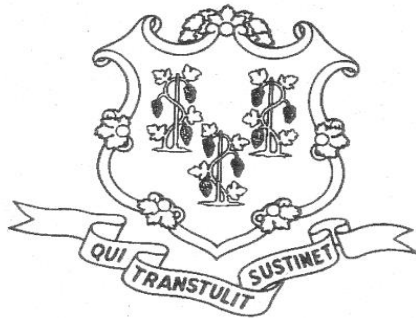


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2024

Name of Facility (as licensed) Autumn Lake Heathcare at Norwalk	
Address (No. & Street, City, State, Zip Code) 34 Midrocks Drive, Norwalk, CT 06581	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2023	Report for Year Ending 9/30/2024

License Numbers:	CCNH / RHNS 2343	(Specify)	(Specify)	Medicare Provider 07-5387
Medicaid Provider Numbers:	CCNH / RHNS 000021163	(Specify)	(Specify)	

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Autumn Lake Heathcare at Norwalk	2343	9/30/2024	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 Autumn Lake Heathcare at Norwalk [facility name], for the cost report period beginning October 1, 2023 and ending September 30, 2024, 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) Adrian Thomas			Printed Name (Owner) Aryeh Stern		
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 Autumn Lake Healthcare at Norwalk		Period Covered:	From 10/1/2023	To 9/30/2024
Address of Facility 34 Midrocks Drive, Norwalk, CT 06581				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH / RHNS	(Specify)	(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 203-847-9686		Report for Year Ended 9/30/2024	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Heathcare at Norwalk		Address (No. & Street, City, State, Zip) 34 Midrocks Drive, Norwalk, CT 06581		
License Numbers:	CCNH / RHNS 2343	(Specify)	(Specify)	Medicare Provider No. 07-5387
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <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 type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator				
Name of Administrator Adrian Thomas		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

[illegible]

Owner(s) of Facility

General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Heathcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
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	% **				
Autumn Lake Heathcare LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	319,047	319,047
Ultimate Therapy LLC	4260 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	1,316,247	1,316,247
Norwalk Realty	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9, 22/10a	1,950,000	1,950,000
		<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 Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	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
Other Lines of Business

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 6	of 37		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Square footage of entire facility.</td> <td style="width:70%; text-align: center;">0</td> </tr> </table>					Square footage of entire facility.	0
Square footage of entire facility.	0					
Outpatient Therapy						
Does the Facility provide outpatient therapy services?		No				
<i>If yes, please complete the following:</i>						
	Square footage of therapy space.					
Meals on Wheels						
Does the facility provide Meals on Wheels?		No				
<i>If yes, please complete the following:</i>						
	Square footage of kitchen					
	Number of meals served per week					
No	Are meals included in meals served on page 18 of the Annual Report?					
No	Are direct costs included in the Annual Report?					
	<i>If yes, please state where costs are reported.</i>					
No	Are drivers for the program included in the facility's payroll?					
	<i>If yes, please complete the following:</i>					
		Amount Reported				
		Annual Report page and line				
	Please state the salary amounts of specific cooks and/or dietary aides					
	Please state where the cooks and/or dietary aides are reported in the Annual Report					
Apartments, Independent Living, Assisted Living						
Does the facility have apartments, independent living, and/or assisted living?		No				
<i>If yes, please complete the following:</i>						
	Square footage of apartments					
	Square footage of independent living					
	Square footage of assisted living					
	Please identify the services provided:					

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Heathcote	2343	9/30/2024	7	37

Child Day Care

Does the Facility provide Child Day Care? ☐ No ☐

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? ☐ No ☐

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Annual Report of Long-Term Care Facility

CSP-8 Rev. 3/2023

Schedule of Resident Statistics

Name of Facility Autumn Lake Heathcare at Norwalk			License No. 2343		Report for Year Ended 9/30/2024				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150						
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	136	136			136	136						
B. As of midnight of THIS report period	135	135							135	135		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,790	6,790			4,902	4,902			1,888	1,888		
B. Medicaid (Conn.)	33,067	33,067			24,332	24,332			8,735	8,735		
C. Medicaid (other states)												
D. Private Pay	3,819	3,819			2,778	2,778			1,041	1,041		
E. State SSI for RCH												
F. Other (Specify) HMO, Private Pay, Hospice	6,824	6,824			5,501	5,501			1,323	1,323		
G. Total Care Days During Period (3A thru F)	50,500	50,500			37,513	37,513			12,987	12,987		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	17	17			12	12			5	5		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	50,517	50,517			37,525	37,525			12,992	12,992		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare at Norwalk				License No. 2343				Report for Year Ended 9/30/2024				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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(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)	(Specify)
1st change				
2nd change				
3rd change				
4th change				

