219.00 339,219.00
Subgroup : [10C] 91-125-00 Subtotal [10C]	Personal property taxes - Sqft Property Expense>Personal Property Taxes Personal property taxes - Sqft	29,526.00 29,526.00	0.00	29,526.00 29,526.00
Total [22]	Maintenance and Property	1,981,624.00	75,233.00	2,056,857.00
Group : [27] Subgroup : [12D.43] 94-000-00 Subtotal [12D.43]	Interest and Insurance Other Interest Expense - Total Patient Days Interest Expense Other Interest Expense - Total Patient Days	55,976.00 55,976.00	0,00	55,976.00 55,976.00
Subgroup : [14A.45] 91-165-00 Subtotal [14A.45]	Insurance on Property Total Expenses-Sqft Property Expense>Insurance - Property Insurance on Property Total Expenses-Sqft	39,351.00 39,351.00	0.00	39,351,00 39,351,00
Subgroup : [14B] 80-167-00 Subtotal [14B]	Insurance of Automobiles - Total Patient Days Admin Expense-Insurence - Auto Insurance of Automobiles - Total Patient Days	2,688.00 2,688.00	0.00	2,688,00 2,688.00
Subgroup : [14C3] 80-162-00 80-163-00 Subtotal [14C3] Total [27]	Other - Total Patient Days Admin Expense-Insurance - General Liability & Other Admin Expense-Insurance - EPLI Other - Total Patient Days Interest and Insurance	127,136,00 13,478.00 140,614.00	0.00 0.00 0.00	127,136.00 13,478.00 140,614.00 238,629.00
		11		
Group : [30] Subgroup : [11A.10] 40-111-00 Subtotal [11A.10]	Statement of Revenue Medicaid RB - SNF Only Room & Board Revenue* Medicaid Medicaid RB - SNF Only	(8,566,044,00) (8,566,044,00)	0.00	(8,566,044.00) (8,566,044.00)
Subgroup : [I1A.13] 40-111-77 Subtotal [I1A.13]	Medicaid RB - RCH- Only Room & Board Revenue>Medicaid>ALF Medicaid RB - RCH- Only	(2,778,200.00) (2,778,200.00)	0.00	(2,778,200.00)
Subgroup : [I3A.10] 40-102-00 40-102-14 Subtotal [I3A.10]	Medicare RB - SNF Only Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sequester Medicare RB - SNF Only	(1,964,828.00) 14,362.00 (1,950,466.00)	0.00 0.00 0.00	(1,964,828.00) 14,362.00 (1,950,466.00)
Subgroup : [I4A.10] 40-104-00 40-105-00 40-106-00 40-106-14 40-109-00 Subtotal [I4A.10]	Private RB - SNF Only Room & Board Revenue>Private Room & Board Revenue>Commercial HMO Room & Board Revenue>Medicare HMO Room & Board Revenue>Medicare HMO>Sequester Room & Board Revenue>Hospice Private RB - SNF Only	(1,603,481.00) (32,046.00) (574,326.00) 100.00 (90,671.00) (2,300,404.00)	0.00 0.00 0.00 0.00 0.00	(1,603,461,00) (32,046,00) (574,326,00) 100,00 (90,671,00) (2,300,404,00)
Subgroup : [I4A.13] 40-104-77 Subtotal [I4A.13]	Private RB - RCH- Only Room & Board Revenue>Private>ALF Private RB - RCH- Only	(274,625.00) (274,625.00)	0.00	(274,625.00) (274,625.00)
Subgroup : [II1A.10] 41-102-00 41-102-01 Subtotal [II1A.10]	Prescription Drugs Medicare - SNF Only Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A>C/A Prescription Drugs Medicare - SNF Only	(56,625.00) 56,625.00 0,00	0.00 0.00 0.00	(56,625.00) 56,625.00 0.00
Subgroup: [II3A.07] 42-102-00 42-102-01 42-103-00 42-103-01 Subtotal [II3A.07]	PT Medicare - SNF Only PT Revenue>Medicare A PT Revenue>Pedicare A>C/A PT Revenue>Ped B PT Revenue>Ped B PT Revenue>Ped B>C/A PT Medicare - SNF Only	(136,751.00) 136,751.00 (101,110.00) 22,050.00 (79,060.00)	0.00 0.00 0.00 0.00	(136,751.00) 136,751.00 (101,110.00) 22,050.00 (79,060.00)
Subgroup : [II3C.07] 42-106-00 42-106-01 42-111-00	PT Other - SNF Only PT Revenue>Medicare HMO PT Revenue>Medicare HMO>C/A PT Revenue>Medicare HMO>C/A	(41,542.00) 41,542.00 (42,167.00)	0.00 0.00 0.00	(41,542.00) 41,542.00 (42,167.00)

