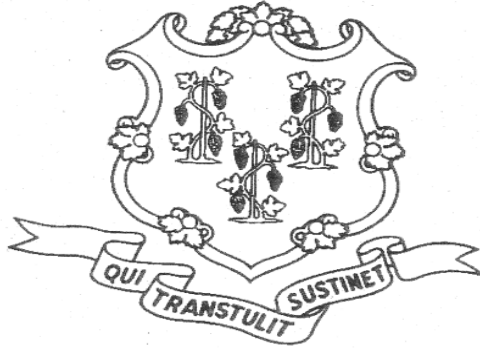


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Carolton Chronic & Convalescent Hospital, Inc.	
Address (No. & Street, City, State, Zip Code) 400 Mill Plain Road Fairfield, CT 06824	
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 606-C	RHNS	(Specify)	Medicare Provider 07 - 5034
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Medicaid Provider Numbers:	CCNH 00000 6064	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) Carolton Chronic & Convalescent Hospital, Inc.	License No. 606-C	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 Carolton Chronic & Convalescent Hospital, Inc. [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) Dennis Kretmer			Printed Name (Owner)		
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 Carolton Chronic & Convalescent Hospital, Inc.	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 400 Mill Plain Road Fairfield, CT 06824				
Report Prepared By PKF O'Connor, Davies LLP	Phone Number 860-257-1870	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 255-3573		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Carolton Chronic & Convalescent Hospital, Inc.		Address (No. & Street, City, State, Zip) 400 Mill Plain Road Fairfield, CT 06824		
License Numbers:	CCNH 606-C	RHNS	(Specify)	Medicare Provider No. 07 - 5034
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 type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Dennis Kretzmer		Nursing Home Administrator's License No.:	939	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Carolton Chronic & Convalescent Hospital, Inc.	License No. 606-C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Carolton Chronic and Convalescent Hospital, Inc.	400 Mill Plain Road, Fairfield, CT 06824			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Carmen A. Tortora	400 Mill Plain Road, Fairfield, CT 06824	President		
Michael Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director		
Paul M. Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director		
Russell J. Melita	400 Mill Plain Road, Fairfield, CT 06824	Director		
Names of Stockholders Owning at Least 10% of Shares				
Carmen A. and Agnes E. Tortora Dynasty Trust	400 Mill Plain Road, Fairfield, CT 06824			

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hospital, Inc.	606-C	9/30/2022	3B	37

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Carolton Chronic & Convalescent Hospital, Inc.	License No. 606-C	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	%**				
CMF Realty (Tortora Family Trust)	Fairfield, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rental of real estate and equipment.	22 9A	930,000	
TTFT Management Associates	Fairfield, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management services.Assistant Medical Dir	pg 16 M12,pg 28	286,714	
		<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 Carolton Chronic & Convalescent Hospital, Inc.	License No. 606-C	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		License No.		Report for Year Ended			Page	of
Carolton Chronic & Convalescent Hospital, Inc.		606-C		9/30/2022			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Stamp Machine	Monthly	Monthly		1,672	
DeLange	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machines	Monthly	Monthly		18,663	
	<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 ***							20,335	

* 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 Carolton Chronic & Convalescent H	License No. 606-C	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 PKF O'Connor Davies, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Rd. Wethersfield CT
--	---

Services Provided by This Firm (*describe fully*)

1 Cost Report/Financial Statements/Tax Returns/Retirement Audit	\$ 70,748
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 70,748

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Jen Gable 2 Burn & Lacobelle 3 C Jankovsky 4 Jackson Lewis 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4 White Plains
 5

Services Provided by This Firm (*describe fully*)

1 Medicaid Applications	\$ 22,325
2 Appointment Matters	\$ 421
3 Receivables	\$ 1,765
4 Com.policy	\$ 191
5	\$
	Charge for Services Provided
	\$ 24,702

