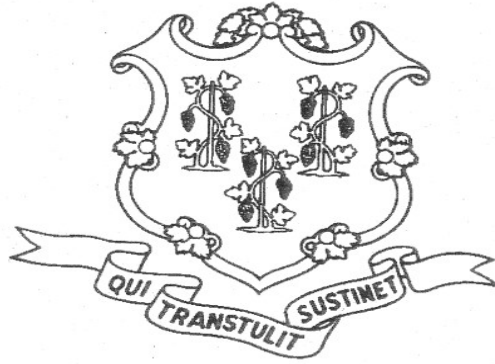


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) West Haven Center for Nursing & Rehabilitation LLC	
Address (No. & Street, City, State, Zip Code) 310 Terrace Avenue, West Haven, CT 06516	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 11/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2466	RHNS	(Specify)	Medicare Provider 07-5201
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Medicaid Provider Numbers:	CCNH 10926	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)	License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Rehabilitation LLC	2466	9/30/2022	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 West Haven Center for Nursing & Rehabilitation LLC [facility name], for the cost report period beginning November 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.

**Subject to Desk Review audit

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Helen Byron			Printed Name (Owner) Menajem Salamon		
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 West Haven Center for Nursing & Rehabilitation LLC	Period Covered:	From 11/1/2021	To 9/30/2022	
Address of Facility 310 Terrace Avenue, West Haven, CT 06516				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 2/14/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-654-2100	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) West Haven Center for Nursing & Rehabilitation LLC		Address (No. & Street, City, State, Zip) 310 Terrace Avenue, West Haven, CT 06516		
License Numbers:	CCNH 2466	RHNS (Specify)	Medicare Provider No. 07-5201	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
Change of ownership as of 11/1/21. 				
Administrator				
Name of Administrator Helen Byron		Nursing Home Administrator's License No.:	1605	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility West Haven Center for Nursing & Rehabilitation LLC		License No. 2466	Report for Year Ended 9/30/2022	Page 3	of 37
Legal Name of Partnership/LLC West Haven Center for Nursing & Rehabilitation LLC		Business Address 310 Terrace Avenue, West Haven, CT 06516		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title	% Owned		
Alan Landa	310 Terrace Avenue, West Haven, CT 06516		36.50%		
Sari Landa	310 Terrace Avenue, West Haven, CT 06516		5%		
Mordejai Salamon	310 Terrace Avenue, West Haven, CT 06516		7%		
Menajem Salamon	310 Terrace Avenue, West Haven, CT 06516		41.50%		
Elishева Eisenberger	310 Terrace Avenue, West Haven, CT 06516		5%		
Various Other Less than 5% ea	310 Terrace Avenue, West Haven, CT 06516		5%		

General Information and Questionnaire Corporate Owners

Name of Facility West Haven Center for Nursing & Rehabilitation	License No. 2466	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Rehabilitation L	2466	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 West Haven Center for Nursing & Rehabilitation LLC	License No. 2466	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	%**				
West Haven Propco, LLC	310 Terrace Avenue, West Haven, CT 06516	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Page 22 Line 9	1,100,000	840,009
		<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"/>					

* 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 West Haven Center for Nursing & Rehabilitation	License No. 2466	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 West Haven Center for Nursing & Rehabilitation LLC			License No. 2466	Report for Year Ended 9/30/2022			Page 6	of 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						
Macquarie Equipment Capital Inc. PO Box 714862, Cincinnati, OH 45271	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease	01/28/23	Monthly	3,669	3,669	
	<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 ***							3,669	

* 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 West Haven Center for Nursing & I	License No. 2466	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	Address (No. & Street, City, State, Zip Code)
1 Zella Healthcare Consulting	7 Eastview Drive, Simsbury, CT 06070
2 Burg & Weingarten CPA PC	170 Harborview North, Lawrence, NY 11559
3	
4	

Services Provided by This Firm (*describe fully*)

1 Monthly bookkeeping services	\$ 22,000
2 Tax returns	\$ 3,600
3	\$
4	\$
	Charge for Services Provided
	\$ 25,600

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 NY RYTES	914-232-1005
2 Murtha Cullina	203-772-7700
3 Jackson Lewis	860-522-0404
4 American Arbitration Association	N/A
5 Various (Disallowed)	N/A