6. Number of Residents and Rates on September 30 of Cost Year								
Item	Medicare	Medicaid		Self-Pay		Other State Assisted		
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	90		29				
Per Diem Rate								
a. One bed rm.	791.52	#####		489.92				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B				5,739	5,739			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments				427	427			
2. Restorative Treatments				3,841	3,841			
C. Other								
D. Total Physical Therapy Treatments				10,007	10,007			

8. Total Number of Speech Therapy Treatments								
A. Medicare - Part B				428	428			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments				46	46			
2. Restorative Treatments				416	416			
C. Other								
D. Total Speech Therapy Treatments				890	890			

9. Total Number of Occupational Therapy Treatments								
A. Medicare - Part B				10,929	10,929			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments				497	497			
2. Restorative Treatments				4,473	4,473			
C. Other								
D. Total Occupational Therapy Treatments				15,899	15,899			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	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 / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	230,000		78						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,872		2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	540,471		14,954						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	818,012		35,778						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	519,248		26,835						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	183,695		6,577						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	152,096		6,756						
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									
b. RN									
1. Direct Care									
2. Administrative**									
c. LPN									
1. Direct Care									
2. Administrative**									
d. Aides and Attendants									
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	157,056		6,755						
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	129,839		3,996						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	46,657		1,927						
A-13. Total Salary Expenditures	2,876,944		105,737						

* 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 in the Adjustment column.

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Medical Records	\$ 46,657		1,927						
Total	\$ 46,657	\$ -	1,927	\$ -	\$ -	-	\$ -	\$ -	-

[illegible]

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
Autumn Lake Heathcare at Norwalk				2343		9/30/2024			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)	(Specify)							
Section I - Operators/Owners										
Aryeh Stern	230,000				Oversees buildings, high level executive decisions, etc.	78	A1	Owens multiple buildings in NJ, MD and CT.		
								Portion of 2022 were dedicated to overseeing CT buildings.		
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
Autumn Lake Heathcare at Norwalk				2343		9/30/2024			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)	(Specify)							
Section III - Administrators***										
Adrian Thomas	99,872				Administrator	2,080	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
Autumn Lake Heathcare at Norwalk	2343			9/30/2024				13	37
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	122,096		1,410						
2. Dentist	11,821		146						
3. Pharmacist	31,956		178						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	579,149		8,910						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	95,000		526						
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	62,691		964						
b. Other									
10. Occupational Therapist									
a. Resident Care	674,407	(674,407)	10,375						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	1,858,900		24,821						
2. Administrative***	688,900		12,856						
b. LPN									
1. Direct Care	2,339,700		45,485						
2. Administrative***									
c. Aides	3,849,300		120,564						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	10,313,920	(674,407)	226,236						

* 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 in the Adjustment column.

*** 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 Autumn Lake Healthcare at Norwalk		License No. 2343		Report for Year Ended 9/30/2024	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthDrive Dental	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Prescription	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC Pharmacy, 1492 Highland Ave., Cheshire, CT 06410	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Ultimate Therapy, 4201 Rte 9, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>			
Accurate Staffing, Inc. (ASI), 14C 53rd St., Brooklyn, NY 11232	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>			
Jack Diteodoro, MD, 90 Morgan St # 303, Stamford, CT 06905	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Post-Acute	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			

* 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
Autumn Lake Heathcare at Norwalk	2343	9/30/2024					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 51,279	51,279						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 23,034	23,034						
4. Social Security (F.I.C.A.)	\$ 201,196	201,196						
5. Health Insurance	\$ 502,303	502,303						
6. Life Insurance (employees only)								
(not-owners and not-operators)	\$ 76,962	76,962						
7. Pensions (Non-Discriminatory)	\$ 172,680	172,680						
(not-owners and not-operators)								
8. Uniform Allowance	\$ 9,100	9,100						
9. Other (<i>Specify</i>)	\$ 17,001	17,001						
See Attached Schedule								
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ (0)	148,334	(148,334)					
d. Accounting and Auditing	\$ 60,885	60,885						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 8,596	8,596						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 58,856	58,856						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 24,213	24,213						
2. Cellular Phones	\$ 2,800	5,640	(2,840)					
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. Resident Day User Fee	\$ 789,854	789,854						
Subtotal	\$ 1,998,760	2,149,934	(151,174)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

