

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Complete Care at Meriden, LLC	
Address (No. & Street, City, State, Zip Code) 845 Paddock Ave Meriden CT 06450	
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 2463	RHNS	(Specify)	Medicare Provider 07-5192
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Medicaid Provider Numbers:	CCNH 000008995	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 Meriden, LLC	License No. 2463	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 Meriden, 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) Carmelina Hillard			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 Meriden, LLC	Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 845 Paddock Ave Meriden CT 06450			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/7/2023	
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 203-238-2645		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Complete Care at Meriden, LLC		Address (No. & Street, City, State, Zip) 845 Paddock Ave Meriden CT 06450		
License Numbers:	CCNH 2463	RHNS (Specify)	Medicare Provider No. 07-5192	
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.				
This Facility was purchased by Complete Care Management, LLC from Genesis on 9/1/2021.				
Administrator				
Name of Administrator Carmelina Hillard		Nursing Home Administrator's License No.:	2067	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Complete Care at Meriden, LLC	License No. 2463	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						
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 Name/Address and complete the information on Page 11 of the report.						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**			
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Page 16 / Line m12	337,264	337,264
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Page 22 / Line 9	486,161	***486161
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>	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.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Complete Care at Meriden, LLC	License No. 2463	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. </div>				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Complete Care at Meriden, LLC		License No. 2463	Report for Year Ended 9/30/2022		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
N/A	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
			<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Complete Care at Meriden, LLC	License No. 2463	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 Services		\$	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		\$	87
4	Genesis Portfolio Legal Fees (Disallowed on Pg 28)		\$	310
5	Various - See Attached (\$180 Disallowed on Pg 28)		\$	1,155
			Charge for Services Provided	
			\$ 2,592	
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				

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**General Information and Questionnaire
Accounting Basis**

Name of Facility Complete Care at Meriden, LLC	License No. 2463	Report for Year Ended 9/30/2022	Page 7a	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 CLIA Laboratory Program Baltimore			667-239-3205	
2 Goldberg and Weinberger LLP			212-986-8999	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 428 E 25TH Street Baltimore, MD 21218				
2 630 3rd Ave #1801 New York NY 10017				
Services Provided by This Firm (<i>describe fully</i>)				
1 Registration and incorporation filings for the LLC's (Disallowed on Pg 28)			\$	180
2 Review and revise timeline, Draft Answer ; telephone conference			\$	975
			Charge for Services Provided	
			\$	2,592
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. Pg. 15, Line 1e				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

	Name of Facility Complete Care at Meriden, LLC	License No. 2463	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)		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	115	115			115	115		
B. On last day of THIS report period	110	110					110	110
2. Number of Residents								
A. As of midnight of PREVIOUS report period	95	95			95	95		
B. As of midnight of THIS report period	107	107					107	107
3. Total Number of Days Care Provided During Period								
A. Medicare	1,784	1,784			1,293	1,293	491	491
B. Medicaid (Conn.)	27,425	27,425			20,050	20,050	7,375	7,375
C. Medicaid (other states)								
D. Private Pay	5,696	5,696			4,104	4,104	1,592	1,592
E. State SSI for RCH								
F. Other (Specify) Hospice / HMO	2,102	2,102			1,555	1,555	547	547
G. Total Care Days During Period (3A thru F)	37,007	37,007			27,002	27,002	10,005	10,005
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	474	474			371	371	103	103
B. Other Bed Reserve Days	8	8			8	8		
5. Total Resident Days (3G + 4A + 4B)	37,489	37,489			27,381	27,381	10,108	10,108

Schedule of Resident Statistics (Cont'd)