42-111-01	PT Revenue>Medicaid>C/A	42,167_00	0.00	42,167,00
Subtotal [II3C.07]	PT Other - SNF Only	0.00	0.00	0.00
,				
Subgroup : [II4A.08]	ST Medicare - SNF Only			
44-102-01	ST Revenue>Medicare A>C/A	24,729_00	0_00	24,729,00
44-103-00	ST Revenue>Parl B	(27,712_00)	0.00	(27,712.00)
Subtotal [II4A,08]	ST Medicare - SNF Only	(2,983.00)	0.00	(2,983.00)
Subgroup : [II4C.08]	ST Other - SNF Only			
44-106-00	ST Revenue>Medicare HMO	(3,990.00)	0,00	(3,990,00)
44-106-01	ST Revenue>Medicare HMO>C/A	7,740.00	0.00	7,740_00
	ST Revenue>Medicaid	(5,467,00)	0.00	(5,467,00)
44-111-00		5,467.00	0.00	5,467.00
44-111-01	ST Revenue>Medicaid>C/A	3,750.00	0.00	3,750.00
Subtotal [114C.08]	ST Other - SNF Only	5,756.00		
Subgroup : [II5A.09]	OT Medicare - SNF Only	(4.40 520 00)	0,00	(149,530.00)
43-102-00	OT Revenue>Medicare A	(149,530.00)		149,530.00
43-102-01	OT Revenue>Medicare A>C/A	149,530,00	0.00	(136,606.00)
43-103-00	OT Revenue>Part B	(136,806,00)	0.00	
43-103-01	OT Revenue>Part B>C/A	1,950.00	0.00	1,950,00
Subtotal [II5A.09]	OT Medicare - SNF Only	(134,656.00)	0,00	(134,656.00)
		-		
Subgroup : [II5C.09]	OT Other - SNF Only			
43-106-00	OT Revenue>Medicare HMO	(61,178.00)	0.00	(61,178,00)
43-106-01	QT Revenue>Medicare HMO	61,178.00	0.00	61,178.00
43-111-00	OT Revenue>Medicaid	(55,095,00)	0.00	(55,095,00)
43-111-01	OT Revenue>Medicaid>C/A	55,134.00	0.00	55,134,00
44-102-00	ST Revenue>Medicare A	(24,729.00)	0.00	(24,729,00)
		(24,690.00)	0.00	(24,690.00)
Subtotal [II5C,09]	OT Other - SNF Only	(2.1/200.00)		
	Out Madis ONE Oaks			
Subgroup : [II6A.10]	Other Medicare - SNF Only	(1,461.00)	0_00	(1,461.00)
45-102-00	Radiology Rev>Medicare A	(1,461.00) 1,481.00	0.00	1,481.00
45-102-01	Radiology Rev>Medicare A>C/A			(5,692.00)
46-102-00	Lab Rev>Medicare A	(5,692.00)	0.00	
46-102-01	Lab Rev>Medicare A>C/A	5,692,00	0.00	5,692,00
47-103-00	Other Ancillary Rev>Pert B	(17,682,00)	0.00	(17,682,00)
47-103-14	Other Ancillary Rev>Part B>Sequester	967.00	0.00	967,00
48-102-00	Vaccine Rev>Medicare A	(80.00)	0.00	(80.00)
48-103-00	Vaccine Rev>Part B	(14,420,00)	0_00	(14,420.00)
48-103-74	Vaccine Rev>Part B>COVID Vaccine	(8,160.00)	0_00	(8,160.00)
52-102-00	Revenue Adjustments>Medicare A	1.00	0.00	1.00
	Revenue Adjustments>Part B	(1,155,00)	0,00	(1,155,00)
52-103-00		(211.00)	0.00	(211,00)
52-103-74	Revenue Adjustments>Part B>COVID	(38,740.00)	0.00	(38,740.00)
Subtotal [II6A.10]	Other Medicare - SNF Only			
odstotal piortiro	•			
Subgroup : [II6A.12]	Other Medicare - RCH Only	, === ;	0.00	(6.690.00)
Subgroup : [II6A.12] 47-103-77	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF	(6,690.00)	0.00	(6,690.00) (6,690.00)
Subgroup : [II6A.12]	Other Medicare - RCH Only	, === ;	0.00	(6,690.00) (6,690.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only	(6,690.00)		
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only	(6,690.00) (6,690.00)	0.00	(6,690.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private	(6,890,00) (6,690,00) (766,00)	0.00	(6,690.00) (766.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments	(6,690,00) (6,690,00) (766,00) (168,560,00)	0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private	(6,690,00) (6,690,00) (766,00) (168,580,00) (61,390,00)	0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments	(6,690,00) (6,690,00) (766,00) (188,560,00) (61,390,00) 10,734,00	0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid	(6,690,00) (6,690,00) (766,00) (168,580,00) (61,390,00)	0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicald Revenue Adjustments>Medicare HMO	(6,690,00) (6,690,00) (766,00) (188,560,00) (61,390,00) 10,734,00	0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicald Revenue Adjustments>Medicare HMO	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (81,390.00) 10,734.00 (219,982.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev=Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup : [II6B.12]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (81,390.00) 10,734.00 (219,982.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF	(6,690.00) (6,690.00) (766.00) (186,580.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00)
Subgroup : [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup : [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup : [II6B.12] 52-111-77 Subtotal [II6B.12]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) (10,734,00) (219,982,00) (6,621,00) (6,621,00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only	(6,690.00) (6,690.00) (766.00) (186,580.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) (10,734,00) (219,982,00) (6,621,00) (6,621,00)	0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest	(6,690.00) (6,690.00) (766.00) (168,580.00) (61,390.00) (10,734.00) (219,982.00) (6,621.00) (6,621.00) (176.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (768.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV5.22] Subgroup: [IV8.