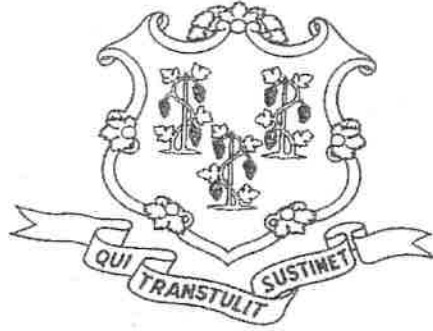


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Complete Care at Harrington Court, LLC	
Address (No. & Street, City, State, Zip Code) 59 Harrington Ct, Colchester, CT 06415	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2462	RHNS	(Specify)	Medicare Provider 07-5253
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Medicaid Provider Numbers:	CCNH 000008961	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Complete Care at Harrington Court, LLC	License No. 2462	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Complete Care at Harrington Court, 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) Theodore Vinci			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)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Complete Care at Harrington Court, LLC		Period Covered: From 10/1/2021	To 9/30/2022
Address of Facility 59 Harrington Ct, Colchester, CT 06415			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/9/2023
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 537-2339		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Complete Care at Harrington Court, LLC		Address (No. & Street, City, State, Zip) 59 Harrington Ct, Colchester, CT 06415		
License Numbers:	CCNH 2462	RHNS	(Specify)	Medicare Provider No. 07-5253
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
Complete Care Management, LLC purchased this Facility from Genesis on 9/1/2021.				
Administrator				
Name of Administrator Theodore Vinci		Nursing Home Administrator's License No.:	748	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Complete Care at Harrington Court, LLC	License No. 2462	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
 Related Parties***

Name of Facility Complete Care at Harrington Court, LLC		License No. 2462	Report for Year Ended 9/30/2022	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Management Fees	Pg 16 / Line M12	327,689	327,689
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Page 22 / Line 9	577,331	***577331
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Due to/from Intercompany	Page 34 / Line B3		
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Complete Care at Harrington Court LLC Telephone No: 8605372339

Billing Address: 59 Harrington Ct, Colchester, CT 06415-1207 Equipment Location (if other than Billing Address): 59 Harrington Ct, Colchester, CT 06415-1207

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Table with 5 columns: Unit Quantity, Description of Equipment Leased, Make and Type, Model Number, Serial Number. Includes note: * PLEASE REFER TO SCHEDULE A

Table with 4 columns: BASE TERM IN MONTHS (63), TOTAL NUMBER OF LEASE PAYMENTS (63 @ \$427.00), END OF LEASE PURCHASE OPTION (Fair market value, plus taxes), and fees (Advance Payment, Security Deposit, Documentation Fee, Total due).

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- 1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY LESSEE: Complete Care at Harrington Court LLC Print Name: Ari Genuth Title: Director of purchasing
X [Signature] Lessee Authorized Signature E-Mail Address: Date: 7/14/22
Tax ID Number:

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X Print Name: E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By: Title: Date:



SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)

Lease Application No.: 743276

QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 59 Harrington Ct, Colchester, CT 06415-1207

1	Kyocera 6004l	New			
2	Kyocera M3665ldn	New			

\$ 249.00

\$ 89.00 x 2

LESSEE: Complete Care at Harrington Court LLC

LEAF CAPITAL FUNDING, LLC

BY: *A. Genuth*

BY: _____

PRINT NAME: Ari Genuth

PRINT NAME: _____

TITLE: Director of purchasing

TITLE: _____

DATE: 7/14/22

DATE: _____



DELIVERY AND ACCEPTANCE CERTIFICATE

Date of Equipment Delivery: 7/14/22

Application No.: 743276

Complete Care at Harrington Court LLC ("Customer") hereby certifies that all of the equipment, software and other property (collectively, "Equipment") referred to in that certain Agreement related to the above referenced application number (the "Agreement") by and between Customer and LEAF Capital Funding, LLC ("LEAF") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all purposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTOMER: Complete Care at Harrington Court LLC

By: *Ari Genuth*

Print Name: Ari Genuth

Title: Director of purchasing

E-Mail Address: _____

Date: 7/14/22

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.



LEAF AUTOPAY PROGRAM
(AUTHORIZATION TO DEBIT AND CREDIT ACCOUNT BY ACH)

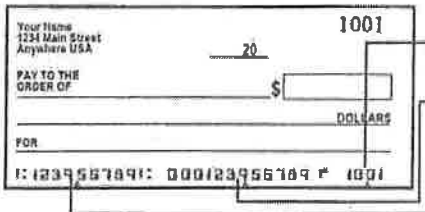
Customer Name: Complete Care at Harrington Court LLC

Application Number: 743276

In connection with the above referenced contract(s) ("Contract"), Customer(s) hereby authorize(s), LEAF Capital Funding, LLC AND/OR ITS AGENTS, SUCCESSORS AND ASSIGNS (collectively, "Company"), to initiate ACH credit and/or debit entries, and if necessary, adjust any credit and/or debit entries made in error to the account described below ("Account") at the financial institution named below ("Bank").

BANK NAME: _____ ABA/ROUTING NUMBER: _____
BRANCH: _____ ACCOUNT NAME: _____
CITY: _____
STATE: _____ ZIP: _____ ACCOUNT NUMBER: _____

(ATTACH A VOIDED CHECK ON THE ABOVE ACCOUNT)



- The check number is on the top and bottom right of the check - we do not need the check number.
Account Number is the middle group of 12 numbers on the bottom of your check.
Routing Number is the group of 9 numbers on the bottom left of your check.

Customer certifies that all information set forth above is true and correct. Customer agrees to give Company not less than twenty (20) days advance written notification of any termination or change in this Authorization, which shall remain in full force and effect until Company has received such written notification from Customer.

Customer hereby acknowledges and agrees that the financial accommodations and periodic payments under the Contract have been agreed to by Company upon the condition that Company will be able to realize cost savings by administering the Contract using ACH debit and credit entries as authorized herein.

Signature: X [Handwritten Signature] Customer Billing Contact Information (if different from information on left):
Print Name: Ari Genuth Name: _____
Title: Director of purchasing Title: _____
Date: 7/14/22 Title: _____
Phone Number: _____ Phone Number: _____
E-mail Address: _____ E-mail Address: _____

THE PERSON SIGNING ABOVE AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.

