State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2021

Name of Facility (as licensed) Glen Hill Care and Rehabilitation Center		
Address (No. & Street, City, State, Zip Code) 1 Glen Hill Road, Danbury, CT 06811		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2217-C			07-5031

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	7153		

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	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 IMPRISIONMENT 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 Glen Hill Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Merisa Kolenovic			Printed Name (Owner) Diane Morris - VP Reimbursement	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

Table of Contents

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 Glen Hill Care and Rehabilitation Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 1 Glen Hill Road, Danbury, CT 06811				
Report Prepared By Rick Fink	Phone Number 410-494-7657		Date 12/28/2021	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$	1,104	1,104		
4. Nursing wages paid	$	3,488,542	3,488,542		
5. All other wages paid	$	628,932	628,932		
6. ***Total Wages Paid***	$	4,118,578	4,118,578		
7. Total salaries paid	$	281,339	281,339		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	4,399,917	4,399,917		

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-744-2840	9/30/2021	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Glen Hill Care and Rehabilitation Center	1 Glen Hill Road, Danbury, CT 06811

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2217-C			07-5031

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Merisa Kolenovic	2052

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Glen Hill Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348	PA

Name of Partners/Members	Business Address	Title	% Owned
See Attached			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Glen Hill Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348	PA

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	3B	37

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

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	⊙	○		Home Office	Pg 16/m12	538,197	538,197
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	⊙	○		PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,154,349	1,154,349
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	○	⊙		Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	⊙	○		Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing	101 East State Street, Kennett Square, PA 19348	⊙	○		Outside Agency	Pg 13/B11 pg 10-12, 1		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⊙	○		Respiratory Therapy	Pg 13/B12, Pg 20/C5E		
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	⊙	○		Insurance	Pg 27/14	195,937	195,937
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	5	37

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 (*See listing page 13*)
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total** ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
** Attach copies of newly acquired leases.
*** Amount should agree to Page 22, Line 6e.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation C	2217-C	9/30/2021	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

⊙ Yes ○ No Included in Management Fee pg. 16 m-12

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

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

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

⊙ Yes ○ No Legal Fees pg. 15 1-e

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100						
B. On last day of THIS report period	100	100							100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	85	85			85	85						
B. As of midnight of THIS report period	89	89							89	89		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,719	6,719			5,186	5,186			1,533	1,533		
B. Medicaid (Conn.)	18,256	18,256			13,354	13,354			4,902	4,902		
C. Medicaid (other states)												
D. Private Pay	1,993	1,993			1,466	1,466			527	527		
E. State SSI for RCH												
F. Other (Specify)	3,925	3,925			2,879	2,879			1,046	1,046		
G. Total Care Days During Period (3A thru F)	30,893	30,893			22,885	22,885			8,008	8,008		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	30,893	30,893			22,885	22,885			8,008	8,008		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	21	51		17				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	694.17	233.44		531.81				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	3,659	3,659		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	710	710		
C. Other	16,923	16,923		
D. ***Total Physical Therapy Treatments***	21,292	21,292		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	522	522		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	145	145		
C. Other	2,312	2,312		
D. ***Total Speech Therapy Treatments***	2,979	2,979		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,401	2,401		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	698	698		
C. Other	15,772	15,772		
D. ***Total Occupational Therapy Treatments***	18,871	18,871		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	133,252	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	250,442	8,933				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	1,104	41				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,777	1,708				
b. Other Maintenance Workers	31,521	1,974				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	148,087	2,493				
b. RN						
1. Direct Care	1,183,179	27,614				
2. Administrative**	200,456	4,101				
c. LPN						
1. Direct Care	793,612	25,703				
2. Administrative**						
d. Aides and Attendants	1,226,467	62,305				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	110,014	4,236				
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	176,178	5,925				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	84,828	3,983				
A-13. Total Salary Expenditures	4,399,917	151,096				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Ward Clerks	$ -	-	$ -	-	$ -	-
Central Supply	$ 2,767	146	$ -	-	$ -	-
Medical Records	$ 45,273	1,928	$ -	-	$ -	-
Coordinator-Staffing Centers	$ 36,788	1,909	$ -	-	$ -	-
Total	$ 84,828	3,983	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
1020620010 Consulting Fees	$ 8,048	n/a	$ -	-	$ -	-
3010620020 Purchased Services	$ 23	n/a	$ -	-	$ -	-
3015620020 Purchased Services	$ -	n/a	$ -	-	$ -	-
3155620020 Purchased Services	$ 100	n/a	$ -	-	$ -	-
3080620020 Purchased Services	$ 20,995	n/a	$ -	-	$ -	-
Total	$ 29,166	-	$ -	-	$ -	-

