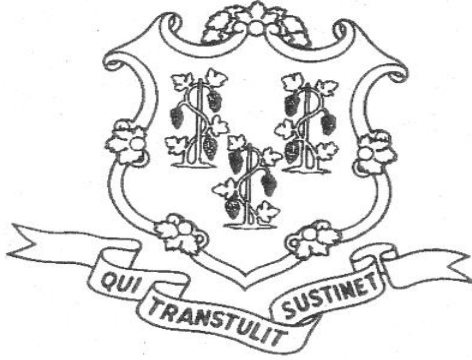


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) 23 Fair Street Operations LLC	
Address (No. & Street, City, State, Zip Code) 23 Fair Street , Bristol, CT 06010	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2416	RHNS	Residential Care Home	Medicare Provider 07-5198
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Medicaid Provider Numbers:	CCNH CT 000020164	RHNS	ICF-IID 520165
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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) 23 Fair Street Operations LLC	License No. 2416	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 23 Fair Street Operations 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.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Shahen,Janet			Printed Name (Owner) Diane Morris - VP Reimbursement		
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 23 Fair Street Operations LLC		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 23 Fair Street , Bristol, CT 06010				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/21/2020	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,914,205	2,541,166	1,373,039
5. All other wages paid	\$	686,252	475,330	210,922
6. Total Wages Paid	\$	4,600,457	3,016,495	1,583,962
7. Total salaries paid	\$	306,257	211,317	94,940
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,906,714	3,227,813	1,678,901

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 860-589-2923		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) 23 Fair Street Operations LLC			Address (No. & Street, City, State, Zip) 23 Fair Street , Bristol, CT 06010		
License Numbers:	CCNH 2416	RHNS	Residential Care Home	Medicare Provider No. 07-5198	
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 checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Shahen,Janet			Nursing Home Administrator's License No.:	001551	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 3A	of 37
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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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
See Attached			

**General Information and Questionnaire
 Individual Proprietorship**

Name of Facility 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

**VILLAGE GREEN OF BRISTOL
REHABILITATION AND HEALTH CENTER**

23 Fair Street
Forestville, CT 06010

23 Fair Street Operations LLC (Operator)

EIN: 38-3974821
101 East State Street
Kennett Square, PA 19348

Ownership
Summit Care, LLC (100%)

Summit Care, LLC

EIN: 95-3656297
101 East State Street
Kennett Square, PA 19348

Ownership
Summit Care Parent, LLC (100%)

Summit Care Parent, LLC

EIN: 38-3901040
101 East State Street
Kennett Square, PA 19348

Ownership
Skilled Healthcare, LLC (100%)

Skilled Healthcare, LLC

EIN: 20-0084014
101 East State Street
Kennett Square, PA 19348

Ownership
Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership
GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership
GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership
FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

- Sun Healthcare Group, Inc. (approximately 64.0%)
 - Sundance Rehabilitation Holdco, Inc. (5.2%)
 - Other members (30.8%) who hold rights to income and losses but no rights as to control:
 - Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and
 - Other members that do not trigger 5% ownership test
-

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Market)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

- HCCF Management Group XI, LLC* (approximately 11.0%)
 - ZAC Properties XI, LLC* (approximately 7.6%)
 - Welltower, Inc. (approximately 5.6%)
 - Others that do not trigger 5% ownership test
-

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership

1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

[Steven E. Fishman\[2\]](#)

Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634
4500 Dorr Street
Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange) _____

[1] [HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the beneficial owner](#)
[2] [ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered the beneficial owner](#)

General Information and Questionnaire
Related Parties*

Name of Facility 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	586,910	586,910
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	728,150	728,150
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	47,480	47,480
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	544,396	536,187
Respiratory Health Services - NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	1,759,466	1,759,466
Insurance Program Insur_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	73,590	73,590
		<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 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

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.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 23 Fair Street Operations LLC			License No. 2416		Report for Year Ended 9/30/2022		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input checked="" type="radio"/> No
Total ***								

