

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	
Address (No. & Street, City, State, Zip Code) 778 Middlebury Road, Middlebury, CT 06762	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 207047	RHNS	(Specify)	Medicare Provider 07-5146
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Medicaid Provider Numbers:	CCNH 7047	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 1	of 37
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**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Middlebury Convalescent Home, Inc. [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.

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jeanine Hammitt			Printed Name (Owner) Various, see page 3A		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Middlebury Convalescent Home, Inc.	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 778 Middlebury Road, Middlebury, CT 06762				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/13/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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) 758-2471		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Middlebury Convalescent Home, Inc.		Address (No. & Street, City, State, Zip ) 778 Middlebury Road, Middlebury, CT 06762		
License Numbers:	CCNH 207047	RHNS (Specify)	Medicare Provider No. 07-5146	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
N/A				
<b>Administrator</b>				
Name of Administrator Jeanine Hammitt		Nursing Home Administrator's License No.:	001761	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Middlebury Convalescent Home, Inc.	778 Middlebury Road, Middlebury, CT 06762		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached page 3A1				
Names of Stockholders Owning at Least 10% of Shares				
See attached page 3A1				

**Middlebury Convalescent Home, Inc.**

**Schedule 3A1**

<b>Total Retained Earnings ShareHolders</b>	<b>Owned Shares</b>	<b>Equity Ratio of</b>
Grace Nardiello	160	11.64%
Carol Horan	84	6.11%
Harold Horan III	83	6.04%
The Estate of Jean White	84	6.11%
Bryna Potsdam	285	20.73%
Linda Kaplan	164	11.93%
Elaine Dabbo	69	5.02%
Estate of Helaine Doherty	114	8.29%
Helen Fassett	171	12.44%
Jeanine Hammitt	35	2.55%
Carin Peterson	126	9.16%
	<u>1375</u>	<u>100.00%</u>







## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 5	of 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 ( <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? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

### 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
Middlebury Convalescent Home, Inc.		207047		9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/12/20	60 months	1,943	1,943	
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	09/10/19	60 months	2,268	2,268	
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	09/01/19	48 months	1,816	1,816	
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/21	Open-Ended	1,146	1,146	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							7,173	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

N/A

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1	Compilation, tax preparations, cost report preparation, reimbursement consulting, month end review	\$	23,029
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 23,029

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 Ford & Harrison 3 4 5	Telephone Number 860-240-6000 860-740-1355
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 185 Asylum Street, Hartford, CT 06103  
 2 185 Asylum Street, Hartford, CT 06103  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	Review general patient, employment and IDR matters	\$	2,974
2	General employment questions, survey assistance	\$	6,120
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 9,094

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

### Schedule of Resident Statistics

Name of Facility Middlebury Convalescent Home, Inc.			License No. 207047		Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	58	58			58	58						
B. On last day of THIS report period	58	58							58	58		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	45	45			45	45						
B. As of midnight of THIS report period	39	39							39	39		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,416	1,416			1,095	1,095			321	321		
B. Medicaid (Conn.)	8,588	8,588			6,432	6,432			2,156	2,156		
C. Medicaid (other states)												
D. Private Pay	3,675	3,675			2,592	2,592			1,083	1,083		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	13,679	13,679			10,119	10,119			3,560	3,560		
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. <b>Total Resident Days (3G + 4A + 4B)</b>	13,679	13,679			10,119	10,119			3,560	3,560		

**Annual Report of Long-Term Care Facility**

CSP-9 Rev. 9/2002

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Middlebury Convalescent Home, Inc.			License No. 207047			Report for Year Ended 9/30/2021			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	3		24			12							
Per Diem Rate													
a. One bed rm.	Various		266.53			395.00							
b. Two bed rms.	Various		266.53			320.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,051	1,051			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									900	900			
D. <b>Total Physical Therapy Treatments</b>									1,951	1,951			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									270	270			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									190	190			
D. <b>Total Speech Therapy Treatments</b>									460	460			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,076	1,076			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									945	945			
D. <b>Total Occupational Therapy Treatments</b>									2,021	2,021			

### Report of Expenditures - Salaries & Wages

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	84,828	2,162				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	143,077	5,446				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	65,350	2,126				
c. Dietary Workers	188,449	15,395				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	169,727	14,467				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	146,451	6,759				
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	88,301	2,124				
b. RN						
1. Direct Care	400,796	10,157				
2. Administrative**	200,383	5,515				
c. LPN						
1. Direct Care	478,420	16,979				
2. Administrative**						
d. Aides and Attendants	791,140	60,059				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	118,375	7,082				
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	97,441	3,075				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,972,738	151,346				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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



Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Medical Librarian Consultant	\$ 718	8				
<b>Total</b>	\$ 718	8	\$ -	-	\$ -	-

**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
Middlebury Convalescent Home, Inc.				207047	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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

\* 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	
Middlebury Convalescent Home, Inc.				207047	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)							
<b>Section III - Administrators***</b>										
Jeanine Hammitt	84,828			Non. Discrim.	Administrator	2,162	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	207047	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	12,212	261				
2. Dentist						
3. Pharmacist	7,200	72				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	71,985	803				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	70,700	524				
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) Other Consultants - HealthPro	525	5				
9. Speech Therapist						
a. Resident Care	45,278	463				
b. Other						
10. Occupational Therapist						
a. Resident Care	70,897	1,033				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	24,673	331				
2. Administrative***						
b. LPN						
1. Direct Care	11,113	140				
2. Administrative***						
c. Aides	3,306	157				
d. Other						
12. Other (Specify) See Attached Schedule	718	8				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>318,607</b>	<b>3,797</b>				

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

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

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

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 207047		Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
The Nurse Network, LLC	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Deluca, Middlebury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Caring Nurses, 46-a Poquonock Ave., Windsor, CT 06095	Medical Librarian Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Christine Riley, 587 Breakneck Hill Road, Middlebury, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Marcia Cohen, 806 North Lake View Drive, Orange, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Pro	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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"/>			
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		<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
Middlebury Convalescent Home, Inc.	207047	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 92,341	92,341		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 30,323	30,323		
4. Social Security (F.I.C.A.)	\$ 229,306	229,306		
5. Health Insurance	\$ 68,185	68,185		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (6,924)	(6,924)		
d. Accounting and Auditing	\$ 23,029	23,029		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 9,094	9,094		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 21,077	21,077		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,420	13,420		
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 8,600	8,600		
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	\$ 257,285	257,285		
<b>Subtotal</b>	\$ 745,736	745,736		

\* 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)
	0		
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	745,736	745,736			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 7,339	7,339			
4. Employee Travel	\$ 425	425			
5. Education Expenses Related to Seminars and Conventions	\$ 100	100			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 20,796	20,796			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,082	14,082			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,381	4,381			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 42,614	42,614			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 15,222	15,222			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 850,695	850,695			

\* Do not include Subscriptions, which should go in item 9.