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) (10,734,00) (219,982,00) (6,621,00) (6,621,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only Other - SNF Only Other - SNF Only	(6,690.00) (6,690.00) (766.00) (168,580.00) (61,390.00) (10,734.00) (219,982.00) (6,621.00) (6,621.00) (176.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (768.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV5.22] Subgroup: [IV8.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (176,00) (176,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other Rev>Miscellaneous Other - SNF ONly	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (176,00) (176,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(6,690.00) (766.00) (188,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only Other - SNF Only Other - SNF Only	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00) (176.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only Other - SNF ONly Other Rev>Miscellaneous Other - SNF ONly Statement of Revenue	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00) (176.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00) (176.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) (10,734.00) (219,982.00) (6,621.00) (6,621.00) (176.00) (176.00) (176.00) (1.00) (1.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00) (1.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (6,621,00) (176,00) (176,00) (1100) (16,379,588,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (168,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1.00) (1.00) (16,379,588.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Cperating>Payroll Cash>Operating>Fayroll Cash>Operating>Forton	(6,890.00) (6,690.00) (766.00) (186,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (1,00) (1,00) (1,00) (1,00) (1,159.00) 9,223.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1.00) (1.00) (16,379,588.00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-011-29	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing> Payroll Cash>Operating> Groton Cash>Petty Cash>Groton	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734,00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (11.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00) (1.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (108,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (6,621.00) (176.00) (1.00) (1.00) (1,159.00) (1,159.00) (9,223.00 8,829.00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-500	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Forton Cash>Petty Cash>Groton Cash>Petty Cash>Groton Cash>Petty Cash>Groton Cash>Petty Cash>Groton Cash>Petty Cash>Groton Cash>Petty Cash>Groton	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (6,621,00) (176,00) (176,00) (10,00) (10,00) (10,00) (11,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00) (1,00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-29 10-015-00 10-020-29	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Miscellaneous Other - SNF Only Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash Box PNA Cash>Petty Cash Box PNA Cash>PetyOash Goton	(6,890.00) (6,690.00) (766.00) (188,560.00) (81,390.00) (10,734.00) (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1,00) (1,00) (1,00) (1,159.00) 9,223.00 8,828.00 979.00 10,201.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00) (1,00) (1,379,588.00) (1,159.00) 9,223.00 8,829.00 979.00 10,201.00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 Subtotal [II6B.10] Subgroup: [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-500	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other Rev>Miscellaneous Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing> Payroll Cash>Operating> Groton Cash>Petty Cash>Groton Cash>Payroll>Groton Cash>Payroll>Groton Cash>Payroll>Groton Cash>Passedient Trust>Groton	(6,690.00) (6,690.00) (766.00) (188,580.00) (81,390.00) 10,734,00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (11,00) (16,379,588.00) (1,159.00) 9,223.00 8,829.00 978.00 10,201.00 69,305.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (186,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00) (1,00) (1,590.00) (1,159.00) 9,223.00 8,829.00 979.00 10,201.00 69,305.00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-29 10-015-00 10-020-29	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Miscellaneous Other - SNF Only Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash Box PNA Cash>Petty Cash Box PNA Cash>PetyOash Goton	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (176,00) (176,00) (176,00) (1,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (168,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-015-00 10-020-29	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other Rev>Miscellaneous Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing> Payroll Cash>Operating> Groton Cash>Petty Cash>Groton Cash>Payroll>Groton Cash>Payroll>Groton Cash>Payroll>Groton Cash>Passedient Trust>Groton	(6,890.00) (6,690.00) (766.00) (188,560.00) (81,390.00) (10,734.00) (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1,159.00) (1,159.00) 9,223.00 