Name of Facility Complete Care at Meriden, LLC			License No. 2463			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 checked="" type="radio"/> Yes <input 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)				
11/17/2021	X			5							110		Reduce bed Capacity
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								96					
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	2		85		20								
Per Diem Rate													
a. One bed rm.	Various		248.46		503.00								
b. Two bed rms.	Various		248.46		449.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								206	206				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								215	215				
2. Restorative Treatments													
C. Other								1,632	1,632				
D. Total Physical Therapy Treatments								2,053	2,053				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								214	214				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								245	245				
2. Restorative Treatments													
C. Other								1,723	1,723				
D. Total Speech Therapy Treatments								2,182	2,182				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								119	119				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								51	51				
2. Restorative Treatments													
C. Other								382	382				
D. Total Occupational Therapy Treatments								552	552				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Complete Care at Meriden, LLC	2463	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)	143,910	2,160				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	206,714	8,872				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	435,998	18,225				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,686	1,830				
b. Other Maintenance Workers	39,534	2,336				
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	285,821	4,408				
b. RN						
1. Direct Care	647,163	11,914				
2. Administrative**	308,341	7,381				
c. LPN						
1. Direct Care	1,204,503	32,061				
2. Administrative**						
d. Aides and Attendants	1,660,521	69,165				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	87,182	3,414				
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	123,575	3,135				
n. Marketing	51,181	1,154				
o. Other (Specify)						
See Attached Schedule	88,430	2,998				
<i>A-13. Total Salary Expenditures</i>	5,351,559	169,053				

* 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	\$ 68,056	2,057				
Medical Records	20,374	941				
Total	\$ 88,430	2,998	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Respiratory Therapist (Disallowed on Pg 28a)	\$ 843	11				
Contract Nursing Admin	33,478	304				
Nursing Consultants	36,007	23 / Monthly				
Total	\$ 70,328	315	\$ -	-	\$ -	-

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

Name of Facility Complete Care at Meriden, LLC		License No. 2463		Report for Year Ended 9/30/2022		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
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.

State of Connecticut
Annual Report of Long-Term Care Facility
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**Schedule A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility (as licensed) Complete Care at Meriden, LLC		License No. 2463		Report for Year Ended 9/30/2022		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Carmelina Hillard	143,910		Non-Discriminatory	Administrator	2,160	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 Meriden, LLC	2463	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	38,000	669				
2. Dentist	8,109	119				
3. Pharmacist	22,692	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	137,072	2,053				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	32,977	332 / 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	43,898	562				
b. Other						
10. Occupational Therapist						
a. Resident Care	150,276	2,181				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	43,274	399				
2. Administrative***						
b. LPN						
1. Direct Care	41,287	639				
2. Administrative***						
c. Aides	270,469	6,348				
d. Other						
12. Other (Specify)						
See Attached Schedule	70,328	315				
B-13 Total Fees Paid in Lieu of Salaries	858,382	13,285				

* 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 Meriden, LLC		License No. 2463	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 Baltimore MD 21264	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Claim LLC, 76 Batterson Park Rd Suite 106 Farmington CT 06032	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	
Swallowing Diagnostics, 21 Waterville Road 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	
AAA Nursing Care, LLC, 3303 Main Street Stratford CT 06614	Contract Nursing / Nursing Admin	<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	
Solomon Page Group LLC, PO BOX 75015 Chicago IL 60675	Contract Nursing / Nursing Admin / Consultants	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, LLC, 653 Main St, Plantsville, CT 06479	Contract Nursing / Nursing Admin	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Amidon Nurse Staffing, PO Box 436 Malverne NY 11565	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
CareerStaff Unlimited, PO Box 301076 Dallas TX 75303	Contract Nursing	<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	
Samba Care, 410 Melville Ave. Lakewood NJ 08701	Contract Nursing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Cambay Healthcare LLC, 325 North St. Paul Street Suite 3100, Dallas, TX 75201	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	
Richter Healthcare Consultants, 8948 Canyon Falls Blvd Suite 400 Twinsburg OH 44087	Nursing Consultants	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 51,720	51,720		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 70,932	70,932		
4. Social Security (F.I.C.A.)	\$ 403,599	403,599		
5. Health Insurance	\$ 191,563	191,563		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,520	6,520		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 161,849	161,849		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 45,037	45,037		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 133,264	133,264		
d. Accounting and Auditing	\$ 15,000	15,000		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,592	2,592		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,993	21,993		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,384	8,384		
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	\$ 689,108	689,108		
Subtotal	\$ 1,801,661	1,801,661		