Complete Care at Harrington LLC
59 Harrington Ct
Colchester, CT 06415

Congressional Bank

111
Date: 07/13/2022

Pay One Hundred One Dollars



Pay to the Order of Vendor Print As
Address Line 1
Address Line 2
City, State/Territory Zip code/Post code

⑈000111⑈ ⑆055003418⑆

9350209766⑈

Complete Care at Harrington LLC
Vendor ID--Vendor Name
Print As: Vendor Print As

Address Line 1
Address Line 2
City, State/Territory Zip code/Post code

111
Congressional Bank
Harrington Operating 9766
Date: 07/13/2022

Date	Bill #	Reference Number	Amount Due	Amount Paid/Applied
10/05/2004			\$101.00	\$101.00
Net Amount:				\$101.00

Complete Care at Harrington LLC
Vendor ID--Vendor Name
Print As: Vendor Print As

Address Line 1
Address Line 2
City, State/Territory Zip code/Post code

111
Congressional Bank
Harrington Operating 9766
Date: 07/13/2022

Date	Bill #	Reference Number	Amount Entered	Amount Paid
10/05/2004			\$101.00	\$101.00
Net Amount:				\$101.00

GUARANTY

THIS GUARANTY, dated as of July 14, 2022 ("Guaranty"), is made by Green Acres Rehab and Nursing LLC, an organization having its principal place of business at 1931 Lakewood Rd. Toms River, NJ 08755 ("Guarantor").

In order to induce LEAF Capital Funding, LLC ("LEAF") from time to time to enter into or extend certain financial accommodations with, or forebear from exercising rights and remedies against, Complete Care at Harrington Court LLC ("Customer"), Guarantor guarantees to LEAF the payment and performance of the Obligations, as defined below. Guarantor acknowledges that LEAF is relying upon this Guaranty in providing financial accommodations to Customer. If more than one entity executes this Guaranty, the liability of each such Guarantor hereunder shall be joint and several.

Section 1. Guaranty of Payment and Performance. Guarantor guarantees to LEAF the prompt payment and/or performance of all indebtedness, obligations and liabilities of Customer at any time owing to LEAF, whether now existing or hereafter arising, direct or indirect, matured or unmatured, primary or secondary, certain or contingent, or acquired by or otherwise created in favor of LEAF, including without limitation any and all rent, loan, purchase or other installment payments, principal balances, taxes, indemnities, liquidated damages, accelerated amounts, return deficiency charges, casualty value payments, all interest, late charges and fees, collection expenses, attorneys' fees for enforcement and other costs, which may at any time be payable to LEAF, together with all claims for damages arising from or in connection with the failure to punctually and completely pay or perform such obligations, whether or not such obligations are from time to time reduced or extinguished and thereafter increased or incurred (collectively the "Obligations"). This Guaranty is a guaranty of payment and performance, and not a guaranty of collection, and Guarantor hereby undertakes and agrees that if Customer does not or is unable to punctually and completely pay or perform any Obligations for any reason, Guarantor shall (i) punctually pay any such Obligations requiring the payment of money which Customer fails to pay promptly, as and when due, in each case, as an Obligation for payment due directly from Guarantor to LEAF and without any abatement, reduction, setoff, defense, counterclaim or recoupment, and (ii) punctually perform any and all Obligations not requiring the payment of money for the benefit of LEAF, as an Obligation for performance due directly from Guarantor to LEAF. Guarantor shall be deemed to be primarily liable for each Obligation and not merely as a surety thereof. This Guaranty is a continuing one and will be effective and binding upon Guarantor regardless of how long before or after the date hereof any Obligation may have arisen or will arise. The obligations of Guarantor hereunder shall be absolute and unconditional, irrespective of any circumstances which might constitute a legal or equitable defense or discharge of his or her obligations hereunder or which otherwise limit enforceability against the Guarantor by LEAF.

Section 2. Representations, Warranties and Covenants.

2.1 Guarantor represents and warrants to LEAF, knowing that LEAF is relying thereon, as follows:

(a) Guarantor is an entity duly organized, validly existing and in good standing under the laws of the jurisdiction of its organization and has full power and authority to enter into and perform its obligations under this Guaranty.

(b) The execution, delivery, and performance by Guarantor of this Guaranty have been duly authorized by all necessary action on the part of Guarantor, are not inconsistent with its organizational documents, do not and will not contravene any law or governmental rule, regulation or order applicable to Guarantor, and do not and will not contravene any provision of, or constitute a default under, any indenture, mortgage, contract or other instrument to which Guarantor is a party or by which it is bound. This Guaranty will constitute the legal, valid and binding agreement of Guarantor, enforceable in accordance with its terms.

(c) There are no actions, suits or proceedings pending or, to the knowledge of Guarantor, threatened against or affecting Guarantor in any court or before any governmental commission, board or authority which, if adversely determined, will have a material adverse effect on the ability of Guarantor to perform its obligations under this Guaranty.

(d) The balance sheet and statement of income of Guarantor heretofore delivered to LEAF have been prepared in accordance with

generally accepted accounting principles and fairly present the financial position of Guarantor on and as of the date thereof and the results of its operations for the period or periods covered thereby. Since the date of such balance sheet, there has been no material adverse change in the financial condition of Guarantor.

(e) As of the date hereof, and after giving effect to this Guaranty and the contingent obligations contained herein, Guarantor is solvent and has assets which, when fairly valued, exceed its liabilities. The performance of the obligations of Guarantor hereunder will not cause Guarantor to exceed its ability to pay its debts as they mature, and this Guaranty is made without any intent to hinder, delay or defraud either present or future creditors, purchasers or other interested persons. (AG)

2.2 Commencing on the date hereof and until all of the Obligations are satisfied in full, Guarantor shall furnish to LEAF: (i) within 120 days after the close of each fiscal year of Guarantor occurring after the date hereof, an audited balance sheet of Guarantor at and as of the end of such fiscal year, together with an audited statement of income of Guarantor for such fiscal year, all prepared in accordance with generally accepted accounting principles consistently applied, and (ii) from time to time, such other information as LEAF may reasonably request with respect to the financial or business condition of Guarantor. (AG)

Section 3. Waiver of Precondition, Suretyship Defenses.

Guarantor hereby waives against LEAF as a precondition for payment hereunder each of the following: any demand for payment, filing of claims with any court, and proceedings to enforce any provisions of the Obligations or this Guaranty, any right to require a proceeding first against the Customer or any party whatsoever or to exhaust any security for the Obligations, and all protests, presentment, notice (including, without limitation, notice of acceptance of this Guaranty by LEAF) or demand whatsoever. Guarantor hereby covenants that by its agreement under this Guaranty it shall not be discharged from its obligations hereunder or with respect to the Obligations except by payment in full of all amounts due and to become due with respect to the Obligations and this Guaranty and performance and discharge of all the Obligations, and only to the extent of any such payment, performance and discharge. Without limiting the generality of the foregoing, the obligations of Guarantor hereunder and LEAF's rights to enforce same shall not be in any way affected by (i) any insolvency, bankruptcy, liquidation, reorganization, dissolution, winding up or other proceeding involving or affecting Customer, Guarantor or others; (ii) any change in the ownership of Customer; and (iii) any failure on the part of any other party whether or not without fault on its part to perform or comply with any of the terms of the Obligations or this Guaranty or any other instrument. Guarantor hereby waives any defenses which Guarantor may have or assert against the enforcement of this Guaranty or any obligation based upon suretyship principles or any impairment of collateral.