8,828.00 979.00 10,201.00 68,305.00 5,000.00 5,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00) (1,00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-015-00 10-020-29 10-061-25	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing> Payroll Cash>Operating> Groton Cash>Petty Cash Box PNA Cash>Payroll> Groton Cash>Petty Cash Box PNA Cash>Resident Trush-Groton Cash>Pesty Care Cost> Groton RHC	(6,690,00) (6,690,00) (766,00) (168,560,00) (61,390,00) 10,734,00 (219,982,00) (6,621,00) (176,00) (176,00) (176,00) (1,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (168,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-29 10-011-29 10-012-29 10-060-29 10-061-25 10-061-26	Other Medicare - RCH Only Other Ancillary Rev>Pert B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>NF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash Box PNA Cash>Payroll>Groton Cash>Patry Cash Box PNA Cash>Cash>Clost-Groton Cash>Resident Trust>Groton Cash>Resident Trust>Groton Cash>Cash>Cast-Cost-Groton RHC Cash>Care Cost>Groton RHC Cash>Care Cost>Groton	(6,890.00) (6,690.00) (766.00) (188,560.00) (81,390.00) (10,734.00) (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1,159.00) (1,159.00) 9,223.00 8,828.00 979.00 10,201.00 68,305.00 5,000.00 5,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (1,00) (1,00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-29 10-011-29 10-012-29 10-060-29 10-061-25 10-061-26	Other Medicare - RCH Only Other Ancillary Rev>Pert B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>NF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash Box PNA Cash>Payroll>Groton Cash>Patry Cash Box PNA Cash>Cash>Clost-Groton Cash>Resident Trust>Groton Cash>Resident Trust>Groton Cash>Cash>Cast-Cost-Groton RHC Cash>Care Cost>Groton RHC Cash>Care Cost>Groton	(6,890.00) (6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (1100) (16,379,588.00) (1,159.00) 9,223.00 8,828.00 970.00 10,201.00 69,305.00 5,000.00 5,000.00 107,378.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (10,00) (10,00) (10,00) (11,00) (10,00)
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-108-24 51-111-00 52-108-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-015-00 10-020-29 10-061-25 10-061-25 Subtotal [A1]	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash>Groton Cash>Petty Cash Box PNA Cash>Payroll>Groton Cash>Cash>Casloent Trush>Groton Cash>Cash>Care Cosl>Groton RHC Cash>Cash>Care Cosl>Groton RHC Cash>Cash>Care Cosl>Groton Cash	(6,690.00) (6,690.00) (766.00) (186,580.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (1,00) (1,00) (1,00) (1,00) (1,159.00) (1,201.00 69,305.00 5,000.00 5,000.00 107,378.00
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV5.22] 51-160-00 Subtotal [IV5.21] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-010-29 10-011-29 10-011-29 10-011-29 10-011-25 10-060-29 Subtotal [A1] Subgroup: [A2]	Other Medicare - RCH Only Other Ancillary Rev>Pert B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - SNF Only Other Non Medicare - RCH Only Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>NF Only Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating>Groton Cash>Petty Cash Box PNA Cash>Patyroll>Groton Cash>Patyroll>Groton Cash>Cash>Care Cost>Groton RHC Cash>Care Cost>Groton Cash) Resident Accounts Receivable	(6,690.00) (6,690.00) (766.00) (168,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (61,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (10,00) (10
Subgroup: [II6A.12] 47-103-77 Subtotal [II6A.12] Subgroup: [II6B.10] 47-104-00 47-106-24 51-111-00 52-106-00 Subtotal [II6B.12] 52-111-77 Subtotal [II6B.12] Subgroup: [IV5.22] 51-160-00 Subtotal [IV5.22] Subgroup: [IV8.10] 51-100-00 Subtotal [IV8.10] Total [30] Group: [31] Subgroup: [A1] 10-001-02 10-011-29 10-015-00 10-020-29 10-061-25 10-061-26 Subtotal [A1] Subgroup: [A2] 11-100-00	Other Medicare - RCH Only Other Ancillary Rev>Part B>ALF Other Medicare - RCH Only Other Non Medicare - SNF Only Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Private Other Ancillary Rev>Medicare HMO>Capitated Payments Other Rev>Medicaid Revenue Adjustments>Medicare HMO Other Non Medicare - RCH Only Revenue Adjustmenta>Medicaid>ALF Other Non Medicare - RCH Only Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other Rev>Interest Interest income - SNF Only Other - SNF ONly Other - SNF ONly Other - SNF ONly Statement of Revenue Balance Sheet - Assets Cash Cash>Clearing>Payroll Cash>Operating> Groton Cash>Petty Cash Sox PNA Cash>Petty Cash Sox PNA Cash>Payroll>Groton Cash>Resident Trust>Groton Cash>Cash>Casol>Groton RHC Cash>Cash>Casol>Groton Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous	(6,690.00) (6,690.00) (766.00) (186,580.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (176.00) (176.00) (176.00) (1,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(6,690.00) (766.00) (188,560.00) (81,390.00) 10,734.00 (219,982.00) (6,621.00) (176.00) (1,00) (1,00) (1,00) (1,00) (1,159.00) (1,201.00 69,305.00 5,000.00 5,000.00 107,378.00