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 Carolton Chronic & Convalescent Hospital, Inc.			License No. 606-C		Report for Year Ended 9/30/2022				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	229	229			229	229						
B. On last day of THIS report period	229	229							229	229		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	106	106			106	106						
B. As of midnight of THIS report period	113	113							113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,597	7,597			5,847	5,847			1,750	1,750		
B. Medicaid (Conn.)	19,425	19,425			14,585	14,585			4,840	4,840		
C. Medicaid (other states)												
D. Private Pay	10,719	10,719			7,569	7,569			3,150	3,150		
E. State SSI for RCH												
F. Other (Specify)	2,489	2,489			1,692	1,692			797	797		
G. Total Care Days During Period (3A thru F)	40,230	40,230			29,693	29,693			10,537	10,537		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,230	40,230			29,693	29,693			10,537	10,537		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Carolton Chronic & Convalescent Hospital, In			License No. 606-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	16		49			38							
Per Diem Rate													
a. One bed rm.	700.00		290.00			580.00							
b. Two bed rms.						480.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,137	4,137			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									4,137	4,137			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									182	182			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									182	182			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,930	2,930			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									2,930	2,930			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Carolton Chronic & Convalescent Hospital, Inc.	License No. 606-C	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	100,000	2,080				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,000	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	144,000	4,160				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	762,186	24,871				
5. Dietary Service						
a. Head Dietitian	105,822	2,369				
b. Food Service Supervisor	49,299	1,750				
c. Dietary Workers	1,134,775	68,166				
6. Housekeeping Service						
a. Head Housekeeper	76,159	2,080				
b. Other Housekeeping Workers	754,238	49,857				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	46,346	2,080				
b. Other Maintenance Workers	39,298	2,041				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	60,386	4,160				
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	118,527	2,253				
b. RN						
1. Direct Care	1,420,703	44,728				
2. Administrative**						
c. LPN						
1. Direct Care	2,633,459	81,837				
2. Administrative**	70,631	2,080				
d. Aides and Attendants	2,426,786	135,318				
e. Physical Therapists	1,008,036	29,351				
f. Speech Therapists						
g. Occupational Therapists	489,578	11,510				
h. Recreation Workers	150,210	6,327				
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	61,128	2,080				
n. Marketing						
o. Other (Specify) See Attached Schedule	76,040	3,510				
<i>A-13. Total Salary Expenditures</i>	11,827,606	484,688				

* 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
Nursing Librarian	\$ 61,635	2,700				
Private Duty Nursing - Salary	\$ 14,405	810				
Total	\$ 76,040	3,510	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Assistant Medical Director	\$ 30,000	10				
Total	\$ 30,000	10	\$ -	-	\$ -	-

**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	
Carolton Chronic & Convalescent Hospital, Inc.				606-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
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).										
Carmen A. Tortora Jr.	100,000 - See pg 28				Pres of Corp.	2,080	A1	TTFT Mgmt Co	Pg 28 Disa	

* 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	
Carolton Chronic & Convalescent Hospital, Inc.				606-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Dennis Kretzmer	100,000				Administrator	2,080	A2	TTFT Mgmt Co	Pg 28 Disa	
Section IV - Assistant Administrators										
Thomas J. Tortora	72,000				Asst. Administrator	2,080	A3	TTFT Mgmt Co	Pg 28 Disa	
Kathleen Abrahamsen	72,000				Asst. Administrator	2,080	A3	TTFT Mgmt Co	Pg 28 Disa	

*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		
Carolton Chronic & Convalescent Hospital, Inc.	606-C	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	13,540	300				
2. Dentist	19,494	96				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	300				
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						
b. Other	76,256	1,173				
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other	69,267	2,389				
12. Other (Specify) See Attached Schedule	30,000	10				
B-13 Total Fees Paid in Lieu of Salaries	238,557	4,268				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hospital, Inc.	606-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 297,846	297,846		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 948,407	948,407		
5. Health Insurance	\$ 1,271,464	1,271,464		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,216	10,216		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 70,748	70,748		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 24,703	24,703		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 1,400	1,400		
g. Office Supplies	\$ 287,361	287,361		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,306	26,306		
2. Cellular Phones	\$ 9,878	9,878		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 29,818	29,818		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 668,150	668,150		
Subtotal	\$ 3,646,296	3,646,296		