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Merisa Kolenovic 10/17/2019-9/30/2020	126,776				Management of Center	1,968	2			
Rodriguez,Heather R - 10/1/2019-10/16/2019	6,476				Management of Center	112	2			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,255	43				
3. Pharmacist	13,690	279				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	998,128	13,673				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,505	246				
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	59,908	768				
b. Other						
10. Occupational Therapist						
a. Resident Care	100,232	1,373				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	(171)	(3)				
2. Administrative***						
b. LPN						
1. Direct Care	24,797	586				
2. Administrative***						
c. Aides	91,217	3,734				
d. Other						
12. Other (Specify)						
See Attached Schedule	29,166					
B-13 Total Fees Paid in Lieu of Salaries	1,369,726	20,699				

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		○	⊙	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⊙	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⊙	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⊙	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⊙	○	Common Ownership
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	89,562	89,562		
2. Disability Insurance	$				
3. Unemployment Insurance	$	38,569	38,569		
4. Social Security (F.I.C.A.)	$	319,581	319,581		
5. Health Insurance	$	228,327	228,327		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$				
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	11,986	11,986		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	141,965	141,965		
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7)*	$	35,431	35,431		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	18,143	18,143		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	21,201	21,201		
2. Cellular Phones	$	3,299	3,299		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$	186	186		
See Attached Schedule					
3. Resident Day User Fee	$	449,891	449,891		
Subtotal	$	1,358,141	1,358,141		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
1020520060 Benefit Allocations	$ 492	$ -	$ -
3225520020 Union Health & Welfare	$ 11,494	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total	$ 11,986	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
1020640110 Sales Tax	$ 186	$ -	$ -
1020640110 Sales Tax	$ -	$ -	$ -
	$ -	$ -	$ -
Total	$ 186	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,358,141	1,358,141		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	658	658		
5. Education Expenses Related to Seminars and Conventions	$	32	32		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	219	219		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	12,317	12,317		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$	346	346		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	1,597	1,597		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	2,417	2,417		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions***	$	(23)	(23)		
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	14,538	14,538		
12. Administrative Management Services**	$	835,253	835,253		
13. Other (*Specify*)	$	62,275	62,275		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	2,287,769	2,287,769		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
1020630020 Advertising	$ 5,651	$ -	$ -
1020630330 Marketing Expense	$ 2,182	$ -	$ -
1020630331 Marketing Exp- Corporate Spend	$ 4,484	$ -	$ -
3165630330 Marketing Exp- Corporate Spend	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total Other Advertising	$ 12,317	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310 Licenses & Certifications	$ 2,417	$ -	$ -
1020630310 Dues to Chamber of Commerce	$ -	$ -	$ -
1020630310	$ -	$ -	$ -
1020630310	$ -	$ -	$ -
1020630310	$ -	$ -	$ -
Total Dues	$ 2,417	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
1020630130 Contributions	$ -	$ -	$ -
1020630135 Political Contributions	$ (23)	$ -	$ -
Total Contributions	$ (23)	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
1020630060 Bank Service Charges	$ 8,298	$ -	$ -
1020630120 Collection Fees	$ (524)	self-disallowed	$ -
1020630140 Education Expense	$ 153	$ -	$ -
1020630180 Employee Physicals	$ 2,551	$ -	$ -
1020630200 Employee Relations	$ 3,003	$ -	$ -
1020630380 Printing	$ 620	$ -	$ -
1020630610 Training Expense	$ 101	$ -	$ -
1020640080 Fines & Penalties	$ 14,508	self-disallowed	$ -
1020640090 Miscellaneous	$ 541	$ -	$ -
1020660080 Rental Expense	$ 173	$ -	$ -
1020660990 Accrued Expense Estimation	$ (529)	self-disallowed	$ -
5095720090 Landlord Operating Taxes	$ -	$ -	$ -
1020720070 State Tax Annual Report Filing	$ 80	$ -	$ -
3080630440 Recruiting Fees	$ 6,062	$ -	$ -
3080630441 Recruiting Fees	$ 25,482	$ -	$ -
7010800030 Non-recurring Charges	$ -	$ -	$ -
1020630640 Uniforms	$ 95	$ -	$ -
1020630430 Quarterly & Annual Reports	$ 32	$ -	$ -
1020640060 Equipment Non-Capitalized	$ 1,628	$ -	$ -
	$ -	$ -	$ -
Total Other Administrative and General	$ 62,275	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	17 | 37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	538,197	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	154,002	154,002		
2. Non-Food Supplies	$	24,617	24,617		
3. Other (*Specify*)_____	$	89	89		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	489,737	489,737		
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	668,446	668,446		