11-103-77	Accounts Receivable>Part B>ALF	(1,411.00)	0.00	(1,411,00)
11-104-00	Accounts Receivable>Private	230,962,00	0,00	230,962,00
11-104-77	Accounts Receivable>Private>ALF	5,952,00	0,00	5,952.00
11-105-00	Accounts Receivable>Commercial HMO	115,469,00	0.00	115,469,00
	Accounts Receivable>Medicare HMO	189,571.00	0.00	189,571.00
11-106-00		59,752,00	0,00	59,752.00
11-109-00	Accounts Receivable>Hospice	1,571,950.00	0.00	1,571,950.00
11-111-00	Accounts Receivable>Medicaid	191,088.00	0.00	191,088.00
11-111-77	Accounts Receivable> Medicaid>ALF		0.00	(22,245.00)
11-112-00	Accounts Receivable>Income	(22,245,00)		
11-112-77	Accounts Receivable>Income>ALF	19,912,00	0.00	19,912,00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(166,003.00)	0.00	(166,003.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	(24,776,00)	0.00	(24,776.00)
Subtotal [A2]	Resident Accounts Receivable	2,498,962.00	0.00	2,498,962.00
adplotte [As]	Trouble Troubl			
Subgroup : [A5]	Prepaid Expenses			
12-000-00	Prepaid Expenses	27,747.00	0.00	27,747.00
		5,289,00	0.00	5,289,00
12-124-00	Prepaid Expenses>Insurance	3,098,00	0.00	3,098.00
12-153-00	Prepaid Expenses≻Financing Costs		0.00	175,674.00
12-161-00	Prepaid Expenses>RE Taxes	175,674,00		123,606.00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	123,606,00	0.00	
12-162-01	Prepaid Expenses>Insurance - General Liability & Other>Contra	(98,756.00)	0.00	(98,756,00)
12-163-00	Prepaid Expenses>Insurance - EPLI	12,237.00	0.00	12,237,00
12-165-00	Prepaid Expenses>Insurance - Property	21,043.00	0.00	21,043.00
	Prepaid Expenses>Insurance - Auto	2,188.00	0.00	2,188,00
12-167-00		272,126.00	0.00	272,126.00
Subtotal [A5]	Prepaid Expenses	212/120/00		
Subgroup : [A8]	Other Current Assets	54,000.00	0.00	54,000,00
13-128-00	Due From>Vendor Security Deposits			
Subtotal [A8]	Other Current Assets	54,000.00	0.00	54,000.00
Subgroup : [B4]	Leasehold Improvements			
14-131-00	Fixed Assets>Leasehold Improvements	229,552,00	0.00	229,552.00
Marcum 101	Accum Depreciation>Leasehold Improvements	0,00	(6,005.00)	(6,005,00)
Subtotal [B4]	Leasehold Improvements	229,552.00	(6,005.00)	223,547.00
Subtotal [B4]	Constitute improvements			
Sub (DE)	Non-Movable Equipment			
Subgroup : [B5]		15,792,00	0,00	15,792.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	0.00	(564.00)	(564_00)
Marcum 103	Accum Depreciation>Non Movable		(564.00)	15,228.00
Subtotal [B5]	Non-Movable Equipment	15,792.00	(364.00)	10,220.00
Subgroup : [B6]	Movable Equipment		2.00	112 212 00
14-134-00	Fixed Assets>Computer Hardware	113,312.00	0,00	113,312,00
15-100-00	Accum Depn>Miscellaneous	(29,187.00)	6,569,00	(22,618.00)
Subtotal [B6]	Movable Equipment	84,125.00	6,569.00	90,694.00
0-20000 (2-0)				
Subgroup : [B9]	Other Fixed Assets			
14-136-00	Fixed Assets>CIP	26,264.00	0.00	26,284.00
		26,264.00	0.00	26,264.00
Subtotal [B9]	Other Fixed Assets	20,204,00		
	A Function			
Subgroup : [D3]	Organization Expense	22,223.00	0,00	22,223.00
17-000-00	Other Assets>Deferred Financing Costs		0,00	(8,025.00)
19-265-00	Accumulated Amortization>Deferred Financing Costs	(8,025.00)		
Subtotal [D3]	Organization Expense	14,198.00	0.00	14,198.00
Subgroup : [D6]	Loans to Related Parties			
13-127-00				
13-127-10	Due From>Old Owner	(81,524.00)	0.00	(81,524.00)
	Due From>Old Owner Due From>Old Owner>AP Items	(81,524,00) 135,192.00	0.00 0.00	135,192.00
	Due From>Old Owner>AP Items	135,192.00		
Subtotal [D6]		• • •	0.00	135,192.00
Subtotal [D6]	Due From≻Old Owner>AP Items Loans to Related Parties	135,192.00	0.00	135,192.00
Subtotal [D6] Subgroup : [D7]	Due From≻Old Owner≻AP Items Loans to Related Parties Other Assets	135,192.00 53,668.00	0.00	135,192.00
Subtotal [D6] Subgroup : [D7] 17-283-91	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax	135,192.00 53,668.00 (169,786.00)	0.00	135,192.00 53,668.00 (169,786.00)
Subtotal [D6] Subgroup : [D7]	Due From≻Old Owner≻AP Items Loans to Related Parties Other Assets	135,192.00 53,668.00	0.00	135,192.00 53,668.00
Subtotal [D6] Subgroup : [D7] 17-283-91	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax Other Assets	135,192.00 53,668.00 (169,786.00) (169,786.00)	0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00)
Subtotal [D6] Subgroup : [D7] 17-283-91	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax	135,192.00 53,668.00 (169,786.00)	0.00	135,192.00 53,668.00 (169,786.00)
Subtotal [D6] Subgroup : [D7] 17-283-91 Subtotal [D7]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax Other Assets	135,192.00 53,668.00 (169,786.00) (169,786.00)	0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00)