* 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 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Included in Management Fee pg. 16 m-12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 2 3 4 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility 23 Fair Street Operations LLC			License No. 2416		Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	90		30	120	90		30					
B. On last day of THIS report period	94	64		30					94	64			30
2. Number of Residents													
A. As of midnight of PREVIOUS report period	78	64		14	78	64		14					
B. As of midnight of THIS report period	80	56		24					80	56			24
3. Total Number of Days Care Provided During Period													
A. Medicare	2,811	2,417		394	2,152	1,885		267	659	532			127
B. Medicaid (Conn.)	22,426	14,393		8,033	16,667	10,754		5,913	5,759	3,639			2,120
C. Medicaid (other states)													
D. Private Pay	565	486		79	479	415		64	86	71			15
E. State SSI for RCH													
F. Other (Specify)	5,644	4,308		1,336	3,929	2,938		991	1,715	1,370			345
G. Total Care Days During Period (3A thru F)	31,446	21,604		9,842	23,227	15,992		7,235	8,219	5,612			2,607
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	14	8		6	12	6		6	2	2			
B. Other Bed Reserve Days	122	117		5	69	66		3	53	51			2
5. Total Resident Days (3G + 4A + 4B)	31,582	21,729		9,853	23,308	16,064		7,244	8,274	5,665			2,609

Schedule of Resident Statistics (Cont'd)

Name of Facility 23 Fair Street Operations LLC			License No. 2416			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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
2/1/2022	X			25						64		30	Reduce 25 NF beds to meet the c
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	Residential Care Home			
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		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	8		39	17	9		7						
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	670.66		338.87		376.73								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								5,377	4,546		831		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,643	1,831		812		
C. Other								10,202	8,668		1,534		
D. Total Physical Therapy Treatments								18,222	15,045		3,177		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,257	901		356		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								761	383		378		
C. Other								2,017	1,439		578		
D. Total Speech Therapy Treatments								4,035	2,723		1,312		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,118	2,484		634		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,317	1,588		729		
C. Other								7,009	5,720		1,289		
D. Total Occupational Therapy Treatments								12,444	9,792		2,652		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
23 Fair Street Operations LLC	2416	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	Residential Care Home	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)	103,993	1,435			46,722	645
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	217,821	8,661			97,862	3,891
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	52,278	1,464			21,730	608
b. Other Maintenance Workers	26,029	1,454			10,819	604
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	107,324	1,755			48,218	789
b. RN						
1. Direct Care	493,586	9,139		RN	189,045	3,794
2. Administrative**	62,641	1,422		NUMD	28,143	639
c. LPN						
1. Direct Care	890,230	21,296		LPN	500,966	13,012
2. Administrative**				NLN1		
d. Aides and Attendants	987,585	42,104		PCA	606,757	27,000
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	66,408	2,996			29,835	1,346
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	112,794	3,422			50,676	1,538
n. Marketing						
o. Other (Specify)						
See Attached Schedule	107,124	3,873			48,128	1,740
<i>A-13. Total Salary Expenditures</i>	3,227,813	99,021			1,678,901	55,606

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ 19,842	672			\$ 8,915	302
Coordinator-Staffing Centers	\$ 42,203	1,679			\$ 18,961	754
Central Supply	\$ 26,385	893			\$ 11,854	401
Medical Records	\$ 18,694	629			\$ 8,399	283
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
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0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
0	\$ -	-				
Total	\$ 107,124	3,873	\$ -	-	\$ 48,128	1,740

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
1020620010 Consulting Fees	\$ 2,772	n/a				
3155620020 Purchased Services-Respiratory	\$ 2,457	n/a			\$ 1,218,067	
3010620020 Purchased Services	\$ 45	n/a				
Purchased Services - Labor	\$ -	n/a				
3010610270 Physician Services -Pulmonary Services	\$ -	n/a				
3080620020 Purchased Services	\$ 75,034	n/a				
	\$ -	n/a				
0						
Total	\$ 80,308	-	\$ -	-	\$ 1,218,067	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
23 Fair Street Operations LLC				2416	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
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)				License No.	Report for Year Ended			Page	of	
23 Fair Street Operations LLC				2416	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Shahen, Janet 10/1/2021-present -	103,993		46,722		Management of Center	2,080	2			
-										
-										
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		
23 Fair Street Operations LLC	2416	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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						
2. Dentist	79,094	542				
3. Pharmacist	10,071	206			4,524	92
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	295,232	4,044			42,853	587
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	22,980	100			24,500	100
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	127,233	1,631			24,666	316
b. Other						
10. Occupational Therapist						
a. Resident Care	201,110	2,755			42,424	581
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	187,575	3,126			12,443	207
2. Administrative***						
b. LPN						
1. Direct Care	225,606	5,247			18,417	428
2. Administrative***						
c. Aides	131,215	3,959			72,567	2,190
d. Other						
12. Other (Specify) See Attached Schedule	80,308				1,218,067	
B-13 Total Fees Paid in Lieu of Salaries	1,360,422	21,610			1,460,462	4,502