* 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)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Carolton Chronic & Convalescent Hospital, Inc.	606-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,646,296	3,646,296			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 12,709	12,709			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 1,900	1,900			
4. Employee Travel	\$ 28,977	28,977			
5. Education Expenses Related to Seminars and Conventions	\$ 915	915			
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>)	\$ 17,831	17,831			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
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)***	\$ 14,936	14,936			
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 37,906	37,906			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 5,810	5,810			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 286,714	286,714			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 63,843	63,843			
C-14 Total Administrative & General Expenditures	\$ 4,117,837	4,117,837			

* 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)
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Hospital Dues	\$ 37,906		
Total Dues	\$ 37,906	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Agency - Office	\$ 11,302		
Directors/Gov. Body Fees	\$ 9,000		
Credit Card Fees	\$ 18,778		
Non cost report expense - disallow	\$ 24,763		
Total Other Administrative and General	\$ 63,843	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Carolton Chronic & Convalescent Hospital	License No. 606-C	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 #
TTFT Management Associates, Fairfield, CT	286,714	Overall Management of facility	P. 16/ m12 & pg. 28

*** 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
Carolton Chronic & Convalescent Hospital, Inc.		606-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 525,822	525,822			
2. Non-Food Supplies	\$ 133,782	133,782			
3. Other (<i>Specify</i>) _____	\$ _____				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ _____				
c. Other (<i>Specify</i>) _____	\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 659,604	659,604			
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 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 Carolton Chronic & Convalescent Hospital, Inc.		License No. 606-C	Report for Year Ended 9/30/2022		Page 19	of 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. \$	73,444	73,444		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	4,601	4,601		
c.	Other (<i>Specify</i>) Laundry - Supplies	\$	32,583	32,583		
3D.	Total Laundry Expenditures (3a + b + c)	\$	110,629	110,629		
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
Carolton Chronic & Convalescent Hospital, Inc		606-C	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. \$	88,004	88,004		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	88,004	88,004		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	283,807	283,807		
b.	Medicine Cabinet Drugs	\$	3,149	3,149		
c.	Medical and Therapeutic Supplies	\$	254,896	254,896		
d.	Ambulance/Limousine***	\$	1,421	1,421		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	50,785	50,785		
f.	X-rays and Related Radiological Procedures***	\$	29,930	29,930		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	84,175	84,175		
i.	Recreation	\$	20,454	20,454		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	124,388	124,388		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	853,005	853,005		

* 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)
IV - Medicare	\$ 11,799		
IV - Managed Care	\$ 4,304		
Medical Supplies - Personal	\$ 39,062		
Physical Therapy Supplies	\$ 1,954		
Medical Supplies - Medicare	\$ 1,241		
Physicians Procedures-Med A- CB	\$ 8,714		
Medical Supplies - Mgd Care	\$ 1,455		
COVID	\$ 55,858		
Total Other Resident Care	\$ 124,388	\$ -	\$ -

