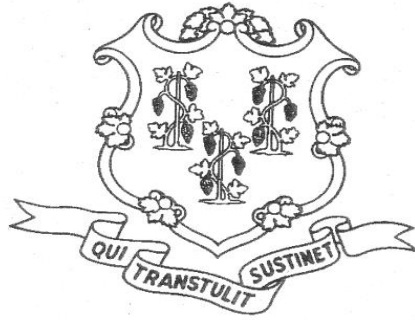


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2024

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
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 2280	(Specify)	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH / RHNS 9431	(Specify)	(Specify)
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC d	2280	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 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Health Care Center [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) Linda Urbanski			Printed Name (Owner) David Baruch		
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 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Heal		Period Covered:	From 10/1/2023	To 9/30/2024
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 12/2/2024	
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 203-264-9600		Report for Year Ended 9/30/2024	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort Lee		Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH / RHNS 2280	(Specify)	(Specify)	Medicare Provider No. 07-5241
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 Linda Urbanski		Nursing Home Administrator's License No.:	001171	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire

Partners/Members

Name of Facility 162 South Britain Road Operating Company II, LLC d	License No. 2280	Report for Year Ended 9/30/2024	Page 3	of 37
Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered		
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Health Care Center	162 South Britain Road, Southbury, CT 06488	CT		
Name of Partners/Members	Business Address	Title	% Owned	
THCI Company, LLC		Direct Owner	100	
THCI Holidng Company, LLC		Indirect Owner	100	
Care Realty, LLC		Indirect Owner	100	
DES-A 2009 GRAT		Indirect Owner	24.00285	
LJJ Investments		Indirect Owner	1.04786	
Daniel E. Straus		Indirect Owner	69.645	
1997 Trust Remainder		Indirect Owner	1.05	

[illegible]

Owner(s) of Facility

Related Parties*

Name of Facility 162 South Britain Road Operating Company II, LLC of		License No. 2280		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 type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>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>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					%**
162 South Britain Road, LLC		162 South Britain Road, Southbury, CT 06488		<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	22/9	716,062	1,035,047
Care Group, LLC		57 Old Road to Nine Acre Corner, Concord, MA 01742		<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	16/m12	1,295,424	1,295,424
Partners Healthcare CT		6 Thompson Road, East Windsor, CT 06088		<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	20/5a2	682,221	648,110
Partners Healthcare CT		6 Thompson Road, East Windsor, CT 06088		<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	20/5b	54,881	52,137
Partners Healthcare CT		6 Thompson Road, East Windsor, CT 06088		<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy – IV’s	20/5m	10,231	9,719
Partners Healthcare CT		173 Bridge Plaza North, Fort Lee, NJ		<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Consultant	20/5b	10,270	9,756
HealthBridge & Related Facilities		173 Bridge Plaza North, Fort Lee, NJ		<input checked="" type="radio"/>	<input type="radio"/>		Common Pension, Health and Insurance	15	1,260,262	1,260,262
				<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 162 South Britain Road Operating Company II,	License No. 2280	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 162 South Britain Road Operating Co	License No. 2280	Report for Year Ended 9/30/2024	Page 6	of 37
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
162 South Britain Road	2280	9/30/2024	7	37

Child Day Care

Does the Facility provide Child Day Care?

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?

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 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/			License No. 2280			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	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	87	87			87	87						
B. As of midnight of THIS report period	93	93							93	93		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,910	7,910			5,895	5,895			2,015	2,015		
B. Medicaid (Conn.)	17,124	17,124			12,227	12,227			4,897	4,897		
C. Medicaid (other states)												
D. Private Pay	5,743	5,743			4,613	4,613			1,130	1,130		
E. State SSI for RCH												
F. Other (Specify)	8,344	8,344			6,487	6,487			1,857	1,857		
G. Total Care Days During Period (3A thru F)	39,121	39,121			29,222	29,222			9,899	9,899		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	13	13			11	11			2	2		
B. Other Bed Reserve Days	63	63							63	63		
5. Total Resident Days (3G + 4A + 4B)	39,197	39,197			29,233	29,233			9,964	9,964		

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company II, LLC				License No. 2280				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	21	60		12			
Per Diem Rate							
a. One bed rm.	Various	#####		781.00			
b. Two bed rms.				460.00			
c. Three or more bed rms.							