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

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

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

Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC	2416	9/30/2022	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Genesis Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership
Genesis Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership
Genesis Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership
Career Staffing Carstaff_C	Nursing Agency/ Temporary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership
		<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"/>	
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		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
23 Fair Street Operations LLC	2416	9/30/2022		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 133,142	87,874			45,268
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 84,781	55,955			28,826
4. Social Security (F.I.C.A.)	\$ 365,442	241,192			124,250
5. Health Insurance	\$ 176,976	116,804			60,172
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 143	94			49
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 312,930	215,922			97,008
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 11,820	8,156			3,664
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 15,962	11,014			4,948
2. Cellular Phones	\$ 1,983	1,368			615
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	\$ 1,452	1,002			450
3. Resident Day User Fee	\$ 574,056	536,031			38,025
Subtotal	\$ 1,678,687	1,275,412			403,275

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
23 Fair Street Operations LLC	2416	9/30/2022		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	1,678,687	1,275,412		403,275	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,512	1,043		469	
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 10,773	7,433		3,340	
5. Education Expenses Related to Seminars and Conventions	\$ 180	124		56	
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>)	\$ 145	100		45	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 11,343	7,826		3,516	
4. Fund-Raising***	\$				
5. Medical Records	\$ 189	130		59	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,156	1,488		668	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,872	6,812		3,060	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 727	502		225	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 12,516	8,636		3,880	
12. Administrative Management Services**	\$ 584,009	402,966		181,043	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 81,791	56,436		25,355	
C-14 Total Administrative & General Expenditures	\$ 2,393,901	1,768,909		624,992	

* 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	Residential Care Home
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
1020630020 Advertising	\$ 2,929	\$ -	\$ 1,316
1020630330 Marketing Expense	\$ 2,179	\$ -	\$ 979
1020630331 Marketing Exp- Corporate Spend	\$ 2,442	\$ -	\$ 1,097
3165630330 Marketing Expense	\$ 260	\$ -	\$ 117
3080630330 Marketing Expense	\$ 15	\$ -	\$ 7
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 7,826	\$ -	\$ 3,516

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
1020630310 Licenses and Certification fee	\$ 6,812	\$ -	\$ 3,060
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Dues	\$ 6,812	\$ -	\$ 3,060

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
1020630135 Political Contributions	\$ -	\$ -	\$ -
1020630130 Contribution	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
1020630060 Bank Service Charges	\$ 2,053	\$ -	\$ 922
1020630120 Collection Fees	\$ 25,341	\$ -	\$ 11,385
1020630140 Education Expense	\$ -	\$ -	\$ -
1020630180 Employee Physicals	\$ 12,527	\$ -	\$ 5,628
1020630200 Employee Relations	\$ 3,941	\$ -	\$ 1,771
1020630380 Printing	\$ 132	\$ -	\$ 59
3080630441 Foreign Recruitment Cost	\$ -	\$ -	\$ -
1020630610 Training Expense	\$ 221	\$ -	\$ 99
1020630640 Uniforms	\$ -	\$ -	\$ -
1020640090 Miscellaneous	\$ (296)	\$ -	\$ (133)
1020660080 Rental Expense	\$ 1,438	\$ -	\$ 646
1020660990 Accrued Expense Estimation	\$ -	\$ -	\$ -
1020720070 State Tax Annual Report Filing	\$ 55	\$ -	\$ 25
5095720090 Landlord Operating Taxes	\$ -	\$ -	\$ -
1020640080 Fines & Penalties	\$ -	\$ -	\$ -
3080630440 Recruiting Fees	\$ 10,279	\$ -	\$ 4,618
1020630520 Software Maintenance	\$ 552	\$ -	\$ 248
1020640060 Equipment Non-Capitalized	\$ 192	\$ -	\$ 86
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 56,436	\$ -	\$ 25,355