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

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



Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising (Disallowed)	\$ 14,082		
<b>Total Other Advertising</b>	\$ 14,082	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 2,989		
Chamber Dues (Disallowed)	\$ 1,301		
Motion Picture (Disallowed)	\$ 91		
<b>Total Dues</b>	\$ 4,381	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Bank Charges (Disallowed)	\$ 50		
Team Celebration Expense (Disallowed)	\$ 3,652		
Director Fees (Disallowed)	\$ 11,020		
Licenses and Fees	\$ 500		
<b>Total Other Administrative and General</b>	\$ 15,222	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.		207047	9/30/2021	18	37
Item		Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	87,214	87,214		
2. Non-Food Supplies	\$	11,627	11,627		
3. Other ( <i>Specify</i> ) _____	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
c. Other ( <i>Specify</i> ) _____	\$	2,416	2,416		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	101,257	101,257	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.		207047	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. \$	1,293	1,293		
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 ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$	19,795	19,795		
c. Other ( <i>Specify</i> )		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	21,088	21,088		
<b>3E. Laundry Questionnaire</b>						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.		207047	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	33,705	33,705		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	33,705	33,705		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$	34,593	34,593		
b.	Medicine Cabinet Drugs	\$	133,300	133,300		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	3,594	3,594		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	747	747		
i.	Recreation	\$	19,008	19,008		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	4,349	4,349		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	195,591	195,591		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
Medicare Related Expenses (Disallowed)	\$ 2,279		
Personal Health Items (Disallowed)	\$ 2,070		
<b>Total Other Resident Care</b>	<b>\$ 4,349</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Middlebury Convalescent Home, Inc.			License No. 207047		Report for Year Ended 9/30/2021			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
USA Hauling	15 Mullen Road, Enfield, CT 06082	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	19,061			22	6f
Vaszauskas Farm	519 Middlebury Rd, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	11,902			22	6f
Wescom Solutions, Inc.	PO Box 674802, Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	N/A	PointClickCare Software	16,241			16	m11
Paylocity	1400 American Lane, Schaumburg, IL 60713	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Services	14,151			16	m11
Mulvaney Mechanical	Ave, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Plumbing	11,072			22	6f
Rinaldi Linen	47 Commons Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Washing Services	19,709			19	3b
		<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
Middlebury Convalescent Home, Inc.	207047	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 20,717	20,717				
b. Heat	\$ 33,471	33,471				
c. Light & Power	\$ 46,360	46,360				
d. Water	\$ 45,303	45,303				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 7,173	7,173				
f. Other ( <i>itemize</i> )	\$ 57,432	57,432				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 210,456	210,456				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 6,290	6,290				
b. Building & Building Improvements	\$ 58,834	58,834				
c. Non-Movable Equipment	\$ 3,832	3,832				
d. Movable Equipment	\$ 25,287	25,287				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 94,243	94,243				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 65,112	65,112				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 159,355	159,355				

\* 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)
	0		
Maintenance Purchased Services	\$ 57,432		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 57,432</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Middlebury Convalescent Home, Inc.			License No. 207047		Report for Year Ended 9/30/2021			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			254,301		254,301	159,455	S/L	Various	6,290				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										6,290			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			2,461,705		2,461,705	1,706,634	S/L	Various	58,834				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										58,834			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			222,002		222,002	190,914	S/L	Various	3,832				
2. Disposals (attach schedule)			(14,425)			(14,425)	S/L	Various					
3. Acquired during this report period (attach schedule)			42,380				S/L	Various					
C-4. Subtotal										3,832			
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	394,149		394,149	312,741	S/L	Various	25,091	
b. Disposals (attach schedule)						(7,084)		(7,084)	(7,084)	S/L	Various		
c. Acquired during this report period (attach schedule)				Var	Var	9,156		9,156		S/L	Various	196	
D-3. Subtotal													25,287
<b>E. Total Depreciation</b>													94,243

## Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
9/30/2021	RainTech Nursing Call System	\$ 42,380	10	\$ -
<b>Total additions for Non-Movable Equipment</b>		\$ 42,380		\$ - *
<b>Deletions:</b>				
4/15/1999	Executone: nurses Call System East	\$ (8,055)	-	
11/30/2008	Nurse Call West Wing	\$ (6,370)	-	
<b>Total deletions for Non-Movable Equipment</b>		\$ (14,425)		\$ - **

\*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	Cost	Useful Life	Depreciation
<b>Additions:</b>				
3/31/2021	Dietary Tray, Domes, Mugs, Bowls	\$ 2,162	10	\$ 108
8/31/2021	2 Med Carts	\$ 5,494	10	\$ 46
8/31/2021	Besa Intel Core i17	\$ 1,500	3	\$ 42
<b>Total additions for Movable Equipmen</b>		\$ 9,156		\$ 196 *
<b>Deletions:</b>				
9/30/2011	Kitchen insulated Tray, Dishes	\$ (2,614)	-	
5/20/2011	2 Med Carts	\$ (4,470)	-	
<b>Total deletions for Movable Equipmen</b>		\$ (7,084)		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvemer</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemer</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Middlebury Convalescent Home, Inc.			207047		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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.

Middlebury Conv, Home  
 Depreciation Schedule  
 September 30, 2021  
 Property

	Date Acquired	Hist. Costs	Cost to Be Deprec	Method	Life***	2018 Accum	2019 Deprc	2019 Accum	2020 Deprc	PY 2020 Accum	[a] 2021 Deprc	[a] 2021 Accum
<b>Land Improvements</b>												
Acquired prior	Various	212,251	212,251	SL	Var	206,491	3,854	210,345	1,906	212,251	-	212,251
<b>2009 Acquisition</b>												
Landscape Design & New Plants	6/30/2009	3,256	3,256	SL	5	3,256	-	3,256	-	3,256	-	3,256
<b>2010 Acquisition</b>												
Chain Link Fence w/ Gate	9/20/2010	686	-	-	-	-	-	-	-	-	-	-
Paving	9/24/2010	6,927	6,927	SL	8	6,927	-	6,927	-	6,927	-	6,927
<b>2012 Acquisition</b>												
Drainage Improvements	11/18/2011	4,786	4,786	SL	15	2,207	319	2,526	319	2,845	319	3,164
<b>2014 Acquisitions</b>												
Parking Improvements	7/31/2014	15,332	15,332	SL	20	3,834	767	4,601	767	5,368	767	6,135
Drainage Improvements	7/31/2014	8,388	8,388	SL	15	2,795	559	3,354	559	3,913	559	4,472
<b>2017 Acquisitions</b>												
Front Sidewalk - American Heritage	4/30/2017	9,997	9,997	SL	20	1,000	500	1,500	500	2,000	500	2,500
<b>2018 Acquisitions</b>												
S&S Asphalt - New Driveway	10/31/2017	82,904	82,904	SL	20	4,145	4,145	8,290	4,145	12,435	4,145	16,580
<b>2018 Disposals</b>												
1997 Driveway	1/1/1997	(89,540)	(89,540)	-	-	(89,540)	-	(89,540)	-	(89,540)	-	(89,540)
<b>Total</b>		<b>254,986</b>	<b>254,301</b>			<b>141,115</b>	<b>10,144</b>	<b>151,259</b>	<b>8,196</b>	<b>159,455</b>	<b>6,290</b>	<b>165,745</b>

<b>Building and Building Improvements</b>												
Acquired prior (Building Impro.)	Various	452,863	452,863	SL	Var	452,863	-	452,863	-	452,863	-	452,863
Door replacement	9/30/2006	16,556	16,556	SL	15	13,687	1,104	14,791	1,104	15,895	661	16,556
Sprinkler Installation	9/30/2006	348,235	348,235	SL	5	348,235	-	348,235	-	348,235	-	348,235
<b>2007 Acquisition</b>												
Pipe replacement	2/28/2007	4,798	4,798	SL	25	2,303	192	2,495	192	2,687	192	2,879
Fire alarm	8/2/2007	3,425	3,425	SL	10	3,425	-	3,425	-	3,425	-	3,425
Doors	8/31/2007	66,942	66,942	SL	15	53,554	4,463	58,017	4,463	62,480	4,463	66,943
Ceilings	8/31/2007	84,867	84,867	SL	8	84,867	-	84,867	-	84,867	-	84,867
Wallguards & Handrails	8/31/2007	58,464	58,464	SL	15	46,772	3,898	50,670	3,898	54,568	3,898	58,466
Electrical Upgrades	8/31/2007	66,065	66,065	SL	20	39,638	3,303	42,941	3,303	46,244	3,303	49,547
Corridor Flooring	8/31/2007	17,777	17,777	SL	10	17,777	-	17,777	-	17,777	-	17,777
Carpeting Front Lobby	8/31/2007	8,957	8,957	SL	5	8,957	-	8,957	-	8,957	-	8,957
Wallcoverings & Painting	8/31/2007	41,030	41,030	SL	5	41,030	-	41,030	-	41,030	-	41,030
3 Sprinklers&Extention of lines	8/31/2007	10,646	10,646	SL	25	5,111	426	5,537	426	5,963	426	6,389
Asbestos Removal(During Sprinkler Install)	8/13/2007	142,781	142,781	SL	5	142,781	-	142,781	-	142,781	-	142,781
<b>2007 Current Year Disposal</b>												
Disposal of Assets		(1,491)	(1,491)	-	-	(1,491)	-	(1,491)	-	(1,491)	-	(1,491)
<b>2008 Acquisition</b>												
Glass sliding front door	11/13/2007	11,287	11,287	SL	10	11,287	-	11,287	-	11,287	-	11,287
Credit for paving street for sprinkler	1/11/2008	(11,206)	(11,206)	SL	5	(11,206)	-	(11,206)	-	(11,206)	-	(11,206)
Portion of recreation room placed into service	9/30/2008	208,758	208,758	SL	25	91,853	8,350	100,203	8,350	108,553	8,350	116,903
<b>2009 Disposal</b>												
Carpeting Office & Storage	5/10/1989	(507)	(507)	-	-	(507)	-	(507)	-	(507)	-	(507)
<b>2009 Acquisition</b>												
Recreation Room	9/30/2008	26,614	26,614	SL	25	10,647	1,065	11,712	1,065	12,777	1,065	13,842
PT Room Renovations	10/31/2008	10,478	10,478	SL	25	4,191	419	4,610	419	5,029	419	5,448
DNS Office Renovations	12/31/2008	13,747	13,747	SL	25	5,499	550	6,049	550	6,599	550	7,149
Electrical Upgrades	3/31/2009	20,309	20,309	SL	20	10,153	1,015	11,168	1,015	12,183	1,015	13,198
Door Hardware Dining Room	5/29/2009	3,076	3,076	SL	15	2,050	205	2,255	205	2,460	205	2,665
Resident Room Flooring	7/31/2009	13,755	13,755	SL	10	13,753	1	13,754	-	13,754	-	13,754
Accounting Office Flooring	7/31/2009	1,125	-	NA	NA	-	-	-	-	-	-	-