7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B				3,240	3,240			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments				16	16			
2. Restorative Treatments								
C. Other				31,957	31,957			
D. Total Physical Therapy Treatments				35,213	35,213			

8. Total Number of Speech Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B				1,522	1,522			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments								
2. Restorative Treatments								
C. Other				2,983	2,983			
D. Total Speech Therapy Treatments				4,505	4,505			

9. Total Number of Occupational Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B				1,043	1,043			
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments				24	24			
2. Restorative Treatments								
C. Other				31,919	31,919			
D. Total Occupational Therapy Treatments				32,986	32,986			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort		License No. 2280		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)											
2. Administrator(s) (Complete also Sec. III of Schedule A1)	167,724		2,080								
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)											
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	446,216		15,775								
5. Dietary Service											
a. Head Dietitian											
b. Food Service Supervisor											
c. Dietary Workers	571,536		27,918								
6. Housekeeping Service											
a. Head Housekeeper											
b. Other Housekeeping Workers	442,401		22,984								
7. Repairs & Maintenance Services											
a. Engineer or Chief of Maintenance											
b. Other Maintenance Workers	104,128		4,744								
8. Laundry Service											
a. Supervisor											
b. Other Laundry Workers	141,250		8,704								
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	271,389		3,904								
b. RN											
1. Direct Care	1,016,505		24,400								
2. Administrative**	545,257		13,502								
c. LPN											
1. Direct Care	1,676,583		55,463								
2. Administrative**											
d. Aides and Attendants	2,087,950		113,437								
e. Physical Therapists	668,675		13,502								
f. Speech Therapists	122,698		2,195								
g. Occupational Therapists	458,790	(458,790)	11,475								
h. Recreation Workers	226,359		10,118								
i. Physicians											
1. Medical Director											
2. Utilization Review											
3. Resident Care***											
4. Other (Specify)											
Respiratory Therapy	65,167		1,563								
j. Dentists											
k. Pharmacists											
l. Podiatrists											
m. Social Workers/Case Management	172,892		5,357								
n. Marketing	2,500	(2,500)	80								
o. Other (Specify)											
See Attached Schedule	69,665		2,582								
A-13. Total Salary Expenditures	9,257,685	(461,290)	339,783								

* 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
Central Supply	\$ 58,223		2,109						
Medical Records	\$ 11,442		473						
Total	\$ 69,665	\$ -	2,582	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ I				License No. 2280		Report for Year Ended 9/30/2024			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D				2280		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***										
Linda Urbanski	167,724				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 162 South Britain Road Operating Company II, LLC	License No. 2280	Report for Year Ended 9/30/2024	Page 13	of 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									
2. Dentist									
3. Pharmacist									
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	60,000		96						
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) Pulmonology	5,625		38						
9. Speech Therapist									
a. Resident Care	10,513		59						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides	1,376		45						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	77,514		237						

* 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 162 South Britain Road Operating Company II, LLC of		License No. 2280		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			
Nuvance Health	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Alliance Medical Group	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>			
Access Nursing Services of New Jersey Inc.	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>			
ATC Healthcare Services, LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Solomon-Page Group LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, LLC/SDX Dysphagia Experts	Swallow Studies	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<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
162 South Britain Road Operating Company II, L	2280	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	\$ 124,562	124,562						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 78,225	78,225						
4. Social Security (F.I.C.A.)	\$ 689,765	689,765						
5. Health Insurance	\$ 972,603	972,603						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,733	1,733						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 45,779	45,779						
8. Uniform Allowance	\$ 2,680	2,680						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 26,059	26,059						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	666,294	(666,294)					
d. Accounting and Auditing	\$ 3,500	3,500						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$	1,066	(1,066)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 18,781	18,781						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 31,323	31,323						
2. Cellular Phones	\$ 2,800	8,594	(5,794)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	2,000	(1,750)					
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	\$ 520,501	520,501						
Subtotal	\$ 2,518,561	3,193,464	(674,903)					