Section 4. Relation with Customer, Release of Collateral. LEAF may, without notice to Guarantor, deal with the Customer in the same manner and as freely as if this Guaranty did not exist and shall be entitled among other things, without loss of right hereunder, to grant Customer such extensions of time to perform any act or acts as may seem advisable to LEAF at any time and from time to time without terminating, affecting or impairing the validity of Guarantor's obligations hereunder. No compromise, alteration, amendment, modification, extensions, renewal, release of collateral, failure to acquire or maintain a lien upon collateral or other change of or waiver, consent or any action or delay or admission or failure to act in respect of any liability or obligation under or in respect of the Obligations shall in any way alter or affect the obligations of Guarantor hereunder.

Section 5. Debt Subordination. All debts and liabilities, present and future of the Customer to the Guarantor ("Subordinated Debt") are hereby subordinated to the payment and performance of the Obligations, and all monies received by the Guarantor or its representative, successors or assigns thereon, shall be received as trustee for LEAF and shall be paid over to LEAF, and the Guarantor further agrees, upon any liquidation or distribution of the assets of the Customer, to assign to LEAF upon its request all claims on account of the Subordinated Debt and all security therefore, to the end that LEAF shall receive all dividends and payments on such Subordinated Debt until payment and performance in full of all the Obligations has occurred. This Guaranty shall constitute an assignment of

the Subordinated Debt in the event the Guarantor shall fail or refuse to execute and deliver such other or further assignment of such claims and security as LEAF may request. Guarantor shall not demand or accept any payment of, or otherwise cancel, set-off or otherwise discharge any part of, the Subordinated Debt without the prior written consent of LEAF, provided, however, that for so long as there is no default hereunder or in connection with the Obligations or the Subordinated Debt, Guarantor may receive and Customer may pay (but not prepay, whether or not permitted or contemplated by the terms of the Subordinated Debt) principal and/or interest or other scheduled installment payments of Subordinated Debt from Customer. Upon the request of LEAF, Guarantor shall deliver to LEAF a certified statement of the outstanding Subordinated Debt, specifying in detail the time at which permitted payments of Subordinated Debt were made, if any, and such other information as LEAF may request.

Section 6. Waiver of Subrogation. Guarantor hereby irrevocably waives any and all rights it may have to enforce any of LEAF's rights or remedies or participate in any security now or hereafter held, and any and all such other rights of subrogation, reimbursement, contribution or indemnification against the Customer, or any other person having any manner of liability for Customer's obligations to LEAF, whether or not arising hereunder, by agreement, at law or in equity.

Section 7. Events of Default. Each of the following events shall constitute an Event of Default under this Guaranty: (i) if there exists any event or condition which, with notice and/or the passage of time, would constitute a default under any document, agreement or instrument evidencing an Obligation (including any default relating to Guarantor or this Guaranty); (ii) Guarantor fails to perform or observe any covenant, term or condition or breaches any representation or warranty contained in this Guaranty and such failure shall continue unremedied for a period of fifteen days after written notice from LEAF to Guarantor stating the failure; or (iii) there is a liquidation, bankruptcy, assignment for the benefit of creditors or similar proceeding affecting the status, existence, assets or obligations of Customer or any Guarantor or other party liable to LEAF in respect of the Obligations, (each of the foregoing being hereinafter referred to as a "Default"), then the Obligations of Customer shall, at the sole option of LEAF, be deemed to be accelerated and become immediately due and payable by Guarantor for all purposes of this Guaranty, and Guarantor shall (Y) immediately pay directly to LEAF all such Obligations for the payment of money owing to LEAF by reason of acceleration or otherwise (including without limitation, any rent, liquidated damages, principal or interest payments or balances, fees, other installments or any other accrued or unaccrued amounts with respect to such Obligations), irrespective of whether a Default exists relating to Customer, and notwithstanding any stay, injunction or other prohibition preventing acceleration of any Obligations against Customer, and (Z) promptly perform all other Obligations. Guarantor shall be liable, as principal obligor and not as a surety or guarantor only, for all attorneys' fees and other costs and expenses incurred by LEAF in connection with LEAF's enforcement of this Guaranty, together with interest on all amounts recoverable under this Guaranty, compounded monthly in arrears, from the time such amounts become due and payable until the date of payment at the lesser of LEAF's then current late charge rate of interest or the highest rate permitted by applicable law. If LEAF is required to return any payment made to LEAF by or on behalf of Customer, whether as a result of Customer's bankruptcy, reorganization or otherwise, Guarantor acknowledges that this Guaranty covers all such amounts, notwithstanding that the original of this Guaranty may have been returned to Guarantor and/or otherwise canceled. No remedy provided for herein is intended to be exclusive but each shall be cumulative and in addition to any other remedy referred to above or otherwise available at law or in equity.

Section 8. Miscellaneous.

8.1 This Guaranty is in addition to and not exclusive of the guaranty of any other guarantor and of any and all prior guarantees by and of the Guarantor of the obligations of the Customer to LEAF. Guarantor waives all right to trial by jury in any litigation relating to this Guaranty or the transactions contemplated hereby.

8.2 Guarantor hereby irrevocably submits itself to jurisdiction in the Courts of the Commonwealth of Pennsylvania and to jurisdiction in the United States District Court for the Eastern District of Pennsylvania with respect to any matter, suit or proceeding arising out of this Guaranty or the transactions contemplated hereby. Guarantor agrees that service of process may be duly made upon it by registered or certified mail (return

receipt requested) at the address of Guarantor set forth herein or at such other address as Guarantor shall from time to time designate by notice to LEAF similarly given.

8.3 This Guaranty shall, with the exception of laws relating to choice of law, be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to the principles regarding the choice of law. This Agreement shall be binding upon Guarantor and its successors and assigns. LEAF may, at any time and without the consent of, or notice to, Guarantor, assign all or any portion of its rights hereunder to any other party to which all or any portion of the Obligations are transferred, assigned or negotiated (an "Assignee"). Guarantor shall promptly execute and deliver to LEAF or its Assignee such additional documents, instruments and assurances as LEAF deems necessary in order to acknowledge and confirm, for the benefit of LEAF or its Assignee, all of the terms and conditions of all or any part of the Obligations or this Guaranty and LEAF's or Assignee's rights with respect thereto.