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

Name of Facility Carolton Chronic & Convalescent Hospital, Inc.			License No. 606-C		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
TTFTMan. Co.		<input checked="" type="radio"/>	<input type="radio"/>	Brother of operators.	Management	291,053				
All American Waste		<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	53,391				
Direct TV		<input type="radio"/>	<input checked="" type="radio"/>		Cable TV	12,709				
D & M Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Yard care/snow removal	38,216				
Westport Plumbing		<input type="radio"/>	<input checked="" type="radio"/>		Plumbing	14,019				
Precision Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Sprinkler system	37,054				
Toth Mecanical		<input type="radio"/>	<input checked="" type="radio"/>		HVAC	45,039				
Hill Rom		<input type="radio"/>	<input checked="" type="radio"/>		Bed use	11,531				
		<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
Carolton Chronic & Convalescent Hospital, In	606-C	9/30/2022			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	97,700	97,700			
b. Heat	\$	125,413	125,413			
c. Light & Power	\$	272,401	272,401			
d. Water	\$	38,548	38,548			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	20,335	20,335			
f. Other (<i>itemize</i>)	\$	309,585	309,585			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	863,983	863,983			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	134,485	134,485			
c. Non-Movable Equipment	\$	6,843	6,843			
d. Movable Equipment	\$	54,579	54,579			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	195,907	195,907			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	89,211	89,211			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	89,211	89,211			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	930,000	930,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	134,014	134,014			
c. Personal property taxes	\$	42,562	42,562			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,391,694	1,391,694			

* 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)
Purchased Services - Plant	\$ 248,181		
Sewer Tax	\$ 61,404		
Total Other Repairs and Maintenance	\$ 309,585	\$ -	\$ -

Depreciation Schedule

Name of Facility Carolton Chronic & Convalescent Hospital, Inc.				License No. 606-C		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																					
2. Disposals (attach schedule)																					
3. Acquired during this report period (attach schedule)																					
A-4. Subtotal																					
B. Building and Building Improvements																					
1. Acquired prior to this report period				2,689,700		2,689,700	1,344,850	SL	20 Years	134,485											
2. Disposals (attach schedule)																					
3. Acquired during this report period (attach schedule)																					
B-4. Subtotal											134,485										
C. Non-Movable Equipment																					
1. Acquired prior to this report period				195,823		195,823	127,400	SL	20 Years	6,843											
2. Disposals (attach schedule)																					
3. Acquired during this report period (attach schedule)																					
C-4. Subtotal											6,843										
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land		Less Salvage Value		Cost to Be Depreciated		Accumulated Depreciation to Beginning of Year's Operations		Method of Computing Depreciation		Useful Life		Depreciation for This Year		Totals	
		Yes		No		Month		Year													
D. Movable Equipment																					
1. Motor Vehicles (Specify name, model and year of each vehicle)																					
a.																					
b.																					
c.																					
d.																					
2. Movable Equipment																					
a. Acquired prior to this report period								4,703,248		4,703,248	4,456,418	SL	5 - 20 Years	53,800							
b. Disposals (attach schedule)																					
Acquired during this report period (attach schedule):																					
c. Administrative																					
d. Standard Resident								7,752												779	
e. Specialized Resident																					
Total Acquired during this report period								7,752												779	
D-3. Subtotal																					54,579
E. Total Depreciation																					195,907

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvement		\$ -		\$ -
Deletions:				
Total deletions for Building Improvement		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
	10 Lift Chair Cambridge Seat Med/Lrg	Standard Resident	\$ 7,752	10	\$ 779
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 7,752		\$ 779
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
	1 Copeland 20 Ton R-22 Compressor	\$ 19,999	20	\$ 1,000
	Update Shower Room North Wing	\$ 9,619	20	\$ 481
Total additions for Leasehold Improvemen		\$ 29,618		\$ 1,481
Deletions:				
	Correction to Depreciation Schedule - Asset did not exist.	\$ (24,763)		
Total deletions for Leasehold Improvemen		\$ (24,763)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Carolton Chronic & Convalescent Hospital, Inc.			606-C		9/30/2022			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,917,604	4,126,158	SL		87,730	
2. Disposals (attach schedule)				(24,763)					
3. Acquired during this report period (attach schedule)				29,618		SL		1,481	
C-4. Subtotal									89,211
D. Total Amortization									89,211