* 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 162 South Britain Road Operating	License No. 2280	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 1 CJLC LLC 2 3 4		Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108		
Services Provided by This Firm (<i>describe fully</i>)				
1 Medicaid Cost Report and Accounting Services		\$	3,500	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided \$ 3,500	
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 1 Goldman, Gruber, & Woods LLC 2 3 4 5			Telephone Number	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 Connecticut Ave, Norwalk, CT 06854 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Legal Settlements		\$	250	
2 Resident Non-payment suit		\$	816	
3		\$		
4		\$		
5		\$		
			Charge for Services Provided \$ 1,066	
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	License No.	Report for Year Ended					Page	of
162 South Britain Road Operating Company II, LLC o	2280	9/30/2024					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	2,518,561	3,193,464	(674,903)					
1. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	2,967	2,967						
3. Gifts to Staff and Residents \$	17,115	17,701	(586)					
4. Employee Travel \$		4,349	(4,349)					
5. Education Expenses Related to Seminars and Conventions \$	1,200	1,200						
6. Automobile Expense (not purchase or depreciation) \$	6,557	6,557						
7. Other (Specify) \$ See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses) \$	27,365	27,365						
2. Advertising Telephone Directory (all such expenses)*** \$								
3. Advertising Other (Specify)*** \$ See Attached Schedule		17,246	(17,246)					
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 \$	712	712						
* 8. Dues and Membership Fees to Professional Associations (Specify) \$ See Attached Schedule	10,485	10,485						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$		50	(50)					
9. Subscriptions \$	2,299	2,299						
10. Contributions*** \$ See Attached Schedule		500	(500)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$	197,541	197,541						
12. Administrative Management Services** \$	1,295,424	1,295,424						
13. Other (Specify) \$ See Attached Schedule	152,925	180,615	(27,690)					
C-14 Total Administrative & General Expenditures \$	4,233,151	4,958,474	(725,323)					