Schedule C-1 - Management Services*

Name of Facility 23 Fair Street Operations LLC	License No. 2416	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 #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	586,910	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

* 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 23 Fair Street Operations LLC		License No. 2416	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 157,652	108,780		48,872
2.	Non-Food Supplies	\$ 25,609	17,670		7,939
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 510,979	352,576		158,403
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 694,240	479,026		215,214
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
23 Fair Street Operations LLC		2416	9/30/2022		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
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. \$	3,903	2,693			1,210
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. \$	-542	-374			-168
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	219,538	151,481			68,057
c. Other (Specify)	\$					
3D. Total Laundry Expenditures (3a + b + c)	\$	222,899	153,800			69,099
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 23 Fair Street Operations LLC		License No. 2416	Report for Year Ended 9/30/2022		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,360	9,437		3,923
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. \$	183,613	129,701		53,912
C.	Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 196,973	139,138		57,835
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from		\$ 203,872	203,872		
b.	Medicine Cabinet Drugs		\$ 27,362	27,362		
c.	Medical and Therapeutic Supplies		\$ 203,757	140,592		63,165
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 89,856			89,856
f.	X-rays and Related Radiological Procedures***		\$ 8,665	8,665		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 61,748	61,748		
i.	Recreation		\$ 42,899	30,303		12,596
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 653,918	84,659		569,259
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 1,292,077	557,201		734,876

* 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	Residential Care Home
Incontinency	\$ 31,808	\$ -	\$ 14,290
Incontinency - Rebates	\$ (5,774)	\$ -	\$ (2,594)
Advertising-Help Wanted	\$ 12,000	\$ -	\$ 5,391
Education Expense	\$ 114	\$ -	\$ 51
Employee Relations	\$ -	\$ -	\$ -
Case Management	\$ -	\$ -	\$ -
Supplies	\$ 241	\$ -	\$ 108
Supplies	\$ 10,356	\$ -	\$ 91,738
Office Supplies	\$ 2,295	\$ -	\$ 1,031
Training Expense	\$ 18,071	\$ -	\$ 8,119
Tuition Reimbursement	\$ 2,588	\$ -	\$ 1,163
Rental Expense	\$ 539	\$ -	\$ 242
Rental Expense	\$ 12,292	\$ -	\$ 449,661
Consolidated Billing	\$ 130	\$ -	\$ 58
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 84,659	\$ -	\$ 569,259

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

Name of Facility 23 Fair Street Operations LLC			License No. 2416		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	Residential Care Home	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	151,481		68,057	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	129,701		53,912	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	352,576		158,403	18	2b
		<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"/>							

* 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
23 Fair Street Operations LLC	2416	9/30/2022			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 165,788	117,109			48,679	
b. Heat	\$ 29,847	21,083			8,764	
c. Light & Power	\$ 108,568	76,690			31,878	
d. Water	\$ 14,738	10,411			4,327	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 318,941	225,293			93,648	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,205	2,264			941	
b. Building & Building Improvements	\$ 26,508	18,725			7,783	
c. Non-Movable Equipment	\$ 437	309			128	
d. Movable Equipment	\$ 40,853	28,858			11,995	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 71,003	50,156			20,847	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 561,905	396,919			164,986	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 121,043	85,502			35,541	
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 753,951	532,577			221,374	

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

Depreciation Schedule

Name of Facility 23 Fair Street Operations LLC			License No. 2416		Report for Year Ended 9/30/2022			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period			58,954		58,954	39,943	S/L	Various	3,205			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal										3,205		
B. Building and Building Improvements												
1. Acquired prior to this report period			390,656		390,656	96,510	S/L	Various	26,243			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			69,230		69,230				265			
B-4. Subtotal										26,508		
C. Non-Movable Equipment												
1. Acquired prior to this report period			4,370		4,370	2,367	S/L	Various	437			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										437		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Motor Vehicles (attach schedule)								S/L	Various			
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,027,085		1,027,085	812,380	S/L	Various	40,407	
b. Disposals (attach schedule)					(279)		(279)					
Acquired during this report period (attach schedule):												
c. Administrative					8,873		8,873				236	
d. Standard Resident					3,539		3,539				211	
e. Specialized Resident												
Total Acquired during this report period					12,412		12,412				447	
D-3. Subtotal												40,853
E. Total Depreciation												71,003