2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	5,473	5,473		
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. $	1,779	1,779		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	82,628	82,628		
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	89,880	89,880		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2018

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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	13,993	13,993		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	142,123	142,123		
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	156,116	156,116		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	303,008	303,008		
b. Medicine Cabinet Drugs		$	12,862	12,862		
c. Medical and Therapeutic Supplies		$	183,307	183,307		
d. Ambulance/Limousine***		$	759	759		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	8,540	8,540		
f. X-rays and Related Radiological Procedures***		$	19,251	19,251		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	49,407	49,407		
i. Recreation		$	30,946	30,946		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	69,669	69,669		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	677,750	677,750		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
3060610160 Incontinency	$ 39,177	$ -	$ -
3060610161 Incontinency - Rebates	$ (14)	$ -	$ -
3080630030 Advertising-Help Wanted	$ 4,301	$ -	$ -
3080630080 Books, Dues & Subscriptions	$ -	$ -	$ -
3080630140 Education Expense	$ 207	$ -	$ -
3120630530 Supplies	$ 42	$ -	$ -
3155630530 Supplies	$ 3,300	$ -	$ -
3170630530 Supplies	$ 242	$ -	$ -
3090630535 Office Supplies	$ 151	$ -	$ -
3120630535 Office Supplies	$ -	$ -	$ -
3165630535 Office Supplies	$ -	$ -	$ -
3080630610 Training Expense	$ 4,500	$ -	$ -
3120660080 Rental Expense	$ -	$ -	$ -
3155660080 Rental Expense	$ 214	$ -	$ -
3010610300 Consolidated Billing	$ 16,806	$ -	$ -
3080630630 Tuition Reimbursement	$ -	$ -	$ -
3210630630 Tuition Reimbursement	$ -	$ -	$ -
3225630630 Tuition Reimbursement	$ (826)	$ -	$ -
3080640090 Miscellaneous	$ -	$ -	$ -
3080630310 Licenses & Certifications	$ 1,569	$ -	$ -
3165630530 Supplies	$ -	$ -	$ -
3090630310 Licenses & Certifications	$ -	$ -	$ -
	$ -	$ -	$ -
Total Other Resident Care	$ 69,669	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Laundry Purchased Services	82,628			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	142,123			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	487,415			18	2b
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	298,116	298,116		
b. Heat	$	51,982	51,982		
c. Light & Power	$	100,325	100,325		
d. Water	$	44,805	44,805		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	495,228	495,228		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	835	835		
b. Building & Building Improvements	$	(6,806)	(6,806)		
c. Non-Movable Equipment	$	352	352		
d. Movable Equipment	$	18,912	18,912		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	13,294	13,294		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	1,495,848	1,495,848		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	144,604	144,604		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,653,746	1,653,746		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total Other Repairs and Maintenance	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	2,856		2,856	576	S/L	Various	835	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								835
B. **Building and Building Improvements**								
1. Acquired prior to this report period	412,890		412,890	8,249	S/L	Various	(7,051)	
2. Disposals (attach schedule)	(407,679)		(407,679)					
3. Acquired during this report period (attach schedule)	7,370		7,370				246	
B-4. Subtotal								(6,806)
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	3,374		3,374	469	S/L	Various	352	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								352