Subtotal [D6] Subgroup : [D7] 17-283-91 Subtotal [D7] Total [31]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax Other Assets	135,192.00 53,668.00 (169,786.00) (169,786.00)	0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets>Escrow>Property Tax Other Assets Balance Sheet - Assets Liabilities	135,192.00 53,668.00 (169,786.00) (169,786.00)	0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00)	0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00	0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00	0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00	0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00)	0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00)	0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00)	0.00 0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00)	0.00 0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Paya	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Paya	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,688.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-00 Subtotal [A4] Subgroup: [A6] 23-156-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Accrued Payroll Taxes Payable Accrued Wages & Related>PR Taxes	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,068.00) (219,497.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,688.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-156-00 Subtotal [A6]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Wages & Related Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,068.00) (219,497.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,688.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-156-00 Subtotal [A6] Subgroup: [A12]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Accrued Payroll Taxes Payable Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00) (6,179.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,688.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-158-00 Subtotal [A6] Subgroup: [A6] 23-158-00 Subtotal [A6]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,068.00) (219,497.00) (6,179.00) (6,179.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00) (219,497.00) (6,179.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-158-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Taxes Payable Accrued Wages & Related>Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00) (6,179.00) (6,179.00) (2,457.00) 148.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00) (6,179.00) (2,457.00) 148.00
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-158-00 Subtotal [A6] Subgroup: [A6] 23-158-00 Subtotal [A6]	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Wages & Related>Payable Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,068.00) (219,497.00) (6,179.00) (2,457.00) 148.00 (69,305.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00) (219,497.00) (6,179.00) (6,179.00) (2,457.00) 148.00 (89,305.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-158-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Accrued Payroll Taxes Payable Accrued Wages & Related>Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction	135,192.00 53,668.00 (169,786.00) (169,786.00) (3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,088.00) (219,497.00) (6,179.00) (6,179.00) (2,457.00) 148.00 (89,305.00) (118,216.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) (799,383.00) (799,383.00) (799,383.00) (7,086.00) (219,497.00) (6,179.00) (6,179.00) (2457.00) 148.00 (89,305.00) (118,216.00)
Subtotal [D6] Subgroup: [D7] 17-283-91 Subtotal [D7] Total [31] Group: [33] Subgroup: [A1] 20-000-00 Subtotal [A1] Subgroup: [A4] 23-000-00 23-157-00 23-157-10 Subtotal [A4] Subgroup: [A6] 23-156-00 Subtotal [A6] Subgroup: [A6] 21-148-00 21-148-00 21-148-00 21-350-00	Due From>Old Owner>AP Items Loans to Related Parties Other Assets Other Assets Other Assets Balance Sheet - Assets Liabilities Accounts Payable Accounts Payable Accounts Payable Accounts Payable Accrued Wages & Related Accrued Wages & Related Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner Accrued Wages & Related>Payable Accrued Payroll Taxes Payable Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,068.00) (219,497.00) (6,179.00) (2,457.00) 148.00 (69,305.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	135,192.00 53,668.00 (169,786.00) (169,786.00) 3,186,279.00 (799,383.00) (799,383.00) (111,497.00) (100,932.00) (7,086.00) (219,497.00) (6,179.00) (6,179.00) (2,457.00) 148.00 (89,305.00)