8.4 This Guaranty contains the entire agreement between Guarantor and LEAF relating to the subject matter hereof. A photocopy, printed electronic image or facsimile of this Guaranty that includes copies of the signature of Guarantor shall be legally admissible under the "best evidence" or other similar rule of evidence and shall be treated as an original document and proof of the agreement between the parties.

IN WITNESS WHEREOF, the undersigned has caused this Guaranty to be executed as of the date set forth above.

GUARANTOR: Green Acres Rehab and Nursing LLC

BY: Ari Genuth

PRINT NAME: Ari Genuth

TITLE: Director of purchasing

GUARANTOR'S TAX ID#: _____



Service Agreement



Company:	complete care at harrington court llc	Date:	7/14/22
Address:	59 harrington CT	Representative:	SOL CITRONENBAUM
City, ST Zip:	colchester CT 06415	Address:	100 Park Ave 16th FL
Phone:		City, ST:	New York, NY
Contact:		Zip:	10017
Delivery Address If other		Phone:	212-300-3582
Address:		Fax:	212-609-3752
City, ST:		Cell:	646-675-6835
e-mail Address:			

Model Number	Description	Qty.	Per unit	Total
Kyocera 6004i	copy print scan fax finisher stand	1	\$ 249.00	\$ 249.00
kyocera m3655idn	2 extra old units.	2	\$ 89.00	\$ 178.00

Special Instructions:

SERVICE AGREEMENT INCLUDES ALL SERVICE CALLS, PARTS, LABOR, AND UNLIMITED TONER.

cost per copy billed at \$0.005

Customer: _____ **Sales Rep:** SOL CITRONENBAUM

Authorized Signature Ar. Gentil _____

General Information and Questionnaire
Accounting Basis

Name of Facility Complete Care at Harrington Court	License No. 2462	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain. N/A				
Independent Accounting Firm				
Name of Accounting Firm 1 Brand Sonnenshine LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 1641 East 16th St- 4th floor Brooklyn NY 11229		
Services Provided by This Firm (<i>describe fully</i>)				
1	General Accounting Fees		\$	15,000
2			\$	
3			\$	
4			\$	
			Charge for Services Provided \$ 15,000	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Pg. 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 CSC 2 Cogency Global 3 Genova Burns 4 Waller Lansden Dortch & Davis, LLP 5 Various		Telephone Number 866-636-5400 800-221-0102 973-533-0777 615-244-6380 Various		
Address (<i>No. & Street, City, State, Zip Code</i>) 1 PO Box 7410023, Chicago IL 60674 2 122 E 42nd St 18th fl, New York, NY 10168 3 494 Broad Street Newark, NJ 07102 4 511 Union Street Suite 2700 Nashville, Tennessee 31219 5 Various				
Services Provided by This Firm (<i>describe fully</i>)				
1	Annual Report Filing, Acquisitions (Disallowed on Pg 28)		\$	1,008
2	Renewal of Statutory Representation		\$	32
3	Advice, counsel & representation labor and employment law and related matters		\$	384
4	Genesis Portfolio Legal Fees (Disallowed on Pg 28)		\$	310
5	Various Legal Fees - will provide further detail in RFI		\$	7,885
			Charge for Services Provided \$ 9,619	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Pg. 15, Line 1e				

Schedule of Resident Statistics

Name of Facility Complete Care at Harrington Court, LLC	License No. 2462		Report for Year Ended 9/30/2022				Page 8		of 37			
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30							
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	125	125			125	125						
B. On last day of THIS report period	125	125							125	125		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	96	96			96	96						
B. As of midnight of THIS report period	100	100							100	100		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,598	3,598			2,767	2,767			831	831		
B. Medicaid (Conn.)	25,846	25,846			19,008	19,008			6,838	6,838		
C. Medicaid (other states)												
D. Private Pay	5,645	5,645			4,470	4,470			1,175	1,175		
E. State SSI for RCH												
F. Other (Specify) Hospice / Common Ins / Mgd N	976	976			840	840			136	136		
G. Total Care Days During Period (3A thru F)	36,065	36,065			27,085	27,085			8,980	8,980		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	425	425			327	327			98	98		
B. Other Bed Reserve Days	7	7			6	6			1	1		
5. Total Resident Days (3G + 4A + 4B)	36,497	36,497			27,418	27,418			9,079	9,079		

Schedule of Resident Statistics (Cont'd)

Name of Facility Complete Care at Harrington Court, LLC			License No. 2462			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	16		72		12								
Per Diem Rate													
a. One bed rm.	Various		279.10		521.00								
b. Two bed rms.	Various		279.10		499.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								283	283				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								121	121				
2. Restorative Treatments													
C. Other								1,711	1,711				
D. Total Physical Therapy Treatments								2,115	2,115				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								820	820				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								305	305				
2. Restorative Treatments													
C. Other								2,891	2,891				
D. Total Speech Therapy Treatments								4,016	4,016				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								113	113				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								25	25				
2. Restorative Treatments													
C. Other								453	453				
D. Total Occupational Therapy Treatments								591	591				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Complete Care at Harrington Court, LLC	2462	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	148,850	2,152				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	277,958	10,966				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	421,926	20,066				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,957	1,771				
b. Other Maintenance Workers	39,617	1,818				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	220,582	3,215				
b. RN						
1. Direct Care	566,632	10,141				
2. Administrative**	331,567	5,308				
c. LPN						
1. Direct Care	1,039,672	25,614				
2. Administrative**						
d. Aides and Attendants	1,475,760	57,371				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	136,122	5,422				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	133,123	4,186				
n. Marketing	54,340	1,104				
o. Other (Specify)						
See Attached Schedule	116,214	4,512				
<i>A-13. Total Salary Expenditures</i>	5,020,320	153,646				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions	\$ 81,785	3,124				
Medical Records	34,429	1,388				
Total	\$ 116,214	4,512	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Respiratory Therapist (Disallowed on Pg 28a)	\$ 72,815	1,618				
Contracted Nursing Admin	72,507	388				
Nursing Consulting Services	32,391	Monthly				
Contract MDS	424	5				
Total	\$ 178,137	2,011	\$ -	-	\$ -	-

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

Name of Facility	License No.	Report for Year Ended		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		9/30/2022	11					
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)						
Section I - Operators/Owners								
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).								