* 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
Marketing Expense	\$ 10,723	\$ (10,723)				
Marketing Corp Expense	\$ 3,554	\$ (3,554)				
Marketing - Meals	\$ 1,604	\$ (1,604)				
Public Relations	\$ 864	\$ (864)				
Sponsorships	\$ 500	\$ (500)				
Total Other Advertising	\$ 17,246	\$ (17,246)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Connecticut Association of Health	\$ 8,655					
AAPACN	\$ 1,536					
Academy of Nutrition and Dietetics	\$ 120					
Activity Connection	\$ 175					
Total Dues	\$ 10,485	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Charitable Contributions	\$ 500	\$ (500)				
Total Contributions	\$ 500	\$ (500)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Criminal Record Check	\$ 10,300					
Compliance Expense	\$ 8,562					
Other Professional Fees	\$ 42,304					
Bank Charges	\$ 10,337	\$ (10,337)				
Collection Fees	\$ 5,199	\$ (5,199)				
Off Site Storage	\$ 3,666					
Ancillary Rental Fees	\$ 87,250					
Consolidated Billing - Administration	\$ 791	\$ (791)				
Annual Report Fees	\$ 374					
Expense Clearing	\$ 470					
Gift Shop Supplies	\$ 11,363	\$ (11,363)				
Total Other Administrative and General	\$ 180,615	\$ (27,690)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 162 South Britain Road Operating Compa	License No. 2280	Report for Year Ended 9/30/2024	Page 17	of 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 #	
Care Group LLC	934,602	Operational and financial management services	16/m12	
Care Group LLC	360,822	Data processing allocation to facility for payroll, HR and employee benefit systems	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 162 South Britain Road Operating Company II, LLC of		License No. 2280	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	\$ 358,902	358,902					
2. Non-Food Supplies	\$ 40,775	40,775					
3. Other (Specify) _____	\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$						
c. Other (Specify) _____ Dietary Supplies	\$ 5,787	5,787					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 405,465	405,465					
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)	
F. Resident Meals: Total no. of meals served per day:*	3	3					
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 162 South Britain Road Operating Company II, LLC of F		License No. 2280	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)		\$ 9,154	9,154					
c. Other (Specify) Laundry Supplies		\$ 20,416	20,416					
3D. Total Laundry Expenditures (3a + b + c)		\$ 29,571	29,571					
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 162 South Britain Road Operating Company II		License No. 2280	Report for Year Ended 9/30/2024				Page 20	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping	Sq. Ft. Serviced by Personnel							
a. In-House Care	Amt.	\$ 57,196	57,196					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)								
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel							
	Amt.	\$						
C. Other (<i>Specify</i>)		\$						
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 57,196	57,196					
5. Resident Care (Supplies)**								
a. Prescription Drugs***								
1. Own Pharmacy		\$						
2. Purchased from Partners Pharmacy		\$	682,221	(682,221)				
b. Medicine Cabinet Drugs		\$ 83,733	83,733					
c. Medical and Therapeutic Supplies		\$ 60,255	60,255					
d. Ambulance/Limousine***		\$						
e. Oxygen								
1. For Emergency Use		\$						
2. Other***		\$	57,614	(57,614)				
f. X-rays and Related Radiological Procedures***		\$	20,152	(20,152)				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$	13,149	(13,149)				
h. Laboratory***		\$	89,979	(89,979)				
i. Recreation		\$ 13,616	13,616					
j. Direct Management Services*		\$						
k. Indirect Management Services*		\$						
l. Cable TV		\$ 30,175	30,175					
m. Other (Specify)**** See Attached Schedule		\$ 95,460	118,293	(22,833)				
n. Physical Therapy Expense		\$ 15,020	15,020					
o. Speech Therapy Expense		\$						
5P. Total Resident Care Expenditures (5a - 5o)		\$ 298,259	1,184,207	(885,948)				

* 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
Nursing Supplies	\$ 20,559					
Medical Waste Disposal	\$ 862					
Incontinent Briefs Expense	\$ 57,757					
Wound Care Expense	\$ 14,476					
IV Expense	\$ 10,231	\$ (10,231)				
DME (Durable Medical EQPT)	\$ 3,252	\$ (3,252)				
Equipment Rental - Other (Drugs & Supplies)	\$ 920					
Resident Replacement Items	\$ 885					
RT Supplies	\$ 50	\$ (50)				
PT/OT Equipment Rental	\$ 9,301	\$ (9,301)				
Total Other Resident Care	\$ 118,293	\$ (22,833)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A				License No. 2280	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
CWPM, LLC	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Sanitation Services	42,576			22	6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance & Snow Removal	36,249			22	6f
PointClickCare Technologies Inc.	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>		Billing and Accounting System/Service	47,262			16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time Clock and Staff Scheduling Software	20,307			16	m11
Meriplex Solutions, LLC	Baltimore, MD 21297-7849	<input type="radio"/>	<input checked="" type="radio"/>		Network Support & Maintenance Fees - ASP	94,932			16	m11
Johnson Controls Fire Protection	Dept. CH 10320, Palantine, IL 60055-0320	<input type="radio"/>	<input checked="" type="radio"/>		Fire Alarm Services	11,289			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
** Refer to Page 4 for definition of related.
*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility		License No.	Report for Year Ended				Page	of
162 South Britain Road Operating Company II		2280	9/30/2024				22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	89,843	89,843					
b. Heat	\$	68,669	68,669					
c. Light & Power	\$	149,808	149,808					
d. Water	\$	42,582	42,582					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$	23,291	23,291					
f. Other (<i>itemize</i>)	\$	155,805	155,805					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)		\$ 529,997	529,997					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$	47,028	47,028					
*7e. Total Depreciation Costs (7a + b + c + d)		\$ 47,028	47,028					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	292,793	292,793					
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)		\$ 292,793	292,793					
9. Rental payments on leased real property less real estate taxes included in item 10b		\$ 716,062	716,062					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	92,318	122,429	(30,111)				
c. Personal property taxes	\$	19,578	23,830	(4,252)				
11. Total Property Expenses (7e + 8e + 9 + 10)		\$ 1,167,779	1,202,142	(34,363)				