<b>Accumulated Depreciation Adjustment from Prior Year</b>						19,447	-	19,447	-	19,447	-	19,447
<b>2010 Acquisition</b>												
<b>2011 Acquisition</b>												
Awnings	6/2/2011	9,810	9,810	SL	15	5,232	654	5,886	654	6,540	654	7,194
Sprinkler Heads Boiler Room	6/30/2011	1,776	1,776	SL	25	568	71	639	71	710	71	781
WiFi	9/30/2011	3,768	3,768	SL	10	3,015	377	3,392	376	3,768	-	3,768
<b>2011 Dispositions</b>												
Front Entrance Canopy		(3,286)	(3,286)			(3,286)	-	(3,286)	-	(3,286)	-	(3,286)
Patio Awning Addition		(4,839)	(4,839)			(4,839)	-	(4,839)	-	(4,839)	-	(4,839)
<b>2012 Additions</b>												
Shed	9/30/2012	4,401	4,015	SL	20	1,279	201	1,480	201	1,681	201	1,882
Kitchen Hood Sprinklers	1/31/2012	2,106	2,106	SL	25	568	84	652	84	736	84	820
Electrical Upgrades	2/1/2012	3,490	3,490	SL	20	1,162	174	1,336	174	1,510	174	1,684
New Soffitt	9/30/2012	2,435	2,435	SL	15	1,027	162	1,189	162	1,351	162	1,513
<b>Unidentified Variance</b>		387	387			-	-	-	-	-	-	-
<b>2013 Additions</b>												
Front Railing Improvement	5/31/2013	2,659	2,659	SL	15	959	177	1,136	177	1,313	177	1,490
<b>Unidentified Variance</b>		(387)	(387)			-	-	-	-	-	-	-
<b>2014 Additions</b>												
Electrical for Resident Lights & Ou	12/30/2011	4,496	4,496	SL	20	1,125	225	1,350	225	1,575	225	1,800
Buiding Addition	7/31/2014	516,455	516,455	SL	40	64,556	12,911	77,467	12,911	90,378	12,911	103,289
Carpet main Entrance	3/31/2014	2,978	2,978	SL	5	2,978	-	2,978	-	2,978	-	2,978
Intercom System	7/31/2014	1,955	1,955	SL	10	976	195	1,171	195	1,366	195	1,561
Nurse's Stations	7/31/2014	201,661	201,661	SL	15	67,220	13,444	80,664	13,444	94,108	13,444	107,552
Therapy Room Conversion	7/31/2014	81,075	81,075	SL	15	27,025	5,405	32,430	5,405	37,835	5,405	43,240
<b>2015 Additions</b>												
Move A/C Nurse's station Project	7/31/2014	2,500	2,500	S/L	15	668	167	835	167	1,002	167	1,169
<b>2018 Additions</b>												
Direct Supply Kitchen Counters	12/22/2017	10,426	10,426	S/L	25	417	417	834	417	1,251	417	1,668
<b>Total</b>		<b>2,463,216</b>	<b>2,461,705</b>			<b>1,587,326</b>	<b>59,655</b>	<b>1,646,981</b>	<b>59,653</b>	<b>1,706,634</b>	<b>58,834</b>	<b>1,765,468</b>

**Non-Movable Equipment**

<b>Acquired prior</b>		170,839	170,839	SL	Var	170,839	-	170,839	-	170,839	-	170,839
<b>Current Year Acquisitions</b>												
Hot water Heater	5/3/2007	2,550	2,550	SL	10	2,550	-	2,550	-	2,550	-	2,550
Nurses Station Counter	8/31/2007	2,680	2,680	SL	15	2,145	179	2,324	179	2,503	177	2,680
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	4,414	-	4,414	-	4,414	-	4,414
40LB Speed Queen Washer	7/25/2007	6,355	6,355	SL	10	6,355	-	6,355	-	6,355	-	6,355
<b>2007 Current Year Disposal</b>												
Disposal		(8,284)	(8,284)	SL	var	(8,284)	-	(8,284)	-	(8,284)	-	(8,284)
<b>2008 Acquisition</b>												
Electric box upgrade	6/16/2008	9,300	9,300	SL	20	5,115	465	5,580	465	6,045	465	6,510
<b>2009 Acquisition</b>												
12 Resident Room Electric Heaters	11/30/2008	9,990	9,990	SL	10	9,990	-	9,990	-	9,990	-	9,990
Nurse Call System West	12/31/2008	6,370	6,370	SL	10	6,370	-	6,370	-	6,370	-	6,370
Goodhill Mechanical - Boiler #1	8/31/2009	12,490	12,490	SL	20	6,247	625	6,872	625	7,497	625	8,122
<b>2009 Disposal</b>												
Nurse Call System West	4/15/1999	(8,055)	(8,055)			(8,055)	-	(8,055)	-	(8,055)	-	(8,055)
<b>Adjustment for Prior Period</b>						589	-	589	-	589	-	589
<b>2010 Acquisition</b>												
E Panel for Generator	10/19/2009	1,541	-			-	-	-	-	-	-	-
Endurance 6 Burner 2 Oven Stove	12/17/2009	4,144	4,144	SL	10	3,728	414	4,142	2	4,144	-	4,144
<b>2011 Acquisition</b>												
Telephone Wiring to Resident Rooms	12/22/2010	7,200	7,200	SL	20	2,880	360	3,240	360	3,600	360	3,960
57 Over the Bed Light Fixtures	3/11/2011	12,131	12,131	SL	10	9,705	1,213	10,918	1,213	12,131	-	12,131
Ductless AC in Emp Breakroom	4/14/2011	3,650	3,650	SL	5	3,650	-	3,650	-	3,650	-	3,650
<b>2014 Acquisition</b>												
Fire System Improvements	4/30/2014	3,367	3,367	SL	10	1,684	337	2,021	337	2,358	337	2,695
<b>2014 Disposals</b>												
Lighting Fixtures	4/9/2007	(4,414)	(4,414)	SL	10	(4,414)	-	(4,414)	-	(4,414)	-	(4,414)
40LB Speed Queen Washer	7/25/2007	(6,355)	(6,355)	SL	10	(6,355)	-	(6,355)	-	(6,355)	-	(6,355)
<b>2015 Additions</b>												
Rooftop A/C Unit Nurses Closet	6/15/2015	1,702	1,702	SL	5	1,360	340	1,700	1	1,701	-	1,701
PT - 3 72"H Wall Mirrors Install	8/8/2015	1,515	1,515	SL	15	404	101	505	101	606	101	707
<b>2016 Additions</b>												
Transfer Switch Schmidt Electric	2/21/2016	6,113	6,113	SL	20	918	306	1,224	306	1,530	306	1,836
Inline Air Conditioner-Conf. Room	8/15/2016	4,590	4,590	SL	10	1,377	459	1,836	459	2,295	459	2,754
<b>2018 Disposals</b>												
Glenko Jacuzzi Bath	1/6/1981	(5,176)	(5,176)	SL		(5,176)	-	(5,176)	-	(5,176)	-	(5,176)
New Telephone Partner ACS System	5/25/2001	(10,059)	(10,059)	SL		(10,059)	-	(10,059)	-	(10,059)	-	(10,059)
Chlorination & Monitoring Well Water	9/1/2008	(11,554)	(11,554)	SL		(11,554)	-	(11,554)	-	(11,554)	-	(11,554)
Hot Water Booster - Hatco	9/22/2002	(1,060)	(1,060)	SL		(1,060)	-	(1,060)	-	(1,060)	-	(1,060)
Water Cooler 5 Gal floor mount #42	2/14/2013	(605)	(605)	SL		(605)	-	(605)	-	(605)	-	(605)
<b>2019 Additions</b>												
Ferrari's Appliance - Stove Dining Room	12/31/2018	1,016	1,016	SL	10	-	127	127	102	229	102	331
Raintech, Door Alarm Recreation	6/27/2019	2,499	2,499	SL	15	-	83	83	167	250	167	417
New Wing Compressor	7/31/19-8/31/19	3,750	3,750	SL	10	-	125	125	375	500	375	875
<b>2020 Additions</b>												
A/C Unit - Nurses' Station WW	5/29/2020	4,928	4,928	SL	5	-	-	-	358	358	358	716
<b>2020 Disposals</b>												
A/C Unit - WW Med Room	11/13/2001	(4,028)	(4,028)	SL	5	-	-	-	-	(4,028)	-	(4,028)
<b>2021 Additions</b>												
RainTech Nursing Call System	9/30/2021	42,380	42,380	SL	10	-	-	-	-	-	-	-
<b>2021 Disposals</b>												
Executone: Nurses Call System East	4/15/1999	(8,055)	(8,055)	SL		-	-	-	-	-	-	(8,055)
Nurse Call West Wing	11/30/2008	(6,370)	(6,370)	SL		-	-	-	-	-	-	(6,370)
<b>Total</b>		<b>251,497</b>	<b>249,957</b>			<b>184,758</b>	<b>5,134</b>	<b>189,892</b>	<b>5,050</b>	<b>190,914</b>	<b>3,832</b>	<b>180,321</b>