* 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 Benefits Expense> Employee Relations (Disallowed on Pg 2	\$ 15,682		
Employee Benefits Expense> Food (Disallowed on Pg 28a)	9,712		
Employee Training & Education	19,643		
Total	\$ 45,037	\$ -	\$ -

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 Meriden, LLC	2463	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,801,661	1,801,661			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 44	44			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 206	206			
5. Education Expenses Related to Seminars and Conventions	\$ 5,210	5,210			
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>)	\$ 9,800	9,800			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 37,127	37,127			
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	\$ 1,095	1,095			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 3,998	3,998			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 546	546			
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>)	\$ 313,432	313,432			
12. Administrative Management Services**	\$ 337,264	337,264			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 193,056	193,056			
C-14 Total Administrative & General Expenditures	\$ 2,703,439	2,703,439			

* 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)	\$ 37,127		
Total Other Advertising	\$ 37,127	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 3,998		
Total Dues	\$ 3,998	\$ -	\$ -

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)	\$ 2,931		
Admin Expense>resident missing Items (Disallowed on Pg 28a)	1,473		
Admin Expense>Licenses	1,282		
Admin Expense>Fines & Penalties (Disallowed on Pg 28a)	8,732		
Admin Expense>Late Fees (Disallowed on Pg 28a)	1,751		
Admin Expense>Bank Fees (\$6,458 Disallowed on Pg 28a)	10,278		
Admin Expense>Background Checks	1,255		
Admin Expense>Startup Costs (Disallowed on Pg 28a)	165,354		
Total Other Administrative and General	\$ 193,056	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Meriden, LLC	2463	9/30/2022	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, LLC	337,264	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 Meriden, LLC	2463	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 264,302	264,302		
2. Non-Food Supplies	\$ 50,662	50,662		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 142,093	142,093		
c. Other (Specify) _____ Dietary Minor Equipment	\$ 574	574		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 457,631	457,631		
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.				\$3,801
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.				\$9,712
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 Meriden, LLC		2463	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)		\$	208,025	208,025	
c. Other (Specify) Other Laundry Supplies		\$	13,349	13,349	
3D. Total Laundry Expenditures (3a + b + c)		\$	221,374	221,374	
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 Meriden, LLC		2463	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. \$	21,711	21,711		
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. \$	387,344	387,344		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	409,055	409,055		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Integra Scripts / Omnicare	\$	183,548	183,548		
b.	Medicine Cabinet Drugs	\$	1,465	1,465		
c.	Medical and Therapeutic Supplies	\$	139,006	139,006		
d.	Ambulance/Limousine***	\$	13,288	13,288		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	1,303	1,303		
f.	X-rays and Related Radiological Procedures***	\$	4,126	4,126		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	29,974	29,974		
i.	Recreation	\$	26,764	26,764		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	110,276	110,276		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	509,750	509,750		

* 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 (\$8,722 Disallowed on Pg 29a)	\$ 27,150		
Nursing Expense>Supplies>Bariatric (Disallowed on Pg 29a)	1,413		
Nursing Expense>Supplies>COVID	32,409		
Nursing Expense>Forms & Printing	34		
Nursing Expense>Sanitation & Incineration	750		
Nursing Expense>Clinical Services	7,510		
Nursing Expense>Data Processing	41,010		
Total Other Resident Care	\$ 110,276	\$ -	\$ -