Subtotal [A12]	Other Current Liabilities	(632,058.00)	0.00	(632,058.00)
Subgroup : [B3]	Loans from Owenrs or Related Parties			
27-900-57	Due To/(From)>Interfacility>NJ14	(67,080.00)	0,00	(67,080.00)
27-901-48	Due To/(From)>Interfacility>WV/DE 5 and CT4	(120,00)	0.00	(120,00)
27-901-49	Due To/(From)>Interfacility>CT4	(304,895,00)	(584,053,00)	(868,948.00)
27-901-50	Due To/(From)>Interfecility>CT4 and NJ14	90,768_00	0,00	90,768,00
27-901-51	Due To/(From)>Interfacility>CT4 and GA	(6,134,00)	0.00	(6,134.00)
27-901-52	Due To/(From)>Interfacility>CT4 and PA4	(750.00)	0.00	(750,00)
27-901-53	Due To/(From)>Interfacility>CT4 and NJ4	(3,622,00)	0.00	(3,622.00)
27-901-55	Due To/(From)>Interfacility>CT4 and NJ2	(1,380.00)	0.00	(1,380.00)
27-901-59	Due To/(From)>Interfecility>CT4 and MD5	(196.00)	0.00	(196,00)
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4	(47_00)	0.00	(47,00)
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	3,423.00	0.00	3,423.00
Subtotal [B3]	Loans from Owenrs or Related Parties	(290,033.00)	(564,053.00)	(854,086.00)
Subgroup : [B4]	Other Long Term Liabilities			(7 Fee 10)
27-000-40	Due To/(From)>Amex Groton	(7,583,00)	0.00	(7,583.00)
27-000-80	Due To/(From)>Vendor	15,031.00	0_00	15,031.00
27-100-81	Due To/(From)>Facility CC>Voorhees	(25.00)	0.00	(25.00)
27-102-00	Due To/(From)>Medicare A	(3,786.00)	0.00	(3,786.00)
27-102-14	Due To/(From)>Medicare A>Sequester	(4,691.00)	0.00	(4,691,00)
27-105-00	Due To/(From)>Commercial HMO	(19,590,00)	0.00	(19,590.00)
Subtotal [B4]	Other Long Term Liabilities	(20,644.00)	0.00	(20,644.00)
Total [33]	Liabilities	(1,967,794.00)	(584,053.00)	(2,531,847.00)
Group : [35]	Equity			
Subgroup : [85]	Cumulated Earnings			(F7 B0F 00)
30-000-00	Retained Earnings	(57,805.00)	0.00	(57,805,00)
31-404-87	Partners' Equity>Robert Hoch>Draws	24,018.00	0.00	24,018.00
Subtotal [B5]	Cumulated Earnings	(33,787.00)	0.00	(33,787.00)
Total [35]	Equity	(33,787.00)	0.00	(33,787.00)
	Sum of Account Groups	0.00	0.00	0.00