**Movable Equipment**

<b>Acquired prior</b>		176,454	176,454	SL	Var	176,454	-	176,454	-	176,454	-	176,454
<b>Less: Salvage value</b>												
<b>2007 Acquisitions</b>												
Hamilton Beach Blender HAM 990	4/9/2007	600	-	SL	10	-	-	-	-	-	-	-
Patient Life	12/14/2006	4,272	4,272	SL	10	4,272	-	4,272	-	4,272	-	4,272
Pellet / Plate Heater with cart	4/23/2007	12,794	12,794	SL	10	12,794	-	12,794	-	12,794	-	12,794
<b>2007 Current Disposal</b>												
Disposal		(1,145)	(1,145)			(1,145)	-	(1,145)	-	(1,145)	-	(1,145)
<b>2008 Acquisitions</b>												
40 stacking w/ arm chairs	11/23/2007	10,762	10,762	SL	15	7,891	717	8,608	717	9,325	717	10,042
5 electrical beds	12/17/2007	6,601	6,601	SL	12	6,051	550	6,601	-	6,601	-	6,601
Low electrical beds	1/15/2008	1,187	-			-	-	-	-	-	-	-
Resident furniture	1/15/2008	1,494	-			-	-	-	-	-	-	-
2 flat screen tv's	3/31/2008	611	-			-	-	-	-	-	-	-
Oxygen concentrator	4/3/2008	728	-			-	-	-	-	-	-	-
2 flat screen tv's	4/11/2008	785	-			-	-	-	-	-	-	-
Whirlpool dryer	4/24/2008	649	-			-	-	-	-	-	-	-
Slicer 12i knife	4/28/2008	1,039	-			-	-	-	-	-	-	-
Manual flower bed w/ gate	6/12/2008	1,520	-			-	-	-	-	-	-	-
11 teak flower boxes	6/12/2008	3,086	3,086	SL	10	3,086	-	3,086	-	3,086	-	3,086
2 tv's	6/30/2008	784	-			-	-	-	-	-	-	-
6 overbed tables	7/10/2008	750	-			-	-	-	-	-	-	-
6 overbed tables w/ mirror	8/5/2008	1,141	-			-	-	-	-	-	-	-
6 overbed tables w/ vanity	8/25/2008	1,141	-			-	-	-	-	-	-	-
Chairs, loveseat, sofa	8/31/2008	3,996	3,996	SL	15	2,929	266	3,195	266	3,461	266	3,727
<b>2008 Disposals</b>												
6 new beds	8/18/1995	(2,800)	(2,800)			(2,800)	-	(2,800)	-	(2,800)	-	(2,800)
Pictures	6/2/1982	(1,468)	(1,468)			(1,468)	-	(1,468)	-	(1,468)	-	(1,468)
Pictures	6/2/1982	(1,026)	(1,026)			(1,026)	-	(1,026)	-	(1,026)	-	(1,026)
Pictures	6/2/1983	(778)	(778)			(778)	-	(778)	-	(778)	-	(778)
Pictures	6/5/1985	(622)	(622)			(622)	-	(622)	-	(622)	-	(622)
Chandelier	6/17/1985	(524)	(524)			(524)	-	(524)	-	(524)	-	(524)
Pictures	1/15/1986	(770)	(770)			(770)	-	(770)	-	(770)	-	(770)
Pictures	2/7/1986	(321)	(321)			(321)	-	(321)	-	(321)	-	(321)
Pictures	2/11/1986	(449)	(449)			(449)	-	(449)	-	(449)	-	(449)
Pictures	2/20/1989	(997)	(997)			(997)	-	(997)	-	(997)	-	(997)
11 hiback chairs	4/18/1989	(1,838)	(1,838)			(1,838)	-	(1,838)	-	(1,838)	-	(1,838)
Telephone equipment	4/26/1989	(410)	(410)			(410)	-	(410)	-	(410)	-	(410)
2 chairs, gray, office	2/5/1990	(282)	(282)			(282)	-	(282)	-	(282)	-	(282)
Three pedestal/workstation	12/4/1990	(589)	(589)			(589)	-	(589)	-	(589)	-	(589)
Two workstations/nursing	12/4/1990	(562)	(562)			(562)	-	(562)	-	(562)	-	(562)
One PM3103 shredder	12/31/1991	(635)	(635)			(635)	-	(635)	-	(635)	-	(635)
Network equipment	9/9/1992	(998)	(998)			(998)	-	(998)	-	(998)	-	(998)
One fujitsu DL4600 printer	9/9/1992	(1,050)	(1,050)			(1,050)	-	(1,050)	-	(1,050)	-	(1,050)
One ATI9600 baud moden	9/9/1992	(599)	(599)			(599)	-	(599)	-	(599)	-	(599)
System peripherals	9/9/1992	(1,898)	(1,898)			(1,898)	-	(1,898)	-	(1,898)	-	(1,898)
One postage scale	2/1/1994	(949)	(949)			(949)	-	(949)	-	(949)	-	(949)
Sears fridge	2/1/1994	(698)	(698)			(698)	-	(698)	-	(698)	-	(698)
Gray large chair east wing	6/16/1995	(1,054)	(1,054)			(1,054)	-	(1,054)	-	(1,054)	-	(1,054)
4 black leather chairs	12/1/2000	(515)	(515)			(515)	-	(515)	-	(515)	-	(515)
One bissell 16991 rug cleaning	5/17/2001	(279)	(279)			(279)	-	(279)	-	(279)	-	(279)
17" VGA monitor	3/3/1998	(498)	(498)			(498)	-	(498)	-	(498)	-	(498)
17" VGA monitor	3/3/1998	(613)	(613)			(613)	-	(613)	-	(613)	-	(613)
3.21 gig internal tape drive	3/24/1998	(392)	(392)			(392)	-	(392)	-	(392)	-	(392)
<b>2009 Acquisitions</b>												
19" LCD TV	10/1/2008	403	-			-	-	-	-	-	-	-
Vizio Big Flat Screen TV w/VCR Comb	10/1/2008	1,574	-			-	-	-	-	-	-	-
5 Overbed Table/Vanity	10/8/2008	868	-			-	-	-	-	-	-	-
Living Room Furniture	11/17/2008	508	-			-	-	-	-	-	-	-