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2022	New Outlets And Panel	\$ 53,318	10	\$ -
7/31/2022	Room Soffits for wires and plugs	\$ 15,912	10	\$ 265
Total additions for Building Improvements		\$ 69,230		\$ 265 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility 23 Fair Street Operations LLC			License No. 2416		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	94			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
23 Fair Street Operations LLC		2416	9/30/2022			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
00							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
00							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
00							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
00							
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	
23 Fair Street Operations LLC		2416		9/30/2022		27 37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
2. Other (<i>Specify</i>)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
B. Item		Rate	Amount				
Lender							
Address of Lender							
00							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (<i>Specify</i>)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 18,451	13,033		5,418
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)			\$ 55,139	38,949			16,190
2. Fire and Extended Coverage			\$				
3. Other (<i>Specify</i>)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 73,590	51,982		21,608
15. Total All Expenditures (A-13 thru C-14)				\$ 13,674,170	8,496,161		5,178,009

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
23 Fair Street Operations LLC			2416	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 68,539	47,292		21,247
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 634,285	634,285		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 312,930	215,922		97,008
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 11,343	7,826		3,516
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (2,901)	(2,002)		(899)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 8,912	6,149		2,763
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)				\$ 1,033,108	909,473		123,635

* 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	Residential Care Home
10	2	Administrator's salary disallowed	\$ 47,292	\$ -	\$ 21,247
10	a12o		0 \$ -	\$ -	\$ -
10	a12o		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 47,292	\$ -	\$ 21,247

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	5	Rehabilitation Services	\$ 295,232	\$ -	\$ -
13	5	Rehabilitation Services	\$ -	\$ -	\$ -
13	9	Speech Therapist	\$ 127,233	\$ -	\$ -
13	10	Occupational Therapist	\$ 201,110	\$ -	\$ -
13	12	Other	\$ 45	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other-Labor	\$ 2,457	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ -	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 2,649	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 3,030	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 2,530	\$ -	\$ -
Total Other Fees Adjustments			\$ 634,285	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m-8a	1020630310 Chamber of Commerce	\$ 466	\$ -	\$ 209
16	m-13	1020630120 Collection Fees	\$ 25,341	\$ -	\$ 11,385
16	m-13	1020660990 Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	7010800030 Non-recurring charges	\$ -	\$ -	\$ -
16	m-13	1020640080 Penalty	\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
15	1-a-1	adj workers comp adj workers comp	\$ (19,657)	\$ -	\$ (8,832)
Total Other A&G Adjustments			\$ 6,149	\$ -	\$ 2,763

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

Name of Facility				License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC				2416	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,033,108	909,473		123,635
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 203,872	203,872		
28.	20	5-d	Ambulance/Limousine	\$			
29.	20	5-f	X-rays, etc	\$ 8,665	8,665		
30.	20	5-h	Laboratory	\$ 61,748	61,748		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 22,836	22,836		
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	\$ 34,366	24,275		10,090
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ (34,388)	(24,291)		(10,097)
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)				\$ 1,330,207	1,206,578		123,628

*** 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	Residential Care Home
20	5-1	Consolidated Billing		\$ 188	\$ -	\$ -
20	5-1	Respiratory Supplies		\$ 10,356	\$ -	\$ -
20	5-1	Respiratory Rental		\$ 12,292	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
Total Other Ancillary Costs				\$ 22,836	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description		CCNH	RHNS	Residential Care Home
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation				\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	Residential Care Home
Total Other Property Adjustments				\$ -	\$ -	\$ -