Address (<i>No. & Street, City, State, Zip Code</i>)
1 1979 Marcus Ave., Ste 210, New Hyde Park, NY 11042
2 265 Church St., New Haven, CT 06510
3 90 State House Square, Hartford, CT 06103
4 N/A
5 N/A

Services Provided by This Firm (*describe fully*)

1 Compliance Program	\$ 17,310
2 DPH Compliance/General Legal	\$ 3,583
3 Employee Related Legal	\$ 1,272
4 Arbitration Hearings	\$ 325
5 Other (Disallowed)	\$ 4,354
	Charge for Services Provided
	\$ 26,844

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
West Haven Center for Nursing & Rehabilitation LLC			2466		9/30/2022				8	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	98	98			98	98							
B. On last day of THIS report period	98	98							98	98			
2. Number of Residents													
A. As of midnight of PREVIOUS report period													
B. As of midnight of THIS report period	84	84							84	84			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,771	3,771			3,076	3,076			695	695			
B. Medicaid (Conn.)	24,637	24,637			17,447	17,447			7,190	7,190			
C. Medicaid (other states)													
D. Private Pay	515	515			270	270			245	245			
E. State SSI for RCH													
F. Other (Specify) Insurance	405	405			382	382			23	23			
G. Total Care Days During Period (3A thru F)	29,328	29,328			21,175	21,175			8,153	8,153			
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)	29,328	29,328			21,175	21,175			8,153	8,153			

Schedule of Resident Statistics (Cont'd)

Name of Facility West Haven Center for Nursing & Rehabilitation	License No. 2466	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes 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	11	72		1				
Per Diem Rate								
a. One bed rm.	PDPM	294.44		380.00				
b. Two bed rms.	PDPM	294.44		380.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,523	2,523		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,824	1,824		
2. Restorative Treatments				
C. Other	334	334		
D. Total Physical Therapy Treatments	4,681	4,681		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	930	930		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	511	511		
2. Restorative Treatments				
C. Other	122	122		
D. Total Speech Therapy Treatments	1,563	1,563		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,076	3,076		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,763	1,763		
2. Restorative Treatments				
C. Other	415	415		
D. Total Occupational Therapy Treatments	5,254	5,254		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
West Haven Center for Nursing & Rehabilitation LLC	2466	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,028	1,960				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	148,788	7,015				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	422,182	19,173				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	385,294	17,813				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	63,110	2,595				
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	157,547	2,792				
b. RN						
1. Direct Care	714,920	15,019				
2. Administrative**						
c. LPN						
1. Direct Care	824,117	24,860				
2. Administrative**						
d. Aides and Attendants	1,159,120	54,521				
e. Physical Therapists	150,875	3,897				
f. Speech Therapists	48,769	880				
g. Occupational Therapists	88,603	2,316				
h. Recreation Workers	57,832	3,113				
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	182,462	4,995				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,510,647	160,948				

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

Name of Facility		License No.		Report for Year Ended			Page	of		
West Haven Center for Nursing & Rehabilitation LLC		2466		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										
Menajem Salamon	31,250			None	CEO	N/A	A4			
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	
West Haven Center for Nursing & Rehabilitation LLC				2466	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***										
Marjorie Simpson (11/1/21 - 11/14/21)	5,500			Non Discriminatory	Administrator	104	A2			
Asif Aleem (11/15/21 - 7/10/22)	63,885			Non Discriminatory	Administrator	1,328	A2			
Helen Byron (7/11/22 - 9/30/22)	37,643			Non Discriminatory	Administrator	528	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
West Haven Center for Nursing & Rehabilitation LL	2466	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	2,400	37				
2. Dentist	4,510	N/A				
3. Pharmacist	15,014	231				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	19,573	261				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	260				
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						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	441,764	3,379				
2. Administrative***						
b. LPN						
1. Direct Care	66,107	1,012				
2. Administrative***						
c. Aides	5,592	211				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	587,960	5,391				