General Information and Questionnaire

Accounting Basis

Name of Facility Autumn Lake Healthcare at Norwall	License No. 2343	Report for Year Ended 9/30/2024	Page 15b	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 CJLC LLC		225 Pitkin St., East Hartford, CT 06108		
2 Brand Sonnenchine		299 Broadway #600, New York, NY 10007		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Medicaid Cost Report and Accounting Services		\$ 12,980		
2 Financial Statement Preparation & Regular Account Work		\$ 47,905		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 60,885	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 American Arbitration				
2 Cohen Cleary				
3 Goldman, Gruder & Woods				
4 Louis P Pittcoco				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 120 Broadway, 21st Fl., New York, NY 10271				
2 122 Dean St., Taunton, MA 02780				
3				
4 90 Greenwich Ave., Greenwich, CT 06830				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Arbitration Services		\$ 423		
2 Arbitration Services		\$ 826		
3 Medicaid Eligibility		\$ 4,148		
4 Arbitration Services		\$ 3,200		
5		\$		
			Charge for Services Provided	
			\$ 8,596	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1e				

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

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024					Page 16	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	1,998,760	2,149,934	(151,174)					
1. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	30,719	30,719						
3. Gifts to Staff and Residents \$	18,112	18,112						
4. Employee Travel \$	1,783	5,448	(3,665)					
5. Education Expenses Related to Seminars and Conventions \$	(2,079)	(2,079)						
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>) \$	(236)	(236)						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$	(0)	36,847	(36,847)					
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)*** \$								
7. Postage \$								
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$								
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>) \$								
12. Administrative Management Services** \$	319,047	319,047						
13. Other (<i>Specify</i>) \$	591,966	617,329	(25,363)					
See Attached Schedule								
C-14 Total Administrative & General Expenditures \$	2,958,073	3,175,122	(217,049)					

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Office Marketing	\$ 16,036	\$ (16,036)				
Advertising	\$ 22,227	\$ (22,227)				
Marketing	\$ (1,416)	\$ 1,416				
Total Other Advertising	\$ 36,847	\$ (36,847)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Dues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Fiscal Services	\$ 445,686					
Internet	\$ 6,100					
Licenses	\$ 480					
Employee Background Check	\$ 3,402					
Data Processing	\$ 50,106					
Consultants	\$ 71,358					
Bank Charges	\$ 14,834					
Penalties	\$ 12,886	\$ (12,886)				
Resident paid claims	\$ 12,477	\$ (12,477)				
Total Other Administrative and General	\$ 617,329	\$ (25,363)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Heathcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	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 #
Autumn Lake Healthcare, LLC	319,047	Management Services	16/m12

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility Autumn Lake Healthcare at Norwalk		License No. 2343	Report for Year Ended 9/30/2024				Page 18	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food		\$ 402,469	402,469					
2. Non-Food Supplies		\$ 48,942	48,942					
3. Other (Specify) _____		\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 58,002	58,002					
c. Other (Specify) _____		\$						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 509,413	509,413					
2E. Dietary Questionnaire		Total	CCNH / RHNS	(Specify)		(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 Autumn Lake Healthcare at Norwalk		License No. 2343	Report for Year Ended 9/30/2024				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	194,538	194,538				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	194,538	194,538				
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
Autumn Lake Healthcare at Norwalk		2343	9/30/2024					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care	Amt.	\$ 50,674	50,674					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)								
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)		\$ 50,674	50,674					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$						
2.	Purchased from		\$ (0)	296,921	(296,921)				
b.	Medicine Cabinet Drugs		\$ 3,124	3,124					
c.	Medical and Therapeutic Supplies		\$ 137,942	147,083	(9,141)				
d.	Ambulance/Limousine***		\$ 0	18,640	(18,640)				
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$ 0	4,636	(4,636)				
f.	X-rays and Related Radiological Procedures***		\$ (0)	9,487	(9,487)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$ 0	43,154	(43,154)				
i.	Recreation		\$ 22,409	22,409					
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$ 27,241	27,241					
m.	Other (Specify)**** See Attached Schedule		\$ 215,078	307,616	(92,538)				
n.	Physical Therapy Expense		\$ 646	646					
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 406,441	880,958	(474,517)				

* 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 in the Adjustment column.