* 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
Minor Computer Equipment	\$ 2,141					
Maintenance Outside Service	\$ 58,786					
Minor Equipment/Tools	\$ 1,154					
Grounds Maintenance	\$ 29,273					
Snow Removal	\$ 6,977					
Pest Control	\$ 3,510					
Fire Alarm Service	\$ 11,289					
Fire Safety Consulting	\$ 100					
Sanitation	\$ 42,576					
Total Other Repairs and Maintenance	\$ 155,805	\$ -	\$ -	\$ -	\$ -	\$ -

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 162 South Britain Road Operating Company II, LLC of Fort			License No. 2280		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						
Konica Minolta Business Solutions USA, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17		23,291	23,291	
	<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 ***							23,291	

* 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. _____

[illegible]

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:						
1/1/2024	Relief Air Loss System	Administrative	\$ 3,286	7	\$ 235	
1/23/2024	Dryer	Administrative	\$ 6,764	7	\$ 483	
1/1/2024	Relief Air APM System	Administrative	\$ 5,381	7	\$ 384	
1/1/2024	Compressor	Administrative	\$ 24,467	7	\$ 1,748	
3/20/2024	Mattresses	Administrative	\$ 10,032	7	\$ 717	
5/6/2024	Concentrators	Administrative	\$ 5,599	7	\$ 400	
		PICK A CATEGORY				*
Total additions for Movable Equipment			\$ 55,528		\$ 3,967	
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:					
7/22/2024	Second Floor Core Area and 1 West A/C	\$ 7,915	25	\$ 158	
					*
Total additions for Leasehold Improvement		\$ 7,915		\$ 158	
Deletions:					
					**
Total deletions for Leasehold Improvement		\$ -		\$ -	

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort			License No. 2280		Report for Year Ended 9/30/2024			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	Var	Var		7,781,162	2,919,013	SL	Var	292,635	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				7,915				158	
C-4. Subtotal									292,793
D. Total Amortization									292,793

* 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 162 South Britain Road Operating Cor	License No. 2280	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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
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)				
b. Date Mortgage Obtained	06/29/10			
c. Interest Rate for the Cost Year	267.00%			
d. Term of Mortgage (number of years)	27			
e. Amount of Principal Borrowed	8,900,000			
f. Principal balance outstanding as of _____	8,633,292			
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 162 South Britain Road Operating Co		License No. 2280	Report for Year Ended 9/30/2024				Page 26	of 37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify) Adjustment
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 162 South Britain Road Operating			License No. 2280		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)									
13. Total All Interest Expense (12B7 + 12C3 + 12D)									
14. Insurance									
a. Insurance on Property (buildings only)					\$ 11,607	11,607			
b. Insurance on Automobiles					\$ 3,199	3,199			
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)					\$ 103,245	103,245			
2. Fire and Extended Coverage					\$				
3. Other (Specify)					\$				
14d. Total Insurance Expenditures (14a + b + c)					\$ 118,051	118,051			
15. Total All Expenditures (A-13 thru C-14)					\$ 15,713,376	17,820,301	(2,106,925)		