* 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 West Haven Center for Nursing & Rehabilitation LLC		License No. 2466		Report for Year Ended 9/30/2022		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
NutraCo	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
LTC Management	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Guardian Consulting Services, Inc	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>						
QRM	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>						
Anuruddha Walaliyadda, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
QRM	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>						
Innovations Healthcare	INC Nurse	<input type="radio"/>	<input checked="" type="radio"/>						
Zella Staffing Solutions	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>						
Solomon Page Group LLC	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>						
Dynamic Reimbursement Services	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>						
AAA Nursing Care	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>						
Norton and Associates	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

* 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
West Haven Center for Nursing & Rehabilitation	2466	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 365,855	365,855			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 70,091	70,091			
4. Social Security (F.I.C.A.)	\$ 341,366	341,366			
5. Health Insurance	\$ 716,260	716,260			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 215,990	215,990			
8. Uniform Allowance	\$ 2,899	2,899			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 30,721	30,721			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 207	207			
d. Accounting and Auditing	\$ 25,600	25,600			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,844	26,844			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 32,549	32,549			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,896	11,896			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 3,167	3,167			
3. Resident Day User Fee	\$ 537,209	537,209			
Subtotal	\$ 2,380,654	2,380,654			

* 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
West Haven Center for Nursing & Rehabilitation LLC	2466	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,380,654	2,380,654		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	950	950		
3. Gifts to Staff and Residents	\$	950	950		
4. Employee Travel	\$	709	709		
5. Education Expenses Related to Seminars and Conventions	\$	1,000	1,000		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,734	1,734		
7. Other (<i>Specify</i>)	\$	7,575	7,575		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	12,310	12,310		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	6,089	6,089		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	26,654	26,654		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	7,193	7,193		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	4,363	4,363		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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>)	\$	168,004	168,004		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	9,251	9,251		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,627,436	2,627,436		

* 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)
	0		
Travel Reimbursement (Disallowed)	\$ 7,575		
Total Other Travel and Entertainment	\$ 7,575	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	\$ -		
Promotional Advertising	\$ 6,089		
Total Other Advertising	\$ 6,089	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
CAHCF	\$ 4,363		
Total Dues	\$ 4,363	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ -		
Misc. Expense (Disallowed)	\$ 35		
Bank Charges (Disallow \$121 for Credit Card Fees)	\$ 3,974		
Facility Licenses & Permits	\$ 990		
Background Checks	\$ 4,252		
Total Other Administrative and General	\$ 9,251	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page		of
West Haven Center for Nursing & Rehabi	2466	9/30/2022	17		37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #		
N/A					

*** 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 West Haven Center for Nursing & Rehabilitation LLC	License No. 2466	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 186,245	186,245		
2. Non-Food Supplies	\$ 59,115	59,115		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 245,360	245,360		
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 West Haven Center for Nursing & Rehabilitation LLC		License No. 2466	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. \$	98,756	98,756		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	98,756	98,756	
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
West Haven Center for Nursing & Rehabilitation		2466	9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Served by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$ 37,640	37,640			
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$ 37,640	37,640			
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from MedWiz / Procure	\$ 100,660	100,660			
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$ 175,613	175,613			
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$ 23,160	23,160			
f.	X-rays and Related Radiological Procedures***	\$ 3,915	3,915			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$ 23,204	23,204			
i.	Recreation	\$ 10,745	10,745			
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$ 23,530	23,530			
5M.	Total Resident Care Expenditures (5a - 5j)	\$ 360,827	360,827			

* 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)
	\$ -		
Resident Replacement Item (Disallowed)	\$ 41		
Equipment Rental (Disallowed)	\$ 23,489		
Total Other Resident Care	\$ 23,530	\$ -	\$ -