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Diapers	\$ 67,566					
Medical Waste	\$ 340					
Mattresses	\$ 40,757					
M'caid - I/v	\$ 69,964	\$ (69,964)				
IV Supplies	\$ 22,409	\$ (22,409)				
Picc/midline Insertion	\$ 20,376					
Medical Equipment (Minor)	\$ 76,887					
PPE Expense (COVID)	\$ 9,150					
Respiratory Therapy	\$ 165	\$ (165)				
Total Other Resident Care	\$ 307,616	\$ (92,538)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Autumn Lake Heathcare at Norwalk				License No. 2343	Report for Year Ended 9/30/2024				Page 21	of 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)	(Specify)	Pg	Line
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	58,002			18	2b
Knob Hill Landscaping	23 Deerwood Court, Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Landscaping	31,459			22	6a
Unitex	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Cleaning Service	196,919			19	3b
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	9,738,800			13	
Waste Wanted Solutions	178 Rt 59, Ste. 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	46,208			22	6a
Future Care Consultants	14 53rd St. Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	396,397			16	m13
Network Dr	Englewood Cliffs, NJ 07632	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT Service Contract	49,045			16	m13
Point Click Care	PF Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	17,532			16	m13
Hospitality	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary Supplies	59,550			18	
Wellsky	Overland Park, KS 66210	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	15,214			16	m13
Effectv	& 34, New York, NY 10036	<input type="radio"/>	<input checked="" type="radio"/>		Advertising	11,300			16	m3
		<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 Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024					Page 22	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 268,753	268,753						
b. Heat	\$ 88,326	88,326						
c. Light & Power	\$ 331,667	331,667						
d. Water	\$ 35,230	35,230						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 1,771	1,771						
f. Other (<i>itemize</i>)	\$							
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 725,746	725,746						
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 362,445	362,445						
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 55,305	55,305						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 417,749	417,749						
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 67,941	67,941						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 67,941	67,941						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,698,636	1,698,636						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 251,364	251,364						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,435,690	2,435,690						

* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 Autumn Lake Healthcare at Norwalk			License No. 2343		Report for Year Ended 9/30/2024		Page 22b		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, 1301 Riverplace Blvd., Jacksonville, FL 32207	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/13/22	63 month	1,771	1,771			
	<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 checked="" type="radio"/> Yes <input type="radio"/> No										
Total ***							1,771			

* 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.

License No. _____

Name of Facility Autumn Lake Heathcare at Norwalk					License No. 2343			Report for Year Ended 9/30/2024			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					10,873,341		10,873,341	3,171,393	SL	30	362,445		
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal												362,445	
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
	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													
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period													
D-3. Subtotal													
E. Total Depreciation													