F. Statement of Revenue

Name of Facility 162 South Britain Road Operating Comp# 2280	License No.	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>)	\$ 9,229,377	9,229,377		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,375,866)	(4,375,866)		
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,929,321	4,929,321		
b. Medicare Room and Board Contractual Allowance **	\$ 1,111,821	1,111,821		
4. a. Private-Pay Residents and Other	\$ 8,232,205	8,232,205		
b. Private-Pay Room and Board Contractual Allowance **	\$ (572,950)	(572,950)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 294,645	294,645		
b. Prescription Drugs - Medicare Contractual Allowance **	\$			
c. Prescription Drugs - Non-Medicare	\$ 346,402	346,402		
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	\$ 1,198,152	1,198,152		
b. Physical Therapy - Medicare Contractual Allowance **	\$			
c. Physical Therapy - Non-Medicare	\$ 1,139,219	1,139,219		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	\$ 293,454	293,454		
b. Speech Therapy - Medicare Contractual Allowance **	\$			
c. Speech Therapy - Non-Medicare	\$ 259,092	259,092		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare	\$ 1,142,768	1,142,768		
b. Occupational Therapy - Medicare Contractual Allowance **	\$			
c. Occupational Therapy - Non-Medicare	\$ 1,114,858	1,114,858		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,850,103)	(2,850,103)		
b. Other (<i>Specify</i>) - Non-Medicare	\$ (2,739,707)	(2,739,707)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,752,688	18,752,688		
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>)	\$ 339	339		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 4,769	4,769		
V. Total Other Revenue (1 thru 8)	\$ 5,108	5,108		
VI. Total All Revenue (III + V)	\$ 18,757,796	18,757,796		

* 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)
33II6A	IV Therapy	\$ 26,345		
33II6A	X-Ray	\$ 8,615		
33II6A	Ancillary Contractual Adjustment	\$ (2,885,063)		
Total Other Resident Revenue - Medicare		\$ (2,850,103)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30II6B	Lab	\$ 44,808		
30II6B	Lab	\$ 42,726		
30II6B	Lab	\$ 2,248		
30II6B	IV Therapy	\$ 37,212		
30II6B	X-Ray	\$ 10,942		
30II6B	X-Ray	\$ 87		
30II6B	Ancillary Contractual Adjustment	\$ (163)		
30II6B	Ancillary Contractual Adjustment	\$ (902)		
30II6B	Ancillary Contractual Adjustment	\$ (71,534)		
30II6B	Ancillary Contractual Adjustment	\$ (2,805,130)		
Total Other Resident Revenue		\$ (2,739,707)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH / RHNS	(Specify)	(Specify)
30IV5	Interest Income		\$ 339		
Total Interest Income			\$ 339	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
33IV8	Other Revenue	\$ 4,769		
Total Other Revenue		\$ 4,769	\$ -	\$ -

G. Balance Sheet

Name of Facility 162 South Britain Road Operating Com	License No. 2280	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>)			\$	81,431
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,430,893
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(3,620)
4 Inventories			\$	
5. Prepaid Expenses			\$	34,474
a. _____				
b. _____				
c. _____				
d. See Schedule 34,474				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	50,374

See Schedule 50,374				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,593,551
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 7,789,077			\$	4,577,271
Accum. Depreciation 3,211,806 Net				
5. Non-Movable Equipment *Historical Cost _____			\$	
Accum. Depreciation _____ Net				
6. Movable Equipment *Historical Cost 1,701,998			\$	254,378
Accum. Depreciation 1,447,620 Net				
7. Motor Vehicles *Historical Cost 51,000			\$	
Accum. Depreciation 51,000 Net				
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,831,649

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid GLPL - Third Party	\$ 15,459
31	A5	Prepaid Other Insurance	\$ 6,010
31	A5	Prepaid Property Taxes	\$ 7,896
31	A5	Prepaid Expenses - Other	\$ 5,109
Total Prepaid Expenses			\$ 34,474

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

Page Ref	Line Ref	Description	
31	A8	Resident PNA Funds	\$ 50,374
Total Other Current Assets (Itemize)			\$ 50,374