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

Name of Facility Complete Care at Meriden, LLC		License No. 2463	Report for Year Ended 9/30/2022	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***		
		Yes	No			CCNH	RHNS (Specify)	Pg Line
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	⊙	N/A	Dietary Services	140,829		18 2b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	⊙	N/A	Housekeeping Services	386,700		20 4b
Healthcare Services Group	Suite #300 Bensalem, PA 19020	O	⊙	N/A	Laundry Services	208,025		19 3b
Jacovino's Lawn Care	92 Cheshire Rd Suite 2, Prospect, CT 06712	O	⊙	N/A	Landscaping Services	50,327		22 6f
Northwest Environmental	2001 Windsor Ave Baltimore, MD 21217	O	⊙	N/A	Sanitation Services	28,391		22 6f
David Herbst	175 White Rd, Jackson NJ 08527	O	⊙	N/A	Contracted Administrative Services	12,000		16 m11
Laredo Concrete Work	7 Linden Pl, Meriden, CT 06450	O	⊙	N/A	Snow Removal Services	10,500		22 6f
Marcum LLP	8th Floor, New Haven, CT 06511	O	⊙	N/A	Accounting Fees	10,208		16 m11
LTC Consulting Services	Americas, Lakewood, NJ 08701	O	⊙	N/A	Consulting Services	177,000		16 m11
		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 Meriden, LLC	2463	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 50,650	50,650				
b. Heat	\$ 55,534	55,534				
c. Light & Power	\$ 126,577	126,577				
d. Water	\$ 39,654	39,654				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 147,158	147,158				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 419,573	419,573				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 5,254	5,254				
c. Non-Movable Equipment	\$ 479	479				
d. Movable Equipment	\$ 111,173	111,173				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 116,906	116,906				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 308	308				
d. Other (<i>Specify</i>)	\$ 7,408	7,408				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,716	7,716				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 486,161	486,161				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 80,189	80,189				
c. Personal property taxes	\$ 21,066	21,066				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 712,038	712,038				

* 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	\$ 508		
Maintenance Expense>Supplies	23,904		
Maintenance Expense>Minor Equip	1,994		
Maintenance Expense>Sanitation & Incineration	29,341		
Maintenance Expense>Extermination	2,728		
Maintenance Expense>Snow Removal	16,000		
Maintenance Expense>Landscaping	50,327		
Maintenance Expense>Landscaping>supplies	168		
Maintenance Expense>Fire Drill	142		
Maintenance Expense>Water Treatment	530		
Maintenance Expense>Data Processing	1,238		
Maintenance Expense>Contracted Service	20,278		
Total Other Repairs and Maintenance	\$ 147,158	\$ -	\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
12/9/2021	Walk in freezer	Administrative	\$ 3,380	7	\$ 402
3/26/2022	Scanner with printer	Administrative	7,801	7	557
5/5/2022	Refrigerator	Administrative	3,357	7	200
5/20/2022	Installation and replacement of new pressure reducing valve to the dishwasher	Administrative	5,821	7	277
9/30/2021	Ports, computers, laptops, ipads & Use Tax	Administrative	83,574	5	16,715
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 103,933		\$ 18,151
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
11/1/2021	Rooms converted into office (invoices 9724, 9763)	\$ 2,948	15	\$ 180
8/19/2022	Fire alarm repair - CHOW	3,456	15	19
9/8/2022	GENERAL REPAIRS TO ELECTRICAL PANELS	4,820	15	27
9/1/2022	Provide and Install Tile	7,335	15	41
9/1/2022	Provide and Install Tile	7,335	15	41
Total additions for Leasehold Improvemen		\$ 25,894		\$ 308
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 Meriden, LLC	Date of Acquisition		Length of Amortization	License No. 2463	Report for Year Ended 9/30/2022	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Page 24	of 37
	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	15 Years		25,894		S/L	Various	308		
C-4. Subtotal											308
D. Total Amortization											308

* 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 Meriden, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2021 A/D	2022 Deprec.	2022 A/D	NBV
Building Improvements									
Build Imp	Additions Prior to 2022	Var	S/L	15	78,812	9,746	5,254	15,000	63,812
TOTAL BUILDING IMPROVEMENTS					78,812	9,746	5,254	15,000	63,812
Non Movable Equipment									
Non Movable	Additions Prior to 2022	Var	S/L	10	4,790	479	479	958	3,832
TOTAL NON MOVABLE EQUIPMENT					4,790	479	479	958	3,832
LEASEHOLD IMPROVEMENTS									
2022 Additions									
L1	Rooms converted into office (invoices 9724, 9763)	11/1/2021	S/L	15	2,948		180	180	2,768
L1	Fire alarm repair - CHOW	8/19/2022	S/L	15	3,456		19	19	3,437
L1	GENERAL REPAIRS TO ELECTRICAL PANELS	9/8/2022	S/L	15	4,820		27	27	4,793
L1	Provide and Install Tile	9/1/2022	S/L	15	7,335		41	41	7,294
L1	Provide and Install Tile	9/1/2022	S/L	15	7,335		41	41	7,294
TOTAL LEASEHOLD IMPROVEMENTS					25,894	-	308	308	25,586
MOVABLE EQUIPMENT									
MIME	Additions Prior to 2022	Var	S/L	5	732,439	639,417	93,022	732,439	-
2022 Additions									
FF&E	Walk in freezer	12/9/2021	S/L	7	3,380		402	402	2,978
FF&E	Scanner with printer	3/26/2022	S/L	7	7,801		557	557	7,244
FF&E	Refrigerator	5/5/2022	S/L	7	3,357		200	200	3,157
FF&E	Installation and replacement of new pressure reducing valve to the dishwasher	5/20/2022	S/L	7	5,821		277	277	5,544