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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**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:					
12/20/2023	Fan Motors	Administrative	\$ 1,595	5	\$ 319
10/21/2023	Fire Dampers	Administrative	\$ 3,860	5	\$ 772
2/19/2024	Square Corner Steamwell with Darin UL	Administrative	\$ 2,415	5	\$ 483
11/30/2023	Dell Laptop	Administrative	\$ 1,492	5	\$ 298
12/12/2023	Apple iPad Pro	Administrative	\$ 959	5	\$ 192
3/15/2024	Electric Bed	Standard Resident	\$ 2,316	5	\$ 463
8/6/2024	Powered Sit-To-Stand Lift	Standard Resident	\$ 1,455	5	\$ 291
12/29/2023	Dish Dispenser	Administrative	\$ 6,256	5	\$ 1,251
5/31/2024	Ice Maker	Administrative	\$ 4,170	5	\$ 834
8/8/2024	Electric Boilerless Countertop	Administrative	\$ 11,975	5	\$ 2,395
9/26/2024	Viper Venom 20" 1,000 RPM Burnisher	Administrative	\$ 1,444	5	\$ 289
4/5/2024	Heat Pump	Administrative	\$ 1,752	5	\$ 350
1/22/2024	Acer Chromebook	Administrative	\$ 1,601	5	\$ 320
1/23/2024	Acer Notebook	Administrative	\$ 1,251	5	\$ 250
2/26/2024	Acer Chromebook/Dell Notebook/Acer Monitor	Administrative	\$ 2,397	5	\$ 479
4/26/2024	Thinkbook	Administrative	\$ 911	5	\$ 182
4/30/2024	Dell Latitude 3410 Laptop	Administrative	\$ 920	5	\$ 184
3/18/2024	Fire Alarm Renovations	Administrative	\$ 1,755	5	\$ 351
7/10/2024	Bladder Scanner	Standard Resident	\$ 1,064	5	\$ 213
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 49,586		\$ 9,917 *
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:				
10/25/2023	Exterior Entrance	\$ 594	15	\$ 40
10/24/2024	Installed New Condensing Unit	\$ 11,503	15	\$ 767
11/15/2023	HVAC	\$ 7,315	15	\$ 488
10/25/2023	Tile/Baseboard	\$ 3,500	15	\$ 233
7/31/2023	Antenna Board	\$ 1,036	15	\$ 69
10/23/2023	Nurse Station Panels	\$ 944	15	\$ 63
10/30/2023	Fire Protection Alarms	\$ 6,193	15	\$ 413
8/16/2023	Generator Service	\$ 4,305	15	\$ 287
1/8/2024	HAVC	\$ 3,930	15	\$ 262
2/27/2024	Dishwasher	\$ 3,483	15	\$ 232
5/13/2024	Elevator	\$ 4,254	15	\$ 284
7/31/2023	Outside Faucets	\$ 7,954	15	\$ 530
8/20/2024	Frames/Doors and Hardware for Doors	\$ 17,966	15	\$ 1,198
8/7/2024	Ceiling Tiles	\$ 7,078	15	\$ 472
8/28/2024	Ceiling Tiles	\$ 13,623	15	\$ 908
8/26/2024	Seal Roof	\$ 5,601	15	\$ 373
8/20/2024	Fire Alarm Renovation	\$ 3,023	15	\$ 202
9/9/2024	Floor on Elevator	\$ 3,190	15	\$ 213
Total additions for Leasehold Improvement		\$ 105,491		\$ 7,033 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

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
Autumn Lake Heathcare at Norwalk			2343		9/30/2024			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	Var	Var		958,706	419,622	SL		60,908	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				105,491				7,033	
C-4. Subtotal									67,941
D. Total Amortization									67,941

* 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 Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 25	of 37
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11. Property Questionnaire

Part A

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

☐ Yes ☒ No

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

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

Description	Total				
1. Date Land Purchased	01/01/15				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	01/01/15				
4. Date of Initial Licensure	01/01/15				
5. Total Licensed Bed Capacity	150				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					

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

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Autumn Lake Heathcare at Norwalk		License No. 2343		Report for Year Ended 9/30/2024			Page 26	of 37
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment (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 Autumn Lake Healthcare at Norwal			License No. 2343		Report for Year Ended 9/30/2024			Page 27	of 37
Item					Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment (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)					7,726	7,726			
13. Total All Interest Expense (12B7 + 12C3 + 12D)					7,726	7,726			
14. Insurance									
a. Insurance on Property (buildings only)					287,009	287,009			
b. Insurance on Automobiles									
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)									
2. Fire and Extended Coverage									
3. Other (Specify)									
14d. Total Insurance Expenditures (14a + b + c)					287,009	287,009			
15. Total All Expenditures (A-13 thru C-14)					20,091,767	21,457,740	(1,365,973)		

F. Statement of Revenue

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 30	of 37
Item	Total	CCNH / RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,439,521	11,439,521		
b. Medicaid Room and Board Contractual Allowance **	\$			
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 8,900,824	8,900,824		
b. Medicare Room and Board Contractual Allowance **	\$ (148,712)	(148,712)		
4. a. Private-Pay Residents and Other	\$ 1,615,731	1,615,731		
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	\$ 43,483	43,483		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9,279)	(9,279)		
c. Medical Supplies - Non-Medicare	\$ 45,386	45,386		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare	\$ 859,747	859,747		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (658,188)	(658,188)		
c. Physical Therapy - Non-Medicare	\$			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	\$ 267,773	267,773		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (211,975)	(211,975)		
c. Speech Therapy - Non-Medicare	\$			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare	\$ 1,050,873	1,050,873		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (692,720)	(692,720)		
c. Occupational Therapy - Non-Medicare	\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			
6. a. Other (<i>Specify</i>) - Medicare	\$ (4,033)	(4,033)		
b. Other (<i>Specify</i>) - Non-Medicare	\$			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 22,498,431	22,498,431		
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>)	\$ 47	47		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ (44)	(44)		
V. Total Other Revenue (1 thru 8)	\$ 3	3		
VI. Total All Revenue (III + V)	\$ 22,498,434	22,498,434		