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Complete Care at Harrington Court, LLC	License No. 2462	Report for Year Ended 9/30/2022		Page 12	of 37					
		CCNH	RHNS							
Name	CCNH	RHNS	(Specify)	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 III - Administrators***										
Mary Tobin (10/1/2021 - 12/30/2021)	42,864			Non Discriminatory	Administrator	632	A2			
Katrina Dahlgren (12/27/2021 - 9/4/2022)	95,012			Non Discriminatory	Administrator	1,440	A2			
Theodore Vinci (8/2/22-9/30/22)	10,974			Non Discriminatory	Administrator	80	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Complete Care at Harrington Court, LLC	2462	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	36,100	722				
2. Dentist	14,706	88				
3. Pharmacist	22,471	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	149,869	2,114				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,912	528 / Month				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	47,917	608				
b. Other						
10. Occupational Therapist						
a. Resident Care	293,780	4,016				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	113,217	2,141				
2. Administrative***						
b. LPN						
1. Direct Care	288,829	5,062				
2. Administrative***						
c. Aides	392,690	9,798				
d. Other						
12. Other (Specify)						
See Attached Schedule	178,137	2,011				
B-13 Total Fees Paid in Lieu of Salaries	1,571,628	26,560				

* 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 Complete Care at Harrington Court, LLC		License No. 2462	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Omnicare, PO Box 78000 Dept 781668, Dtroit MI 48278	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Genesis Physician Services, PO Box 62946 ATTN Gary Segal Baltimore MD 21264	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MassTex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Contract ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Contract ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Amidon Nurse Staffing, 67 Federal Rd Suite 203, Brookfield, CT 06804	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
connectRN, 203 Crescent St Suite #403, Waltham, MA 02453	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Mindseeker Professional Services , Inc., 20130 Lakeview Center Plaza Suite 400, Ashburn, VA	Contract Nursing / Contracted Nursing Admin	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Solomon Page Group LLC, PO BOX 75015 Chicago IL 60675	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, LLC, 653 Main St, Plantsville, CT 06479	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AAA Nursing Care, LLC, 3303 Main St, Stratford, CT 06614	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
CareerStaff Unlimited, PO Box 301076 Dallas TX 75303	Contract Nursing / Contracted MDS	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Clipboard Health, 77 Van Ness Ave Suite 101 #1728, San Francisco	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Elder Crew LLC, 65 LaSalle Rd Suite 310, West Hartford, CT 06107	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC		2462	9/30/2022	14a	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Maxim Healthcare Services Holdings, Inc.	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Samba Care, 410 Melville Ave. Lakewood NJ 08701	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alois LLC	Contract Nursing	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
SA Technologies Inc	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Celtic Consulting, LLC, 339 Main Street Torrington CT 06790	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 55,190	55,190		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 68,930	68,930		
4. Social Security (F.I.C.A.)	\$ 385,028	385,028		
5. Health Insurance	\$ 784,251	784,251		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,628	1,628		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 266,544	266,544		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,016	35,016		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 163,539	163,539		
d. Accounting and Auditing	\$ 15,000	15,000		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,619	9,619		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 23,539	23,539		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,897	8,897		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 100	100		
3. Resident Day User Fee	\$ 630,176	630,176		
Subtotal	\$ 2,447,457	2,447,457		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Relations (Disallowed on Pg 28a)	\$ 13,469		
Employee Benefits>Food (Disallowed on Pg 28a)	5,611		
Employee Benefits>Training & Education	15,936		
Total	\$ 35,016	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	-		
Sales & Use Tax	\$ 100		
Total	\$ 100	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,447,457	2,447,457			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,389	2,389			
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 14,229	14,229			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 41,381	41,381			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,209	2,209			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,341	5,341			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 660	660			
9. Subscriptions	\$ 266	266			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 345,118	345,118			
12. Administrative Management Services**	\$ 327,689	327,689			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 29,579	29,579			
C-14 Total Administrative & General Expenditures	\$ 3,216,318	3,216,318			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Marketing & Advertising (Disallowed on Pg 28)	\$ 41,381		
Total Other Advertising	\$ 41,381	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 5,341		
Total Dues	\$ 5,341	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Admin Expense>Financing Costs (Disallowed on Pg 28a)	\$ 2,885		
Admin Expense>resident missing Items (Disallowed on Pg 28a)	255		
Admin Expense>Licenses	981		
Admin Expense>Fines & Penalties (Disallowed on Pg 28a)	18		
Admin Expense>Late Fees (Disallowed on Pg 28a)	1,839		
Admin Expense>Bank Fees (\$6,839 Disallowed on Pg 28a)	12,192		
Admin Expense>Background Checks	4,431		
Admin Expense>Startup Costs (Disallowed on Pg 28a)	6,978		
Total Other Administrative and General	\$ 29,579	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Complete Care at Harrington Court, LLC	License No. 2462	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, 1730 NJ-37, Toms River, NJ 08757	327,689	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)

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 295,844	295,844		
2. Non-Food Supplies	\$ 36,110	36,110		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 120,839	120,839		
c. Other (Specify) _____ Dietary Equipment Rental	\$ 4,863	4,863		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 457,656	457,656		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$3,683				
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$5,611				
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC		2462	9/30/2022	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	289,645	289,645	
c. Other (Specify) Laundry Supplies		\$	14,530	14,530	
3D. Total Laundry Expenditures (3a + b + c)		\$	304,175	304,175	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Complete Care at Harrington Court, LLC	2462	9/30/2022	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	21,975	21,975		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	462,056	462,056		
c. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 484,031	484,031		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from <i>Integra Scripts / Omnicare</i>	\$	198,252	198,252		
b. Medicine Cabinet Drugs	\$	617	617		
c. Medical and Therapeutic Supplies	\$	134,120	134,120		
d. Ambulance/Limousine***	\$	7,460	7,460		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,899	4,899		
f. X-rays and Related Radiological Procedures***	\$	8,439	8,439		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	21,214	21,214		
i. Recreation	\$	28,353	28,353		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	173,414	173,414		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 576,768	576,768		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Nursing Rental Expense (\$18,015 Disallowed on Pg 29a)	\$ 36,216		
Nursing Expense>Supplies>Bariatric (Disallowed on Pg 29a)	2,446		
Nursing Expense>Supplies>COVID	37,332		
Nursing Expense>Training & Education	12,718		
Nursing Expense>Sanitation & Incineration	1,652		
Nursing Expense>Repairs & Maint	257		
Nursing Expense>Clinical Services	12,225		
Nursing Expense>Data Processing	70,568		
Total Other Resident Care	\$ 173,414	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of			
Complete Care at Harrington Court, LLC		2462		9/30/2022		21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	O	N/A	Dietary Services	120,389		18	2b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	O	N/A	Housekeeping Services	462,056		20	4b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	O	N/A	Laundry Services	289,645		19	3b
Clark's Landscaping	44 West Road Colchester CT 06415	O	O	N/A	Landscaping Services	12,543		22	6f
Northwest Environmental	2001 Windsor Ave Baltimore, MD 21217	O	O	N/A	Sanitation and Incineration	24,060		22	6f
David Herbst	175 White Rd, Jackson NJ 08527	O	O	N/A	Contracted Administrative Services	12,000		16	m11
Marcum LLP	8th Floor, New Haven, CT 06511	O	O	N/A	Accounting Fees	13,811		16	m11
LTC Consulting Services	Americas, Lakewood, NJ 08701	O	O	N/A	Consulting Fees	177,000		16	m11
		O	O						
		O	O						
		O	O						
		O	O						
		O	O						
		O	O						
		O	O						