16 Electric Beds w/rails	11/30/2008	24,413	24,413		12	20,343	2,034	22,377	2,034	24,411	2	24,413
Ice Machine Scotsman Prodigy	12/18/2008	2,152	-			-	-	-	-	-	-	-
Ultrasound	1/20/2009	1,651	-			-	-	-	-	-	-	-
Concentrator	1/28/2009	1,006	-			-	-	-	-	-	-	-
Office Furniture	2/11/2009	1,773	-			-	-	-	-	-	-	-
5 Overbed Tables	6/4/2009	1,080	-			-	-	-	-	-	-	-
Boiler Pace Control Unit	3/17/2009	5,500	5,500		15	3,668	367	4,035	367	4,402	367	4,769
Concentrator	5/5/2009	755	-			-	-	-	-	-	-	-
5 HD TVs	7/31/2009	1,733	-			-	-	-	-	-	-	-
10 Overbed Tables	7/31/2009	2,129	-			-	-	-	-	-	-	-
4 Electric Beds w/rails	9/21/2009	4,835	4,835		12	4,030	403	4,433	402	4,835	-	4,835
<b>2009 Disposals</b>												
6 Overbed Tables	1/28/2000	(488)	(488)			(488)	-	(488)	-	(488)	-	(488)
1 Scotsman SCE Icemachine	4/14/2000	(2,014)	(2,014)			(2,014)	-	(2,014)	-	(2,014)	-	(2,014)
4 Beds, Manual Crank	3/14/1996	(2,068)	(2,068)			(2,068)	-	(2,068)	-	(2,068)	-	(2,068)
6 New Beds and siderails	10/25/1995	(3,048)	(3,048)			(3,048)	-	(3,048)	-	(3,048)	-	(3,048)
6 New Beds and siderails	11/20/1995	(3,048)	(3,048)			(3,048)	-	(3,048)	-	(3,048)	-	(3,048)
6 New Beds and siderails	1/8/1996	(3,048)	(3,048)			(3,048)	-	(3,048)	-	(3,048)	-	(3,048)
<b>2010 Acquisitions</b>												
Lawn Mower	4/30/2010	3,211	3,211	SL	3	3,211	-	3,211	-	3,211	-	3,211
TV's	5/31/2010	721	-			-	-	-	-	-	-	-
Lift Chair	6/30/2010	1,222	-			-	-	-	-	-	-	-
10 Electric Beds	7/12/2010	13,018	13,018	SL	12	9,764	1,085	10,849	1,085	11,934	1,084	13,018
Bedroom Furniture	9/30/2010	678	-			-	-	-	-	-	-	-
<b>2010 Disposals</b>												
Sears Lawntractor	5/9/2005	(1,346)	(1,346)			(1,346)	-	(1,346)	-	(1,346)	-	(1,346)
<b>2011 Acquisitions</b>												
2 Recliners	10/18/2010	2,445	2,445	SL	10	1,958	245	2,203	243	2,445	-	2,445
10 Electric Beds	10/26/2010	17,289	17,289	SL	12	11,527	1,441	14,038	1,441	15,479	1,441	16,920
Wing Chair	11/1/2010	688	688	SL	15	367	46	413	46	459	46	505
Resident furniture	11/18/2010	7,027	7,027	SL	15	3,746	468	4,214	468	4,682	468	5,150
7 Oak Dining Room Tables	12/2/2010	6,110	6,110	SL	15	3,258	407	3,665	407	4,072	407	4,479
Lounge Chair	12/3/2010	624	624	SL	15	334	42	376	42	418	42	460
Lift w/ Scale	12/9/2010	1,200	1,200	SL	10	960	120	1,080	120	1,200	-	1,200
2 Med Carts	5/20/2011	4,470	4,470	SL	10	3,576	447	4,023	447	4,470	-	4,470
3 TV's	5/20/2011	1,470	1,470	SL	5	1,470	-	1,470	-	1,470	-	1,470
Outside tent	7/11/2011	4,148	4,148	SL	10	3,319	415	3,734	414	4,148	-	4,148
11 Electric Beds	7/15/2011	15,224	15,224	SL	12	10,150	1,269	11,419	1,269	12,688	1,269	13,957
1 TV	7/22/2011	510	510	SL	5	510	-	510	-	510	-	510
2 tv's	8/5/2011	1,338	1,338	SL	5	1,338	-	1,338	-	1,338	-	1,338
3 TV's and brackets	9/30/2011	1,608	1,608	SL	5	1,608	-	1,608	-	1,608	-	1,608
Insulated Mugs/Bowls	9/30/2011	2,614	2,614	SL	10	2,090	261	2,351	261	2,612	2	2,614
Resident room furniture	9/30/2011	11,597	11,597	SL	15	6,185	773	6,958	773	7,731	773	8,504
<b>2011 Disposals</b>												
Artomich International	6/24/1985	(1,189)	(1,189)			(1,189)	-	(1,189)	-	(1,189)	-	(1,189)
Artrowick Inc Med Cabinet	9/9/1985	(2,555)	(2,555)			(2,555)	-	(2,555)	-	(2,555)	-	(2,555)
6 New Beds	7/26/1995	(2,800)	(2,800)			(2,800)	-	(2,800)	-	(2,800)	-	(2,800)
6 New Beds	8/18/1995	(2,800)	(2,800)			(2,800)	-	(2,800)	-	(2,800)	-	(2,800)
6 New Beds and siderails	9/15/1995	(3,048)	(3,048)			(3,048)	-	(3,048)	-	(3,048)	-	(3,048)
6 Beds Manual crank	1/26/1996	(3,048)	(3,048)			(3,048)	-	(3,048)	-	(3,048)	-	(3,048)
Outside tent	8/15/1996	(1,729)	(1,729)			(1,729)	-	(1,729)	-	(1,729)	-	(1,729)
Two drug carts	5/20/1999	(5,617)	(5,617)			(5,617)	-	(5,617)	-	(5,617)	-	(5,617)
2 Sunrise Medical Beds	4/13/2000	(1,300)	(1,300)			(1,300)	-	(1,300)	-	(1,300)	-	(1,300)
One Electric Bed	1/9/2001	(900)	(900)			(900)	-	(900)	-	(900)	-	(900)
Manual bed with Gate	6/12/2008	(1,520)	(1,520)			(1,520)	-	(1,520)	-	(1,520)	-	(1,520)
<b>2012 Additions</b>												
Snow Blower	11/16/2011	988	988	SL	5	988	-	988	-	988	-	988
Gas Dryer	12/15/2011	823	823	SL	5	823	-	823	-	823	-	823
5 Air Conditioners	2/29/2012	1,165	1,165	SL	5	1,165	-	1,165	-	1,165	-	1,165