Complete Care at Meriden, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2021 A/D	2022 Deprec.	2022 A/D	NBV
Computer Hardware	Ports, computers, laptops, ipads & Use Tax	9/30/2021	S/L	5	83,574	639,417	16,715	16,715	66,859
TOTAL MOVABLE EQUIPMENT					836,372	639,417	111,173	750,590	85,782

TOTAL ASSETS PER CR SCHEDULE	945,868	649,642	117,214	766,856	179,012
TOTAL ASSETS PER TRIAL BALANCE	129,827	0	18,459	18,459	111,368
ROUNDING VARIANCE	816,041	649,642	98,755	748,397	67,644

F/S vs C/R NBV - Page 31, Line B9 (67,644)
 F/S vs C/R Depreciation - Page 36, Line F1 (98,755)

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

Name of Facility Complete Care at Meriden, LLC	License No. 2463	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		05/21/05			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		09/01/21			
5. Total Licensed Bed Capacity		115			
6. Square Footage		68,000			
7. Acquisition Cost					
a. Land		509,291			
b. Building		4,583,620			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th 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		9,218,851			
f. Principal balance outstanding as of 09/30/2022		9,218,851			
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 Complete Care at Meriden, LLC		License No. 2463	Report for Year Ended 9/30/2022			Page 26	of 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 Meriden, LLC		2463		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 (<i>Specify</i>)				\$				
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 (<i>Specify</i>)				\$	55,967	55,967		
LOC / Misc Interest Expense								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	55,967	55,967		
14. Insurance								
a. Insurance on Property (buildings only)				\$	19,252	19,252		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)				\$				
2. Fire and Extended Coverage				\$				
3. Other (<i>Specify</i>)				\$	92,998	92,998		
Liability / EPLI								
14d. Total Insurance Expenditures (14a + b + c)				\$	112,250	112,250		
15. Total All Expenditures (A-13 thru C-14)				\$	11,811,018	11,811,018		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC				2463	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	\$ 51,181	51,181		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 150,276	150,276		
7.			Other - See attached Schedule	\$ 843	843		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 133,264	133,264		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 1,498	1,498		
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 *	\$ 37,127	37,127		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 55,630	55,630		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 218,504	218,504		
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)				\$ 648,323	648,323		

* 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	\$ 51,181		
Total Other Salaries Adjustment			\$ 51,181	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	Respiratory Therapist	\$ 843		
Total Other Fees Adjustments			\$ 843	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Admin Expense>resident missing Items	\$ 1,473		
16	m13	Admin Expense>Fines & Penalties	8,732		
16	m13	Admin Expense>Late Fees	1,751		
16	m13	Admin Expense>Bank Fees	6,458		
16	m13	Admin Expense>Startup Costs	165,354		
16	m13	Admin Expense>Financing Costs	2,931		
15	Var	Benefits Associated with Marketing Salary	6,411		
15	1a9	Employee Benefits Expense> Employee Relations	15,682		
15	1a9	Employee Benefits Expense> Food	9,712		
Total Other A&G Adjustments			\$ 218,504	\$ -	\$ -