0	0-Jan	0	\$ -	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
23 Fair Street Operations LLC	2416	9/30/2022			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ (11,043,847)	(5,632,362)		(5,411,485)		
b. Medicaid Room and Board Contractual Allowance **	\$ 5,189,784	2,646,790		2,542,994		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ (1,325,646)	(954,465)		(371,181)		
b. Medicare Room and Board Contractual Allowance **	\$ 156,847	112,930		43,917		
4. a. Private-Pay Residents and Other	\$ (2,972,229)	(3,388,341)		416,112		
b. Private-Pay Room and Board Contractual Allowance **	\$ 1,027,198	1,171,006		(143,808)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ (71,886)	(51,758)		(20,128)		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 8,505	6,124		2,381		
c. Prescription Drugs - Non-Medicare	\$ (171,695)	(121,282)		(50,413)		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 61,905	43,728		18,177		
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	\$ (361,977)	(260,623)		(101,354)		
b. Physical Therapy - Medicare Contractual Allowance **	\$ 42,828	30,836		11,992		
c. Physical Therapy - Non-Medicare	\$ (435,559)	(307,670)		(127,889)		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 162,454	114,754		47,700		
4. a. Speech Therapy - Medicare	\$ (158,229)	(113,925)		(44,304)		
b. Speech Therapy - Medicare Contractual Allowance **	\$ 18,721	13,479		5,242		
c. Speech Therapy - Non-Medicare	\$ (211,130)	(149,138)		(61,992)		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 79,984	56,499		23,485		
5. a. Occupational Therapy - Medicare	\$ (267,434)	(192,552)		(74,882)		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 31,642	22,782		8,860		
c. Occupational Therapy - Non-Medicare	\$ (367,956)	(259,917)		(108,039)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 138,208	97,627		40,581		
6. a. Other (<i>Specify</i>) - Medicare	\$ (161,020)	(115,934)		(45,086)		
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,906,502)	(1,372,682)		(533,821)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ (12,537,034)	(8,604,094)		(3,932,940)		
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	\$ (100)	(71)		(29)		
5. Interest Income (<i>Specify</i>)	\$ (3,204)	(3,204)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (212,626)	(212,626)				
V. Total Other Revenue (1 thru 8)	\$ (215,931)	(215,902)		(29)		
VI. Total All Revenue (III +V)	\$ (12,752,965)	(8,819,995)		(3,932,969)		