	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. 2015 Honda 2HKRM4H52FH67228					7,839		7,839	7,839				
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					49,067		49,067	7,036	S/L	Various	9,163	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					111,629		111,629				9,750	
D-3. Subtotal												18,912
E. ***Total Depreciation***												13,294

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
6/30/2021	LP Gas Tank & Required Gas Lines	$ 7,370	07 06	$ 246	
Total additions for Building Improvement		$ 7,370		$ 246	*
Deletions:					
9/30/2020	Sept Accruals	$ (272,546)			
10/1/2020	Asset Deletions - See the attached Page 23b	$ (135,132)			
Total deletions for Building Improvement		$ (407,679)		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report peri

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

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
1/31/2021	2 - Welch Allyn Spot Monitor 4400's & 2 - Spot 4400 Mobile Stands	$ 4,640	7	$ 442	
4/30/2021	Reliant Bariatric Floor Lift & Digital Lift Scale & 2 - Reliant Slings	$ 3,637	7	$ 216	
6/30/2021	12 - All Weather Padded Seat Dining Armchair	$ 4,812	7	$ 172	
1/31/2021	40 - UltraCare XT (UCXT) Adjustable Height Beds	$ 68,661	07 11	$ 5,782	
2/28/2021	Chest Freezer	$ 637	07 10	$ 47	
4/30/2021	Panacea Bariatric Elevating footrest for Wheelchair	$ 164	07 08	$ 9	
6/30/2021	Panacea Bariatric Wheelchair	$ 615	07 06	$ 21	
6/30/2021	Stationary Thurmaduke Steam Table & Serving Shelf w/ Glass Protector	$ 4,545	07 06	$ 151	
7/31/2021	Robot Coupe Blixer	$ 3,814	07 05	$ 86	
8/31/2021	Simplicity Heavy Duty Snow Blower	$ 4,291	5	$ 72	
1/31/2021	2 - Genesis Promatt Plus Mattress Systems w/ ES2 Controls	$ 3,609	3	$ 802	
1/31/2021	40 - Panacea Custom Foam Mattresses	$ 8,507	3	$ 1,890	
10/31/2021	Genesis 76ix72i Stationary Safety Partitio-Direct Supply 28639448	$ 324	5	$ 59	
9/30/2021	September 2021 DSSI Accrual	$ 3,374		$ -	
Total additions for Movable Equipmen		$ 111,629		$ 9,750	*
Deletions:					
Total deletions for Movable Equipmen		$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report peri

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

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

State of Connecticut
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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cen	2217-C	9/30/2021	25	37

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	n/a
2. Date Structure Completed	n/a
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	100
6. Square Footage	
7. Acquisition Cost	
a. Land	n/a
b. Building	n/a

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
GMF-CT	Facility Lease	12/21/2018-12	10 years	1,495,848
650 Madison Avenue New York, NY 10022				

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Ce	2217-C	9/30/2021	26 | 37

Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage $				
Name of Lender / Rate				
Address of Lender				
2. Second Mortgage $				
Name of Lender / Rate				
Address of Lender				
3. Third Mortgage $				
Name of Lender / Rate				
Address of Lender				
4. Fourth Mortgage $				
Name of Lender / Rate				
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount $				
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation C	2217-C	9/30/2021	27 | 37

Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment 1. Automotive Equipment $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
2. Other (*Specify*) $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $				
12. D. Other Interest Expense (*Specify*) $				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $				
14. Insurance				
a. Insurance on Property (buildings only) $	93	93		
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	195,845	195,845		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	195,938	195,938		
15. ***Total All Expenditures (A-13 thru C-14)*** $	11,994,516	11,994,516		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2018

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	38,703	38,703		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians ** $				
6.		B-10	Occupational Therapy $				
7.			Other - See attached Schedule $	1,158,391	1,158,391		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1-c	Bad Debts $	141,965	141,965		
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m-2 &	Unallowable Advertising * $	12,317	12,317		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $	(23)	(23)		
21.			Unallowable Management Fees $	297,056	297,056		
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	(200,744)	(200,744)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	1,447,665	1,447,665		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	$ 38,703	$ -	$ -
Total Other Salaries Adjustment			$ 38,703	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	$ 157,675	$ -	$ -
13	5	Rehabilitation Services	$ 840,453	$ -	$ -
13	9	Speech Therapist	$ 59,908	$ -	$ -
13	10	Occupational Therapist	$ 100,232	$ -	$ -
13	12	Other	$ 23	$ -	$ -
13	12	Other	$ -	$ -	$ -
13	12	Respiratory Purchased Servies	$ 100	$ -	$ -
Total Other Fees Adjustments			$ 1,158,391	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	$ (524)	$ -	$ -
16	m-13	Estimated Accrual	$ (529)	$ -	$ -
16	m-13	Non-recurring Charges	$ -	$ -	$ -
16	m-13	Dues to Chamber of Commerce	$ -	$ -	$ -
16	m-13	Penalty	$ 14,508	$ -	$ -
16	m-12	0	$ -	$ -	$ -
15	1-a-1	adj workers comp	$ (214,198)	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other A&G Adjustments			$ (200,744)	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	29	37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,447,665	1,447,665		
Page 20 - Resident Care Supplies***								
27.	20	5-a-2	Prescription Drugs	$	303,008	303,008		
28.	20	5-d	Ambulance/Limousine	$	759	759		
29.	20	5-f	X-rays, etc	$	19,251	19,251		
30.	20	5-h	Laboratory	$	49,407	49,407		
31.			Medical Supplies	$				
32.	20	5-e-2	Oxygen (non emergency)	$	8,540	8,540		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	20,320	20,320		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$	(103,805)	(103,805)		
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.			Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$				
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$	13,465	13,465		
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$	145,747	145,747		
45.			Management Fees Direct	$				
46.			Management Fees Indirect	$				
47.			Other - Direct	$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
49.	***Total Amount of Decrease (Items 1 - 48)***			$	1,904,357	1,904,357		

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

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	$ 16,806	$ -	$ -
20	5-j	Respiratory Supplies	$ 3,300	$ -	$ -
20	5-j	Respiratory Rental	$ 214	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
Total Other Ancillary Costs			$ 20,320	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	$ (6,699)	$ -	$ -
Page 22	7b	Bldg Imp	$ (51,168)	$ -	$ -
Page 22	7c	Non Movable Equip	$ (16,664)	$ -	$ -
Page 22	7d	Movable Equip	$ (29,273)	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
Total Excess Movable Equipment Depreciation			$ (103,805)	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable $3,600 Account#3005660130	$ 13,465	$ -	$ -
Total Other Adjustments			$ 13,465	$ -	$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	$ 145,747	$ -	$ -
Total Other Adjustments			$ 145,747	$ -	$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	9,069,425	9,069,425		
b. Medicaid Room and Board Contractual Allowance **	$	(4,878,583)	(4,878,583)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	4,016,947	4,016,947		
b. Medicare Room and Board Contractual Allowance **	$	(686,673)	(686,673)		
4. a. Private-Pay Residents and Other	$	3,443,979	3,443,979		
b. Private-Pay Room and Board Contractual Allowance **	$	(1,008,409)	(1,008,409)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	204,124	204,124		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(34,894)	(34,894)		
c. Prescription Drugs - Non-Medicare	$	127,118	127,118		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(38,940)	(38,940)		
2. a. Medical Supplies - Medicare	$	6,612	6,612		
b. Medical Supplies - Medicare Contractual Allowance **	$	(1,130)	(1,130)		
c. Medical Supplies - Non-Medicare	$	488	488		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(250)	(250)		
3. a. Physical Therapy - Medicare	$	712,121	712,121		
b. Physical Therapy - Medicare Contractual Allowance **	$	(121,733)	(121,733)		
c. Physical Therapy - Non-Medicare	$	391,755	391,755		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(122,004)	(122,004)		
4. a. Speech Therapy - Medicare	$	241,905	241,905		
b. Speech Therapy - Medicare Contractual Allowance **	$	(41,352)	(41,352)		
c. Speech Therapy - Non-Medicare	$	129,310	129,310		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(39,912)	(39,912)		
5. a. Occupational Therapy - Medicare	$	647,631	647,631		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(110,709)	(110,709)		
c. Occupational Therapy - Non-Medicare	$	372,565	372,565		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(116,659)	(116,659)		
6. a. Other *(Specify)* - Medicare	$	56,250	56,250		
b. Other *(Specify)* - Non-Medicare	$	7,373	7,373		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	12,226,355	12,226,355		
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	$	427	427		
5. Interest Income *(Specify)*	$	165	165		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	37,162	37,162		
V. Total Other Revenue (1 thru 8)	$	37,754	37,754		
VI. Total All Revenue (III +V)	$	12,264,109	12,264,109		