* 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 Harrington Court, LLC	2462	9/30/2022		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 95,877	95,877			
b. Heat	\$ 141,333	141,333			
c. Light & Power	\$ 124,393	124,393			
d. Water	\$ 66,610	66,610			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,386	1,386			
f. Other (<i>itemize</i>)	\$ 113,508	113,508			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 543,107	543,107			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 197	197			
b. Building & Building Improvements	\$ 21,981	21,981			
c. Non-Movable Equipment	\$ 9,683	9,683			
d. Movable Equipment	\$ 188,044	188,044			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 219,905	219,905			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 869	869			
d. Other (<i>Specify</i>)	\$ 7,408	7,408			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 8,277	8,277			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 577,331	577,331			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 116,458	116,458			
c. Personal property taxes	\$ 19,027	19,027			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 940,998	940,998			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Maintenance Expense>Supplies>COVID	\$ 445		
Maintenance Expense>Supplies	26,828		
Maintenance Expense>Minor Equip	10,051		
Maintenance Expense>Sanitation & Incineration	24,060		
Maintenance Expense>Extermination	1,393		
Maintenance Expense>Snow Removal	8,396		
Maintenance Expense>Landscaping	12,938		
Maintenance Expense>Fire Drill	1,053		
Maintenance Expense>Data Processing	1,238		
Maintenance Expense>Contracted Service	27,106		
Total Other Repairs and Maintenance	\$ 113,508	\$ -	\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
9/30/2021	Ports, computers, laptops, ipads	Administrative	\$ 80,506	5	\$ 16,101
9/30/2021	Use tax on computer purchase	Administrative	5,112	5	1,022
10/31/2021	Multiple laptops and supplies	Administrative	6,337	5	1,162
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 91,955		\$ 18,285
Deletions:					
Total deletions for Movable Equipmen			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/8/2021	Repair and install heating coils (invoices 0010026853, 0010027760, 0010027874)	\$ 4,773	15	\$ 292
11/26/2021	Replace compressor and drier	4,398	15	244
1/4/2022	Boiler repair and replacement	5,998	15	300
8/19/2022	Fire Alarm Repair- Completed, Relocate Smoke Detectors	5,924	15	33
Total additions for Leasehold Improvemen		\$ 21,093		\$ 869
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility Complete Care at Harrington Court, LLC	License No. 2462		Report for Year Ended 9/30/2022		Page 24	of 37		
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**			Rate %	Amortization for This Year
	Month	Year						
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	Var	Var	Various	21,093	S/L	869		
C-4. Subtotal								
D. Total Amortization						869		
						869		

* 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 Harrington Court, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2021 A/D	2022 Deprec. A/D	2022 A/D	NBV
Land Improvements									
Land Imp	Additions Prior to 2022	Var	S/L	15	2,950	849	197	1,046	1,904
TOTAL LAND IMPROVEMENTS					2,950	849	197	1,046	1,904
Building Improvements									
Build Imp	Additions Prior to 2022	Var	S/L	15	329,715	89,593	21,981	111,574	218,141
TOTAL BUILDING IMPROVEMENTS					329,715	89,593	21,981	111,574	218,141
Non Movable Equipment									
Non Movable sched	Additions Prior to 2022	Var	S/L	10	96,825	51,373	9,683	61,056	35,769
TOTAL NON MOVABLE EQUIPMENT					96,825	51,373	9,683	61,056	35,769
LEASEHOLD IMPROVEMENTS									
2022 Additions									
LI	Repair and install heating coils (invoices 0010026853,	11/8/2021	S/L	15	4,773		292	292	4,481
LI	Replace compressor and drier	11/26/2021	S/L	15	4,398		244	244	4,154
LI	Boiler repair and replacement	1/4/2022	S/L	15	5,998		300	300	5,698
LI	Fire Alarm Repair- Completed, Relocate Smoke	8/19/2022	S/L	15	5,924		33	33	5,891
TOTAL LEASEHOLD IMPROVEMENTS					21,093	-	869	869	20,224
MOVABLE EQUIPMENT									

Complete Care at Harrington Court, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2021		2022		NBV
						A/D	Deprac.	A/D	Deprac.	
MME	Additions Prior to 2022			5	848,781	665,534	169,756	835,290	13,491	
2022 Additions										
MME	Ports, computers, laptops, ipads	9/30/2021	S/L	5	80,506		16,101	16,101	64,405	
MME	Use tax on computer purchase	9/30/2021	S/L	5	5,112		1,022	1,022	4,090	
MME	Multiple laptops and supplies	10/31/2021	S/L	5	6,337		1,162	1,162	5,175	
	TOTAL MOVABLE EQUIPMENT				940,736	665,534	188,041	853,575	87,161	
	TOTAL ASSETS PER CR SCHEDULE				1,391,319	807,349	220,771	1,028,120	363,199	
	TOTAL ASSETS PER TRIAL BALANCE				113,047	-	19,154	19,154	93,893	
	ROUNDING				1	807,349	201,617	1,008,966	1	
	VARIANCE				1,278,271	807,349	201,617	1,008,966	269,305	

F/S vs C/R NBV - Page 31, Line B9 (269,305)
 F/S vs C/R Depreciation - Page 36, Line F1 (201,617)