* 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	Residential Care Home
B-6-a	Medicare - X-Ray	\$ (2,234)	\$ -	\$ (869)
B-6-a	Medicare - Laboratory	\$ (3,691)	\$ -	\$ (1,435)
B-6-a	Medicare - Respiratory Therapy & Supplies	\$ (89,119)	\$ -	\$ (34,654)
B-6-a	Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
B-6-a	Medicare - Audiology	\$ -	\$ -	\$ -
B-6-a	Medicare - Incontinency	\$ -	\$ -	\$ -
B-6-a	Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
B-6-a	Medicare - Physician Visit	\$ -	\$ -	\$ -
B-6-a	Medicare - Ambulance	\$ -	\$ -	\$ -
B-6-a	Medicare - Flu Shot	\$ (5,688)	\$ -	\$ (2,212)
B-6-a	Medicare - Capitation Contracts	\$ -	\$ -	\$ -
B-6-a	Medicare - Radiology Service	\$ -	\$ -	\$ -
B-6-a	Medicare - Outpatient Therapy Program	\$ (30,770)	\$ -	\$ (11,966)
B-6-a	Medicare -	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - X-Ray	\$ 264	\$ -	\$ 103
B-6-a	Contracts-Medicare - Laboratory	\$ 437	\$ -	\$ 170
B-6-a	Contracts-Medicare - Respiratory Therapy & Supplies	\$ 10,543	\$ -	\$ 4,100
B-6-a	Contracts-Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Audiology	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Incontinency	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Physician Visit	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Ambulance	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Flu Shot	\$ 673	\$ -	\$ 262
B-6-a	Contracts-Medicare - Capitation Contracts	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Radiology Service	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare - Outpatient Therapy Program	\$ 3,641	\$ -	\$ 1,416
B-6-a	Contracts-Medicare -	\$ -	\$ -	\$ -
	Total Other Resident Revenue - Medicare	\$ (115,914)	\$ -	\$ (45,086)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
B-6-b	Medicaid - X-Ray	(343.44)	-	(133.56)
B-6-b	Medicaid - Laboratory	(47.50)	-	(18.47)
B-6-b	Medicaid - Respiratory Therapy & Supplies	#####	-	(631,871.42)
B-6-b	Medicaid - Nursing Treatment Supplies	-	-	-
B-6-b	Medicaid - Audiology	-	-	-
B-6-b	Medicaid - Incontinency	-	-	-
B-6-b	Medicaid - Oxygen & Supplies	-	-	-
B-6-b	Medicaid - Physician Visit	-	-	-
B-6-b	Medicaid - Ambulance	-	-	-
B-6-b	Medicaid - Flu Shot	-	-	-
B-6-b	Medicaid - Capitation Contracts	-	-	-
B-6-b	Medicaid - Radiology Service	-	-	-
B-6-b	Medicaid - Outpatient Therapy Program	(545,116.93)	-	(211,212.14)
B-6-b	Medicaid -	-	-	-
B-6-b	Contracts-Medicaid - X-Ray	161.39	-	62.76
B-6-b	Contracts-Medicaid - Laboratory	22.32	-	8.68
B-6-b	Contracts-Medicaid - Respiratory Therapy & Supplies	763,540.50	-	296,932.42
B-6-b	Contracts-Medicaid - Nursing Treatment Supplies	-	-	-
B-6-b	Contracts-Medicaid - Audiology	-	-	-
B-6-b	Contracts-Medicaid - Incontinency	-	-	-
B-6-b	Contracts-Medicaid - Oxygen & Supplies	-	-	-
B-6-b	Contracts-Medicaid - Physician Visit	-	-	-
B-6-b	Contracts-Medicaid - Ambulance	-	-	-
B-6-b	Contracts-Medicaid - Flu Shot	-	-	-
B-6-b	Contracts-Medicaid - Capitation Contracts	-	-	-
B-6-b	Contracts-Medicaid - Radiology Service	-	-	-
B-6-b	Contracts-Medicaid - Outpatient Therapy Program	255,234.43	-	99,253.95
B-6-b	Contracts-Medicaid - Daycare	-	-	-
B-6-b	Private insurance, other - X-Ray	(3,847.86)	-	(1,496.39)
B-6-b	Private insurance, other - Laboratory	(5,128.47)	-	(1,994.41)
B-6-b	Private insurance, other - Respiratory Therapy & Supplies	(260,658.66)	-	(101,367.25)
B-6-b	Private insurance, other - Nursing Treatment Supplies	-	-	-
B-6-b	Private insurance, other - Audiology	-	-	-
B-6-b	Private insurance, other - Incontinency	-	-	-
B-6-b	Private insurance, other - Oxygen & Supplies	-	-	-
B-6-b	Private insurance, other - Physician Visit	-	-	-
B-6-b	Private insurance, other - Ambulance	-	-	-
B-6-b	Private insurance, other - Flu Shot	-	-	-
B-6-b	Private insurance, other - Capitation Contracts	-	-	-
B-6-b	Private insurance, other - Radiology Service	-	-	-
B-6-b	Private insurance, other - Outpatient Therapy Program	(71,698.32)	-	(27,847.68)
B-6-b	Private insurance, other - Daycare	-	-	-
B-6-b	Contracts-Non-Medicaid - X-Ray	1,329.81	-	517.15
B-6-b	Contracts-Non-Medicaid - Laboratory	1,772.39	-	689.26
B-6-b	Contracts-Non-Medicaid - Respiratory Therapy & Supplies	90,883.25	-	35,032.37
B-6-b	Contracts-Non-Medicaid - Nursing Treatment Supplies	-	-	-
B-6-b	Contracts-Non-Medicaid - Audiology	-	-	-
B-6-b	Contracts-Non-Medicaid - Incontinency	-	-	-
B-6-b	Contracts-Non-Medicaid - Oxygen & Supplies	-	-	-
B-6-b	Contracts-Non-Medicaid - Physician Visit	-	-	-
B-6-b	Contracts-Non-Medicaid - Ambulance	-	-	-
B-6-b	Contracts-Non-Medicaid - Flu Shot	-	-	-
B-6-b	Contracts-Non-Medicaid - Capitation Contracts	-	-	-
B-6-b	Contracts-Non-Medicaid - Radiology Service	-	-	-
B-6-b	Contracts-Non-Medicaid - Outpatient Therapy Program	24,747.73	-	9,624.12
B-6-b	Contracts-Non-Medicaid - Daycare	-	-	-
	Total Other Resident Revenue	\$ (1,127,682)	\$ -	\$ (533,821)