* *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)
II-6-a	Medicare -X-Ray	$ 14,159	$ -	$ -
II-6-a	Medicare -Laboratory	$ 40,735	$ -	$ -
II-6-a	Medicare -Respiratory Therapy & Supplies	$ 430	$ -	$ -
II-6-a	Medicare -Nursing Treatment Supplies	$ -	$ -	$ -
II-6-a	Medicare -Audiology	$ -	$ -	$ -
II-6-a	Medicare -Incontinency	$ -	$ -	$ -
II-6-a	Medicare -Oxygen & Supplies	$ -	$ -	$ -
II-6-a	Medicare -Physician Visit	$ 1,071	$ -	$ -
II-6-a	Medicare -Ambulance	$ 600	$ -	$ -
II-6-a	Medicare -Flu Shot	$ 10,853	$ -	$ -
II-6-a	Medicare Contractual-X-Ray	$ (2,420)	$ -	$ -
II-6-a	Medicare Contractual-Laboratory	$ (6,963)	$ -	$ -
II-6-a	Medicare Contractual-Respiratory Therapy & Supplies	$ (74)	$ -	$ -
II-6-a	Medicare Contractual-Nursing Treatment Supplies	$ -	$ -	$ -
II-6-a	Medicare Contractual-Audiology	$ -	$ -	$ -
II-6-a	Medicare Contractual-Incontinency	$ -	$ -	$ -
II-6-a	Medicare Contractual-Oxygen & Supplies	$ -	$ -	$ -
II-6-a	Medicare Contractual-Physician Visit	$ (183)	$ -	$ -
II-6-a	Medicare Contractual-Ambulance	$ (102)	$ -	$ -
II-6-a	Medicare Contractual-Flu Shot	$ (1,855)	$ -	$ -
Total Other Resident Revenue - Medicare		$ 56,250	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid-X-Ray	$ 25	$ -	$ -
II-6-b	Medicaid-Laboratory	$ 212	$ -	$ -
II-6-b	Medicaid-Respiratory Therapy & Supplies	$ -	$ -	$ -
II-6-b	Medicaid-Nursing Treatment Supplies	$ -	$ -	$ -
II-6-b	Medicaid-Audiology	$ -	$ -	$ -
II-6-b	Medicaid-Incontinency	$ -	$ -	$ -
II-6-b	Medicaid-Oxygen & Supplies	$ -	$ -	$ -
II-6-b	Medicaid-Physician Visit	$ -	$ -	$ -
II-6-b	Medicaid-Ambulance	$ -	$ -	$ -
II-6-b	Medicaid-Flu Shot	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-X-Ray	$ (13)	$ -	$ -
II-6-b	Contractuals-Medicaid-Laboratory	$ (114)	$ -	$ -
II-6-b	Contractuals-Medicaid-Respiratory Therapy & Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Nursing Treatment Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Audiology	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Incontinency	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Oxygen & Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Physician Visit	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Ambulance	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid-Flu Shot	$ -	$ -	$ -
II-6-b	Non-Medicaid-X-Ray	$ 7,919	$ -	$ -
II-6-b	Non-Medicaid-Laboratory	$ 2,352	$ -	$ -
II-6-b	Non-Medicaid-Respiratory Therapy & Supplies	$ -	$ -	$ -
II-6-b	Non-Medicaid-Nursing Treatment Supplies	$ -	$ -	$ -
II-6-b	Non-Medicaid-Audiology	$ -	$ -	$ -
II-6-b	Non-Medicaid-Incontinency	$ -	$ -	$ -
II-6-b	Non-Medicaid-Oxygen & Supplies	$ -	$ -	$ -