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

Name of Facility Complete Care at Harrington Court, LI	License No. 2462	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		06/09/05		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		09/01/21		
5. Total Licensed Bed Capacity		125		
6. Square Footage		58,512		
7. Acquisition Cost				
a. Land		489,703		
b. Building		4,407,327		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		12/17/21		
c. Interest Rate for the Cost Year		Variable		
d. Term of Mortgage (number of years)		3 Years		
e. Amount of Principal Borrowed		8,864,280		
f. Principal balance outstanding as of 9/30/2022		8,864,280		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Complete Care at Harrington Court, L		2462	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Complete Care at Harrington Court,		2462		9/30/2022			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	55,530	55,530		
Interest on LOC / Miscellaneous								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	55,530	55,530		
14. Insurance								
a. Insurance on Property (buildings only)				\$	22,438	22,438		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	89,544	89,544		
General Liability / EPLI								
14d. Total Insurance Expenditures (14a + b + c)				\$	111,982	111,982		
15. Total All Expenditures (A-13 thru C-14)				\$	13,282,513	13,282,513		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Complete Care at Harrington Court, LLC			2462	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 54,340	54,340		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 293,780	293,780		
7.			Other - See attached Schedule	\$ 72,815	72,815		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 163,539	163,539		
10.			Accounting	\$			
10a.			Legal	\$ 1,318	1,318		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 41,381	41,381		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 19,209	19,209		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 51,974	51,974		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 698,356	698,356		

* All except "Help Wanted"

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12N	Marketing Salary	\$ 54,340		
Total Other Salaries Adjustment			\$ 54,340	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	Respiratory Therapist	\$ 72,815		
Total Other Fees Adjustments			\$ 72,815	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	var	Benefits Associated with Marketing Salary	\$ 13,420		
15	1a9	Employee Relations	13,469		
15	1a9	Employee Benefits>Food	5,611		
16	m13	Admin Expense>resident missing Items	255		
16	m13	Admin Expense>Fines & Penalties	18		
16	m13	Admin Expense>Late Fees	1,839		
16	m13	Admin Expense>Bank Fees	6,839		
16	m13	Admin Expense>Startup Costs	6,978		
16	m13	Admin Expense>Financing Costs	2,885		
15	m8a	Chamber Dues	660		
Total Other A&G Adjustments			\$ 51,974	\$ -	\$ -

**Complete Care at Harrington Court, LLC
 Calculation of Allowable Management Fee
 September 30, 2022**

<u>Description</u>	<u>Amount</u>	
Management fees Charged (Pg. 16 / Line m12)	327,689	
Management fees Charged (Pg. 20 / Line 5j)	0	
Management fees Charged (Pg. 20 / Line 5k)	<u>0</u>	
Total Management fees Charged	327,689	TB Linked
Patient Days	36,497	Page 8 of C/R
Imputed Days - 90% Occupancy	<u>41,063</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ 7.9802	
PPD Allowance Per Rate Agreement	7.00	
2022 CPI Increase of 1.0732%	<u>1.0732</u>	J.04a
PPD Allowance 9/30/2022	<u>7.51</u>	
Amount over (Under)	\$ 0.4678	
Total Days	41,063	Greater of Actual or 90%
Disallowed Management Fee	<u><u>\$ 19,209</u></u>	

**Complete Care at Harrington Court, LLC
September 30, 2022
Benefits Disallowance**

Pg. 28d

Marketing Benefits Disallowance

Marketing Salary	54,340	Page 10
Total Salaries	<u>5,020,320</u>	TB Linked
Percent to Total Salaries	1.08%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	1,239,837	TB Linked
Marketing Benefits Disallowed	13,420	Page 28 attachment

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

Name of Facility				License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC				2462	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 698,356	698,356		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 198,252	198,252		
28.	20	5d	Ambulance/Limousine	\$ 7,460	7,460		
29.	20	5f	X-rays, etc	\$ 8,439	8,439		
30.	20	5h	Laboratory	\$ 21,214	21,214		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 4,899	4,899		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,181	36,181		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10b	Unallowable Property and Real Estate Taxes	\$ 2,444	2,444		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 471	471		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 23,707	23,707		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,001,423	1,001,423		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5l	Nursing Rental Expense	\$ 18,015		
20	5l	Nursing Expense>Supplies>Bariatric	2,446		
20	5i	Cable Television Disallowance (See Attached)	15,720		
Total Other Ancillary Costs			\$ 36,181	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Class Action Settlement Revenue	198		
30	IV 8	Rental Revenue	11,968		
30	IV 8	Medical Record Revenue	143		
22	6g	Rental Space Disallowance - Maintenance and Operations (See Attached)	11,398		
Total Other Adjustments			\$ 23,707	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

**Complete Care at Harrington Court, LLC
Disallowance Schedule for Cable TV
September 30, 2022**

	<u>Amount</u>	
Total Cable TV Expense acct # 80-232-00	\$ 22,920	TB Linked
Monthly Allowable amount	\$ 600	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 7,200	
Full Year Cost Report (365 out of 365 Days)	<u>100%</u>	
Revised Allowable Cost	\$ 7,200	
Disallowed Cable TV	<u><u>\$ 15,720</u></u>	

Complete Care Management
 Facility Rental Disallowance
 September 30, 2022

Rehab Portion of Facility

Facility Square Feet	58,512	[b]	W/P D.01
Rented Space Square Feet	1,228	[b]	W/P D.01
Rental % to Total	2.10%		

Disallowance

	TB Linked	[a]	
	<u>Total</u>	<u>Rental</u>	
Maint & Op Expenses (Pg 22 line 6g)	543,107	11,398	29a
Depreciation - Building (Pg 22 line 7b)	-	-	N/A
Rent (Pg 22 line 9)	577,331	12,117	N/A
Real Estate Taxes (Pg 22 line 10b)	116,458	2,444	29a
Property Insurance (Pg 27 line 14a)	22,438	471	29a
		<u>26,430</u>	

[a] Amount ties to page 29 without exception.

[b] Amounts provided by Client.