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Deposit for Utilities	\$ 23,000
Total Other Assets			\$ 23,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Accrued Pharmacy	\$ 17,421
33	A12	Accrued Workers Comp Insurance	\$ (316,855)
33	A12	Accrued GLPL - Third Party	\$ 708,264
33	A12	Accrued Auto Insurance	\$ 4,912
33	A12	Accrued Other Insurance	\$ 2,125
33	A12	Accrued Health Insurance	\$ 1,290
33	A12	Accrued Dental Insurance	\$ (2,314)
33	A12	Accrued Vision Insurance	\$ 2,563
33	A12	Accrued Whole Life Insurance	\$ 657
33	A12	Accrued Supplemental Life Payable	\$ 1,120
33	A12	Accrued Critical Illness	\$ (2,737)
33	A12	Accrued Short Term Disability	\$ 5,852
33	A12	Accrued Long Term Disability	\$ 2,159
33	A12	Accrued FSA Payable	\$ 3,647
33	A12	Accrued HSA Payable	\$ 33,466
33	A12	Accrued Dependent Care Payable	\$ 285
33	A12	Accrued 401K Employee Contributions	\$ 15,594
33	A12	Accrued 401k Loan Payments	\$ 742
33	A12	Accrued 401K Employer Match	\$ 80,552
33	A12	Other Payroll Withholdings	\$ 147
33	A12	Federal Withholding	\$ 27,920
33	A12	Medicare Withholding	\$ 134,108
33	A12	Social Security Withholding	\$ (108,889)
33	A12	State Withholding	\$ 12,932
33	A12	City/Local Withholding	\$ 1,571
33	A12	Medicare Payable	\$ 134,108
33	A12	Social Security Payable	\$ (108,889)
33	A12	SUI/SDI Payable	\$ 14,553
33	A12	FUTA Payable	\$ 493
33	A12	Accrued Provider Tax Payable	\$ 131,586
33	A12	Accrued Sales & Use Tax Payable	\$ 1,701
33	A12	Unearned Room & Board	\$ 103,659
33	A12	PNA Security Deposit	\$ 50,374
Total Other Current Liabilities (Itemize)			\$ 954,116

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com		2280	9/30/2024	32	37
Account				Amount	
Total Brought Forward:				\$ 8,425,200	
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 <i>Total Leasehold or Like Properties</i> (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>)				\$ 23,000	
See Schedule				23,000	
D-8. <i>Total Investments and Other Assets</i> (Lines D1 thru 7)				\$ 23,000	
D-9. <i>Total All Assets</i> (Lines A9 + B10 + C8 + D8)				\$ 8,448,200	

* 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 162 South Britain Road Operating Company		License No. 2280		Report for Year Ended 9/30/2024		Page 34		of 37	
Account						Amount			
Total Brought Forward:						1,785,055			
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>)						\$ (11,120,433)			
Name and Address of Lender		Amount		Loan Date					
		(11,120,433)							
4. Other Long-Term Liabilities (<i>itemize</i>)						\$			
See Schedule									
B-5. Total Long-Term Liabilities (Lines B1 thru 4)						\$ (11,120,433)			
C. Total All Liabilities (Lines A-13 + B-5)						\$ (9,335,379)			

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

Name of Facility 162 South Britain Road Operating Co	License No. 2280	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			\$ 5,171,470	
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			\$ 5,171,470	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$ 11,674,615	
6. Gain or Loss for Period 10/1/2023 thru 9/30/2024			\$ 937,495	
7. Total Net Worth			\$ 12,612,110	
C. Total Reserves and Net Worth			\$ 17,783,580	
D. Total Liabilities, Reserves, and Net Worth			\$ 8,448,202	

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Comp		2280	9/30/2024		36	37
Account					Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2023				\$	11,217,776
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$	18,757,796
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$	17,820,301
D.	Net Income or Deficit				\$	937,495
E.	Balance				\$	12,155,272
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		\$	12,155,272

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	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@cjlcc.com				