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
IV-8	Interest on Overdue Accts- Interest		\$ (3,204)	\$ -	\$ -
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
	Total Interest Income		\$ (3,204)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
IV-8	Elim Basic Healthcare Revenue	\$ (4,115)	\$ -	\$ -
IV-8	Federal Stimulus - Part 2	\$ (17,141)	\$ -	\$ -
IV-8	Federal Stimulus - Phase 4	\$ (8,340)	\$ -	\$ -
IV-8	Federal Stimulus - ARP Rptal	\$ (8,484)	\$ -	\$ -
IV-8	State COVID Support - Other	\$ (45,744)	\$ -	\$ -
IV-8	Telhealth Facility Fee	\$ (8,430)	\$ -	\$ -
IV-8	Rental Income	\$ -	\$ -	\$ -
IV-8	Promer Inc.	\$ (373)	\$ -	\$ -
IV-8		\$ -	\$ -	\$ -
IV-8		\$ -	\$ -	\$ -
IV-8		\$ -	\$ -	\$ -
0		\$ -	\$ -	\$ -
0		\$ -	\$ -	\$ -
	Total Other Revenue	\$ (212,626)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC	2416	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,143
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,849,412
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(54,644)
4. Inventories			\$	27,153
5. Prepaid Expenses			\$	44,340
a. Prepaid Expenses				
b. Prepaid Property Tax	17,955			
c. Prepaid Escrow Real Estate				
d. See Schedule	26,385			
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)			\$	1,870,404
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	58,954	\$	15,806
	Accum. Depreciation	43,148		Net
3. Buildings	*Historical Cost	459,885	\$	336,867
	Accum. Depreciation	123,018		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	4,370	\$	1,566
	Accum. Depreciation	2,804		Net
6. Movable Equipment	*Historical Cost	1,039,218	\$	185,985
	Accum. Depreciation	853,233		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	540,224

* 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 Personal Property Tax	\$ 26,385
Total Prepaid Expenses			\$ 26,385

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	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	
32	D7	AccumAmort-ROU Bldg OprLease	
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	Accr Exp Other	\$ 31,922
33	A12	Accr Exp Water and Sewer	\$ 3,412
33	A12	Accr Exp Gas	\$ 1,438
33	A12	Accr Exp Electricity	\$ 5,157
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Deferred Revenue	\$ 4,168
33	A12	A/R Credit Gross Up Liability	\$ 146,870
33	A12	Accrued Provider/Bed Tax	\$ 153,257
33	A12	Accr Sales and Use Tax - FY18	\$ 149
33	A12	CP OprLease-Bldg Obligation	
33	A12	CP-Self Insurance WC Reserve	
33	A12	CP-Self Insurance GLPL Reserve	\$ 327,869
Total Other Current Liabilities (Itemize)			\$ 674,242

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC	2416	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	2,410,628
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	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	(8,578,622)
	O L/T A Suspense	(8,578,622)		
	I/C Due to/Due From Owned	(0)		
	See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(8,578,622)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(6,167,994)

* 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	
23 Fair Street Operations LLC	2416	9/30/2022	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	695,178	
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>)			\$	159,290	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	723	
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>)			\$	674,242	

See Schedule				674,242	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,529,433	

* 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 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,529,433	
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 894,790
LT Debt-Financing Obligation		887,295		
Escheatable Funds		7,495		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 894,790
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,424,223

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC	2416	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			\$	(7,670,334)
6. Gain or Loss for Period			\$	(921,883)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(8,592,217)
C. Total Reserves and Net Worth			\$	(8,592,217)
D. Total Liabilities, Reserves, and Net Worth			\$	(6,167,994)

H. Changes in Total Net Worth

Name of Facility 23 Fair Street Operations LLC	License No. 2416	Report for Year Ended 9/30/2022	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(7,670,336)	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,752,964	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,674,845	
D. Net Income or Deficit			\$	(921,881)	
E. Balance			\$	(8,592,217)	
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$		
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	(8,592,217)	
				09/30/22	

I. Preparer's/Reviewer's Certification

Name of Facility 23 Fair Street Operations LLC	License No. 2416	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 checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Rick Fink				
Address Address		Phone Number		
515 Fairmount Avenue, STE 800, Towson, Maryland 21286		410-494-7657		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Rick Fink		410-494-7657		
Contact Email Address				
Rick.Fink@genesishcc.com				