Resident Room Furniture	10/1/2011	1,669	1,669	SL	15	924	111	1,035	111	1,146	111	1,257
<b>2012 Disposals</b>												
Snow Blower		(530)	(530)			(530)	-	(530)	-	(530)	-	(530)
Whirlpool Dryer		(649)	(649)			(649)	-	(649)	-	(649)	-	(649)
Air Conditioner - Fredrich		(450)	(450)			(450)	-	(450)	-	(450)	-	(450)
Air Conditioner 7500 BTU		(485)	(485)			(485)	-	(485)	-	(485)	-	(485)
Air Conditioner Two 7500 BTU		(636)	(636)			(636)	-	(636)	-	(636)	-	(636)
Air Conditioner Two 7500 BTU		(636)	(636)			(636)	-	(636)	-	(636)	-	(636)
Air Conditioner 600 BTU		(301)	(301)			(301)	-	(301)	-	(301)	-	(301)
Air Conditioner Roper		(257)	(257)			(257)	-	(257)	-	(257)	-	(257)
<b>2013 Additions</b>												
Patient Wheelchair Scale	3/26/2013	1,185	1,185	SL	10	663	119	782	119	901	119	1,020
9 Air Conditioners - Lowe's	5/26/2013	1,887	1,887	SL	5	1,887	-	1,887	-	1,887	-	1,887
5 Air Conditioners - Sears	5/31/2013	936	936	SL	5	936	-	936	-	936	-	936
Air Conditioning and Washer	6/30/2013	1,422	1,422	SL	5	1,422	-	1,422	-	1,422	-	1,422
<b>2013 Disposals</b>												
File Server Continental 486/24	9/9/1992	(4,899)	(4,899)			(4,899)	-	(4,899)	-	(4,899)	-	(4,899)
2 Workstations 386/25;2 Printers	9/9/1992	(3,998)	(3,998)			(3,998)	-	(3,998)	-	(3,998)	-	(3,998)
Pentium Computer, Two Workstations	3/22/1995	(5,400)	(5,400)			(5,400)	-	(5,400)	-	(5,400)	-	(5,400)
HP Laserjet 6P MOS Printer	6/8/1998	(843)	(843)			(843)	-	(843)	-	(843)	-	(843)
Air Conditioning Dining Room	6/23/1998	(443)	(443)			(443)	-	(443)	-	(443)	-	(443)
Whirlpool Air Conditioning Dining Room	3/5/1999	(689)	(689)			(689)	-	(689)	-	(689)	-	(689)
Laserjet 6PSE: Office	6/1/1999	(668)	(668)			(668)	-	(668)	-	(668)	-	(668)
6 Air Conditioners Whirlpool	5/15/2000	(1,909)	(1,909)			(1,909)	-	(1,909)	-	(1,909)	-	(1,909)
3 Air Conditioning Units	7/29/2004	(636)	(636)			(636)	-	(636)	-	(636)	-	(636)
<b>2014 Additions</b>												
Adjustment prior to 2007 assets		2,150	2,150	SL	N/A	2,150	-	2,150	-	2,150	-	2,150
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	2,206	441	2,647	441	3,088	441	3,529
401b Speed Queen Washer	4/24/2007	6,355	6,355	SL	10	3,179	636	3,815	636	4,451	636	5,087
Water Booster	6/30/2014	1,431	1,431	SL	5	1,430	1	1,431	-	1,431	-	1,431
Nurse Call Parts	6/30/2014	3,489	3,489	SL	5	3,489	-	3,489	-	3,489	-	3,489
Desks	7/31/2014	5,984	5,984	SL	20	1,495	299	1,794	299	2,093	299	2,392
TrMark Chairs	7/31/2014	5,759	5,759	SL	15	1,920	384	2,304	384	2,688	384	3,072
Phone System	6/30/2014	11,125	11,125	SL	10	5,564	1,113	6,677	1,113	7,790	1,113	8,903
Tables	9/30/2014	2,723	2,723	SL	10	1,361	272	1,633	272	1,905	272	2,177
Vanity Table	9/30/2014	1,481	1,481	SL	10	740	148	888	148	1,036	148	1,184
<b>2014 Disposals</b>												
Whirlpool dryer	4/24/2008	(649)	-			-	-	-	-	-	-	-

<b>2015 Additions</b>												
TV's for Rec and Dining Areas	1/31/2015	1,519	1,519	S/L	5	1,216	303	1,519	-	1,519	-	1,519
5 Overbed Tables	3/31/2015	1,058	1,058	S/L	15	284	71	355	71	426	71	497
Recliner Chairs	4/30/2015	5,432	5,432	S/L	10	2,172	543	2,715	543	3,258	543	3,801
Refrigerator/Freezer	4/30/2015	859	859	S/L	10	344	86	430	86	516	86	602
SAFE LITE Patient Lifter (6/2/14 Asset)	6/2/2014	3,047	3,047	S/L	10	1,220	305	1,525	305	1,830	305	2,135
Mitsubishi 1.5 ton Ductless A/C for Med Room	6/30/2015	4,840	4,840	S/L	5	3,872	968	4,840	-	4,840	-	4,840
6 Deluxe Hampers	9/30/2015	1,673	1,673	S/L	10	668	167	835	167	1,002	167	1,169
Metromax Kitchen Shelves	9/30/2015	1,766	1,766	S/L	20	352	88	440	88	528	88	616
<b>2015 Disposals</b>												
2 Flat Screen TVs - [e]	3/31/2008	(611)	-	S/L	-	-	-	-	-	-	-	-
2 Flat Screen TVs - [e]	4/11/2008	(785)	-	S/L	-	-	-	-	-	-	-	-
19" LCD TV - [e]	8/1/2010	(403)	-	S/L	-	-	-	-	-	-	-	-
<b>2016 Additions</b>												
2 Zenith Electric Beds	2/11/2016	2,939	2,939	S/L	12	735	245	980	245	1,225	245	1,470
10 Overbed Tables	5/16/2016	1,784	1,784	S/L	15	357	119	476	119	595	119	714
Patient Wheelchair Scale	7/6/2016	3,016	3,016	S/L	5	1,809	603	2,412	603	3,015	1	3,016
<b>2016 Disposals</b>												
Patient Wheelchair Scale	1/5/2005	(1,185)	(1,185)	S/L	10	(1,185)	-	(1,185)	-	(1,185)	-	(1,185)
<b>2017 Additions</b>												
SAFE LITE Footstep Metal Assy - ARJO	11/30/2016	1,331	1,331	SL	5	532	266	798	266	1,064	266	1,330
Merry Walker- Corp.	11/30/2016	1,012	1,012	SL	5	404	202	606	202	808	202	1,010
Merry Walker- Corp.	12/31/2016	1,012	1,012	SL	5	404	202	606	202	808	202	1,010
Optimum Chair #P-1610011637 - LPA	12/31/2016	2,131	2,131	SL	5	852	426	1,278	426	1,704	426	2,130
DYN-Ergo Scoot Chair #S-1610008387 LPA	12/31/2016	1,579	1,579	SL	5	632	316	948	316	1,264	315	1,579
Evolution Chaire #E-1610002232 LPA	12/31/2016	1,877	1,877	SL	5	750	375	1,125	375	1,500	375	1,875
Thera-Glide Chaire #W-1607010213 LPA	12/31/2016	973	973	SL	5	390	195	585	195	780	193	973
Ice Machine Prodigy - Direct Supply	12/31/2016	2,180	2,180	SL	10	436	218	654	218	872	218	1,090
Neurogym sit to stand (PT Equip Direct Sup	12/31/2016	5,765	5,765	SL	10	1,154	577	1,731	577	2,308	577	2,885
Neurogym mobility bungee (pt Equip) Dir Sup	12/31/2016	6,253	6,253	SL	10	1,250	625	1,875	625	2,500	625	3,125
Trainer, Active Passive, Kinevia Duo (Medline)	4/30/2017	7,666	7,666	SL	5	3,066	1,533	4,599	1,533	6,132	1,533	7,665
Stepper, Recumbent (Medline)	4/30/2017	5,158	5,158	SL	5	2,064	1,032	3,096	1,032	4,128	1,030	5,158
E-Stim, Genisys (Medline)	4/30/2017	2,695	2,695	SL	5	1,078	539	1,617	539	2,156	539	2,695
Cart, Vectra Genisys - (Medline)	4/30/2017	422	422	SL	5	168	84	252	84	336	84	420
Diathermy Shortwave ( Medline)	4/30/2017	7,725	7,725	SL	5	3,090	1,545	4,635	1,545	6,180	1,545	7,725
Vitastim Plus Electrotherapy (Medline)	4/30/2017	3,054	3,054	SL	5	1,222	611	1,833	611	2,444	610	3,054
<b>2017 Disposals</b>												
Ice Machine Scotsman Prodigy	12/31/2016	(2,152)	-	-	-	-	-	-	-	-	-	-
<b>2018 Additions</b>												
2 Blue Power Electric Reclining Chairs	6/30/2018	1,316	1,316	SL	5	263	263	526	263	789	263	1,052
7 Dressers, 24 Nightstands w/ Hutch, 5 Night Stands no Hu	7/24/2018	12,624	12,624	SL	10	1,262	1,262	2,524	1,262	3,786	1,262	5,048
<b>2018 Disposals</b>												
HUDSON MED.: 2 PULL ARM	6/17/1983	(155)	(155)	S/L	-	(155)	-	(155)	-	(155)	-	(155)
SOLOMON: 1 DESK #46428	6/5/1985	(339)	(339)	S/L	-	(339)	-	(339)	-	(339)	-	(339)
THE KNOTHOLE: REC. CABINET *	2/8/1985	(275)	(275)	S/L	-	(275)	-	(275)	-	(275)	-	(275)
KNOTHOLE: HUTCH *	9/17/1985	(825)	(825)	S/L	-	(825)	-	(825)	-	(825)	-	(825)
EASTERN FIRE DOOR	3/4/1986	(300)	(300)	S/L	-	(300)	-	(300)	-	(300)	-	(300)
OFFICE DESK:CK	2/29/1988	(213)	(213)	S/L	-	(213)	-	(213)	-	(213)	-	(213)
2 HICKORY DESKS#127120	2/29/1988	(386)	(386)	S/L	-	(386)	-	(386)	-	(386)	-	(386)
2 OVERBED TABLES CHROME	4/18/1989	(201)	(201)	S/L	-	(201)	-	(201)	-	(201)	-	(201)
TWO DESKS WITH 3 DRAWERS	4/18/1989	(495)	(495)	S/L	-	(495)	-	(495)	-	(495)	-	(495)
SEVEN SETS CUBICLE CURTAINS	2/28/1990	(627)	(627)	S/L	-	(627)	-	(627)	-	(627)	-	(627)
SIX SETS CUBICLE CURTAINS	6/3/1990	(553)	(553)	S/L	-	(553)	-	(553)	-	(553)	-	(553)
ONE FILING CABINET	6/19/1990	(810)	(810)	S/L	-	(810)	-	(810)	-	(810)	-	(810)
ONE COMPACT REFRIGERATOR	10/16/1990	(119)	(119)	S/L	-	(119)	-	(119)	-	(119)	-	(119)
24 SAMSONITE CHAIRS [68.75EACH]	7/29/1992	(1,650)	(1,650)	S/L	-	(1,650)	-	(1,650)	-	(1,650)	-	(1,650)
ONE DESK 55x24 BLACK: HOUSEKEEPER	7/29/1992	(421)	(421)	S/L	-	(421)	-	(421)	-	(421)	-	(421)
ONE CHAIR, BLACK: HOUSEKEEPER	7/29/1992	(161)	(161)	S/L	-	(161)	-	(161)	-	(161)	-	(161)