* 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 Carolton Chronic & Convalescent Hos	License No. 606-C	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		1956		
2. Date Structure Completed		1956		
3. If NOT Original Owner, Date of Purchase		05/09/05		
4. Date of Initial Licensure		05/09/05		
5. Total Licensed Bed Capacity		229		
6. Square Footage		99,103		
7. Acquisition Cost				
a. Land		139,648		
b. Building		66,176		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		12/01/07		
c. Interest Rate for the Cost Year		2.88%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		9,000,000		
f. Principal balance outstanding as of		4,561,000		
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
Carolton Chronic & Convalescent Ho		606-C	9/30/2022			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Carolton Chronic & Convalescent H		606-C		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	3,079	3,079	
Interest - Credit Cards							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	3,079	3,079	
14. Insurance							
a. Insurance on Property (buildings only)				\$	63,480	63,480	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	28,132	28,132	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	133,206	133,206	
Insurance - General							
14d. Total Insurance Expenditures (14a + b + c)				\$	224,818	224,818	
15. Total All Expenditures (A-13 thru C-14)				\$	20,378,816	20,378,816	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hospital, Inc.				606-C	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	\$ 447,884	447,884		
2.			Salaries not related to Resident Care	\$ 100,000	100,000		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 5,564	5,564		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 30,000	30,000		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$ 3,000	3,000		
12.			Cellular Telephone	\$ 6,078	6,078		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ 1,400	1,400		
14.			Gifts, flowers and coffee shops	\$ 1,900	1,900		
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	\$ 28,997	28,997		
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$ 29,818	29,818		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 286,714	286,714		
22.			Barber and Beauty	\$ 14,936	14,936		
23.			Other - See attached Schedule	\$ 136,219	136,219		
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	\$ 590	590		
Subtotal (Items 1 - 26)				\$ 1,093,100	1,093,100		

* 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	6a,6b	Housekeeping - Outpatient Therapy Overhead	\$ 5,564		
Total Other Salaries Adjustment			\$ 5,564	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	8e	Assistant Medical Director	\$ 30,000		
Total Other Fees Adjustments			\$ 30,000	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a	Fringe Benefits	\$ 96,947		
16	1.1	Cable TV	\$ 5,509		
16a		Directors Fees	\$ 9,000		
16A		Miscellaneous	24763		
Total Other A&G Adjustments			\$ 136,219	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Carolton Chronic & Convalescent Hospital, Inc.			606-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,093,100	1,093,100		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 283,807	283,807		
28.			Ambulance/Limousine	\$ 1,421	1,421		
29.			X-rays, etc	\$ 29,930	29,930		
30.			Laboratory	\$ 84,175	84,175		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 50,785	50,785		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 68,530	68,530		
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	\$ 6,993	6,993		
39.			Other - See Attached Schedule	\$ 11,450	11,450		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 2,344	2,344		
Other - Miscellaneous							
42.			Other - Indirect	\$ 24,215	24,215		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
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)				\$ 1,656,750	1,656,750		

*** 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)
20a		IV Therapy	\$ 16,103		
20a		Physician Proceedures	\$ 8,714		
20a		Medical Supplies non medical	\$ 43,713		
Total Other Ancillary Costs			\$ 68,530	\$ -	\$ -