F. Statement of Revenue

Name of Facility Complete Care at Harrington Court, LLC 2462	License No.	Report for Year Ended 9/30/2022		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,239,247	7,239,247			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,408,212	2,408,212			
b. Medicare Room and Board Contractual Allowance **	\$ (17,096)	(17,096)			
4. a. Private-Pay Residents and Other	\$ 3,012,632	3,012,632			
b. Private-Pay Room and Board Contractual Allowance **	\$ (811)	(811)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 79,351	79,351			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (79,351)	(79,351)			
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	\$ 154,950	154,950			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (95,593)	(95,593)			
c. Physical Therapy - Non-Medicare	\$ 58,533	58,533			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (58,533)	(58,533)			
4. a. Speech Therapy - Medicare	\$ 55,955	55,955			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,443)	(27,443)			
c. Speech Therapy - Non-Medicare	\$ 11,613	11,613			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,613)	(11,613)			
5. a. Occupational Therapy - Medicare	\$ 348,259	348,259			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (198,914)	(198,914)			
c. Occupational Therapy - Non-Medicare	\$ 34,961	34,961			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (34,961)	(34,961)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 10,569	10,569			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 49,155	49,155			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,939,122	12,939,122			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 387	387			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 88	88			
8. Other (<i>Specify</i>)	\$ 12,309	12,309			
V. Total Other Revenue (1 thru 8)	\$ 12,784	12,784			
VI. Total All Revenue (III +V)	\$ 12,951,906	12,951,906			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Radiology Rev>Medicare A	\$ 2,108		
30 II 6a	Radiology Rev>Medicare A>C/A	(2,108)		
30 II 6a	Lab Rev>Medicare A	2,375		
30 II 6a	Lab Rev>Medicare A>C/A	(2,375)		
30 II 6a	Other Ancillary Rev>Medicare A	1,530		
30 II 6a	Other Ancillary Rev>Part B	1,110		
30 II 6a	Other Ancillary Rev>Part B>Sequester	(792)		
30 II 6a	Vaccine Rev>Part B	5,727		
30 II 6a	Vaccine Rev>Part B>COVID Vaccine	4,204		
30 II 6a	Revenue Adjustments>Medicare A	16		
30 II 6a	Revenue Adjustments>Part B	(1,226)		
Total Other Resident Revenue - Medicare		\$ 10,569	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Other Rev>Medicaid	\$ 49,130		
30 II 6b	Revenue Adjustments>Commercial HMO	(1,619)		
30 II 6b	Revenue Adjustments>Medicare HMO	2,540		
30 II 6b	Revenue Adjustments>Vaccines	(896)		
Total Other Resident Revenue		\$ 49,155	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Revenue on AR	N/A	\$ 387		
Total Interest Income			\$ 387	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Class Action Settlement Revenue (Disallowed on Pg 29a)	\$ 198		
30 IV 8	Rental Revenue (Disallowed on Pg 29a)	11,968		
30 IV 8	Medical Record Revenue (Disallowed on Pg 29a)	143		
Total Other Revenue		\$ 12,309	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LL	2462	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	66,642
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,254,627
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	94,441
a. _____				
b. _____				
c. _____				
d. See Schedule		94,441		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,415,710
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	2,950	\$	1,904
	Accum. Depreciation	1,046		Net
3. Buildings	*Historical Cost	329,715	\$	218,141
	Accum. Depreciation	111,574		Net
4. Leasehold Improvements	*Historical Cost	21,093	\$	20,224
	Accum. Depreciation	869		Net
5. Non-Movable Equipment	*Historical Cost	96,825	\$	35,769
	Accum. Depreciation	61,056		Net
6. Movable Equipment	*Historical Cost	940,736	\$	87,158
	Accum. Depreciation	853,578		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(260,184)
Fixed Assets>CIP		9,122		
See Schedule		(269,306)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	103,012

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Expenses	\$ 26,328
31	A5	Prepaid Expenses>Insurance	2,629
31	A5	Prepaid Expenses>Financing Costs	1,790
31	A5	Prepaid Expenses>RE Taxes	28,060
31	A5	Prepaid Expenses>Insurance - General Liability & Other	63,583
31	A5	Prepaid Expenses>Insurance - General Liability & Other>Contn	(52,496)
31	A5	Prepaid Expenses>Insurance - EPLI	10,858
31	A5	Prepaid Expenses>Insurance - Property	13,129
Total Prepaid Expenses			\$ 94,441

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

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

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (1)
31	B9	F/S vs C/R NBV	(269,305)
Total Other Fixed Assets (Itemize)			\$ (269,306)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Other Current Payables>401K	\$ 447
33	A12	Other Current Payables>Misc. P/R Deduction	(1,387)
33	A12	Other Current Payables>Union Dues W/H	2,660
33	A12	Other Current Payables>Resident Funds	36,770
33	A12	Other Current Payables>D/F RFMS	(16,557)
33	A12	Accrued Expenses	181,093
33	A12	Accrued Expenses>Management Fee	558,096
33	A12	Due To/From>Vendor	(8,718)
33	A12	Due To/From>Barber (formerly DTF NJ5)	(83)
Total Other Current Liabilities (Itemize)			\$ 552,321

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

Page Ref	Line Ref	Description	
34	B4	Due To/From>Amex Harrington	\$ 8,163
34	B4	Due To/From>Facility CC>Voorhees	(118)
34	B4	Due To/From>Medicare A>Sequitier	4,460
34	B4	Due To/From>Commercial HMO	7,722
Total Other Long-Term Liabilities (Itemize)			\$ 30,227

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LL		2462	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	3,518,722
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	
2. Land Improvements		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3. Buildings		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4. Non-Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
5. Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
6. Motor Vehicles		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
7. Minor Equipment-Not Depreciable				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost	22,223		
		Accum. Depreciation	8,025	Net	\$ 14,198
4. Goodwill (Purchased Only)				\$	
5. Investments Related to Resident Care (itemize)				\$	

6. Loans to Owners or Related Parties (itemize)				\$	157,655
Name and Address		Amount	Loan Date		
Due From>Old Owner		157,655			
7. Other Assets (itemize)				\$	(49,455)
Other Assets>Escrow>Property Tax			(49,455)		
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	122,398
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	3,641,120

* 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 Complete Care at Harrington Court, LLC		License No. 2462	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,488,309	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 2,314,141	
Name and Address of Lender	Amount	Loan Date			
Due to Interfacility	2,314,141				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 20,227	
_____ _____ _____ See Schedule				20,227	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,334,368	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,822,677	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LI	2462	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
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			\$	(52,567)
6. Gain or Loss for Period			\$	(128,990)
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	(181,557)
C. Total Reserves and Net Worth			\$	(181,557)
D. Total Liabilities, Reserves, and Net Worth			\$	3,641,120

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(28,549)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,951,906
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,080,896
D. Net Income or Deficit			\$	(128,990)
E. Balance			\$	(157,539)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27			\$13,282,513	
F/S vs C/R Depreciation			(201,617)	
Total Expenses per FS			\$13,080,896	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	24,018
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
		equity>Robert Hd	24,018	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	24,018
H. Balance at End of Period			\$	(181,557)
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Complete Care at Harrington Court, LLC		License No. 2462	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL	Date Signed 2/8/23		
Printed Name of Preparer Matthew S. Bavolack					
Address 555 Long Wharf Drive, New Haven, CT 06511			Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Peri Neumann			Phone Number 732-951-7099		
Contact Email Address PeriN@lctally.com					