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

<u>Description</u>	<u>Amount</u>	
Management fees Charged (Pg. 16 / Line m12)	337,264	
Management fees Charged (Pg. 20 / Line 5j)	0	
Management fees Charged (Pg. 20 / Line 5k)	0	
Total Management fees Charged	<u>337,264</u>	TB Linked
Patient Days	37,489	Page 8 of C/R
Imputed Days - 90% Occupancy	<u>36,135</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ 8.9963	
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)	\$ 1.4839	
Total Days	<u>37,489</u>	Greater of Actual or 90%
Disallowed Management Fee	<u><u>\$ 55,630</u></u>	

**Complete Care at Meriden, LLC
September 30, 2022
Benefits Disallowance**

Pg. 28d

Marketing Benefits Disallowance

Marketing Salary	51,181	Page 10
Total Salaries	<u>5,351,559</u>	TB Linked
Percent to Total Salaries	0.96%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	672,614	TB Linked
Marketing Benefits Disallowed	6,433	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 Meriden, LLC			2463	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 648,323	648,323		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 183,548	183,548		
28.			Ambulance/Limousine	\$ 13,288	13,288		
29.			X-rays, etc	\$ 4,126	4,126		
30.			Laboratory	\$ 29,974	29,974		
31.			Medical Supplies	\$ 139,006	139,006		
32.			Oxygen (non emergency)	\$ 1,303	1,303		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 19,846	19,846		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 236	236		
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)				\$ 1,039,650	1,039,650		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Nursing Rental Expense	\$ 8,722		
20	51	Nursing Expense>Supplies>Bariatric	1,413		
20	5i	Cable Television Disallowance (See Attached)	9,711		
Total Other Ancillary Costs			\$ 19,846	\$ -	\$ -

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	223		
30	IV 8	Other Rev>Medical Records	13		
Total Other Adjustments			\$ 236	\$ -	\$ -

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 Meriden, LLC
Disallowance Schedule for Cable TV
September 30, 2022**

	<u>Amount</u>
Total Cable TV Expense acct # 80-232-00	\$ 16,911 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>\$ 9,711</u></u>

F. Statement of Revenue

Name of Facility Complete Care at Meriden, LLC	License No. 2463	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>)	\$ 6,852,575	6,852,575				
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>)	\$ 1,197,099	1,197,099				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 3,160,333	3,160,333				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 55,599	55,599				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (55,599)	(55,599)				
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	\$ 105,088	105,088				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (53,337)	(53,337)				
c. Physical Therapy - Non-Medicare	\$ 107,719	107,719				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (107,719)	(107,719)				
4. a. Speech Therapy - Medicare	\$ 56,667	56,667				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,643)	(33,643)				
c. Speech Therapy - Non-Medicare	\$ 20,665	20,665				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (20,665)	(20,665)				
5. a. Occupational Therapy - Medicare	\$ 119,164	119,164				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (68,154)	(68,154)				
c. Occupational Therapy - Non-Medicare	\$ 38,648	38,648				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (38,648)	(38,648)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 23,582	23,582				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 268,580	268,580				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,627,954	11,627,954				
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>)	\$ 1,180	1,180				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 236	236				
V. Total Other Revenue (1 thru 8)	\$ 1,416	1,416				
VI. Total All Revenue (III +V)	\$ 11,629,370	11,629,370				

* 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	\$ 880		
30 II 6a	Radiology Rev>Medicare A>C/A	(880)		
30 II 6a	Lab Rev>Medicare A	4,299		
30 II 6a	Lab Rev>Medicare A>C/A	(4,299)		
30 II 6a	Other Ancillary Rev>Part B	10,773		
30 II 6a	Other Ancillary Rev>Part B>Sequester	(248)		
30 II 6a	Vaccine Rev>Part B	9,572		
30 II 6a	Vaccine Rev>Part B>COVID Vaccine	3,120		
30 II 6a	Revenue Adjustments>Medicare A	(25)		
30 II 6a	Revenue Adjustments>Part B	390		
Total Other Resident Revenue - Medicare		\$ 23,582	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Other Ancillary Rev>Medicare HMO>Capitated Payments	\$ 213,440		
30 II 6b	Other Ancillary Rev>Supplements	5,876		
30 II 6b	Other Rev>Medicaid	51,902		
30 II 6b	Revenue Adjustments>Commercial HMO	(1,734)		
30 II 6b	Revenue Adjustments>Medicare HMO	(1,045)		
30 II 6b	Revenue Adjustments>Vaccines	141		
Total Other Resident Revenue		\$ 268,580	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Revenue from Late Cash Receipt	N/A	\$ 1,180		
Total Interest Income			\$ 1,180	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Class action Settlement Revenue (Disallowed on Pg 29a)	\$ 223		
30 IV 8	Other Rev>Medical Records (Disallowed on Pg 29a)	13		
Total Other Revenue		\$ 236	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	73,727
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,269,023
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	66,739
a. _____				
b. _____				
c. _____				
d. See Schedule		66,739		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
N/A				