II-6-b	Non-Medicaid-Physician Visit	$ -	$ -	$ -
II-6-b	Non-Medicaid-Ambulance	$ -	$ -	$ -
II-6-b	Non-Medicaid-Flu Shot	$ -	$ -	$ -
II-6-b	Non-Medicaid-Capitation Contracts	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-X-Ray	$ (2,319)	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Laboratory	$ (689)	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Respiratory Therapy & Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Nursing Treatment Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Audiology	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Incontinency	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Oxygen & Supplies	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Physician Visit	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Ambulance	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Flu Shot	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid-Capitation Contracts	$ -	$ -	$ -
Total Other Resident Revenue		$ 7,373	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts	430055	$ 165	$ -	$ -
Total Interest Income			$ 165	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	ECHO Project	$ 6,000	$ -	$ -
IV-8	Antibody Infustion Thereapy	$ 994	$ -	$ -
IV-8	Telehealth Facility Fee	$ 1,466	$ -	$ -
IV-8	Humana test deposit	$ 15	$ -	$ -
IV-8	0	$ -	$ -	$ -
IV-8	Rental Income	$ 300	$ -	$ -
IV-8	Elim Basic Healthcare Revenue	$ (340,301)	$ -	$ -
IV-8	Federal Stimulus 4	$ 216,964	$ -	$ -
IV-8	Federal Stimulus 4 - Part 2	$ -	$ -	$ -
IV-8	State COVID Support - Other	$ 151,723	$ -	$ -
IV-8	0	$ -	$ -	$ -
0	0	$ -	$ -	$ -
Total Other Revenue		$ 37,162	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2021	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 18,674
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,376,376
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 9,754
4 Inventories				$ 65,163
5. Prepaid Expenses				$ #VALUE!
a.				
b.				
c.				
d. See Schedule		#VALUE!		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ #VALUE!
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost	2,856		$ 1,445
	Accum. Depreciation	1,411	Net	
3. Buildings	*Historical Cost	12,581		$ 11,138
	Accum. Depreciation	1,443	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	3,374		$ 2,553
	Accum. Depreciation	821	Net	
6. Movable Equipment	*Historical Cost	160,696		$ 134,747
	Accum. Depreciation	25,949	Net	
7. Motor Vehicles	*Historical Cost	7,839		$
	Accum. Depreciation	7,839	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ #VALUE!
See Schedule		#VALUE!		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ #VALUE!