Kitchen Insulated Tray, Dishes	9/30/2011	(2,614)	(2,614)	SL		-	-	-	-	-	-	(2,614)
2 Med Carts	5/20/2011	(4,470)	(4,470)	SL		-	-	-	-	-	-	(4,470)
<b>Total</b>		<b>380,618</b>	<b>354,537</b>			<b>220,400</b>	<b>29,901</b>	<b>251,371</b>	<b>28,370</b>	<b>271,753</b>	<b>23,998</b>	<b>288,666</b>
<b>Computers</b>												
<b>Acquired prior</b>		30,491	30,491	SL	Var	30,491	-	30,491	-	30,491	-	30,491
<b>2009 Acquisitions</b>												
2 Office Computers	1/1/2009	2,358	-			-	-	-	-	-	-	-
Staples - Gerry's Dell	8/31/2009	530	-			-	-	-	-	-	-	-
<b>Adjustment for Prior Period</b>						12,567	-	12,567	-	12,567	-	12,567
<b>2010 Acquisitions</b>												
Computer for Althea	7/17/2010	529	-			-	-	-	-	-	-	-
<b>2010 Disposals</b>												
200 mhz Pentium Service	3/12/1998	(1,897)	(1,897)			(1,897)	-	(1,897)	-	(1,897)	-	(1,897)
200 mhz Main Boards MDS Project	3/17/1998	(4,881)	(4,881)			(4,881)	-	(4,881)	-	(4,881)	-	(4,881)
<b>2011 Acquisitions</b>												
DNS Computer	10/21/2010	1,138	1,138	SL	5	1,138	-	1,138	-	1,138	-	1,138
Acct Computer	11/17/2010	1,138	1,138	SL	5	1,138	-	1,138	-	1,138	-	1,138
<b>2011 Disposals</b>												
A D N Office Computer	12/20/2001	(1,006)	(1,006)			(1,006)	-	(1,006)	-	(1,006)	-	(1,006)
<b>2012 Additions</b>												
Jeanine PC	3/29/2012	1,143	1,143	SL	5	1,143	-	1,143	-	1,143	-	1,143
<b>2013 Additions</b>												
Server Upgrade	4/30/2013	9,837	9,837	SL	5	9,837	-	9,837	-	9,837	-	9,837
Recreation Computer	6/30/2013	1,262	1,262	SL	5	1,262	-	1,262	-	1,262	-	1,262
Social Services Laptop	8/31/2013	1,062	1,062	SL	3	1,062	-	1,062	-	1,062	-	1,062
Admissions Laptop	9/30/2013	917	917	SL	3	917	-	917	-	917	-	917
<b>2013 Disposals</b>												
New Computer: Joe's Office	2/7/2003	(1,070)	(1,070)			(1,070)	-	(1,070)	-	(1,070)	-	(1,070)
HP Laserjet Printer: Joe's Office	8/5/2002	(1,160)	(1,160)			(1,160)	-	(1,160)	-	(1,160)	-	(1,160)
1 RON Computer System: Lorene's	1/21/2003	(1,087)	(1,087)			(1,087)	-	(1,087)	-	(1,087)	-	(1,087)
File Server and Network Upgrades	10/29/2004	(9,371)	(9,371)			(9,371)	-	(9,371)	-	(9,371)	-	(9,371)
<b>2014 Additions</b>												
2 Computers Dietary	10/5/2011	1,808	1,808	SL	5	1,808	-	1,808	-	1,808	-	1,808
<b>2014 Disposals</b>												
Unidentified Variance with assets prior to 2009		(1,504)	-	SL	N/A	-	-	-	-	-	-	-
<b>2015 Additions</b>												
2 HP Pavillion 15" Refurb Laptops	10/29/2014	645	645	SL	3	645	-	645	-	645	-	645
Cisco Wireless / Sonicwall Secure Router	3/31/2015	1,227	1,227	SL	5	980	245	1,225	2	1,227	-	1,227
1 HP Pavillion 23-xt Laptop	5/23/2015	645	645	SL	3	645	-	645	-	645	-	645
2 HP Pavillion 15" Refurbished Laptops	6/20/2015	540	540	SL	3	540	-	540	-	540	-	540
<b>2016 Additions</b>												
1 Dell Optiplex 3020 Computer w/ printer	12/15/2015	910	910	SL	3	909	1	910	-	910	-	910
Weight Scale - Wall Mount Kiosk	4/16/2016	890	890	SL	3	890	-	890	-	890	-	890
HP- File Server	5/1/2016	5,736	5,736	SL	5	3,441	1,147	4,588	1,148	5,736	-	5,736
Computer - BESA	8/1/2016	1,105	1,105	SL	3	1,104	1	1,105	-	1,105	-	1,105
Computer - Julia	8/1/2016	1,045	1,045	SL	3	1,044	1	1,045	-	1,045	-	1,045
<b>2016 Disposals</b>												
Office Computer Chris	5/5/2001	(1,186)	(1,186)	SL	3	(1,186)	-	(1,186)	-	(1,186)	-	(1,186)
2 Office Computers	1/9/2001	(2,358)	(2,358)	SL	5	(2,358)	-	(2,358)	-	(2,358)	-	(2,358)
Compaq Computer for Althea-Mary B	7/11/2010	(529)	-	SL	3	-	-	-	-	-	-	-
DNS Computer	10/21/2010	(1,138)	(1,138)	SL	5	(1,138)	-	(1,138)	-	(1,138)	-	(1,138)