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)
22	10	Outpatient Therapy Property Expense	\$ 5,652		
22	10	Outpatient Therapy Real Estate Expense	\$ 898		
22	10	Apartment Real Estate Expense	\$ 2,369		
22	10	Apartment Property Expense	\$ 2,531		
Total Other Property Adjustments			\$ 11,450	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest	\$ 3,079		
27	14c	E & O Insurance	\$ 21,136		
Total Other Adjustments			\$ 24,215	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Carolton Chronic & Convalescent Hospitz	606-C	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,926,481	9,926,481			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,408,762)	(3,408,762)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,510,494	5,510,494			
b. Medicare Room and Board Contractual Allowance **	\$ (1,412,977)	(1,412,977)			
4. a. Private-Pay Residents and Other	\$ 7,730,085	7,730,085			
b. Private-Pay Room and Board Contractual Allowance **	\$ (569,586)	(569,586)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 185,489	185,489			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ (3,028)	(3,028)			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 44	44			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 24,963	24,963			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 467,712	467,712			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 1,360	1,360			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 76,951	76,951			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 597,935	597,935			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 1,650	1,650			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 83,960	83,960			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 504,253	504,253			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,717,022	19,717,022			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 6,993	6,993			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2,163	2,163			
6. Private Duty Nurses' Fees	\$ 4,640	4,640			
7. Barber, Coffee, Beauty and Gift shops	\$ 12,141	12,141			
8. Other (<i>Specify</i>)	\$ 479,562	479,562			
V. Total Other Revenue (1 thru 8)	\$ 505,500	505,500			
VI. Total All Revenue (III +V)	\$ 20,222,522	20,222,522			

* 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)
	Laboratory - Medicare	\$ 36,417		
	X-ray Revenue - Medicare	\$ 24,328		
	Oxygen - Medicare	\$ 23,215		
	Total Other Resident Revenue - Medicare	\$ 83,960	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Laboratory - Self Paying	\$ (9)		
	I.V. Therapy Revenue	\$ 212		
	Managed Care Therapies	\$ 354,318		
	Therapy - Agencies	\$ 149,732		
	Total Other Resident Revenue	\$ 504,253	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income (Specify)		2,163		
	Total Interest Income		\$ 2,163	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Personal Items	\$ 692		
	Personal Items	\$ (2,695)		
	Provider Relief Funds Earned	\$ 481,566		
	Total Other Revenue	\$ 479,562	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hosp	606-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	945,781
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,379,319
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	86,383
5. Prepaid Expenses			\$	12,108
a. In-House MD	12,108			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	68,002
Loan and Advances - Employees	13,184			
Property Tax Escrow Acct	43,525			
Deposits on purchases	11,292			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,491,593
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>2,689,700</u>		\$	1,210,365
	Accum. Depreciation <u>1,479,335</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>4,922,459</u>		\$	707,090
	Accum. Depreciation <u>4,215,369</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>195,823</u>		\$	61,580
	Accum. Depreciation <u>134,243</u>	Net		
6. Movable Equipment	*Historical Cost <u>4,711,000</u>		\$	200,003
	Accum. Depreciation <u>4,510,997</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,179,037

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

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	
Total Other Current Liabilities (Itemize)			\$ -

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hosp	606-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	6,670,630
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>)			\$	632,000
Deferred Tax Asset		632,000		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	632,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,302,630

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hospital, In		606-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	586,732
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>)				\$	246,875
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	10
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*				\$	15,700
12. Other Current Liabilities (<i>itemize</i>)				\$	100,110
Accrued Property Tax		100,110			

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	949,428

* 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 Carolton Chronic & Convalescent Hospital,	License No. 606-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			949,428	
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>)				\$ 1,229,712
Name and Address of Lender	Amount	Loan Date		
	1,229,712			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 191,837
<u>Due to State of CT - Medicaid</u>		191,837		

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,421,549
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,370,976

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hosp	606-C	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			\$	660,580
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	660,580
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	18,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	(540,000)
5. Cumulated Earnings			\$	4,949,368
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ align="right">(156,294)
7. Total Net Worth			\$	4,271,074
C. Total Reserves and Net Worth			\$	4,931,654
D. Total Liabilities, Reserves, and Net Worth			\$	7,302,630

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic & Convalescent Hospi	606-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	4,802,132
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	20,222,522
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	20,378,816
D. Net Income or Deficit			\$	(156,294)
E. Balance			\$	4,645,838
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Decrease in reserve for fair rent	147,236			
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			\$	4,793,074
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Carolton Chronic & Convalescent Hospital,	License No. 606-C	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		Date Signed
Printed Name of Preparer				
Address Address			Phone Number	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Contact Email Address				