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,409,489
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>78,812</u>		\$	63,812
	Accum. Depreciation <u>15,000</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>25,894</u>		\$	25,586
	Accum. Depreciation <u>308</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>4,790</u>		\$	3,832
	Accum. Depreciation <u>958</u>	Net		
6. Movable Equipment	*Historical Cost <u>836,372</u>		\$	85,782
	Accum. Depreciation <u>750,590</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	365,251
Fixed Assets>CIP		432,895		
See Schedule		(67,644)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	544,263

* 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	\$ 25,371
31	A5	Prepaid Expenses-Insurance	2,806
31	A5	Prepaid Expenses-Financing Costs	1,850
31	A5	Prepaid Expenses-Insurance - General Liability & Other	66,127
31	A5	Prepaid Expenses-Insurance - General Liability & Other-Contra	(53,631)
31	A5	Prepaid Expenses-Insurance - FFLI	11,768
31	A5	Prepaid Expenses-Insurance - Property	12,288
Total Prepaid Expenses			\$ 66,739

Schedule of Other Current Assets (Itemize) 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	F/S vs C/R NBV	\$ (67,644)
Total Other Fixed Assets (Itemize)			\$ (67,644)

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	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
34	B4	Due To/From P-Amex Meriden	\$ 10,435
34	B4	Due To/From P-Vendor	(4,500)
34	B4	Due To/From P-Medicare A-Supplement	2,074
34	B4	Due To/From P-Commercial HMO	20,546
Total Other Long-Term Liabilities (Itemize)			\$ 28,546

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC		2463	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	2,953,752
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
3. Buildings					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
4. Non-Movable Equipment					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
5. Movable Equipment					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
6. Motor Vehicles					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost	22,223		\$	
	Accum. Depreciation	8,025	Net	\$	14,198
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date	\$	163,850
Due From>Old Owner		163,850			
7. Other Assets (<i>itemize</i>)					
Other Assets>Escrow>Property Tax		493,579		\$	493,579
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	671,627
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	3,625,379

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC		2463	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	574,952
2. Notes Payable (<i>itemize</i>)				\$	
_____ _____ _____ See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	349,748
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,560
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	521,258
Other Current Payables>401K		2,284	Other Current Payables>	1	
Other Current Payables>Misc. PR D		(6,984)	Accrued Expenses	152,862	
Other Current Payables>Union Dues		49	Accrued Expenses>Manr	323,157	
Other Current Payables>Resident Fu		49,889	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,460,518

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Complete Care at Meriden, LLC		License No. 2463	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,460,518	
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>)				\$ 2,303,747	
Name and Address of Lender	Amount	Loan Date			
Due To>Interfacility	2,303,747				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 28,546	
See Schedule				28,546	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,332,293	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,792,811	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	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			\$	(84,539)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022			\$	(82,893)
7. Total Net Worth			\$	(167,432)
C. Total Reserves and Net Worth			\$	(167,432)
D. Total Liabilities, Reserves, and Net Worth			\$	3,625,379

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(60,521)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,629,370
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,712,263
D. Net Income or Deficit			\$	(82,893)
E. Balance			\$	(143,414)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27			\$11,811,018	
F/S vs C/R Depreciation			(98,755)	
Total Expenses per FS			\$11,712,263	
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			\$	(167,432)
09/30/22				

I. Preparer's/Reviewer's Certification

Name of Facility Complete Care at Meriden, LLC	License No. 2463	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 2/9/23		
Printed Name of Preparer Matthew S. Bovolack				
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@lrcally.com				