<b>C/R Adjustment</b>							(12,567)	-	(12,567)		(12,567)	-	(12,567)
<b>2017 Additions</b>													
Chris Computer - ( Asantino)	11/30/2016	1,938	1,938	SL	3	1,292	646	1,938	-	1,938	-	-	1,938
<b>2017 Disposals</b>													
Acct Computer	5/31/2017	(1,138)	(1,138)	SL	5	(1,138)	-	(1,138)	-	(1,138)	-	-	(1,138)
<b>2018 Additions</b>													
Admissions	4/18/2018	1,260	1,260	SL	3	420	420	840	420	1,260	-	-	1,260
MDS	9/30/2018	1,090	1,090	SL	3	363	363	726	363	1,089	1	-	1,090
<b>2018 Disposals</b>													
Computer, Annette	10/5/2011	(904)	(904)	SL	5	(904)	-	(904)	-	(904)	-	-	(904)
<b>2019 Additions</b>													
Optiplex 7050	11/1/2018	1,120	1,120	SL	3	-	342	342	373	715	373	-	1,088
Optiplex 7050 dell 24" monitor	11/1/2018	1,490	1,490	SL	3	-	455	455	497	952	497	-	1,449
OptiPlex 7050 Mini Tower	12/31/2018	1,130	1,130	SL	3	-	314	314	377	691	377	-	1,068
<b>2019 Disposals</b>													
Computer, DNS and SS	11/1/2018	(2,186)	(2,186)	SL	5	-	-	-	-	-	-	-	-
<b>2021 Additions</b>													
Besa Intel Core i17	8/31/2021	1,500	1,500	SL	3	-	-	-	-	-	42	-	42
<b>Total</b>		<b>43,069</b>	<b>41,686</b>			<b>33,874</b>	<b>3,935</b>	<b>37,809</b>	<b>3,180</b>	<b>40,989</b>	<b>1,290</b>	<b>42,279</b>	
<b>Total Computer &amp; Moveable</b>		<b>423,687</b>	<b>396,222</b>			<b>254,274</b>	<b>33,836</b>	<b>289,180</b>	<b>31,550</b>	<b>312,742</b>	<b>25,287</b>	<b>330,945</b>	
<b>Grand Total</b>		<b>3,393,387</b>	<b>3,362,184</b>			<b>2,167,474</b>	<b>108,769</b>	<b>2,277,312</b>	<b>104,449</b>	<b>2,369,745</b>	<b>94,243</b>	<b>2,442,479</b>	
<b>Assets per Trial balance</b>		<b>3,393,387</b>	<b>3,393,387</b>						<b>114,399</b>	<b>2,254,167</b>	<b>114,399</b>	<b>2,254,167</b>	
<b>Variance</b>		<b>0</b>	<b>(31,203) [b]</b>			<b>2,167,474</b>	<b>108,769</b>	<b>2,277,312</b>	<b>(9,950)</b>	<b>115,578</b>	<b>(20,156) [d]</b>	<b>188,312</b>	

Page 31, Line B9 219,515 [c]

Page 31, Line B9 (1) Rounding variance from C/R schedule due to rounding

Page 36, Line F1 20,156 [d]

[a] Amounts tie to page 23 of the cost report without exception.

[b] Variance is due to assets below the \$2,500 threshold for depreciation

[c] F/S vs C/R NBV

[d] F/S vs C/R Depreciation Expense

[e] Disposals are not part of cost to be depreciated column and will not be listed on the cost report as a disposal in order to tie to the schedule

PV Amounts tie to prior year cost report.

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		06/01/61		
2. Date Structure Completed		06/01/61		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		06/01/61		
5. Total Licensed Bed Capacity		58		
6. Square Footage		6,240		
7. Acquisition Cost				
a. Land		22,950		
b. Building		223,758		
<b>Part B - Owner and Related Parties</b>	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				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Middlebury Convalescent Home, Inc.		207047	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Middlebury Convalescent Home, In		207047		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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 64,739	64,739		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 64,739	64,739		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 4,928,231	4,928,231		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				207047	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 70,897	70,897		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (6,924)	(6,924)		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 7,339	7,339		
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	m2/3	Unallowable Advertising *	\$ 14,082	14,082		
19.	15	j	Income Tax / Corporate Business Tax	\$ 8,350	8,350		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,114	16,114		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 109,858	109,858		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank Charges (Disallowed)	\$ 50		
16	m13	Director Fees (Disallowed)	\$ 11,020		
16	m8	Chamber Dues (Disallowed)	\$ 1,301		
16	m8	Motion Picture (Disallowed)	\$ 91		
16	m13	Team Celebration Expense (Disallowed)	\$ 3,652		
<b>Total Other A&amp;G Adjustments</b>			\$ 16,114	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				207047	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 109,858	109,858		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 34,593	34,593		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 3,594	3,594		
30.	20	5h	Laboratory	\$ 747	747		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,349	4,349		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 153,141	153,141		

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

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Medicare Related Expenses (Disallowed)	\$ 2,279		
20	51	Personal Health Items (Disallowed)	\$ 2,070		
<b>Total Other Ancillary Costs</b>			\$ 4,349	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2021		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 3,118,740	3,118,740			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,042,359)	(1,042,359)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 991,734	991,734			
b. Medicare Room and Board Contractual Allowance **	\$ (336,577)	(336,577)			
4. a. Private-Pay Residents and Other	\$ 1,459,352	1,459,352			
b. Private-Pay Room and Board Contractual Allowance **	\$ (4,373)	(4,373)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 36,691	36,691			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 153	153			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 385,537	385,537			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 176,326	176,326			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 392,383	392,383			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (553,382)	(553,382)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (50,188)	(50,188)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 4,574,037	4,574,037			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 638,317	638,317			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 638,317	638,317			
<b>VI. Total All Revenue</b> (III +V)	\$ 5,212,354	5,212,354			

\* 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)
		0		
II 6a	Xray Medicare	\$ 959		
II 6a	Allowance Ancillary Med B	\$ (186,126)		
II 6a	Allowance Ancillary Med A	\$ (361,704)		
II 6a	Lab Charges Medicare A	\$ 832		
II 6a	IV Medicare	\$ (7,343)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (553,382)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
II 6b	Allowance Ancillary Man. Medi	\$ (50,091)		
II 6b	Alloance Ancillary Ins. Other	\$ (143)		
II 6b	Allowance Ancillary Medicaid	\$ (70)		
II 6b	Lab Medicaid	\$ 70		
II 6b	Lab Managed Medicaid	\$ 46		
<b>Total Other Resident Revenue</b>		<b>\$ (50,188)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
IV 8	Deferred Income Recognized	\$ 638,317		
<b>Total Other Revenue</b>		<b>\$ 638,317</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,277,034
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	390,957
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	105,714
a. Prepaid Insurance	69,444			
b. Prepaid Expenses	36,270			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,773,705
B. Fixed Assets				
1. Land			\$	20,950
2. Land Improvements	*Historical Cost	254,301	\$	88,556
	Accum. Depreciation	165,745		Net
3. Buildings	*Historical Cost	2,461,705	\$	696,237
	Accum. Depreciation	1,765,468		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	249,957	\$	69,636
	Accum. Depreciation	180,321		Net
6. Movable Equipment	*Historical Cost	396,221	\$	65,277
	Accum. Depreciation	330,944		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	219,514
F/S vs C/R		219,515		
See Schedule		(1)		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	1,160,170

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
		Rounding	\$ (1)
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ (1)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,933,875
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,933,875

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.		207047	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	115,200
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	154,316
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	203,445
Due to Resident Trust Fund		28,846	Deferred State Corp Tax	13,729	
Accrued User Fee		68,084	Accrued Expense Insuranc	45,452	
Sewer Assessment Payable		21,355	Current Liabilities Temp	35,087	
Corporate Income Taxes Payable		(9,108)	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	472,961

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				472,961
<b>Liabilities (cont'd)</b>				
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> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 472,961

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

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	137,500
3. Paid-in Surplus			\$	13,850
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,045,596
6. Gain or Loss for Period			\$	263,968
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	2,460,914
<b>C. Total Reserves and Net Worth</b>			\$	2,460,914
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,933,875

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2021	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	2,283,135
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,212,354
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,948,386
D. Net Income or Deficit			\$	263,968
E. Balance			\$	2,547,103
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27 \$4,928,231				
CR vs FC Depreciation 20,156				
Total FS Expenses \$4,948,387				
Rounding (1)				
2. Other <i>(itemize)</i>				
Prior Period Adj.				(86,189)
F-3. Total Additions			\$	(86,189)
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		
Dividends Distributed				
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,460,914



### I. Preparer's/Reviewer's Certification

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Jeanine Hammitt			203-758-2471	
Contact Email Address				
jhammitt@midconvhome.com				

## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Middlebury Convalescent Home, Inc. for the year ended September 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Middlebury Convalescent Home, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Middlebury Convalescent Home, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

***MARCUM LLP***

New Haven, CT  
January 18, 2022



Provider Name: Middlebury Convalescent Home, Inc.  
Provider Number: 7047  
Period Ended: 9/30/21

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>	N/A			
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**