* 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 Expenses	145010	#VALUE!
31	A5	Prepaid Prop Taxes	145040	#VALUE!
31	A5	Prepaid Escrow Real Estate	145280	#VALUE!
31	A5	Prepaid Escrow Insurance	145290	#VALUE!
31	A5	Prepaid Escrow Replace Reserve	145300	#VALUE!
31	A5	Prepaid Personal Property Tax	145310	#VALUE!
31	A5			
Total Prepaid Expenses				#VALUE!

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

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

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

Page Ref	Line Ref	Description		
31	B9	PPE CIP	150150	#VALUE!
Total Other Other Fixed Assets (Itemize)				#VALUE!

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
32	D7	ROU Bldg Asset-Oper Lease	150510	#VALUE!
32	D7	AccumAmort-ROU Bldg OprLease	150511	#VALUE!
Total Other Assets				#VALUE!

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description		
33	A12	Accr Exp Other	210010	#VALUE!
33	A12	Accr Exp Water and Sewer	210090	#VALUE!
33	A12	Accr Exp Gas	210100	#VALUE!
33	A12	Accr Exp Electricity	210110	#VALUE!
33	A12	Accr Exp Nursing Purchased Ser	210310	#VALUE!
33	A12	Accr Exp Due to Prior Owner	210330	#VALUE!
33	A12	Deferred Revenue	210340	#VALUE!
33	A12	A/R Credit Gross Up Liability	210345	#VALUE!
33	A12	Accrued Provider/Bed Tax	210350	#VALUE!
33	A12	Accr Gross Rec Tax-FY11	215311	#VALUE!
33	A12	Accr Gross Rec Tax-FY12	215312	#VALUE!
33	A12	Accr Gross Rec Tax-FY13	215313	#VALUE!
33	A12	Accr Gross Rec Tax-FY14	215314	#VALUE!
33	A12	Accr Gross Rec Tax-FY15	215315	#VALUE!
33	A12	Accr Gross Rec Tax-FY16	215316	#VALUE!
33	A12	Accr Gross Rec Tax-FY17	215317	#VALUE!
33	A12	Accr Gross Rec Tax-FY18	215318	#VALUE!
33	A12	Accr Sales and Use Tax - FY18	215418	#VALUE!
Total Other Current Liabilities (Itemize)				#VALUE!

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2021	32	37

Account				Amount
			Total Brought Forward:	$ #VALUE!
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ #VALUE!
I/C Due to/Due From Owned		4,903,617		
I/C Due to/Due From Multicare				
See Schedule		#VALUE!		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ #VALUE!
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ #VALUE!

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	33	37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$ 627,703
2. Notes Payable (*itemize*)	$
See Schedule	
3. Loans Payable for Equipment (*Current portion*) (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)	$ 140,403
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$ 655
7. Medicare Final Settlement Payable	$
8. Medicare Current Financing Payable	$
9. Mortgage Payable (*Current Portion*)	$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$ #VALUE!
See Schedule #VALUE!	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$ #VALUE!

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	34	37

Account	Amount
Total Brought Forward:	#VALUE!
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 7,742,451
CP OprLease-Bldg Obligation	726,952	
LT OprLease-Bldg Obligation	7,012,719	
Escheatable Funds	2,780	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 7,742,451
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ #VALUE!

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cen	2217-C	9/30/2021	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 4,957,493
	6. Gain or Loss for Period 10/1/2020 thru 9/30/2021	$ 269,594
	7. Total Net Worth	$ 5,227,087
C.	***Total Reserves and Net Worth***	$ 5,227,087
D.	***Total Liabilities, Reserves, and Net Worth***	$ #VALUE!

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cente	2217-C	9/30/2021	36	37

Account	Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020	$ 4,957,493
B. Total Revenue (*From Statement of Revenue Page 30*)	$ 12,264,109
C. Total Expenditures (*From Statement of Expenditures Page 27*)	$ 11,994,515
D. Net Income or Deficit	$ 269,594
E. Balance	$ 5,227,087
F. Additions	
1. Additional Capital Contributed (*itemize*)	
2. Other (*itemize*)	
F-3. Total Additions	$
G. Deductions	
1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

2. Other Withdrawings *(Specify)*	$
Purpose	Amount
3. Total Deductions	$
H. ***Balance at End of Period*** 09/30/21	$ 5,227,087

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2021	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Rick Fink

Addres Address	Phone Number
200 Brickstone Square, Andover, MA 01810	410-494-7657

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Rick Fink	410-494-7657

Contact Email Address
Rick.Fink@genesishcc.com