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

Name of Facility West Haven Center for Nursing & Rehabilitation LLC			License No. 2466		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
Facilities Compliance Services	221 W Main St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Maint. Purchased Services	31,316			22	6f
ADM Environmental	1370 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	11,036			22	6f
Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	17,685			22	6f
Paradise Tree Company	82 Crestway, Hamden, CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,433			22	6f
ASantino Consulting Services	42 Robin Hill Ln, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultant and Computer Purchases	30,651			Var	Var
Comprehensive AR	36 Airport Rd, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		AR Purchased Services	88,000			16	m11
Matrixcare	10900 Hampshire Ave South, Minneapolis, MN	<input type="radio"/>	<input checked="" type="radio"/>		AP / Accounting / Nursing	28,231			16	m11
New Goldland Purchasing	263 N Main St, Spring Valley, NY 10977	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing Software	16,500			16	m11
		<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
West Haven Center for Nursing & Rehabilitat	2466	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 26,788	26,788				
b. Heat	\$ 63,718	63,718				
c. Light & Power	\$ 64,566	64,566				
d. Water	\$ 51,823	51,823				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 3,669	3,669				
f. Other (<i>itemize</i>)	\$ 86,070	86,070				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 296,634	296,634				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 6,996	6,996				
c. Non-Movable Equipment	\$ 379	379				
d. Movable Equipment	\$ 4,627	4,627				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 12,002	12,002				
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	\$ 1,100,000	1,100,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 58,064	58,064				
c. Personal property taxes	\$ 8,174	8,174				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,178,240	1,178,240				

* 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			License No.		Report for Year Ended			Page	of				
West Haven Center for Nursing & Rehabilitation LLC			2466		9/30/2022			23	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. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			199,809		199,809		SL	Various	6,996				
B-4. Subtotal										6,996			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			2,525		2,525		SL	Various	379				
C-4. Subtotal										379			
		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													
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative					Var	Var	20,035		20,035	SL	Various	4,627	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period							20,035		20,035			4,627	
D-3. Subtotal													4,627
E. Total Depreciation													12,002

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:				
Various	Please see attached depreciation schedule	\$ 199,809	Various	\$ 6,996
Total additions for Building Improvements		\$ 199,809		\$ 6,996 *
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:				
1/31/2022	Thera Touch CX4	\$ 2,525	60	\$ 379
Total additions for Non-Movable Equipment		\$ 2,525		\$ 379 *
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:					
3/24/2022	Timeclocks	Administrative	\$ 4,056	60	\$ 473
11/24/2021	Computer Equipment	Administrative	\$ 6,360	36	\$ 1,943
11/29/2021	Computer Network	Administrative	\$ 972	36	\$ 297
11/16/2021	Computer Equipment	Administrative	\$ 350	36	\$ 107
12/1/2021	Laptops	Administrative	\$ 3,342	36	\$ 928
2/28/2022	Kiosk Project	Administrative	\$ 3,350	36	\$ 745
7/29/2022	Kiosk Project	Administrative	\$ 1,605	36	\$ 134
Total additions for Movable Equipment			\$ 20,035		\$ 4,627 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

West Haven Center for Nursing & Rehabilitation
 FYE 9-30-22
 Asset Depreciation Schedule

1615000-00-20 Leasehold Improvements

<u>GL Account</u>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>2022</u> <u>Depreciation</u>	<u>2022 Acc. Dep.</u>	<u>Net Book Value</u>
<i>FYE 12-31-21</i>									
LI	Coastal Mechanical Services - Shaft Bearing	11/15/2021	S/L	180	2,986.61	11	182.52	182.52	2,804.09
LI	S&S Wired - Mag Lock Install	12/1/2021	S/L	180	8,250.00	10	458.33	458.33	7,791.67
LI	AE Design - Design for Reno	12/15/2021	S/L	180	24,000.00	10	1,333.33	1,333.33	22,666.67
12-31-2021 Totals					<u>35,236.61</u>		<u>1,974.18</u>	<u>1,974.18</u>	<u>33,262.43</u>
<i>FYE 9-30-22</i>									
LI	ROBEAR MP, LLC, INSTALL/REPLACE TELEPHON	1/30/2022	S/L	180	8,401.02	9	420.05	420.05	7,980.97
LI	FACILITIES COMPLIANCE FIRE PROTECTION, I	2/1/2022	S/L	180	2,371.61	8	105.40	105.40	2,266.21
LI	JET WAVE CORP,	2/23/2022	S/L	180	2,699.80	8	119.99	119.99	2,579.81
LI	FACILITIES COMPLIANCE FIRE PROTECTION, S	2/21/2022	S/L	180	4,984.36	8	221.53	221.53	4,762.83
LI	FACILITIES COMPLIANCE FIRE PROTECTION, S	2/7/2022	S/L	180	6,219.08	8	276.40	276.40	5,942.68
LI	ELIAS RIGGING, LLC, WATER TANK PROJECT	3/2/2022	S/L	180	2,000.00	7	77.78	77.78	1,922.22
LI	FACILITIES COMPLIANCE FIRE PROTECTION, f	3/1/2022	S/L	180	2,902.93	7	112.89	112.89	2,790.04
LI	AE DESIGN GROUP, RENOVATION PROJECT	3/22/2022	S/L	180	10,000.00	7	388.89	388.89	9,611.11
LI	COASTAL MECHANICAL SERVICES, MAINTENANCE	3/10/2022	S/L	180	20,738.25	7	806.49	806.49	19,931.76
LI	DESIGN GROUP LLC, RETAINER/DESIGN	4/1/2022	S/L	180	12,000.00	6	400.00	400.00	11,600.00
LI	COASTAL MECHANICAL SERVICES, INSTALL OF	3/10/2022	S/L	180	4,071.99	7	158.36	158.36	3,913.63
LI	COASTAL MECHANICAL SERVICES, HOT WATER T	2/9/2022	S/L	180	7,950.78	8	353.37	353.37	7,597.41
LI	FACILITIES COMPLIANCE FIRE PROTECTION, W	5/2/2022	S/L	180	6,619.22	5	183.87	183.87	6,435.35
LI	AE DESIGN GROUP, DESIGN DEVELOPMENT	5/5/2022	S/L	180	12,000.00	5	333.33	333.33	11,666.67
LI	S & S WIRED SYSTEMS, LLC, MAGNETIC LOCK	5/29/2022	S/L	180	8,249.99	5	229.17	229.17	8,020.82
LI	AK. MECHANICE, INSTALL OF OUTLETS	5/17/2022	S/L	180	2,765.10	5	76.81	76.81	2,688.29
LI	COASTAL MECHANICAL SERVICES, NEW PUMP 1/	5/16/2022	S/L	180	4,727.26	5	131.31	131.31	4,595.95
LI	AE DESIGN GROUP, DESIGN	6/13/2022	S/L	180	10,000.00	4	222.22	222.22	9,777.78
LI	COASTAL MECHANICAL SERVICES, CONDENSOR F	6/1/2022	S/L	180	4,509.73	4	100.22	100.22	4,409.51
LI	AK. MECHANICE, NEW CIIRCUITS	8/11/2022	S/L	180	14,197.73	2	157.75	157.75	14,039.98
LI	SCHOLAR PAINTING & RESTORATION, FINAL PA	8/18/2022	S/L	180	9,039.75	2	100.44	100.44	8,939.31
LI	COASTAL MECHANICAL SERVICES, INSTALL OF	9/1/2022	S/L	180	8,124.16	1	45.13	45.13	8,079.03
9-30-22 Totals					<u>164,572.76</u>		<u>5,021.40</u>	<u>5,021.40</u>	<u>159,551.36</u>
Total FYE 9-30-22					<u>199,809.37</u>		<u>6,995.58</u>	<u>6,995.58</u>	<u>192,813.79</u>

1620000-00-20 Furniture, Fixture & Equipment

<u>GL Account</u> <i>FYE 12-31-21</i>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>2022</u> <u>Depreciation</u>	<u>2022 Acc. Dep.</u>	<u>Net Book Value</u>	
	12-31-2021 Totals				-		-	-	-	
<i>FYE 9-30-22</i>	FFE	REMED SERVICES, THERA TOUCH CX4 WITH CAR	1/31/2022	S/L	60	2,525.00	9	378.75	378.75	2,146.25
	9-30-22 Totals				2,525.00		378.75	378.75	2,146.25	
	Total FYE 9-30-22				2,525.00		378.75	378.75	2,146.25	

1623000-00-20 Movable Equipment

<u>GL Account</u> <i>FYE 12-31-21</i>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>2022</u> <u>Depreciation</u>	<u>2022 Acc. Dep.</u>	<u>Net Book Value</u>	
	12-31-2021 Totals				-		-	-	-	
<i>FYE 9-30-22</i>	MOVE	TIMEPRO COMMEG SYSTEMS, INC, TIMEPRO	3/24/2022	S/L	60	4,055.70	7	473.17	473.17	3,582.54
	9-30-22 Totals				4,055.70		473.17	473.17	3,582.54	
	Total FYE 9-30-22				4,055.70		473.17	473.17	3,582.54	

1630000-00-20 Computers

<u>GL Account</u> <i>FYE 12-31-21</i>	<u>Asset Description</u>	<u>Date in Service</u>	<u>Method</u>	<u>Useful Life</u> <u>(Months)</u>	<u>Historical Cost</u>	<u>Month in</u> <u>Fiscal Year</u>	<u>2022</u> <u>Depreciation</u>	<u>2022 Acc. Dep.</u>	<u>Net Book Value</u>	
COMP	A Santino - Computer Equipment	11/24/2021	S/L	36	6,360.00	11	1,943.33	1,943.33	4,416.67	
COMP	A Santino - Computer Network	11/29/2021	S/L	36	972.13	11	297.04	297.04	675.09	
COMP	A Santino - Equipment	11/16/2021	S/L	36	350.00	11	106.94	106.94	243.06	
COMP	A Santino - Laptops	12/1/2021	S/L	36	3,341.80	10	928.28	928.28	2,413.52	
	12-31-2021 Totals				11,023.93		3,275.60	3,275.60	7,748.33	
<i>FYE 9-30-22</i>	MOVE	ASANTINO CONSULTING, KISOK PROJECT	2/28/2022	S/L	36	3,350.00	8	744.44	744.44	2,605.56
	MOVE	ASANTINO CONSULTING, KISOK PROJECT	7/29/2022	S/L	36	1,605.00	3	133.75	133.75	1,471.25
	9-30-22 Totals				4,955.00		878.19	878.19	4,076.81	
	Total FYE 9-30-22				15,978.93		4,153.79	4,153.79	11,825.14	

Amortization Schedule*

Name of Facility West Haven Center for Nursing & Rehabilitation LLC			License No. 2466		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 %	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									
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 West Haven Center for Nursing & Rel	License No. 2466	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	11/01/21				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
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)	Variable				
b. Date Mortgage Obtained	11/01/21				
c. Interest Rate for the Cost Year	Variable				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	5,096,154				
f. Principal balance outstanding as of 9/30/22	5,096,154				
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
West Haven Center for Nursing & Re		2466	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	
West Haven Center for Nursing &		2466		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) Working Capital Interest				\$	15,184	15,184		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	15,184	15,184		
14. Insurance								
a. Insurance on Property (buildings only)				\$	31,030	31,030		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)			\$	124,258	124,258			
2. Fire and Extended Coverage			\$					
3. Other (Specify)			\$					
14d. Total Insurance Expenditures (14a + b + c)				\$	155,288	155,288		
15. Total All Expenditures (A-13 thru C-14)				\$	10,113,972	10,113,972		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Rehabilitation LLC				2466	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 88,603	88,603		
4.			Other - See attached Schedule	\$ 31,250	31,250		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 150,810	150,810		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 207	207		
10.			Accounting	\$			
10a.			Legal	\$ 4,354	4,354		
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.	16	L4 / L	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 8,284	8,284		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,734	1,734		
18.	16	m3	Unallowable Advertising *	\$ 6,089	6,089		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,456	3,456		
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)				\$ 294,787	294,787		

* 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	A4	M Salamon Salary	\$ 31,250		
Total Other Salaries Adjustment			\$ 31,250	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 4,510		
13	b11a1	Madated Nurse Monitor	\$ 146,300		
Total Other Fees Adjustments			\$ 150,810	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m11	Cost Seg. Study	\$ 3,300		
16	m13	Credit Card Processing Fee	\$ 121		
16	m13	Misc. Expense (Disallowed)	\$ 35		
Total Other A&G Adjustments			\$ 3,456	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Rehabilitation LLC				2466	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 294,787	294,787		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 100,660	100,660		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 3,915	3,915		
30.	20	5h	Laboratory	\$ 23,204	23,204		
31.	20	5c	Medical Supplies	\$ 28,089	28,089		
32.	20	5e2	Oxygen (non emergency)	\$ 23,160	23,160		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,256	26,256		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
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)				\$ 500,071	500,071		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable in Excess of \$3,600	\$ 2,767		
20	5l	Equipment Rental	\$ 23,489		
Total Other Ancillary Costs			\$ 26,256	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
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
West Haven Center for Nursing & Rehabi		2466	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>)	\$ 7,548,232	7,548,232				
b. Medicaid Room and Board Contractual Allowance **	\$ 329	329				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,216,154	2,216,154				
b. Medicare Room and Board Contractual Allowance **	\$ (35,100)	(35,100)				
4. a. Private-Pay Residents and Other	\$ 492,650	492,650				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 60,765	60,765				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 25,316	25,316				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 9,275	9,275				
4. a. Speech Therapy - Medicare	\$ 30,081	30,081				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 13,640	13,640				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 68,561	68,561				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 29,723	29,723				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (325)	(325)				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,459,301	10,459,301				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 150	150				
V. Total Other Revenue (1 thru 8)	\$ 150	150				
VI. Total All Revenue (III +V)	\$ 10,459,451	10,459,451				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 II6a	Medicare Ancillary Contractual Allowance	\$ (325)		
Total Other Resident Revenue - Medicare		\$ (325)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 IV 8	Charitable Donations (No associated expense)	\$ 150		
Total Other Revenue		\$ 150	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Reha	2466	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	983,020
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,244,286
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	127
a.				
b. Prepaid Insurnace		(4,787)		
c. Prepaid Real Estate Taxes		4,914		
d. See Schedule				
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)			\$	2,227,433
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 199,809		\$	192,813
	Accum. Depreciation 6,996	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 2,525		\$	2,146
	Accum. Depreciation 379	Net		
6. Movable Equipment	*Historical Cost 20,035		\$	15,408
	Accum. Depreciation 4,627	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)			\$	210,367

* 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	
			0
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
			0
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
			0
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
			0
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 Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility West Haven Center for Nursing & Reha	License No. 2466	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,437,800	
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>)			\$	
Rounding			1	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,437,801	

* 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
West Haven Center for Nursing & Rehabilitat	2466	9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	936,591
2. Notes Payable (<i>itemize</i>)			\$	(5,000)
Working Capital LOC				(5,000)
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>)			\$	518,198
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	80,071
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>)			\$	1,095,283
Resident Funds				38,259
Accrued Rent				899,241
Accrued Provider Tax				157,777
Due to Other				6 See Schedule
A-13. Total Current Liabilities (Lines A1 thru I2)			\$	2,625,143

* 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 West Haven Center for Nursing & Rehabili	License No. 2466	Report for Year Ended 9/30/2022		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,625,143	
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>)				\$ (518,000)	
Name and Address of Lender	Amount	Loan Date			
Various	(518,000)	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (518,000)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,107,143	


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

Name of Facility	License No.	Report for Year Ended	Page	of
West Haven Center for Nursing & Rel	2466	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			\$	(14,821)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	345,479
	11/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	330,658
C. Total Reserves and Net Worth			\$	330,658
D. Total Liabilities, Reserves, and Net Worth			\$	2,437,801

H. Changes in Total Net Worth

Name of Facility West Haven Center for Nursing & Rehabil	License No. 2466	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			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,459,451
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,113,972
D. Net Income or Deficit			\$	345,479
E. Balance			\$	345,479
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		09/30/22	\$	345,479

I. Preparer's/Reviewer's Certification

Name of Facility West Haven Center for Nursing &	License No. 2466	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 President	Date Signed 02/14/2023		
Printed Name of Preparer Stephen Bernier				
Address Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197		
Contacted Person Regarding Additional Information Needed Regarding This Report Stephen Bernier		Phone Number 203-808-8197		
Contact Email Address stephen.bernier@zellahc.com				