* 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)	(Specify)
	Revenue Medicare prior year	\$ (156,302)		
	Flueza Billing	\$ 17,853		
	Phneumonia	\$ 8,884		
	Optum (Part B Capitated)	\$ 125,532		
	Other Rev Mcre A - Glucos	\$ 3,936		
	Contra Rev Mcre A - Gluco	\$ (3,936)		
Total Other Resident Revenue - Medicare		\$ (4,033)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Other Rev Mcr B - Covid	\$ 7,683		
	Contra - Mcre B - Covid A	\$ (7,683)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 47		
Total Interest Income			\$ 47	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Other Rev. Misc.	\$ (44)		
Total Other Revenue		\$ (44)	\$ -	\$ -

G. Balance Sheet

Name of Facility Autumn Lake Heathcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,257,050
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,069,512
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	172,696
a. _____				
b. _____				
c. _____				
d. See Schedule _____				
				172,696
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)			\$	4,499,258
B. Fixed Assets				
1. Land			\$	
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
4. Leasehold Improvements				
*Historical Cost _____ 1,064,198				
Accum. Depreciation _____ 487,562 Net			\$	576,636
5. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
6. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
7. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,271,059

See Schedule _____				
				1,271,059
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,847,695

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 6,346,953	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$ 1,195,608	
2. Land Improvements *Historical Cost _____ Accum. Depreciation _____ Net			\$	
3. Buildings *Historical Cost 10,873,341 Accum. Depreciation 3,533,836 Net			\$ 7,339,505	
4. Non-Movable Equipment *Historical Cost _____ Accum. Depreciation _____ Net			\$	
5. Movable Equipment *Historical Cost 840,211 Accum. Depreciation 712,628 Net			\$ 127,582	
6. Motor Vehicles *Historical Cost _____ Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 8,662,696	
D. Investment and Other Assets				
1. Deferred Deposits			\$ 57,015	
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>) _____ _____ See Schedule			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 57,015	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 15,066,663	

* 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 Autumn Lake Heathcare at Norwalk		License No. 2343	Report for Year Ended 9/30/2024	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,422,344
2. Notes Payable (<i>itemize</i>)				\$	295,665
See Schedule 295,665					
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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	25,344
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>)				\$	(360,674)
See Schedule (360,674)					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,382,678

* 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 Autumn Lake Heathcare at Norwalk		License No. 2343		Report for Year Ended 9/30/2024		Page 34		of 37	
Account						Amount			
Total Brought Forward:						2,382,678			
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>)						\$ 561,588			
Name and Address of Lender		Amount		Loan Date					
Stern/Autumn Lake/Landlord		561,588		Various					
4. Other Long-Term Liabilities (<i>itemize</i>)						\$			
See Schedule									
B-5. Total Long-Term Liabilities (Lines B1 thru 4)						\$ 561,588			
C. Total All Liabilities (Lines A-13 + B-5)						\$ 2,944,266			

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

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 35	of 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			\$	12,580,318
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			\$	(3,760,955)
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	8,819,363
B. Net Worth				
1. Owner's Capital			\$	(1,567,737)
2. Capital Stock			\$	3,830,079
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period 10/1/2023 thru 9/30/2024			\$	1,040,693
7. Total Net Worth			\$	3,303,035
C. Total Reserves and Net Worth			\$	12,122,398
D. Total Liabilities, Reserves, and Net Worth			\$	15,066,663

H. Changes in Total Net Worth

Name of Facility Autumn Lake Heathcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2023			\$	7,303,489
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	22,498,434
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	21,457,740
D. Net Income or Deficit			\$	1,040,693
E. Balance			\$	8,344,182
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. <i>Balance at End of Period</i>		09/30/24	\$	8,344,182

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2024	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS <input type="checkbox"/> Combined	<input type="checkbox"/> (Specify)	<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 in the Adjustments columns. 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				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC LLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				