Client: Complete Care Management Medicaid - Complete Care at Groton Regency, LLC Engagement: 9/30/2022 Period Ending: Trial Balance: A.01 - TB H.01 - Combined Journal Entries Report Workpaper: Credit W/P Ref Debit Description Account Reclassifying Journal Entries Reclassifying Journal Entries JE # 1 K.02 To reclass non movable equipment to correct lines of the cost report 6,569.00 Accum Depn>Miscellaneous 15-100-00 6.005.00 Depreciation Expense>Leasehold Improvements Marcum 102 564,00 Depreciation Expense>Non Movable Marcum 104 6,569,00 Depreciation Expense 92-000-00 6,005,00 Accum Depreciation>Leasehold Improvements Marcum 101 564.00 Accum Depreciation>Non Movable Marcum 103 13,138.00 13,138.00 Total D.01a Reclassifying Journal Entries JE # 2 To reclass dentist fees to correct lines of cost report 11,279.00 Marcum 105 Dentist 11.279.00 61-750-00 Nursing Admin Expense>Medical Director 11,279.00 11,279.00 Total Reclassifying Journal Entries JE # 3 E.02 To reclass expenses not relating to dues into correct lines of the cost report, 266.00 Subscriptions Marcum 106 660.00 Marcum 107 Chamber Dues 52,00 Marcum 108 Education 100.00 Marcum 109 Sales & Use Tax 1,078.00 Admin Expense>Dues & Subscriptions 80-235-00 1,078.00 1,078.00 Total A.00 Reclassifying Journal Entries JE#4 To record AJE PBC 869_00 59-000-00 Radiology Expense 35,410,00 Nursing Expense>Data Processing 60-230-00 21,120,00 60-700-06 Nursing Expense>Contracted Services>Other 1,354.00 Nursing Expense>Contracted Service>LPN 60-700-19 7,172,00 Nursing Expense>Contracted Service>CNA 60-700-20 174.00 Nursing Expense>Contracted Service>LPN Overtime 60-700-22 3.431.00 Nursing Expense>Contracted Service>CNA Overtime 60-700-23 10,835.00 Nursing Admin Expense>Medical Director 61-750-00 4,610.00 Dietary Expense>Contracted Dietician 70-833-00 1,532,00 Maintenance Expense>Sanitation & Incineration 75-205-00 72,896.00 Maintenance Expense>Repairs & Maint 75-207-00 780.00 Maintenance Expense>Contracted Service 75-700-00 25.00 Utility Expense>Electric 76-228-00 1,110.00 Admin Expense>Shredding 80-181-00 934.00 80-183-00 Admin Expense>Supplies 13.00 Admin Expense>Postage 80-209-00 53,469.00 80-230-00 Admin Expense>Data Processing 250.00 Admin Expense>Data Processing 80-230-00 300.00 Admin Expense>Telephone 80-231-00 8,435,00 80-238-00 Admin Expense>Legal Fees 438.00 Admin Expense>Professional Fees>Add Back 80-240-02 8.116.00 Admin Expense>Marketing & Advertising 80-250-00 1,536.00 Admin Expense>Marketing & Advertising 80-250-00 500.00 Admin Expense>Startup Costs 80-252-00 96.00 80-255-00 Admin Expense>Startup Costs>Agency 603,350.00 Admin Expense>Management Fee 80-279-00 1,695,00 Employee Benefits>Life Insurance 85-885-00 603,350.00 Due To/(From)>Interfacility>CT4 27-901-49 96.00 Nursing Expense>Contracted Service>CNA 60-700-20 199,783.00 80-252-00 Admin Expense>Startup Costs 12,131.00 Admin Expense>Startup Costs>Agency 80-255-00 25,090,00

Prior Period Expense

98-999-99

Total		-	840,450.00	840,450.00
Reclassifying Journa to record an additiona		A.02a		
27-901-49	Due To/(From)>Interfacility>CT4		39,297.00	
BO-279-00	Admin Expense>Management Fee			39,297.00
Total	Admin Exported Management of	=	39,297.00	39,297.00
	Total Reclassifying Journal Entries	=	905,242.00	905,242.00
	Total All Journal Entries	y <u></u>	905,242.00	905,242.00



Workpaper Index:

B.03

Prepared By: Reviewed By:

Workpaper Date: Run Date:

1/31/2023

Provider Name:

Complete Care at Groton Regency, LLC

Provider Number: Period Ended:

2461

9/30/22

VEHICLE COMPLIANCE CHECKLIST

Name of Workpaper: VHCL CKLST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: