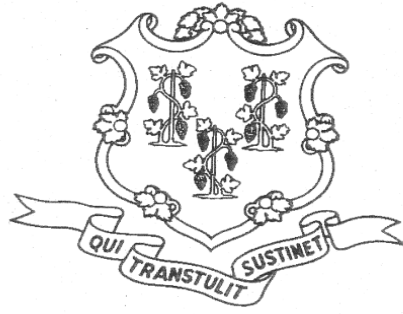


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Bloomfield Health Care Center of CT, LLC	
Address (No. & Street, City, State, Zip Code) 335 Park Ave Bloomfield, CT 06002	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 913-C	(Specify)	(Specify)	Medicare Provider 07-5138
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Medicaid Provider Numbers:	CCNH / RHNS 9134	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Bloomfield Health Care Center of Connecticut, LLC	License No. 913C	Report for Year Ended 9/30/2023	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.

THEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bloomfield Health Care Center [facility name], for the cost report period beginning 10/01/2022 and ending 09/30/2023 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.

Thereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) <i>Portia Wise Bachman</i>		Date 2/12/24	Signed (Owner) <i>[Signature]</i>		Date 2/12/24
Printed Name (Administrator) Portia Bachman			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of NY	Date 2/12/24	Signed (Notary Public) <i>Marie T. Mueller</i>	Comm. Expires 5/10/26	
Address of Notary Public 17845 Davis St Oceanside NY 11572					

(Notary Seal)
 MARIE T. MUELLER
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01MU6221801
 Qualified in Nassau County
 Commission Expires 05/10/2026

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bloomfield Health Care Center of CT, LLC	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 335 Park Ave Bloomfield, CT 06002				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/10/2024		
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-242-8595		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Bloomfield Health Care Center of CT, LLC		Address (No. & Street, City, State, Zip) 335 Park Ave Bloomfield, CT 06002		
License Numbers:	CCNH / RHNS 913-C	(Specify)	(Specify)	Medicare Provider No. 07-5138
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Portia Bachman		Nursing Home Administrator's License No.:	2050	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Bloomfield Health Care Center of CT, LLC	License No. 913-C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Bloomfield Health Care Center of CT, LLC		License No. 913-C		Report for Year Ended 9/30/2023		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Page 15 / Line 1a5	767,683	767,683
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT, OT, ST Services / Consulting	Various / Various	497,730	480,527
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Page 20 / Line 5f	7,437	7,437
Bloomfield Healthcare Realty	20 E Sunrise Hwy, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility***	Page 22 / Line 9	444,000	444,000
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	Page 16 / Line M12	4,137	4,137
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Shared Services	Page 16 / Line M12	658,870	658,870
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest on Computer Loan	Page 27 / Line 12d	2,822	2,822
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consult/Phelbotomist	Page 20 / Various	275,421	255,825
See additional Page 4a Attached	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various / Various	8,319,941	8,319,941

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Related Parties*

Name of Facility Bloomfield Health Center for Nursing & Rehab		License No. 913-C			Report for Year Ended 9/30/2023		Page 4a	of 37
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Cambridge Manor	2428 Easton Tpke, Fairfield CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Employee	Page 13 / Line B12o	2,930	2,930
Ludlow Center for Health and Rehabilitation, LLC	118 Jefferson Street, Fairfield CT, 06825	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Employee	Page 16 / Line M11	97	97
Riverside Health Care Center, Inc.	745 Main Street, East Hartford CT, 06108	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Employee	Page 16 / Line M11	355	355
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Banking Transactions	Page 16 / Line M13	12,010	12,010
PREFERRED PROFESSIONAL SERVICES	850 Silas Deane Hwy Wethersfield, CT 0610	<input type="radio"/>	<input checked="" type="radio"/>	0%	RN/LPN/Aides Agency	Page 13 / Various	600,636	600,636
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Rent / Other Expense	Page 16 / Line M12	14,915	14,915
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Rent / Other Expense	Page 16 / Line M12	1,120	1,120
Various Intercompany due to/from	Various	<input type="radio"/>	<input checked="" type="radio"/>	0%	Due to Realty / Related	Page 34 / Line B3	7,687,878	7,687,878

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ***N/A Fair rent replaces rent during rate setting

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Bloomfield Health Care Center of CT, LLC	License No. 913-C	Report for Year Ended 9/30/2023	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.				
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
Other Lines of Business

Name of Facility Bloomfield Health Care Center of CT	License No. 913-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		30,286		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility Bloomfield Health Care	License No. 913-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

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

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

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

Schedule of Resident Statistics

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	95	95			95	95						
B. As of midnight of THIS report period	110	110							110	110		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,321	2,321			2,050	2,050			271	271		
B. Medicaid (Conn.)	31,284	31,284			23,411	23,411			7,873	7,873		
C. Medicaid (other states)												
D. Private Pay	2,056	2,056			1,343	1,343			713	713		
E. State SSI for RCH												
F. Other (Specify) Managed Care	2,192	2,192			1,689	1,689			503	503		
G. Total Care Days During Period (3A thru F)	37,853	37,853			28,493	28,493			9,360	9,360		
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	8	8			8	8						
5. Total Resident Days (3G + 4A + 4B)	37,861	37,861			28,501	28,501			9,360	9,360		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C			Report for Year Ended 9/30/2023			Page 9		of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No														
If "YES", provide the following information:														
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)					
N/A														
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.														
Change in Resident Days										CCNH / RHNS	(Specify)	(Specify)		
1st change														
2nd change														
3rd change														
4th change														
6. Number of Residents and Rates on September 30 of Cost Year														
Item	Medicare		Medicaid		Self-Pay			Other State Assisted						
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR						
No. of Residents	3	94		13										
Per Diem Rate														
a. One bed rm.	Various	321.05		435.00										
b. Two bed rms.	Various	321.05		405.00										
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B										1,899	1,899			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments										1,379	1,379			
2. Restorative Treatments														
C. Other										5,049	5,049			
D. Total Physical Therapy Treatments										8,327	8,327			
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B										437	437			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments										200	200			
2. Restorative Treatments														
C. Other										563	563			
D. Total Speech Therapy Treatments										1,200	1,200			
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B										2,560	2,560			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments										1,521	1,521			
C. Other										5,916	5,916			
D. Total Occupational Therapy Treatments										9,997	9,997			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023	10	37					
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	20,914		58						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,638		2,104						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	274,838		10,888						
5. Dietary Service									
a. Head Dietitian	43,287		963						
b. Food Service Supervisor	71,046		2,454						
c. Dietary Workers	492,569		24,996						
6. Housekeeping Service									
a. Head Housekeeper	54,823		2,088						
b. Other Housekeeping Workers	330,815		17,393						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	77,018		2,112						
b. Other Maintenance Workers	70,192		4,050						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	163,949		7,478						
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	260,104		4,232						
b. RN									
1. Direct Care	466,779		10,058						
2. Administrative**	292,841		8,895						
c. LPN									
1. Direct Care	1,123,009		29,277						
2. Administrative**									
d. Aides and Attendants	1,911,927		88,319						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	108,700		4,148						
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	137,468		3,898						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	150,789	(30,158)	4,363						
<i>A-13. Total Salary Expenditures</i>	6,215,706	(30,158)	227,774						

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	-								
Admissions (Portion Relating to Marketing Disallowed)	\$ 150,789	\$ (30,158)	4,363						
Total	\$ 150,789	\$ (30,158)	4,363	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	-								
Phlebotomist	\$ 16,286	(16,286)	81						
Nursing Consultants (Shared Employee)	2,930		32						
Total	\$ 19,216	\$ (16,286)	113	\$ -	\$ -	-	\$ -	\$ -	-

**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	
Bloomfield Health Care Center of CT, LLC				913-C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher	20,914			Non Discriminatory	Supervises operations, deals with DNS & Financial Mgmt	58	A1	See Attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

	TOTAL	BEDS	Allocated Benefits	Total w/ Bnft
Augusta	44.50	72	8.64	53.14
Belair	45.25	102	12.24	57.49
Bethel	40.75	161	19.31	60.06
Bloomfield	43.50	120	14.39	57.89
Brattleboro	45.50	80	9.60	55.10
Brentwood	40.50	78	9.36	49.86
Brewer	43.50	111	13.31	56.81
Bristol	45.00	132	15.83	60.83
Cambridge	41.75	160	19.19	60.94
Catskill	40.50	136	16.31	56.81
Colony	9.75	92	11.04	20.79
Country	10.50	111	13.31	23.81
Dover	47.75	112	13.43	61.18
Eastside	45.75	69	8.28	54.03
Eliot	11.00	114	13.67	24.67
Glen Falls	45.75	120	14.39	60.14
Hebrew Home	61.50	257	30.83	92.33
Huntington	44.50	320	38.38	82.88
Kennebunk	48.50	78	9.36	57.86
Ludlowe	47.50	144	17.27	64.77
Maple View	47.75	120	14.39	62.14
Marlborough	48.50	120	14.39	62.89
Maywood	0.00	120	14.39	14.39
Milford	46.25	120	14.39	60.64
Newton Wellseley	13.75	110	13.19	26.94
Norway	48.25	70	8.40	56.65
Poughkeepsie	51.50	200	23.99	75.49
Regency	45.50	130	15.59	61.09
Reservoir	49.75	144	17.27	67.02
Riverside	47.25	345	41.38	88.63
Rutland	51.25	125	14.99	66.24
Sachem	10.75	111	13.31	24.06
Sands Point	27.50	180	21.59	49.09
Utica	48.50	117	14.03	62.53
Village Crest	46.50	95	11.40	57.90
Water's Edge	47.25	150	17.99	65.24
Westgate	37.75	104	12.48	50.23
Winship	47.00	72	8.64	55.64
Vacation	408.00			
Sick	120.00			
Personal	32.00			
Holiday	40.00			
Total	2118.25	5,002	600	2,118.25

**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	
Bloomfield Health Care Center of CT, LLC				913-C	9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Portia Bachman	164,638			Non Discriminatory	Administrator	2,104	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of					
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023	13	37					
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	9,244		480						
3. Pharmacist	12,594		209						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	197,521		2,877						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	43,200		166						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**	21,675	(21,675)	14						
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	58,917		732						
b. Other									
10. Occupational Therapist									
a. Resident Care	242,800	(242,800)	5,081						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	324,558		4,569						
2. Administrative***									
b. LPN									
1. Direct Care	193,871		3,528						
2. Administrative***									
c. Aides	344,389		9,794						
d. Other									
12. Other (Specify) See Attached Schedule	19,216	(16,286)	113						
B-13 Total Fees Paid in Lieu of Salaries	1,467,985	(280,761)	27,563						

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

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

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

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

Name of Facility Bloomfield Health Care Center of CT, LLC		License No. 913-C		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / Phlebotomist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Thearpy-809 Main St., E.Hartford,CT, 06108	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Starling Physicians PC 2110 SILAS DEANE HIGHWAY ROCKY HILL CT 06067	Medical Director / Resident Care (Physician Fees)	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX/SWALLOWING DIAGNOSTICS 21 WATERVILLE RD AVON CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MASSTEX IMAGING LLC 3 ELECTRONICS AVE DANVERS,MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109	RNs / LPNs/ CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
INTELYCARE INC PO BOX 200413 PITTSBURGH PA 15262	RNs / LPNs/ CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
CONA ELDER LAW PLLC	LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Five Star Care, 713 Suffolk Ave, Brentwood, NY 11717	LPNs/ CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
CAMBRIDGE MANOR	Nursing Consultants (Shared Employee)	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 200,819	200,819						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 48,556	48,916	(360)					
4. Social Security (F.I.C.A.)	\$ 461,033	464,450	(3,417)					
5. Health Insurance	\$ 762,059	767,708	(5,649)					
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 396,705	396,705						
8. Uniform Allowance	\$ 33,564	33,564						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 33,674	33,674						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	156,780	(156,780)					
d. Accounting and Auditing	\$ 28,685	28,685						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 22,770	55,360	(32,590)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 38,389	38,389						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 26,561	26,561						
2. Cellular Phones	\$ 794	794						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 703,539	703,539						
Subtotal	\$ 2,757,148	2,955,944	(198,796)					

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Union Training and Upgrading-Bloom-Emp Benefit	\$ 30,590					
Background Check-Bloomfield-Administration	3,084					
Total	\$ 33,674	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Bloomfield Health Care Center of C	License No. 913-C	Report for Year Ended 9/30/2023	Page 15b	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 Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Year End Audit / Preparation of Medicaid / Medicare Cost Reports	\$ 28,685
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 28,685

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 2 Rogin Nassau 3 Jackson Lewis 4 Berchem Moses P.C. 5 Various - See Attached	Telephone Number 860-240-6000 860-256-6300 914-872-8060 203-783-1200 Various
---	---

Address (*No. & Street, City, State, Zip Code*)
 1 280 Trumbull St, 12th Floor Hartford, CT 06103
 2 185 Asylum Street, Hartford, CT 06103
 3 44 South Broadway 14th floor, White Plains, NY 10601
 4 75 Broad St Milford, CT 06460
 5 Various

Services Provided by This Firm (*describe fully*)

1 Telephone Conference regarding resident incident	\$ 1,883
2 Telephone Conference	\$ 135
3 Arbitration Case	\$ 20,459
4 Telephone Conference	\$ 292
5 Various - See Attached (\$32,590 Disallowed)	\$ 32,591
	Charge for Services Provided
	\$ 55,360

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

General Information and Questionnaire
Accounting Basis

Name of Facility Bloomfield Health Care Center of CT, L	License No. 913-C	Report for Year Ended 9/30/2023	Page 15c	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone Number		
1	American Arbitration Association	972-702-8222		
2	Goldman Gruder & Wood	203-899-8900		
3	Various Conservators	Var		
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	13727 Noel Road, Suite 700, Dallas, TX 75240			
2	200 Connecticut Ave Norwalk, CT 06854			
3	Various			
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Administrative fee regarding termination (Disallowed)	\$	325	
2	Collections (Disallowed)	\$	31,061	
3	Conservatorship Fees (Disallowed)	\$	1,205	
4		\$		
5		\$		
			Charge for Services Provided	
			\$	32,591
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 Line 1e				

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bloomfield Health Care Center of CT, LLC		913-C	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:			2,757,148	2,955,944	(198,796)			
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$	11,830	(11,830)					
4. Employee Travel	\$ 2,665	3,074	(409)					
5. Education Expenses Related to Seminars and Conventions	\$ 2,609	2,609						
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$ 1,200	1,200						
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	41,661	(41,661)					
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	\$ 3,708	3,708						
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 8,539	8,539						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 2,127	2,127						
10. Contributions*** See Attached Schedule	\$	200	(200)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 119,457	119,457						
12. Administrative Management Services**	\$ 300,411	679,045	(378,634)					
13. Other (Specify) See Attached Schedule	\$ 18,602	56,720	(38,118)					
C-14 Total Administrative & General Expenditures	\$ 3,216,466	3,886,114	(669,648)					

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Marketing Supplies	\$ 6,880	\$ (6,880)				
Promotional Advertising	34,781	(34,781)				
Total Other Advertising	\$ 41,661	\$ (41,661)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
CAHCF Dues	\$ 8,539					
Total Dues	\$ 8,539	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Donations-Bloomfield-Administration	\$ 200	\$ (200)				
Total Contributions	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Computer License Fee-Bloomfield-Administration	\$ 55					
Licenses and Permits-Bloomfield-Administration	4,346					
Penalties-Bloomfield-Administration	15,640	\$ (15,640)				
Bank Charges-Bloomfield-Administration	19,439					
Misc. Expense-Bloom-Administration - -	515	(515)				
Prior Period Expense-Bloomfield-Administration	16,725	(16,725)				
Rebates / Refunds Revenue		(5,134)				
Medical Record Revenue		(104)				
Total Other Administrative and General	\$ 56,720	\$ (38,118)	\$ -	\$ -	\$ -	\$ -

**Bloomfield Health Center for Nursing & Rehab
 Calculation of Allowable Management Fee
 September 30, 2023**

<u>Description</u>	<u>Amount</u>	
Management fees Charged	679,045	Page 16, Line m12
Accounting Charges	28,685	Page 15, Line 1d
Total Management Fees Per Agreement	707,730	
Patient Days	37,861	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	39,420	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 17.95	
PPD Allowance Per Client 9/30/22	7.92	
2023 CPI Increase %	1.0541	J.01b
PPD Allowance 9/30/2023	8.35	
Amount over (Under)	\$ 9.6051	
Total Days	39,420	
Disallowed Management Fee	\$ 378,634	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023	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 #	
National Healthcare Associates, Inc.	679,045	Management Fees	Page 16, Line M11/M12	

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 356,334	356,334					
2. Non-Food Supplies	\$						
3. Other (Specify) _____	\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 6,695	6,695					
c. Other (Specify) _____ Other Dietary Supplies / Equipment Rental	\$ 29,398	29,398					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 392,427	392,427					
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No					
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.		
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.		
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility Bloomfield Health Care Center of CT, LLC		License No. 913-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,197	4,197				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Other Laundry Supplies & COVID Supplies / Diapers		\$	51,625	51,625				
3D. Total Laundry Expenditures (3a + b + c)		\$	55,822	55,822				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bloomfield Health Care Center of CT, LLC		913-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel						
a.	In-House Care	Amt.	\$ 34,284	34,284				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)							
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt.	\$					
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	34,284	34,284				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$		240,364	(240,364)			
	2. Purchased from	\$						
	b. Medicine Cabinet Drugs	\$	12,320	12,320				
	c. Medical and Therapeutic Supplies	\$	114,728	135,839	(21,111)			
	d. Ambulance/Limousine***	\$		1,544	(1,544)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		4,909	(4,909)			
	f. X-rays and Related Radiological Procedures***	\$		7,527	(7,527)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		15,720	(15,720)			
	i. Recreation	\$	12,360	12,360				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	7,200	17,596	(10,396)			
	m. Other (Specify)**** See Attached Schedule	\$	31,618	81,999	(50,381)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	178,226	530,178	(351,952)			

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 ** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.
 *** Facility should self-disallow the expense in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2023

Pg. 20b

Total Cable TV Expense	17,596	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	<u>\$ 7,200</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	<u>100.00%</u>	
Revised Allowable Cost	\$ 7,200	
Disallowed Expense	<u><u>\$ 10,396</u></u>	{a}

Tickmark

{a}

Ties to page 20

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

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C		Report for Year Ended 9/30/2023				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)	(Specify)	Pg	Line
ADM Environmental Group	Avenue, Brooklyn, Ny 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waster Service/ Monthly Recycling Service	30,526			22	6f
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	12,619			16	m11
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance System	41,368			16	m11
EMCORE SERVICES	30 Lindeman Drive Trumbull, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	22,908			22	6f
The Office Works	45 Corporate Ave., Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Copier/Printer	10,233			16	m11
XTREME LANDSCAPING	40 Stark Drive East Granby, CT 06026	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping/ Snow Removal	15,294			22	6f
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time & Attendance	13,560			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<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
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$							
b. Heat	\$ 66,833	66,833						
c. Light & Power	\$ 123,448	123,448						
d. Water	\$ 36,801	36,801						
e. Equipment Lease (Provide detail on page 22b)	\$ 50,338	50,338						
f. Other (itemize) See Attached Schedule	\$ 145,507	145,507						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 422,927	422,927						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 247,095	247,095						
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 57,112	58,306	(1,194)					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 304,207	305,401	(1,194)					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 74,569	74,569						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 74,569	74,569						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 444,000	444,000						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 91,892	91,892						
c. Personal property taxes	\$ 15,106	15,106						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 929,774	930,968	(1,194)					

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

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
Bloomfield Health Care Center of CT, LLC			913-C	9/30/2023			22b	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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	Ongoing	1,545		1,545
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	42,247		42,247
Pitney Bowes, 2225 American Drive, Neenah, WI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	04/30/13	Ongoing	2,050		2,050
The Office Works Inc, P.O. Box 5066, Hartford, CT 06102-5066	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/22	39 Months	4,496		4,496
	<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"/>						
							Total ***	50,338

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* 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.

Depreciation Schedule

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C		Report for Year Ended 9/30/2023			Page 23	of 37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	5,657,365		5,657,365	5,208,247	S/L	Various	247,095					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal								247,095				
C. Non-Movable Equipment												
1. Acquired prior to this report period	36,366		36,366	36,366	S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period				Var	Var	747,670		747,670	S/L	Various	53,318	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative				Var	Var	52,129		52,129	S/L	Various	4,516	
d. Standard Resident				Var	Var	4,091		4,091	S/L	Various	472	
e. Specialized Resident												
Total Acquired during this report period						56,220		56,220			4,988	
D-3. Subtotal												58,306
E. Total Depreciation												305,401

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/14/2022	HP Chromebook	Administrative	\$ 2,061	3	\$ 687
11/1/2022	Mobile Plate & Dish Dispenser	Administrative	\$ 5,720	10	524
12/14/2022	Install Motor Impeller	Administrative	\$ 9,115	10	759
12/27/2022	SLATE-Touchless & Thermal Clock	Standard Resident	\$ 2,515	5	419
1/12/2023	UNIMAC Washer/Dryer	Administrative	\$ 25,780	10	1,934
2/16/2023	Dell Latitude Laptop	Administrative	\$ 1,201	5	160
3/14/2023	Blower Motor/Harn Motor/	Administrative	\$ 1,824	10	106
3/23/2023	Nobles Vacuum	Administrative	\$ 1,108	8	81
6/8/2023	Reach-In Freezer	Administrative	\$ 3,060	10	102
6/8/2023	Patient lift scale	Standard Resident	\$ 1,576	10	53
6/30/2023	Dell Latitude Laptop	Administrative	\$ 1,198	3	133
9/26/2023	Dell OptiPlex Desktop	Administrative	\$ 1,062	3	30
Total additions for Movable Equipment			\$ 56,220		\$ 4,988 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/31/2022	Replace 3 Exhaust Fans	\$ 8,355	10	\$ 835
1/25/2023	Hot water pump replacement	3,476	15	174
1/26/2023	Washer and dryer Installation	7,442	10	558
2/14/2023	LVT Tile Cherry	2,397	10	160
2/21/2023	Replace mechanical pump	1,973	3	439
2/28/2023	Kitchen HVAC Replacement	34,260	15	1,523
4/1/2023	Boiler Repair/Parts-Updated	4,324	10	216
5/1/2023	Boiler/Sensor/Ignitor	3,319	10	138
7/31/2023	Kitchen HVAC Replacement #2	79,939	15	1,332
8/10/2023	Concrete Sidewalks	26,595	15	296
8/11/2023	Asphalt Parking lot	130,900	8	2,727
8/15/2023	Asphalt Curbing	17,975	8	375
8/17/2023	Lay out/Stripe Pavement	1,950	2	163
8/22/2023	Asphalt/Stop Sign	8,200	8	171
8/23/2023	Backfill-1110 L/F	3,400	10	57
9/26/2023	Replace PK 8	10,721	10	89
10/24/2022	Cyber Routers/Battery backup	\$ 37,785	5	7,557
Total additions for Leasehold Improvement		\$ 383,011		\$ 16,808 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	1,023,258	699,881	S/L	Variou	57,761	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	383,011		S/L	Variou	16,808	
C-4. Subtotal									74,569
D. Total Amortization									74,569

* 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.

**Bloomfield Health Center for Nursing & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022 Deprec.	2022 A/D	2023 Deprec.	2023 A/D	NBV
LEASEHOLD IMPROVEMENTS										
LI	Prior Period Acquisitions (Per 9/30/19 CR)	Various	S/L	Various	865,552	40,486	661,695	39,326	701,021	164,531
2019 Additions										
LI	Roofing Replacements	10/15/2018	S/L	10	4,632	463	1,852	463	2,315	2,317
LI	HVAC - Installed new assemblie	1/31/2019	S/L	15	5,028	335	1,340	335	1,675	3,353
LI	HVAC-Changed actuator	1/31/2019	S/L	15	4,349	290	1,160	290	1,450	2,899
LI	HVAC-Ceiling Fan Heater Repair	2/28/2019	S/L	15	8,073	538	2,152	538	2,690	5,383
LI	HVAC-Ceiling Fan Heater Repair	2/28/2019	S/L	15	8,073	538	2,152	538	2,690	5,383
LI	Roofing Replacements	3/31/2019	S/L	10	2,251	225	900	225	1,125	1,126
LI	Roofing Replacements	6/1/2019	S/L	10	2,375	238	952	238	1,190	1,185
LI	Power Supply on Fire Alarm	9/29/2019	S/L	10	3,880	388	1,552	388	1,940	1,940
LI	New Flex Control Panel & Float	9/30/2019	S/L	15	6,522	435	1,740	435	2,175	4,347
2020 Additions										
LI	LCN door closer	12/1/2019	S/L	10	1,519	152	431	152	583	936
LI	XCU1 Compressor Replacement	7/9/2020	S/L	15	12,462	831	1,870	831	2,701	9,761
LI	Replace thermal expansio Valve	8/19/2020	S/L	10	2,972	297	644	297	941	2,031
LI	Replace exhaust fan motors	8/31/2020	S/L	10	2,017	202	438	202	640	1,377
LI	Replace Jenco Ex Fan#16	8/31/2020	S/L	10	2,547	255	552	255	807	1,740
LI	Installed new sealite-HVAC	9/30/2020	S/L	5	1,740	348	725	348	1,073	667
2021 Additions										
LI	PK5 Replacement	11/30/2020	S/L	5	18,335	3,667	7,028	3,667	10,695	7,639
LI	Replace Evaporator Coil	11/30/2020	S/L	10	14,803	1,480	2,837	1,480	4,317	10,486
LI	HVAC various improvements	11/30/2020	S/L	10	7,110	711	1,363	711	2,074	5,036
LI	New Trane 2 ton package AC Sys	12/18/2020	S/L	10	9,199	920	1,687	920	2,607	6,593
LI	Replace combustion mortar	12/31/2020	S/L	5	1,192	238	437	238	675	517
LI	Plumbing & HWH piping parts	3/31/2021	S/L	10	1,681	168	266	168	434	1,247
LI	New Main Sign	5/1/2021	S/L	10	4,322	432	612	432	1,044	3,277
LI	PK 9 Replacement Project	8/31/2021	S/L	10	12,730	1,273	1,485	1,273	2,758	9,972
2022 Additions										
LI	Backflow replacement hot water	10/16/2021	S/L	3	3,015	1,005	1,005	1,005	2,010	1,005
LI	Installed the new relief valve	10/18/2021	S/L	3	1,413	471	471	471	942	471
LI	Replace motor (Jenco Ex. Fan18	10/18/2021	S/L	3	1,487	496	496	496	992	495
LI	Installed Backflows for Ice Ma	11/30/2021	S/L	3	3,917	1,306	1,306	1,306	2,612	1,305
LI	Rpl Domestic Water Piping	2/8/2022	S/L	15	8,207	547	547	547	1,094	7,113
LI	Commerical Vinyl Tile	7/1/2022	S/L	10	1,857	186	186	186	372	1,485
2023 Additions										
LI	Replace 3 Exhaust Fans	10/31/2022	S/L	10	8,355	-	-	835	835	7,520
LI	Hot water pump replacement	1/25/2023	S/L	15	3,476	-	-	174	174	3,302
LI	Washer and dryer Installation	1/26/2023	S/L	10	7,442	-	-	558	558	6,884
LI	LVT Tile Cherry	2/14/2023	S/L	10	2,397	-	-	160	160	2,237
LI	Replace mechanical pump	2/21/2023	S/L	3	1,973	-	-	439	439	1,534
LI	Kitchen HVAC Replacement	2/28/2023	S/L	15	34,260	-	-	1,523	1,523	32,737
LI	Boiler Repair/Parts-Updated	4/1/2023	S/L	10	4,324	-	-	216	216	4,108
LI	Boiler/Sensor/Ignitor	5/1/2023	S/L	10	3,319	-	-	138	138	3,181
LI	Kitchen HVAC Replacement #2	7/31/2023	S/L	15	79,939	-	-	1,332	1,332	78,607
LI	Concrete Sidewalks	8/10/2023	S/L	15	26,595	-	-	296	296	26,300
LI	Asphalt Parking lot	8/11/2023	S/L	8	130,900	-	-	2,727	2,727	128,173
LI	Asphalt Curbing	8/15/2023	S/L	8	17,975	-	-	375	375	17,601
LI	Lay out/Stripe Pavement	8/17/2023	S/L	2	1,950	-	-	163	163	1,788
LI	Asphalt/Stop Sign	8/22/2023	S/L	8	8,200	-	-	171	171	8,029
LI	Backfill-1110 L/F	8/23/2023	S/L	10	3,400	-	-	57	57	3,343
LI	Replace PK 8	9/26/2023	S/L	10	10,721	-	-	89	89	10,632
LI	Cyber Routers/Battery backup	10/24/2022	S/L	5	37,785	-	-	7,557	7,557	30,228
TOTAL LEASEHOLD IMPROVEMENTS					1,406,269	58,921	699,881	74,569	774,450	631,819
Building Improvements										
Bldng Imp	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	5,657,365	247,095	5,208,247	247,095	5,455,342	202,023
TOTAL Building Improvements					5,657,365	247,095	5,208,247	247,095	5,455,342	202,023
NON-MOVABLE EQUIPMENT										
NME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	36,366	-	36,366	-	36,366	-
TOTAL NON-MOVABLE EQUIPMENT					36,366	-	36,366	-	36,366	-
MOVABLE EQUIPMENT										
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	558,520	36,076	390,165	19,685	409,851	148,669
2019 Additions										
MME	Table Base & Top	11/30/2018	S/L	10	1,097	110	440	110	550	547
MME	Dining Armchair	11/30/2018	S/L	10	5,005	501	2,004	501	2,505	2,500
MME	Video Entry System	11/30/2018	S/L	5	2,270	454	1,816	454	2,270	(0)
MME	HP260 G3 Desktop Mini PC	1/31/2019	S/L	3	776	-	776	-	776	(1)
MME	Install Aiphone Intercom Syste	2/28/2019	S/L	10	5,929	593	2,372	593	2,965	2,964
MME	HP 260 G3 Desktop Mini PC	2/28/2019	S/L	3	561	-	561	-	561	(0)
MME	HP 260 G3 Desktop Mini PC	2/28/2019	S/L	3	776	-	776	-	776	(1)
MME	LATI 7490 Laptop	2/28/2019	S/L	3	1,422	-	1,422	-	1,422	(0)
MME	Chair, Table & Couch	5/21/2019	S/L	10	9,893	-	1,978	-	1,978	7,915
MME	2 x MCQUAY PTAC installation	8/31/2019	S/L	5	9,974	1,995	7,980	1,994	9,974	(1)
2020 Additions										
MME	Relief Max Mattress x 1	10/1/2019	S/L	5	1,010	202	606	202	808	202
MME	Monitor Vital spot Oxi Temp	11/5/2019	S/L	6	2,034	339	989	339	1,328	706
MME	Reduce Max Mattress	12/1/2019	S/L	5	718	144	408	144	552	166
MME	Wheelchair & Elev. Legrests	12/1/2019	S/L	5	727	145	411	145	556	171
MME	Latitude 5400 I5 Laptop	2/29/2020	S/L	3	1,229	410	1,093	136	1,229	(0)

**Bloomfield Health Center for Nursing & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022	2022	2023	2023	NBV
						Deprec.	A/D	Deprec.	A/D	
MME	Victory Electro Hand Sprayer	4/17/2020	S/L	10	1,072	107	268	107	375	697
MME	KIT BP/THERM/OXM SPTVTL	4/22/2020	S/L	10	5,172	517	1,293	517	1,810	3,363
MME	3 Parameter Temp Pulse Oximete	4/30/2020	S/L	7	3,416	488	1,220	488	1,708	1,708
MME	PVC MINI Isolation Station	4/30/2020	S/L	10	1,212	121	303	121	424	789
MME	Smart Buy Elitedesk Desktop	4/30/2020	S/L	3	968	323	807	161	968	0
MME	5 Liter Oxygen Concentrator	4/30/2020	S/L	3	609	203	508	101	609	0
MME	Steamer, Convection, Boileless	5/20/2020	S/L	10	6,240	624	1,508	624	2,132	4,108
MME	COVID- 32 Class 720P HD LEDTV"	5/31/2020	S/L	5	606	121	293	121	414	193
MME	Mattress-Panacea Support Foam	7/21/2020	S/L	5	519	104	234	104	338	181
MME	IT Equipments	8/11/2020	S/L	5	1,560	312	676	312	988	572
MME	Laundry Parts-Control & Carton	9/30/2020	S/L	5	1,876	375	781	375	1,156	720
MME	Mattress	9/30/2020	S/L	5	936	187	390	187	577	359
2021 Additions										
MME	P3500S ID Coor Printer Identif	2/1/2021	S/L	5	1,617	323	539	323	862	756
MME	16CH Turbo HD DVR & 2MP Camera	3/12/2021	S/L	5	2,783	557	882	557	1,439	1,344
MME	Dell 3000 Series Laptop	4/12/2021	S/L	3	1,206	402	603	402	1,005	201
MME	Dell 24 Optiplex 7000 Series"	4/13/2021	S/L	3	5,121	1,707	2,560	1,707	4,267	853
MME	Dell Optiplex Desktop	5/21/2021	S/L	3	1,114	371	526	371	897	218
MME	Dell Optiplex Desktop	5/25/2021	S/L	3	1,127	376	533	376	909	219
MME	Wheelchair Scale	6/23/2021	S/L	5	1,328	266	355	266	621	708
MME	Patient Monitors w/NIBP x 3	6/23/2021	S/L	7	6,300	900	1,200	900	2,100	4,200
MME	ELOView Control Managed Device	6/28/2021	S/L	3	2,986	995	1,327	995	2,322	665
MME	Portable Air Conditioner Heavy	7/7/2021	S/L	10	5,480	548	685	548	1,233	4,247
MME	Dell Laptop	7/8/2021	S/L	3	1,457	486	607	486	1,093	364
MME	Dell Laptop	7/9/2021	S/L	3	1,430	477	596	477	1,073	357
MME	MX95 Security License	7/9/2021	S/L	3	8,083	2,694	3,368	2,694	6,062	2,022
MME	Monitor and Software License	7/16/2021	S/L	3	4,307	1,436	1,795	1,436	3,231	1,076
MME	Dell Desktop	7/19/2021	S/L	3	1,240	413	516	413	929	310
MME	Emergency Crash Cart	7/26/2021	S/L	10	2,508	251	314	251	565	1,943
MME	Pellet Ice Maker	8/31/2021	S/L	10	6,062	606	707	606	1,313	4,749
MME	Dell Desktop	8/31/2021	S/L	3	1,259	420	490	420	910	349
MME	Air cooled condensing unit	9/30/2021	S/L	15	16,103	1,074	1,163	1,074	2,237	13,866
2021 Disposals										
MME	Disposal of Chair, Table & Couch				(9,893)	-	(1,978)	-	(1,978)	(7,915)
2022 Additions										
MME	Dell Latitude Laptops x 1	10/8/2021	S/L	3	1,592	531	531	531	1,062	530
MME	ViewBladder 10 Kit Scanner	10/15/2021	S/L	5	4,324	865	865	865	1,730	2,594
MME	Dell Latitude Laptop x 1	10/22/2021	S/L	5	1,106	221	221	221	442	664
MME	24 Dell Optiplex 5000 Series"	11/1/2021	S/L	3	9,937	3,312	3,312	3,312	6,624	3,313
MME	Power Eagle 1020 Extractor	11/8/2021	S/L	5	3,575	715	715	715	1,430	2,145
MME	Dell Latitude Laptops x 1	12/20/2021	S/L	3	1,469	490	490	490	980	489
MME	Dell Laptops x 1	2/28/2022	S/L	3	1,190	397	397	397	794	396
MME	Dell Latitude laptop	3/1/2022	S/L	3	1,190	397	397	397	794	396
MME	PTAC A/C system	3/23/2022	S/L	15	7,179	479	479	479	958	6,221
MME	Dell Latitude Laptop & Monitor	4/8/2022	S/L	3	1,732	577	577	577	1,154	578
MME	Dell Latitude Laptop & Monitor	4/26/2022	S/L	3	1,416	472	472	472	944	472
MME	Movin Cool Unit (A/C)	6/3/2022	S/L	10	7,960	796	796	796	1,592	6,368
MME	Reach in Refrigerator	6/29/2022	S/L	10	6,313	631	631	631	1,262	5,051
MME	35 Electric Bed in Cherry"	7/8/2022	S/L	12	2,550	213	213	213	426	2,124
MME	Floor Burnisher High Speed	9/14/2022	S/L	5	1,418	284	284	284	568	850
MME	Patient Power Lift	9/21/2022	S/L	10	1,284	128	128	128	256	1,028
MME	35 BRNWOOD BDEND/patient bed"	9/27/2022	S/L	10	3,896	390	390	390	780	3,116
MME	Dell Laptop & LG Monitor	9/29/2022	S/L	3	1,792	597	597	597	1,194	598
2023 Additions										
MME	HP Chromebook	10/14/2022	S/L	3	2,061	-	-	687	687	1,374
MME	Mobile Plate & Dish Dispenser	11/1/2022	S/L	10	5,720	-	-	524	524	5,196
MME	Install Motor Impeller	12/14/2022	S/L	10	9,115	-	-	759	759	8,355
MME	SLATE-Touchless&Thermal Clock	12/27/2022	S/L	5	2,515	-	-	419	419	2,096
MME	UNIMAC Washer/Dryer	1/12/2023	S/L	10	25,780	-	-	1,934	1,934	23,847
MME	Dell Latitude Laptop	2/16/2023	S/L	5	1,201	-	-	160	160	1,041
MME	Blower Motor/Harm Motor/	3/14/2023	S/L	10	1,824	-	-	106	106	1,718
MME	Nobles Vacuum	3/23/2023	S/L	8	1,108	-	-	81	81	1,027
MME	Reach-In Freezer	6/8/2023	S/L	10	3,060	-	-	102	102	2,958
MME	Patient lift scale	6/8/2023	S/L	10	1,576	-	-	53	53	1,524
MME	Dell Latitude Laptop	6/30/2023	S/L	3	1,198	-	-	133	133	1,065
MME	Dell OptiPlex Desktop	9/26/2023	S/L	3	1,062	-	-	30	30	1,032
TOTAL MOVABLE EQUIPMENT					803,890	70,248	450,358	58,306	508,664	295,226
TOTAL ASSETS PER CR SCHEDULE					7,903,889	376,264	6,394,852	379,970	6,774,822	1,129,067
TOTAL ASSETS PER TRIAL BALANCE					2,246,524	132,875	1,320,524	132,875	926,000	926,000
LESS REALTY ASSETS					(5,657,365)	(247,095)	(5,208,247)	(247,095)	(5,455,342)	(202,023)
ROUNDING										
VARIANCE					0	129,169	1,186,605	-	(1,044)	1,044
TOTAL REALTY ASSETS PER SCHEDULE					5,657,365					
TOTAL REALTY ASSETS PER REALTY TB					7,189,076					
HISTORICAL VARIANCE ROLLED FORWARD**					1,531,711					

F/S vs C/R NBV - Page 31, Line B9
F/S vs C/R Depreciation - Page 36, Line F1

(1,044)
(247,095)

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

Name of Facility Bloomfield Health Care Center of CT,	License No. 913-C	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		07/01/02		
c. Interest Rate for the Cost Year		733.00%		
d. Term of Mortgage (number of years)		15		
e. Amount of Principal Borrowed		8,226,480		
f. Principal balance outstanding as of 9/30/2023		1,302,183		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bloomfield Health Care Center of CT,		913-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Bloomfield Health Care Center of C		913-C	9/30/2023				27	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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) Admin / computer Loan Interest			\$ 14,767	14,767					
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 14,767	14,767					
14. Insurance									
a. Insurance on Property (buildings only)			\$ 20,454	20,454					
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$						
2. Fire and Extended Coverage			\$						
3. Other (Specify) Liability / Crime Insurance			\$ 86,380	86,380					
14d. Total Insurance Expenditures (14a + b + c)			\$ 106,834	106,834					
15. Total All Expenditures (A-13 thru C-14)			\$ 12,724,299	14,058,012	(1,333,713)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bloomfield Health Care Center of CT, LL 913-C		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,011,820	12,011,820			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,596,582)	(2,596,582)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 942,555	942,555			
b. Medicare Room and Board Contractual Allowance **	\$ (738,297)	(738,297)			
4. a. Private-Pay Residents and Other	\$ 2,380,095	2,380,095			
b. Private-Pay Room and Board Contractual Allowance **	\$ (283,438)	(283,438)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 178,316	178,316			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (194,671)	(194,671)			
c. Prescription Drugs - Non-Medicare	\$ 263,350	263,350			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (270,340)	(270,340)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 451,789	451,789			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (193,987)	(193,987)			
c. Physical Therapy - Non-Medicare	\$ 384,958	384,958			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (331,656)	(331,656)			
4. a. Speech Therapy - Medicare	\$ 185,258	185,258			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (55,504)	(55,504)			
c. Speech Therapy - Non-Medicare	\$ 127,873	127,873			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (102,545)	(102,545)			
5. a. Occupational Therapy - Medicare	\$ 496,912	496,912			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (245,728)	(245,728)			
c. Occupational Therapy - Non-Medicare	\$ 469,526	469,526			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (415,296)	(415,296)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 974,406	974,406			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 524,480	524,480			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,963,294	13,963,294			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2,936	2,936			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 5,238	5,238			
V. Total Other Revenue (1 thru 8)	\$ 8,174	8,174			
VI. Total All Revenue (III+V)	\$ 13,971,468	13,971,468			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II 6a	Medicare A NTA Contra-Bloomfield	\$ 320,383		
30 II 6a	Medicare A Nsng Comp Contra-Bloomfield	613,227		
30 II 6a	Medicare Pt A IV Therapy-Bloomfield	18,684		
30 II 6a	Medicare Pt A Lab-Bloomfield	12,098		
30 II 6a	Medicare Pt A X-Bloomfield	7,434		
30 II 6a	Medicare Pt A Settlement-Bloomfield	3,641		
30 II 6a	Medicare Pt B Prior Period-Bloomfield	(1,061)		
Total Other Resident Revenue - Medicare		\$ 974,406	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II 6b	Medicaid Lab-Bloomfield	\$ (46)		
30 II 6b	Medicaid C/A Prior Period-Bloomfield	642		
30 II 6b	Comm Ins Lab-Bloomfield	740		
30 II 6b	Mgd Medicare NTA Contra-Bloomfield	59,472		
30 II 6b	Mgd Medicare Nsng Comp Contra-Bloomfield	85,689		
30 II 6b	Mgd Medicare IV Therapy-Bloomfield	11,834		
30 II 6b	Mgd Medicare Lab-Bloomfield	9,619		
30 II 6b	Mgd Medicare X-Bloomfield	8,803		
30 II 6b	Mgd Medicare Prior Period-Bloomfield	(7,003)		
30 II 6b	Patient Revenue Capitation -Bloomfield	354,730		
Total Other Resident Revenue		\$ 524,480	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			-		
30 IV 5	Interest on Money Market Account	288,441	\$ 2,915		
30 IV 5	Interest on NGS Payments	N/A	21		
Total Interest Income			\$ 2,936	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 IV 8	Rebates / Refunds (Disallowed on Pg 16a)	\$ 5,134		
30 IV 8	Medical Record Revenue (Disallowed on Pg 16a)	104		
Total Other Revenue		\$ 5,238	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, L	913-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	548,102
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,542,452
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	43,741
5. Prepaid Expenses			\$	148,948
a. _____				
b. _____				
c. _____				
d. See Schedule		148,948		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,283,243
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,406,269</u>		\$	631,819
	Accum. Depreciation <u>774,450</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>36,366</u>		\$	
	Accum. Depreciation <u>36,366</u>	Net		
6. Movable Equipment	*Historical Cost <u>803,890</u>		\$	295,226
	Accum. Depreciation <u>508,664</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(1,045)
F/S vs C/R NBV		(1,044)		
See Schedule		(1)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	926,000

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp-Bloomfield	\$ 15,156
31	A5	Prepaid Gen. Ins-Bloomfield	\$ 21,338
31	A5	Prepaid Expense Other-Bloomfield	\$ 11,132
31	A5	Prepaid Real Estate Taxes-Bloomfield	\$ 70,655
31	A5	Prepaid Personal Property Taxes-Bloomfield	\$ 11,399
31	A5	Prepaid Mgmt Assets-Bloomfield	\$ 19,268
Total Prepaid Expenses			\$ 148,948

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

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

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (1)
Total Other Other Fixed Assets (Itemize)			\$ (1)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Due For Cr Crd Colct-Bloomfield	\$ 113
33	A12	Loans and Exchange-Bloomfield	(1,174)
33	A12	Unclaimed ADP checks-Bloomfield	7,263
33	A12	Due to HMS-Bloomfield	48,973
33	A12	Patients Fund-Bloomfield	43,846
33	A12	Accrued Expenses-Bloomfield	259,143
33	A12	Accrued Pension-Bloomfield	312,769
33	A12	Accrued Worker's Comp-Bloomfield	81,774
Total Other Current Liabilities (Itemize)			\$ 752,707

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, L	913-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	3,209,243
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,657,365		
	Accum. Depreciation	5,455,342	Net	\$ 202,023
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	202,023
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	9,130,678		
	Accum. Depreciation	207,424	Net	\$ 8,923,254
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	1,975
Name and Address		Amount	Loan Date	
Due from Related		1,975		
7. Other Assets (<i>itemize</i>)			\$	11,500
Security Deposits-Bloomfield		11,500		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	8,936,729
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	12,347,995

* 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
Bloomfield Health Care Center of CT, LLC		913-C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	766,126
2. Notes Payable (<i>itemize</i>)				\$	73,983
Notes/Loans Payable S/T-Bloomfield					73,983
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	25,686
Name of Lender		Purpose	Amount	Date Due	
		Equipment Obligation	25,686		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	368,412
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>)				\$	222,418
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	752,707
See Schedule					752,707
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,209,332

* 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 Bloomfield Health Care Center of CT, LLC	License No. 913-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,209,332	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
			\$	11,968
Name of Lender	Purpose	Amount	Date Due	
	Equipment Obligation LT	11,968		
2. Mortgages Payable			\$	8,700,836
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	7,687,878
Name and Address of Lender	Amount	Loan Date		
Due to Realty / Related	7,687,878			
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	221,719
Notes/Loans Payable L/T-Bloomfield		210,092		
Due to Aging in Amer-Bloomfield		11,627		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	16,622,401
C. Total All Liabilities (Lines A-13 + B-5)			\$	18,831,733

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, I	913-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	202,023
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			\$	202,023
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(6,846,312)
6. Gain or Loss for Period			\$	160,551
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(6,685,761)
C. Total Reserves and Net Worth			\$	(6,483,738)
D. Total Liabilities, Reserves, and Net Worth			\$	12,347,995

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, LI	913-C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(6,967,173)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,971,468
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,810,917
D. Net Income or Deficit			\$	160,551
E. Balance			\$	(6,806,622)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses Per Page 27			\$14,058,012	
F/S vs C/R Depreciation			(247,095)	
Total Expenses Per FS			\$13,810,917	
2. Other <i>(itemize)</i>				
Prior Period Adjustments			120,861	
F-3. Total Additions			\$	120,861
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(6,685,761)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Bloomfield Health Care Center of CT, LLC	License No. 913-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report 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 <i>Matthew S Bavolack</i>	Title Principal	Date Signed 02/14/2024		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Benjamin Goodman		Phone Number 516-705-4842		
Contact Email Address bgoodman@nathealthcare.com				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Bloomfield Health Care Center for Nursing and Rehabilitation for the year ended September 30, 2023, 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 Bloomfield Health Care Center for Nursing and Rehabilitation. 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 Bloomfield Health Care Center for Nursing and Rehabilitation 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
February 14, 2024

Annual Report of Long-Term Care Facility Cost Year 2023 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name Bloomfield Health Care Center of CT, LLC

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

- Yes No
 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

- Yes No
 2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

- Yes No
 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

- Yes No
 4. Do equipment leases listed on Page 22b agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 15b agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses?

Explanation: _____

Yes No

22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor?

Explanation: _____

Client: **National Health Care Associates, Inc. (CT)**
 Engagement: **Medicaid - Bloomfield Health Center for Nursing & Rehab**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
101005-0101-00-000-0	Cash Operating-Bloomfield	208,955.00			208,955.00	158,656.00
103200-0101-00-000-0	Cash - Payroll 2-Bloomfield	8,060.00			8,060.00	9,175.00
104010-0101-00-000-0	Cash - Savings 1-Bloomfield	284,441.00			284,441.00	440,401.00
105000-0101-00-000-0	Cash - Savings Patients-Bloomfield	43,846.00			43,846.00	79,156.00
106000-0101-00-000-0	Petty Cash-Bloomfield	1,000.00			1,000.00	1,000.00
106100-0101-00-000-0	Petty Cash - Resident Funds-Bloomfield	1,800.00			1,800.00	1,800.00
107000-0101-00-000-0	Resident Refunds-Bloomfield	0.00			0.00	(870.00)
110000-0101-00-000-0	Accounts Receivable-Bloomfield	126,819.00			126,819.00	165,291.00
111000-0101-00-000-0	A/R Private-Bloomfield	188,174.00			188,174.00	228,272.00
111200-0101-00-000-0	A/R Comm Ins-Bloomfield	32,567.00			32,567.00	26,451.00
111300-0101-00-000-0	AR Hospice-Bloomfield	91,229.00			91,229.00	91,973.00
111400-0101-00-000-0	A/R Mgd Medicare-Bloomfield	74,146.00			74,146.00	51,598.00
112000-0101-00-000-0	A/R Medicare Pt A-Bloomfield	70,876.00			70,876.00	94,916.00
112500-0101-00-000-0	A/R Medicare Pt B-Bloomfield	11,067.00			11,067.00	4,123.00
113000-0101-00-000-0	A/R Medicaid-Bloomfield	1,061,548.00			1,061,548.00	648,917.00
113100-0101-00-000-0	A/R Mgd Medicaid-Bloomfield	0.00			0.00	(263.00)
114000-0101-00-000-0	A/R Patient Ptipcation-Bloomfield	165,306.00			165,306.00	143,807.00
116100-0101-00-000-0	Medicare Colns Bad Debt-Bloomfield	3,641.00			3,641.00	0.00
116200-0101-00-000-0	Allowance for Doubtful Accounts-Bloomfield	(282,921.00)			(282,921.00)	(251,934.00)
119000-0101-00-000-0	Due For Cr Crd Colct-Bloomfield	(113.00)			(113.00)	395.00
121400-0101-00-000-0	Prepaid Workers Comp-Bloomfield	15,156.00			15,156.00	15,494.00
122200-0101-00-000-0	Prepaid Gen. Ins-Bloomfield	21,338.00			21,338.00	24,943.00
129000-0101-00-000-0	Prepaid Expense Other-Bloomfield	11,132.00			11,132.00	23,864.00
129100-0101-00-000-0	Prepaid Real Estate Taxes-Bloomfield	70,655.00			70,655.00	23,967.00
129110-0101-00-000-0	Prepaid Personal Property Taxes-Bloomfield	11,399.00			11,399.00	10,408.00
129300-0101-00-000-0	Prepaid Mgmt Assets-Bloomfield	19,268.00			19,268.00	13,654.00
129900-0101-00-000-0	CT PET Deferred Tax-Bloomfield	176,190.00			176,190.00	157,984.00
130000-0101-00-000-0	Inventory-Bloomfield	43,741.00			43,741.00	40,118.00
141600-0101-00-000-0	Due from Related-Bloomfield	1,975.00			1,975.00	0.00
141900-0101-00-000-0	CT PET Tax Receivable-Bloomfield	(176,190.00)			(176,190.00)	(157,984.00)
145000-0101-00-000-0	Security Deposits-Bloomfield	11,500.00			11,500.00	11,500.00
154000-0101-00-000-0	Lease hold Improvements-Bloomfield	1,427,190.00			1,464,975.00	1,081,964.00
				37,785.00		
156000-0101-00-000-0	Major Movable Equip-Bloomfield	819,334.00		(37,785.00)	781,549.00	725,329.00
			RJE - 5	(37,785.00)		
			RJE - 5	(37,785.00)		
159000-0101-00-000-0	Mortgage Acq Costs Expansion-Bloomfield	9,130,678.00			9,130,678.00	0.00
164000-0101-00-000-0	Accum Depr LHI-Bloomfield	(803,260.00)			(803,260.00)	(736,248.00)
166000-0101-00-000-0	Accum Depr MME-Bloomfield	(517,264.00)			(517,264.00)	(451,401.00)
166590-0101-00-000-0	Acc Amort Mort Acq Cost-Bloomfield	(207,424.00)			(207,424.00)	0.00
210000-0101-00-000-0	Accounts Payable-Bloomfield	(766,126.00)			(766,126.00)	(436,976.00)
211004-0101-00-000-0	Notes Payable ST4-Bloomfield	0.00			0.00	(2,258.00)
211006-0101-00-000-0	Notes/Loans Payable S/T-Bloomfield	(73,983.00)			(73,983.00)	(73,983.00)
211106-0101-00-000-0	Notes/Loans Payable L/T-Bloomfield	(210,092.00)			(210,092.00)	(284,075.00)
211200-0101-00-000-0	Mortgage Payable ST-Bloomfield	(222,418.00)			(222,418.00)	0.00
211300-0101-00-000-0	Mortgage Payable LT-Bloomfield	(8,700,836.00)			(8,700,836.00)	0.00
211400-0101-00-000-0	Equipment Obligation ST-Bloomfield	(25,686.00)			(25,686.00)	(24,341.00)
211411-0101-00-000-0	Equipment Obligation LT 1-Bloomfield	(11,968.00)			(11,968.00)	(37,653.00)
220000-0101-00-000-0	Loans and Exchange-Bloomfield	1,174.00			1,174.00	0.00
220200-0101-00-000-0	Unclaimed ADP checks-Bloomfield	(7,263.00)			(7,263.00)	(7,448.00)
221400-0101-00-000-0	Due to Realty-Bloomfield	(2,057,791.00)			(2,057,791.00)	(2,073,209.00)
221800-0101-00-000-0	Due to HMS-Bloomfield	(48,973.00)			(48,973.00)	(81,103.00)
226200-0101-00-000-0	Patients Fund-Bloomfield	(43,846.00)			(43,846.00)	(79,156.00)
229100-0101-00-000-0	Loans Payable Related Pty-Bloomfield	(1,687,165.00)			(1,687,165.00)	(1,597,165.00)
250000-0101-00-000-0	Accrued Expenses-Bloomfield	(259,143.00)			(259,143.00)	(218,366.00)
250020-0101-00-000-0	Accrued Pension-Bloomfield	(312,769.00)			(312,769.00)	(137,242.00)
250030-0101-00-000-0	Accrued Worker's Comp-Bloomfield	(81,774.00)			(81,774.00)	(63,168.00)
250100-0101-00-000-0	Accrued Payroll-Bloomfield	(368,412.00)			(368,412.00)	(329,433.00)
271000-0101-00-000-0	Due to Aging in Amer-Bloomfield	(11,627.00)			(11,627.00)	0.00
271500-0101-00-000-0	Due to Related-Bloomfield	(3,794,047.00)			(3,794,047.00)	(4,168,053.00)
275000-0101-00-000-0	National Loan-Bloomfield	(148,875.00)			(148,875.00)	0.00
280000-0101-00-000-0	Capital-Bloomfield	1,473,538.00			1,473,538.00	1,473,538.00
286000-0101-00-000-0	Ptner Drawings-Bloomfield	(260,000.00)			(260,000.00)	0.00
295000-0101-00-000-0	Retained Earnings-Bloomfield	5,632,774.00			5,632,774.00	4,947,863.00
303100-0101-00-000-0	Hospice Revenue-Bloomfield	(667,910.00)			(667,910.00)	(571,350.00)
303700-0101-00-000-0	Hospice C/A-Bloomfield	151,484.00			151,484.00	142,180.00
304100-0101-00-000-0	Hospice Pharmacy-Bloomfield	(1,615.00)			(1,615.00)	(976.00)
304105-0101-00-000-0	Hospice Pharmacy Contra-Bloomfield	1,615.00			1,615.00	976.00
304400-0101-00-000-0	Hospice ST-Bloomfield	(182.00)			(182.00)	(187.00)
304405-0101-00-000-0	Hospice ST Contra-Bloomfield	91.00			91.00	187.00
304800-0101-00-000-0	Hospice OT-Bloomfield	0.00			0.00	(106.00)
304805-0101-00-000-0	Hospice OT Contra-Bloomfield	0.00			0.00	106.00
311000-0101-00-000-0	Medicaid Room & Board-Bloomfield	(12,011,820.00)			(12,011,820.00)	(10,987,140.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
311005-0101-00-000-0	Medicaid Room & Board Contra-Bloomfield	2,596,628.00			2,596,628.00	2,808,261.00
313005-0101-00-000-0	Medicaid Contra Other-Bloomfield	(46.00)			(46.00)	6,289.00
314100-0101-00-000-0	Medicaid Pharmacy-Bloomfield	(72,072.00)			(72,072.00)	(38,369.00)
314105-0101-00-000-0	Medicaid Pharmacy Contra-Bloomfield	72,072.00			72,072.00	39,125.00
314300-0101-00-000-0	Medicaid PT-Bloomfield	(97,792.00)			(97,792.00)	(64,930.00)
314305-0101-00-000-0	Medicaid PT Contra-Bloomfield	97,792.00			97,792.00	64,930.00
314400-0101-00-000-0	Medicaid ST-Bloomfield	(22,633.00)			(22,633.00)	(30,370.00)
314405-0101-00-000-0	Medicaid ST Contra-Bloomfield	22,633.00			22,633.00	30,370.00
314500-0101-00-000-0	Medicaid IV Therapy-Bloomfield	0.00			0.00	(756.00)
314600-0101-00-000-0	Medicaid Lab-Bloomfield	46.00			46.00	(6,255.00)
314800-0101-00-000-0	Medicaid OT-Bloomfield	(114,486.00)			(114,486.00)	(81,380.00)
314805-0101-00-000-0	Medicaid OT Contra-Bloomfield	114,486.00			114,486.00	81,380.00
315000-0101-00-000-0	Medicaid X-Bloomfield	0.00			0.00	(34.00)
318000-0101-00-000-0	Medicaid C/A Prior Period-Bloomfield	(642.00)			(642.00)	136,620.00
321000-0101-00-000-0	Medicare Pt A Room & Board-Bloomfield	(942,555.00)			(942,555.00)	(754,326.00)
321005-0101-00-000-0	Medicare Pt A R and B Contra-Bloomfield	687,749.00			687,749.00	553,421.00
321006-0101-00-000-0	Medicare A PT Contra-Bloomfield	(234,801.00)			(234,801.00)	(184,091.00)
321007-0101-00-000-0	Medicare A OT Contra-Bloomfield	(220,540.00)			(220,540.00)	(172,413.00)
321008-0101-00-000-0	Medicare A ST Contra-Bloomfield	(122,407.00)			(122,407.00)	(86,137.00)
321009-0101-00-000-0	Medicare A NTA Contra-Bloomfield	(320,383.00)			(320,383.00)	(264,150.00)
321010-0101-00-000-0	Medicare A Nsng Comp Contra-Bloomfield	(613,227.00)			(613,227.00)	(424,315.00)
323005-0101-00-000-0	Medicare Pt A Contra Other-Bloomfield	19,532.00			19,532.00	24,704.00
324100-0101-00-000-0	Medicare Pt A Pharmacy-Bloomfield	(175,988.00)			(175,988.00)	(142,512.00)
324105-0101-00-000-0	Medicare Pt A Pharmacy Contra-Bloomfield	194,671.00			194,671.00	210,685.00
324200-0101-00-000-0	MCR Pt A Chargeable Med Supp-Bloomfield	0.00			0.00	(2,629.00)
324205-0101-00-000-0	MCR Pt A Charge Med Supp Contra-Bloomfield	0.00			0.00	2,629.00
324300-0101-00-000-0	Medicare Pt A PT-Bloomfield	(156,963.00)			(156,963.00)	(102,524.00)
324305-0101-00-000-0	Medicare Pt A PT Contra-Bloomfield	156,963.00			156,963.00	102,524.00
324400-0101-00-000-0	Medicare Pt A ST-Bloomfield	(48,122.00)			(48,122.00)	(25,862.00)
324405-0101-00-000-0	Medicare Pt A ST Contra-Bloomfield	48,122.00			48,122.00	25,862.00
324500-0101-00-000-0	Medicare Pt A IV Therapy-Bloomfield	(18,684.00)			(18,684.00)	(68,173.00)
324600-0101-00-000-0	Medicare Pt A Lab-Bloomfield	(12,098.00)			(12,098.00)	(13,859.00)
324800-0101-00-000-0	Medicare Pt A OT-Bloomfield	(199,112.00)			(199,112.00)	(125,407.00)
324805-0101-00-000-0	Medicare Pt A OT Contra-Bloomfield	199,112.00			199,112.00	125,407.00
325000-0101-00-000-0	Medicare Pt A X-Bloomfield	(7,434.00)			(7,434.00)	(10,845.00)
328000-0101-00-000-0	Medicare Pt A Sequestration-Bloomfield	31,016.00			31,016.00	8,987.00
329000-0101-00-000-0	Medicare Pt A Settlement-Bloomfield	(3,641.00)			(3,641.00)	0.00
334300-0101-00-000-0	Medicare Pt B PT-Bloomfield	(60,025.00)			(60,025.00)	(58,551.00)
334305-0101-00-000-0	Medicare Pt B PT Contra-Bloomfield	37,024.00			37,024.00	23,636.00
334400-0101-00-000-0	Medicare Pt B ST-Bloomfield	(14,729.00)			(14,729.00)	(7,356.00)
334405-0101-00-000-0	Medicare Pt B ST Contra-Bloomfield	7,382.00			7,382.00	1,953.00
334800-0101-00-000-0	Medicare Pt B OT-Bloomfield	(77,260.00)			(77,260.00)	(45,679.00)
334805-0101-00-000-0	Medicare Pt B OT Contra-Bloomfield	46,616.00			46,616.00	12,173.00
335700-0101-00-000-0	Medicare Pt B Flu/Pneumonia-Bloomfield	(2,328.00)			(2,328.00)	(1,378.00)
337305-0101-00-000-0	Mgd Medicare Pt B PT Contra-Bloomfield	56.00			56.00	(322.00)
338000-0101-00-000-0	Medicare Pt B Prior Period-Bloomfield	1,061.00			1,061.00	355.00
341000-0101-00-000-0	Private Room & Board-Bloomfield	(825,925.00)			(825,925.00)	(900,680.00)
341005-0101-00-000-0	Private Room & Board Contra-Bloomfield	40,722.00			40,722.00	32,665.00
344100-0101-00-000-0	Private Pharmacy-Bloomfield	(1,366.00)			(1,366.00)	(18.00)
344105-0101-00-000-0	Private Pharmacy Contra-Bloomfield	752.00			752.00	0.00
344300-0101-00-000-0	Private PT-Bloomfield	(4,949.00)			(4,949.00)	0.00
344600-0101-00-000-0	Private Lab-Bloomfield	0.00			0.00	(171.00)
344800-0101-00-000-0	Private OT-Bloomfield	(821.00)			(821.00)	0.00
351000-0101-00-000-0	Comm Ins Room & Board-Bloomfield	(36,935.00)			(36,935.00)	(31,435.00)
351005-0101-00-000-0	Comm Ins Room & Board Contra-Bloomfield	(15,140.00)			(15,140.00)	(4,308.00)
353005-0101-00-000-0	Comm Ins Contra Other-Bloomfield	737.00			737.00	3,426.00
354100-0101-00-000-0	Comm Ins Pharmacy-Bloomfield	(8,996.00)			(8,996.00)	(8,396.00)
354105-0101-00-000-0	Comm Ins Pharmacy Contra-Bloomfield	8,996.00			8,996.00	8,396.00
354300-0101-00-000-0	Comm Ins PT-Bloomfield	(10,000.00)			(10,000.00)	(4,959.00)
354305-0101-00-000-0	Comm Ins PT Contra-Bloomfield	10,000.00			10,000.00	4,959.00
354400-0101-00-000-0	Comm Ins ST-Bloomfield	(514.00)			(514.00)	(750.00)
354405-0101-00-000-0	Comm Ins ST Contra-Bloomfield	514.00			514.00	750.00
354600-0101-00-000-0	Comm Ins Lab-Bloomfield	(740.00)			(740.00)	(1,196.00)
354800-0101-00-000-0	Comm Ins OT-Bloomfield	(10,243.00)			(10,243.00)	(5,608.00)
354805-0101-00-000-0	Comm Ins OT Contra-Bloomfield	10,243.00			10,243.00	5,608.00
355000-0101-00-000-0	Comm Ins X-Bloomfield	0.00			0.00	(2,230.00)
371000-0101-00-000-0	Mgd Medicare Room and Board-Bloomfield	(849,325.00)			(849,325.00)	(703,625.00)
371005-0101-00-000-0	Mgd Medicare Room & Board Contra-Bloomfield	87,476.00			87,476.00	16,471.00
371006-0101-00-000-0	Mgd Medicare PT Contra-Bloomfield	(39,703.00)			(39,703.00)	(14,326.00)
371007-0101-00-000-0	Mgd Medicare OT Contra-Bloomfield	(37,113.00)			(37,113.00)	(13,513.00)
371008-0101-00-000-0	Mgd Medicare ST Contra-Bloomfield	(18,615.00)			(18,615.00)	(4,967.00)
371009-0101-00-000-0	Mgd Medicare NTA Contra-Bloomfield	(59,472.00)			(59,472.00)	(15,418.00)
371010-0101-00-000-0	Mgd Medicare Nsng Comp Contra-Bloomfield	(85,689.00)			(85,689.00)	(24,878.00)
373005-0101-00-000-0	Mgd Medicare Contra Other-Bloomfield	18,422.00			18,422.00	23,684.00
374100-0101-00-000-0	Mgd Medicare Pharmacy-Bloomfield	(175,918.00)			(175,918.00)	(139,006.00)
374105-0101-00-000-0	Mgd Medicare Pharmacy Contra-Bloomfield	186,905.00			186,905.00	144,933.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
374200-0101-00-000-0	Mgd Medicare Chargeable Medical Supplies-Bloomfiel	0.00			0.00	(3,407.00)
374205-0101-00-000-0	Mgd Medicare Chargeable Med Supp Contra-Bloomfield	0.00			0.00	3,407.00
374300-0101-00-000-0	Mgd Medicare PT-Bloomfield	(191,999.00)			(191,999.00)	(115,954.00)
374305-0101-00-000-0	Mgd Medicare PT Contra-Bloomfield	192,335.00			192,335.00	116,084.00
374400-0101-00-000-0	Mgd Medicare ST-Bloomfield	(36,098.00)			(36,098.00)	(43,441.00)
374405-0101-00-000-0	Mgd Medicare ST Contra-Bloomfield	36,096.00			36,096.00	43,441.00
374500-0101-00-000-0	Mgd Medicare IV Therapy-Bloomfield	(11,834.00)			(11,834.00)	(5,927.00)
374600-0101-00-000-0	Mgd Medicare Lab-Bloomfield	(9,619.00)			(9,619.00)	(9,479.00)
374800-0101-00-000-0	Mgd Medicare OT-Bloomfield	(221,228.00)			(221,228.00)	(132,913.00)
374805-0101-00-000-0	Mgd Medicare OT Contra-Bloomfield	221,228.00			221,228.00	132,913.00
374900-0101-00-000-0	Mgd Medicare Specialty Beds-Bloomfield	0.00			0.00	(5,321.00)
375000-0101-00-000-0	Mgd Medicare X-Bloomfield	(8,803.00)			(8,803.00)	(8,884.00)
375700-0101-00-000-0	Mgd Medicare Flu/Pneumonia-Bloomfield	(3,383.00)			(3,383.00)	(1,703.00)
378000-0101-00-000-0	Mgd Medicare Prior Period-Bloomfield	7,003.00			7,003.00	780.00
378100-0101-00-000-0	Medicare Mgd Care Pt B PT-Bloomfield	(80,218.00)			(80,218.00)	(55,756.00)
378105-0101-00-000-0	Medicare Mgd Pt B PT Contra-Bloomfield	71,176.00			71,176.00	40,386.00
378120-0101-00-000-0	Medicare Mgd Care Pt B ST-Bloomfield	(68,446.00)			(68,446.00)	(38,899.00)
378125-0101-00-000-0	Medicare Mgd Pt B STContra-Bloomfield	61,826.00			61,826.00	29,396.00
378130-0101-00-000-0	Medicare Mgd Care Pt B OT-Bloomfield	(122,748.00)			(122,748.00)	(68,279.00)
378135-0101-00-000-0	Medicare Mgd Pt B OT Contra-Bloomfield	106,452.00			106,452.00	49,117.00
381000-0101-00-000-0	Mgd Medicaid Room & Board-Bloomfield	(263.00)			(263.00)	(370.00)
389010-0101-00-000-0	Patient Revenue Capitation -Bloomfield	(354,730.00)			(354,730.00)	(222,815.00)
391100-0101-00-000-0	Interest Income-Bloomfield	(2,936.00)			(2,936.00)	(383.00)
391500-0101-00-000-0	Misc. Other Income-Bloomfield	(5,134.00)			(5,134.00)	(268,643.00)
391510-0101-00-000-0	Misc. Meals-Bloomfield	0.00			0.00	(3,588.00)
391600-0101-00-000-0	Transcription Income-Bloomfield	(104.00)			(104.00)	(99.00)
400000-0101-01-072-0	Salary-Bloom-Operator-Operator-	400.00			400.00	5,200.00
400000-0101-01-073-0	Salary-Bloom-Operator-Owner-	20,514.00			20,514.00	571.00
400000-0101-03-007-0	Salary-Bloom-Administration-Administrative Asst-	93,116.00			93,116.00	85,190.00
400000-0101-03-009-0	Salary-Bloom-Administration-Administrator-	164,638.00			164,638.00	154,720.00
400000-0101-04-007-0	Salary-Bloom-Fiscal Operations-Administrative As-	57,742.00			57,742.00	70,443.00
400000-0101-05-065-0	Salary-Bloom-Medical Records-Medical Records-	53,756.00			53,756.00	22,427.00
400000-0101-06-038-0	Salary-Bloom-Social service-Dir-	24,007.00			24,007.00	112,437.00
400000-0101-06-096-0	Salary-Bloom-Social service-Social Worker-	117,046.00			117,046.00	24,986.00
400000-0101-07-038-0	Salary-Bloom-Rec Therapy-Dir-	67,026.00			67,026.00	77,175.00
400000-0101-07-086-0	Salary-Bloom-Rec Therapy-Rec Therapist-	40,296.00			40,296.00	22,444.00
400000-0101-08-058-0	Salary-Bloom-Maintenance-Maintenance Worker-	72,969.00			72,969.00	72,562.00
400000-0101-08-101-0	Salary-Bloom-Maintenance-Supervisor-	77,486.00			77,486.00	71,322.00
400000-0101-09-048-0	Salary-Bloom-Housekeeping-Housekeeper-	330,935.00			330,935.00	269,073.00
400000-0101-09-101-0	Salary-Bloom-Housekeeping-Supervisor-	55,074.00			55,074.00	52,211.00
400000-0101-10-051-0	Salary-Bloom-Laundry-Laundry Aide-	165,888.00			165,888.00	142,521.00
400000-0101-11-011-0	Salary-Bloom-Admissions-Admissions Coordinator-	68,506.00			68,506.00	94,667.00
400000-0101-11-038-0	Salary-Bloom-Admissions-Dir-	78,032.00			78,032.00	24,474.00
400000-0101-13-013-0	Salary-Bloom-Dietary-Aide-	338,646.00			338,646.00	344,276.00
400000-0101-13-031-0	Salary-Bloom-Dietary-Cook-	148,347.00			148,347.00	101,863.00
400000-0101-13-035-0	Salary-Bloom-Dietary-Dietician-	42,648.00			42,648.00	40,515.00
400000-0101-13-101-0	Salary-Bloom-Dietary-Supervisor-	79,350.00			79,350.00	63,821.00
400000-0101-14-012-0	Salary-Bloom-Nursing Admin-ADNS-	121,406.00			121,406.00	118,560.00
400000-0101-14-028-0	Salary-Bloom-Nursing Admin-Clerical-	91,292.00			91,292.00	67,847.00
400000-0101-14-044-0	Salary-Bloom-Nursing Admin-DNS-	149,431.00			149,431.00	148,445.00
400000-0101-15-021-0	Salary-Bloom-Nursing-CNA-	1,909,207.00			1,909,207.00	1,555,342.00
400000-0101-15-052-0	Salary-Bloom-Nursing-LPN-	1,112,774.00			1,112,774.00	1,019,674.00
400000-0101-15-092-0	Salary-Bloom-Nursing-RN-	677,208.00			476,512.00	505,833.00
			RJE - 1	(200,696.00)	(200,696.00)	
400000-0101-21-040-0	Salary-Bloom-Human Resources-Dir of Human Resour-	72,185.00			72,185.00	67,423.00
400050-0101-03-007-0	Salary - PTO-Bloom-Administration-Administrative-	762.00			762.00	354.00
400050-0101-04-007-0	Salary - PTO-Bloom-Fiscal Operations-Administrat-	(2,990.00)			(2,990.00)	764.00
400050-0101-05-065-0	Salary - PTO-Bloom-Medical Records-Medical Recor-	(403.00)			(403.00)	465.00
400050-0101-06-038-0	Salary - PTO-Bloom-Social service-Dir-	(3,761.00)			(3,761.00)	2,876.00
400050-0101-06-096-0	Salary - PTO-Bloom-Social service-Social Worker-	176.00			176.00	626.00
400050-0101-07-038-0	Salary - PTO-Bloom-Rec Therapy-Dir-	(194.00)			(194.00)	10,874.00
400050-0101-07-086-0	Salary - PTO-Bloom-Rec Therapy-Rec Therapist-	1,572.00			1,572.00	(7,484.00)
400050-0101-08-058-0	Salary - PTO-Bloom-Maintenance-Maintenance Worke-	(2,777.00)			(2,777.00)	1,955.00
400050-0101-08-101-0	Salary - PTO-Bloom-Maintenance-Supervisor-	(468.00)			(468.00)	1,850.00
400050-0101-09-048-0	Salary - PTO-Bloom-Housekeeping-Housekeeper-	(120.00)			(120.00)	414.00
400050-0101-09-101-0	Salary - PTO-Bloom-Housekeeping-Supervisor-	(251.00)			(251.00)	(105.00)
400050-0101-10-051-0	Salary - PTO-Bloom-Laundry-Laundry Aide-	(1,939.00)			(1,939.00)	2,926.00
400050-0101-11-038-0	Salary - PTO-Bloom-Admissions-Dir-	4,251.00			4,251.00	1,825.00
400050-0101-13-013-0	Salary - PTO-Bloom-Dietary-Aide-	(8,265.00)			(8,265.00)	(3,175.00)
400050-0101-13-031-0	Salary - PTO-Bloom-Dietary-Cook-	13,841.00			13,841.00	887.00
400050-0101-13-035-0	Salary - PTO-Bloom-Dietary-Dietician-	639.00			639.00	206.00
400050-0101-13-101-0	Salary - PTO-Bloom-Dietary-Supervisor-	(8,304.00)			(8,304.00)	3,947.00
400050-0101-14-012-0	Salary - PTO-Bloom-Nursing Admin-ADNS-	(5,385.00)			(5,385.00)	11,620.00
400050-0101-14-028-0	Salary - PTO-Bloom-Nursing Admin-Clerical-	853.00			853.00	635.00
400050-0101-14-044-0	Salary - PTO-Bloom-Nursing Admin-DNS-	(5,348.00)			(5,348.00)	3,695.00
400050-0101-15-021-0	Salary - PTO-Bloom-Nursing-CNA-	2,720.00			2,720.00	(1,791.00)

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
400050-0101-15-052-0	Salary - PTO-Bloom-Nursing-LPN-	10,235.00			10,235.00	(21,959.00)
400050-0101-15-092-0	Salary - PTO-Bloom-Nursing-RN-	(9,733.00)			(9,733.00)	5,245.00
400050-0101-21-040-0	Salary - PTO-Bloom-Human Resources-Dir of Human -	670.00			670.00	(627.00)
401000-0101-29-000-0	FICA-Bloom-Emp Benefits- -	464,450.00			464,450.00	407,843.00
401100-0101-29-000-0	FUI-Bloom-Emp Benefits- -	10,070.00			10,070.00	6,336.00
401200-0101-29-000-0	SUI-Bloom-Emp Benefits- -	38,846.00			38,846.00	50,187.00
401300-0101-29-000-0	Health Ins-Bloom-Emp Benefits- -	767,708.00			767,708.00	500,134.00
401400-0101-29-000-0	Workers Compensation-Bloom-Emp Benefits- -	200,819.00			200,819.00	204,883.00
401450-0101-29-000-0	Workers Comp Retro Exp-Bloom-Emp Benefits- -	0.00			0.00	31,680.00
401700-0101-29-000-0	Pension-Bloom-Emp Benefits- -	396,705.00			396,705.00	137,242.00
401830-0101-29-000-0	Union Training and Upgrading-Bloom-Emp Benefit- -	30,590.00			30,590.00	24,051.00
401900-0101-29-000-0	Uniform & Transport-Bloom-Emp Benefits- -	33,564.00			33,564.00	29,935.00
402000-0101-03-000-0	Holiday Expense-Bloomfield-Administration	0.00			0.00	510.00
410000-0101-03-000-0	Supplies-Bloomfield-Administration	688.00			688.00	258.00
410000-0101-04-000-0	Supplies-Bloomfield-Fiscal Operations	27,844.00			27,844.00	19,321.00
410000-0101-07-000-0	Supplies-Bloomfield-Rec Therapy	1,300.00			1,300.00	1,364.00
410000-0101-08-000-0	Supplies-Bloomfield-Maintenance	12,281.00			12,281.00	22,617.00
410000-0101-09-000-0	Supplies-Bloomfield-Housekeeping	32,316.00			32,316.00	24,937.00
410000-0101-10-000-0	Supplies-Bloomfield-Laundry	10,820.00			10,820.00	9,611.00
410000-0101-13-000-0	Supplies-Bloomfield-Dietary	29,017.00			29,017.00	27,498.00
410000-0101-15-000-0	Supplies-Bloomfield-Nursing	107,458.00			107,458.00	63,096.00
410000-0101-18-000-0	Supplies-Bloomfield-Marketing	6,880.00			6,880.00	7,154.00
410000-0101-21-000-0	Supplies-Bloomfield-Human Resources	0.00			0.00	165.00
410019-0101-04-000-0	Supplies COVID-Bloomfield-Fiscal Operations	22.00			22.00	4.00
410019-0101-09-000-0	Supplies COVID-Bloomfield-Housekeeping	1,968.00			1,968.00	4,552.00
410019-0101-10-000-0	Supplies COVID-Bloomfield-Laundry	225.00			225.00	0.00
410019-0101-13-000-0	Supplies COVID-Bloomfield-Dietary	99.00			99.00	18.00
410019-0101-15-000-0	Supplies COVID-Bloomfield-Nursing	24,549.00			24,549.00	36,679.00
410019-0101-18-000-0	Supplies COVID-Bloomfield-Marketing	0.00			0.00	441.00
411010-0101-22-000-0	Flu Vaccine-Bloom-Medical Services- -	11,005.00			11,005.00	3,690.00
411200-0101-23-000-0	Drugs Medicare Pt A-Bloomfield-Rehab Tpy and Ancl	240,364.00			240,364.00	221,447.00
411700-0101-22-000-0	House Drugs (OTC)-Bloom-Medical Services- -	12,320.00			12,320.00	15,885.00
412000-0101-13-000-0	Food-Bloomfield-Dietary	321,950.00			321,950.00	277,933.00
412000-0101-38-000-0	Food-Bloom-Cafe	0.00			0.00	69.00
412019-0101-13-000-0	Food COVID-Bloomfield-Dietary	0.00			0.00	66.00
412100-0101-13-000-0	Food Supplements-Bloomfield-Dietary	34,384.00			34,384.00	33,082.00
413001-0101-23-000-0	Oxygen Non Billable-Bloomfield-Rehab Tpy and Ancl	4,909.00			4,909.00	6,165.00
413500-0101-23-000-0	IV Thy Supplies-Bloomfield-Rehab Tpy and Anclry	6,018.00			6,018.00	7,533.00
414000-0101-10-000-0	Diapers-Bloomfield-Laundry	40,580.00			40,580.00	39,548.00
414100-0101-10-000-0	Linen-Bloomfield-Laundry	4,197.00			4,197.00	10,424.00
420000-0101-03-000-0	Minor Equip-Bloomfield-Administration	2,730.00			2,730.00	0.00
420000-0101-07-000-0	Minor Equip-Bloomfield-Rec Therapy	512.00			512.00	0.00
420000-0101-15-000-0	Minor Equip-Bloomfield-Nursing	3,832.00			3,832.00	2,216.00
431000-0101-03-000-0	Consulting Fees-Bloomfield-Administration	9,568.00			9,568.00	9,067.00
431000-0101-04-000-0	Consulting Fees-Bloomfield-Fiscal Operations	4,137.00		(4,137.00)	0.00	0.00
			RJE - 3	(4,137.00)		
431000-0101-06-000-0	Consulting Fees-Bloomfield-Social service	0.00			0.00	578.00
431000-0101-15-000-0	Consulting Fees-Bloomfield-Nursing	19,216.00			19,216.00	12,549.00
431000-0101-22-000-0	Consulting Fees-Bloomfield-Medical Services	0.00			0.00	5,400.00
431010-0101-23-000-0	Pharmacy fees-Bloom-Rehab Tpy and Anclry	12,594.00			12,594.00	11,083.00
432000-0101-03-000-0	Accounting Fees-Bloomfield-Administration	28,685.00			28,685.00	34,685.00
433000-0101-03-000-0	Legal Fees-Bloomfield-Administration	2,018.00			2,018.00	2,483.00
433100-0101-03-000-0	Legal Fees - Labor-Bloomfield-Administration	21,076.00			21,076.00	45,357.00
433200-0101-03-000-0	Legal Fees - Collections-Bloomfield-Administration	31,061.00			31,061.00	12,232.00
433300-0101-03-000-0	Legal Fees - Non-reimbursable-Bloomfield-Admin	1,205.00			1,205.00	2,069.00
434000-0101-03-000-0	Shared Services-Bloomfield-Administration	674,908.00		4,137.00	679,045.00	603,558.00
			RJE - 3	4,137.00		
435000-0101-03-000-0	Computer License Fee-Bloomfield-Administration	55.00			55.00	0.00
435200-0101-03-000-0	IT ServicesAdministration-Bloomfield-Administratio	83,634.00			83,634.00	76,591.00
435210-0101-03-000-0	IT Rental-Bloomfield-Administration	49,987.00		(6,195.00)	43,792.00	44,833.00
			RJE - 4	(6,195.00)		
436000-0101-22-000-0	Medical Director Fees-Bloomfield-Medical Services	43,200.00			43,200.00	43,200.00
436200-0101-22-000-0	Dental Fees-Bloomfield-Medical Services	9,244.00			9,244.00	9,247.00
436300-0101-22-000-0	Physician Fees-Bloom-Medical Services- -	21,675.00			21,675.00	0.00
437000-0101-23-000-0	PT Fees-Bloom-Rehab Tpy and Anclry- -	197,521.00			197,521.00	200,185.00
437100-0101-23-000-0	OT Fees-Bloom-Rehab Tpy and Anclry- -	242,800.00			242,800.00	218,885.00
437200-0101-23-000-0	Speech Fees-Bloom-Rehab Tpy and Anclry- -	58,917.00			58,917.00	51,419.00
438010-0101-27-000-0	Radiology Fees-Bloomfield-Laboratory	90.00			90.00	0.00
438020-0101-27-000-0	X-Bloomfield-Laboratory	7,437.00			7,437.00	11,166.00
438030-0101-27-000-0	Lab Fees-Bloomfield-Laboratory	15,720.00			15,720.00	17,643.00
440000-0101-02-000-0	Purch Services-Bloomfield-Admin Staff	0.00			0.00	14,000.00
440000-0101-03-000-0	Purch Services-Bloomfield-Administration	0.00			0.00	235.00
440000-0101-04-000-0	Purch Services-Bloomfield-Fiscal Operations	26,255.00			26,255.00	28,417.00
440000-0101-07-000-0	Purch Services-Bloomfield-Rec Therapy	10,548.00			10,548.00	8,269.00
440000-0101-08-000-0	Purch Services-Bloomfield-Maintenance	56,424.00			56,424.00	47,191.00
440000-0101-12-000-0	Purch Services-Bloomfield-Security	12,207.00			12,207.00	12,605.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
440000-0101-13-000-0	Purch Services-Bloomfield-Dietary	6,596.00			6,596.00	20,381.00
440000-0101-15-000-0	Purch Services-Bloomfield-Nursing	2,436.00			2,436.00	660.00
440000-0101-18-000-0	Purch Services-Bloomfield-Marketing	0.00			0.00	349.00
440001-0101-08-000-0	Ground Services-Bloomfield-Maintenance	23,322.00			23,322.00	15,505.00
440010-0101-15-000-0	Purch Services Ambulance-Bloomfield-Nursing	1,544.00			1,544.00	616.00
440050-0101-07-000-0	Cable Expense-Bloomfield-Rec Therapy	17,596.00			17,596.00	15,055.00
442000-0101-08-000-0	Pest Control-Bloom-Maintenance- -	3,147.00			3,147.00	3,304.00
443000-0101-08-000-0	Carting-Bloomfield-Maintenance	36,347.00			36,347.00	35,571.00
452000-0101-03-000-0	Equip Rental-Bloomfield-Administration	910.00			910.00	0.00
452000-0101-04-000-0	Equip Rental-Bloomfield-Fiscal Operations	6,546.00			6,546.00	7,399.00
452000-0101-08-000-0	Equip Rental-Bloomfield-Maintenance	1,779.00			1,779.00	1,828.00
452000-0101-13-000-0	Equip Rental-Bloomfield-Dietary	381.00			381.00	794.00
452000-0101-15-000-0	Equip Rental-Bloomfield-Nursing	26,095.00			26,095.00	22,038.00
452000-0101-23-000-0	Equip Rental-Bloomfield-Rehab Tpy and Ancrlry	10,400.00			10,400.00	10,148.00
452000-0101-24-000-0	Equip Rental-Bloomfield-Respiratory	28,481.00			28,481.00	27,064.00
461000-0101-03-000-0	Telephone-Bloomfield-Administration	26,561.00			26,561.00	34,261.00
461100-0101-03-000-0	Telephone - Cell-Bloomfield-Administration	794.00			794.00	907.00
462000-0101-25-000-0	Electric-Bloomfield-Property	123,448.00			123,448.00	111,365.00
463000-0101-25-000-0	Gas-Bloomfield-Property	64,520.00			64,520.00	56,632.00
465000-0101-25-000-0	Oil-Bloomfield-Property	2,313.00			2,313.00	1,166.00
466000-0101-25-000-0	Water-Bloomfield-Property	36,801.00			36,801.00	36,475.00
471000-0101-25-000-0	Rent-Bloomfield-Property	444,000.00			444,000.00	840,000.00
472000-0101-25-000-0	Personal Property Taxes-Bloomfield-Property	15,106.00			15,106.00	14,570.00
472500-0101-25-000-0	Property Insurance-Bloomfield-Property	20,454.00			20,454.00	15,433.00
473000-0101-25-000-0	Real Estate Taxes-Bloomfield-Property	91,892.00			91,892.00	91,710.00
484000-0101-25-000-0	Depe Exp LHI-Bloomfield	67,012.00		7,557.00	74,569.00	58,921.00
			RJE - 5	7,557.00		
486000-0101-25-000-0	Depr Exp MME-Bloomfield	65,863.00		(7,557.00)	58,306.00	70,248.00
			RJE - 5	(7,557.00)		
491000-0101-03-000-0	Dues-Bloomfield-Administration	10,107.00		(1,568.00)	8,539.00	8,527.00
			RJE - 2	(1,568.00)		
491001-0101-03-000-0	Subscriptions-Bloomfield-Administration	2,127.00			2,127.00	4,338.00
500000-0101-03-000-0	Licenses and Permits-Bloomfield-Administration	2,778.00		1,568.00	4,346.00	2,569.00
			RJE - 2	1,568.00		
501000-0101-03-000-0	Advertising Employment-Bloomfield-Administration	1,200.00			1,200.00	1,200.00
501100-0101-03-000-0	Advertising Promotional-Bloomfield-Administration	6,287.00			6,287.00	2,692.00
501100-0101-18-000-0	Advertising Promotional-Bloom-Marketing- -	28,494.00			28,494.00	30,384.00
503000-0101-03-000-0	Penalties-Bloomfield-Administration	15,640.00			15,640.00	12.00
503100-0101-03-000-0	Interest-Bloomfield-Administration	11,945.00			11,945.00	14,010.00
503130-0101-03-000-0	Interest on Computer Loan-Bloom-Administration	2,822.00			2,822.00	4,096.00
503200-0101-03-000-0	Bank Charges-Bloomfield-Administration	19,439.00			19,439.00	19,519.00
504000-0101-03-000-0	Postage-Bloomfield-Administration	3,708.00			3,708.00	3,259.00
505000-0101-03-000-0	Background Check-Bloomfield-Administration	3,084.00			3,084.00	3,239.00
507000-0101-03-000-0	Revenue Assessment-Bloomfield-Administration	703,539.00			703,539.00	661,877.00
508000-0101-03-000-0	Bad Debt Expense-Bloomfield-Administration	151,179.00			151,179.00	115,790.00
508010-0101-03-000-0	Bad Debt Mdcr-Bloomfield-Administration	5,601.00			5,601.00	0.00
509000-0101-03-000-0	Seminars-Bloomfield-Administration	2,609.00			2,609.00	4,951.00
510000-0101-03-000-0	Liability Ins-Bloomfield-Administration	86,010.00			86,010.00	85,681.00
513000-0101-03-000-0	Crime Ins-Bloomfield-Administration	370.00			370.00	370.00
520000-0101-03-000-0	Auto Expense-Bloomfield-Administration	0.00			0.00	394.00
521000-0101-03-000-0	Travel Expense-Bloomfield-Administration	3,074.00			3,074.00	835.00
523000-0101-03-000-0	Emp Benefits-Bloomfield-Administration	11,830.00			11,830.00	21,416.00
530000-0101-15-000-0	Pool RNs-Bloomfield-Nursing	322,122.00			322,122.00	127,167.00
531000-0101-15-000-0	Pool LPNs-Bloomfield-Nursing	193,871.00			193,871.00	222,726.00
532000-0101-15-000-0	Pool CNA-Bloomfield-Nursing	344,389.00			344,389.00	232,883.00
535000-0101-03-000-0	Strike Expense-Bloom-Administration- -	0.00			0.00	257,403.00
540000-0101-03-000-0	Donations-Bloomfield-Administration	200.00			200.00	0.00
541000-0101-03-000-0	Misc. Expense-Bloom-Administration- -	515.00			515.00	1,324.00
541001-0101-03-000-0	Political Contributions -Bloom-Administration- -	0.00			0.00	1,250.00
541050-0101-03-000-0	Prior Period Expense-Bloomfield-Administration	16,725.00			16,725.00	33,769.00
Marcum 202	MDS Coordinator	0.00		109,522.00	109,522.00	156,714.00
			RJE - 1	109,522.00		
Marcum 204	Admin Equipment Rental	0.00		6,195.00	6,195.00	5,962.00
			RJE - 4	6,195.00		
Marcum 205	Infection Control	0.00		56,785.00	56,785.00	0.00
			RJE - 1	56,785.00		
Marcum 206	Staff Development	0.00		34,389.00	34,389.00	0.00
			RJE - 1	34,389.00		
Total		0.00		0.00	0.00	0.00
Net (Income) Loss		99,595.00		0.00	99,595.00	85,528.00

Client: **National Health Care Associates, Inc. (CT)**
 Engagement: **Medicaid - Bloomfield Health Center for Nursing & Rehab**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - TB-CCNH Combined Detail LS**

Account	Description	ADJ 9/30/2023	JE Ref #	RJE 9/30/2023	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
Group : [10-A] Salaries and Wages						
Subgroup : [1] Operators/Owners						
400000-0101-01-072-0	Salary-Bloom-Operator-Operator-	400.00		0.00	400.00	5,200.00
400000-0101-01-073-0	Salary-Bloom-Operator-Owner-	20,514.00		0.00	20,514.00	571.00
Subtotal [1]	Operators/Owners	20,914.00		0.00	20,914.00	5,771.00
Subgroup : [2] Administrators						
400000-0101-03-009-0	Salary-Bloom-Administration-Administrator-	164,638.00		0.00	164,638.00	154,720.00
Subtotal [2]	Administrators	164,638.00		0.00	164,638.00	154,720.00
Subgroup : [4] Other Administrative Salaries						
400000-0101-03-007-0	Salary-Bloom-Administration-Administrative Asst-	93,116.00		0.00	93,116.00	85,190.00
400000-0101-04-007-0	Salary-Bloom-Fiscal Operations-Administrative As-	57,742.00		0.00	57,742.00	70,443.00
400000-0101-05-065-0	Salary-Bloom-Medical Records-Medical Records-	53,756.00		0.00	53,756.00	22,427.00
400000-0101-21-040-0	Salary-Bloom-Human Resources-Dir of Human Resour-	72,185.00		0.00	72,185.00	67,423.00
400050-0101-03-007-0	Salary - PTO-Bloom-Administration-Administrative-	762.00		0.00	762.00	354.00
400050-0101-04-007-0	Salary - PTO-Bloom-Fiscal Operations-Administrat-	(2,990.00)		0.00	(2,990.00)	764.00
400050-0101-05-065-0	Salary - PTO-Bloom-Medical Records-Medical Recor-	(403.00)		0.00	(403.00)	465.00
400050-0101-21-040-0	Salary - PTO-Bloom-Human Resources-Dir of Human -	670.00		0.00	670.00	(627.00)
Subtotal [4]	Other Administrative Salaries	274,838.00		0.00	274,838.00	246,439.00
Subgroup : [5A] Head Dietitian						
400000-0101-13-035-0	Salary-Bloom-Dietary-Dietician-	42,648.00		0.00	42,648.00	40,515.00
400050-0101-13-035-0	Salary - PTO-Bloom-Dietary-Dietician-	639.00		0.00	639.00	206.00
Subtotal [5A]	Head Dietitian	43,287.00		0.00	43,287.00	40,721.00
Subgroup : [5B] Food Service Supervisor						
400000-0101-13-101-0	Salary-Bloom-Dietary-Supervisor-	79,350.00		0.00	79,350.00	63,821.00
400050-0101-13-101-0	Salary - PTO-Bloom-Dietary-Supervisor-	(8,304.00)		0.00	(8,304.00)	3,947.00
Subtotal [5B]	Food Service Supervisor	71,046.00		0.00	71,046.00	67,768.00
Subgroup : [5C] Dietary Workers						
400000-0101-13-013-0	Salary-Bloom-Dietary-Aide-	338,646.00		0.00	338,646.00	344,276.00
400000-0101-13-031-0	Salary-Bloom-Dietary-Cook-	148,347.00		0.00	148,347.00	101,863.00
400050-0101-13-013-0	Salary - PTO-Bloom-Dietary-Aide-	(8,265.00)		0.00	(8,265.00)	(3,175.00)
400050-0101-13-031-0	Salary - PTO-Bloom-Dietary-Cook-	13,841.00		0.00	13,841.00	887.00
Subtotal [5C]	Dietary Workers	492,569.00		0.00	492,569.00	443,851.00
Subgroup : [6A] Head Housekeeper						
400000-0101-09-101-0	Salary-Bloom-Housekeeping-Supervisor-	55,074.00		0.00	55,074.00	52,211.00
400050-0101-09-101-0	Salary - PTO-Bloom-Housekeeping-Supervisor-	(251.00)		0.00	(251.00)	(105.00)
Subtotal [6A]	Head Housekeeper	54,823.00		0.00	54,823.00	52,106.00
Subgroup : [6B] Other Housekeeping Workers						
400000-0101-09-048-0	Salary-Bloom-Housekeeping-Housekeeper-	330,935.00		0.00	330,935.00	269,073.00
400050-0101-09-048-0	Salary - PTO-Bloom-Housekeeping-Housekeeper-	(120.00)		0.00	(120.00)	414.00
Subtotal [6B]	Other Housekeeping Workers	330,815.00		0.00	330,815.00	269,487.00
Subgroup : [7A] Engineer or Chief of Maintenance						
400000-0101-08-101-0	Salary-Bloom-Maintenance-Supervisor-	77,486.00		0.00	77,486.00	71,322.00
400050-0101-08-101-0	Salary - PTO-Bloom-Maintenance-Supervisor-	(468.00)		0.00	(468.00)	1,850.00
Subtotal [7A]	Engineer or Chief of Maintenance	77,018.00		0.00	77,018.00	73,172.00
Subgroup : [7B] Other Maintenance Workers						
400000-0101-08-058-0	Salary-Bloom-Maintenance-Maintenance Worker-	72,969.00		0.00	72,969.00	72,562.00
400050-0101-08-058-0	Salary - PTO-Bloom-Maintenance-Maintenance Worke-	(2,777.00)		0.00	(2,777.00)	1,955.00
Subtotal [7B]	Other Maintenance Workers	70,192.00		0.00	70,192.00	74,517.00
Subgroup : [8B] Other Laundry Workers						
400000-0101-10-051-0	Salary-Bloom-Laundry-Laundry Aide-	165,888.00		0.00	165,888.00	142,521.00
400050-0101-10-051-0	Salary - PTO-Bloom-Laundry-Laundry Aide-	(1,939.00)		0.00	(1,939.00)	2,926.00
Subtotal [8B]	Other Laundry Workers	163,949.00		0.00	163,949.00	145,447.00
Subgroup : [12A] Director of Nurses/Assistant Director						
400000-0101-14-012-0	Salary-Bloom-Nursing Admin-ADNS-	121,406.00		0.00	121,406.00	118,560.00
400000-0101-14-044-0	Salary-Bloom-Nursing Admin-DNS-	149,431.00		0.00	149,431.00	148,445.00
400050-0101-14-012-0	Salary - PTO-Bloom-Nursing Admin-ADNS-	(5,385.00)		0.00	(5,385.00)	11,620.00
400050-0101-14-044-0	Salary - PTO-Bloom-Nursing Admin-DNS-	(5,348.00)		0.00	(5,348.00)	3,695.00
Subtotal [12A]	Director of Nurses/Assistant Director	260,104.00		0.00	260,104.00	282,320.00
Subgroup : [12B1] RNs - Direct Care						
400000-0101-15-092-0	Salary-Bloom-Nursing-RN-	677,208.00		(200,696.00)	476,512.00	505,833.00
400050-0101-15-092-0	Salary - PTO-Bloom-Nursing-RN-	(9,733.00)	RJE - 1	(200,696.00)	(9,733.00)	5,245.00
Subtotal [12B1]	RNs - Direct Care	667,475.00		(200,696.00)	466,779.00	511,078.00
Subgroup : [12B2] RNs - Administrative						
400000-0101-14-028-0	Salary-Bloom-Nursing Admin-Clerical-	91,292.00		0.00	91,292.00	67,847.00
400050-0101-14-028-0	Salary - PTO-Bloom-Nursing Admin-Clerical-	853.00		0.00	853.00	635.00
Marcum 202	MDS Coordinator	0.00	RJE - 1	109,522.00	109,522.00	156,714.00
Marcum 205	Infection Control	0.00		56,785.00	56,785.00	0.00
Marcum 206	Staff Development	0.00		34,389.00	34,389.00	0.00
Subtotal [12B2]	RNs - Administrative	92,145.00		200,696.00	292,841.00	225,196.00
Subgroup : [12C1] LPNs - Direct Care						
400000-0101-15-052-0	Salary-Bloom-Nursing-LPN-	1,112,774.00		0.00	1,112,774.00	1,019,674.00
400050-0101-15-052-0	Salary - PTO-Bloom-Nursing-LPN-	10,235.00		0.00	10,235.00	(21,959.00)

Subtotal [12C1]	LPNs - Direct Care	1,123,009.00	0.00	1,123,009.00	997,715.00
Subgroup : [12D]	Aides and Attendants				
400000-0101-15-021-0	Salary-Bloom-Nursing-CNA-	1,909,207.00	0.00	1,909,207.00	1,555,342.00
400050-0101-15-021-0	Salary - PTO-Bloom-Nursing-CNA-	2,720.00	0.00	2,720.00	(1,791.00)
Subtotal [12D]	Aides and Attendants	1,911,927.00	0.00	1,911,927.00	1,553,551.00
Subgroup : [12H]	Recreation Workers				
400000-0101-07-038-0	Salary-Bloom-Rec Therapy-Dir-	67,026.00	0.00	67,026.00	77,175.00
400000-0101-07-086-0	Salary-Bloom-Rec Therapy-Rec Therapist-	40,296.00	0.00	40,296.00	22,444.00
400050-0101-07-038-0	Salary - PTO-Bloom-Rec Therapy-Dir-	(194.00)	0.00	(194.00)	10,874.00
400050-0101-07-086-0	Salary - PTO-Bloom-Rec Therapy-Rec Therapist-	1,572.00	0.00	1,572.00	(7,484.00)
Subtotal [12H]	Recreation Workers	108,700.00	0.00	108,700.00	103,009.00
Subgroup : [12M]	Social Workers/Case Management				
400000-0101-06-038-0	Salary-Bloom-Social service-Dir-	24,007.00	0.00	24,007.00	112,437.00
400000-0101-06-096-0	Salary-Bloom-Social service-Social Worker-	117,046.00	0.00	117,046.00	24,986.00
400050-0101-06-038-0	Salary - PTO-Bloom-Social service-Dir-	(3,761.00)	0.00	(3,761.00)	2,876.00
400050-0101-06-096-0	Salary - PTO-Bloom-Social service-Social Worker-	176.00	0.00	176.00	626.00
Subtotal [12M]	Social Workers/Case Management	137,468.00	0.00	137,468.00	140,925.00
Subgroup : [12O]	Other				
400000-0101-11-011-0	Salary-Bloom-Admissions-Admissions Coordinator-	68,506.00	0.00	68,506.00	94,667.00
400000-0101-11-038-0	Salary-Bloom-Admissions-Dir-	78,032.00	0.00	78,032.00	24,474.00
400050-0101-11-038-0	Salary - PTO-Bloom-Admissions-Dir-	4,251.00	0.00	4,251.00	1,825.00
Subtotal [12O]	Other	150,789.00	0.00	150,789.00	120,966.00
Total [10-A]	Salaries and Wages	6,215,706.00	0.00	6,215,706.00	5,508,759.00
Group : [13-B]	Professional Fees				
Subgroup : [2]	Dentist				
436200-0101-22-000-0	Dental Fees-Bloomfield-Medical Services	9,244.00	0.00	9,244.00	9,247.00
Subtotal [2]	Dentist	9,244.00	0.00	9,244.00	9,247.00
Subgroup : [3]	Pharmacist				
431010-0101-23-000-0	Pharmacy fees-Bloom-Rehab Tpy and Ancilry	12,594.00	0.00	12,594.00	11,083.00
Subtotal [3]	Pharmacist	12,594.00	0.00	12,594.00	11,083.00
Subgroup : [5A]	PT - Resident Care				
437000-0101-23-000-0	PT Fees-Bloom-Rehab Tpy and Ancilry -	197,521.00	0.00	197,521.00	200,185.00
Subtotal [5A]	PT - Resident Care	197,521.00	0.00	197,521.00	200,185.00
Subgroup : [6]	Social Worker				
431000-0101-06-000-0	Consulting Fees-Bloomfield-Social service	0.00	0.00	0.00	578.00
Subtotal [6]	Social Worker	0.00	0.00	0.00	578.00
Subgroup : [8A]	Medical Director				
436000-0101-22-000-0	Medical Director Fees-Bloomfield-Medical Services	43,200.00	0.00	43,200.00	43,200.00
Subtotal [8A]	Medical Director	43,200.00	0.00	43,200.00	43,200.00
Subgroup : [8C]	Resident Care				
436300-0101-22-000-0	Physician Fees-Bloom-Medical Services -	21,675.00	0.00	21,675.00	0.00
Subtotal [8C]	Resident Care	21,675.00	0.00	21,675.00	0.00
Subgroup : [9A]	ST - Resident Care				
437200-0101-23-000-0	Speech Fees-Bloom-Rehab Tpy and Ancilry -	58,917.00	0.00	58,917.00	51,419.00
Subtotal [9A]	ST - Resident Care	58,917.00	0.00	58,917.00	51,419.00
Subgroup : [10A]	OT - Resident Care				
437100-0101-23-000-0	OT Fees-Bloom-Rehab Tpy and Ancilry -	242,800.00	0.00	242,800.00	218,885.00
Subtotal [10A]	OT - Resident Care	242,800.00	0.00	242,800.00	218,885.00
Subgroup : [11A1]	RN's - Direct Care				
440000-0101-15-000-0	Purch Services-Bloomfield-Nursing	2,436.00	0.00	2,436.00	660.00
530000-0101-15-000-0	Pool RNs-Bloomfield-Nursing	322,122.00	0.00	322,122.00	127,167.00
Subtotal [11A1]	RN's - Direct Care	324,558.00	0.00	324,558.00	127,827.00
Subgroup : [11B1]	LPN's - Direct Care				
531000-0101-15-000-0	Pool LPNs-Bloomfield-Nursing	193,871.00	0.00	193,871.00	222,726.00
Subtotal [11B1]	LPN's - Direct Care	193,871.00	0.00	193,871.00	222,726.00
Subgroup : [11C]	Aides				
532000-0101-15-000-0	Pool CNA-Bloomfield-Nursing	344,389.00	0.00	344,389.00	232,883.00
Subtotal [11C]	Aides	344,389.00	0.00	344,389.00	232,883.00
Subgroup : [12]	Other				
431000-0101-15-000-0	Consulting Fees-Bloomfield-Nursing	19,216.00	0.00	19,216.00	12,549.00
Subtotal [12]	Other	19,216.00	0.00	19,216.00	12,549.00
Total [13-B]	Professional Fees	1,467,985.00	0.00	1,467,985.00	1,130,582.00
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation				
401400-0101-29-000-0	Workers Compensation-Bloom-Emp Benefits -	200,819.00	0.00	200,819.00	204,883.00
401450-0101-29-000-0	Workers Comp Retro Exp-Bloom-Emp Benefits -	0.00	0.00	0.00	31,680.00
Subtotal [1A1]	Workmen's Compensation	200,819.00	0.00	200,819.00	236,563.00
Subgroup : [1A3]	Unemployment Insurance				
401100-0101-29-000-0	FUI-Bloom-Emp Benefits -	10,070.00	0.00	10,070.00	6,336.00
401200-0101-29-000-0	SUI-Bloom-Emp Benefits -	38,846.00	0.00	38,846.00	50,187.00
Subtotal [1A3]	Unemployment Insurance	48,916.00	0.00	48,916.00	56,523.00
Subgroup : [1A4]	Social Security (FICA)				
401000-0101-29-000-0	FICA-Bloom-Emp Benefits -	464,450.00	0.00	464,450.00	407,843.00
Subtotal [1A4]	Social Security (FICA)	464,450.00	0.00	464,450.00	407,843.00

Subgroup : [1A5]	Health Insurance				
401300-0101-29-000-0	Health Ins-Bloom-Emp Benefits- -	767,708.00	0.00	767,708.00	500,134.00
Subtotal [1A5]	Health Insurance	767,708.00	0.00	767,708.00	500,134.00
Subgroup : [1A7]	Pensions				
401700-0101-29-000-0	Pension-Bloom-Emp Benefits- -	396,705.00	0.00	396,705.00	137,242.00
Subtotal [1A7]	Pensions	396,705.00	0.00	396,705.00	137,242.00
Subgroup : [1A8]	Uniform Allowance				
401900-0101-29-000-0	Uniform & Transport-Bloom-Emp Benefits- -	33,564.00	0.00	33,564.00	29,935.00
Subtotal [1A8]	Uniform Allowance	33,564.00	0.00	33,564.00	29,935.00
Subgroup : [1A9]	Other				
401830-0101-29-000-0	Union Training and Upgrading-Bloom-Emp Benefit- -	30,590.00	0.00	30,590.00	24,051.00
505000-0101-03-000-0	Background Check-Bloomfield-Administration	3,084.00	0.00	3,084.00	3,239.00
Subtotal [1A9]	Other	33,674.00	0.00	33,674.00	27,290.00
Subgroup : [1C]	Bad Debts				
508000-0101-03-000-0	Bad Debt Expense-Bloomfield-Administration	151,179.00	0.00	151,179.00	115,790.00
508010-0101-03-000-0	Bad Debt Mdcr-Bloomfield-Administration	5,601.00	0.00	5,601.00	0.00
Subtotal [1C]	Bad Debts	156,780.00	0.00	156,780.00	115,790.00
Subgroup : [1D]	Accounting and Auditing				
432000-0101-03-000-0	Accounting Fees-Bloomfield-Administration	28,685.00	0.00	28,685.00	34,685.00
Subtotal [1D]	Accounting and Auditing	28,685.00	0.00	28,685.00	34,685.00
Subgroup : [1E]	Legal				
433000-0101-03-000-0	Legal Fees-Bloomfield-Administration	2,018.00	0.00	2,018.00	2,483.00
433100-0101-03-000-0	Legal Fees - Labor-Bloomfield-Administration	21,076.00	0.00	21,076.00	45,357.00
433200-0101-03-000-0	Legal Fees - Collections-Bloomfield-Administration	31,061.00	0.00	31,061.00	12,232.00
433300-0101-03-000-0	Legal Fees - Non-reimbursable-Bloomfield-Admin	1,205.00	0.00	1,205.00	2,069.00
Subtotal [1E]	Legal	55,360.00	0.00	55,360.00	62,141.00
Subgroup : [1G]	Office Supplies				
410000-0101-03-000-0	Supplies-Bloomfield-Administration	688.00	0.00	688.00	258.00
410000-0101-04-000-0	Supplies-Bloomfield-Fiscal Operations	27,844.00	0.00	27,844.00	19,321.00
410000-0101-21-000-0	Supplies-Bloomfield-Human Resources	0.00	0.00	0.00	165.00
410019-0101-04-000-0	Supplies COVID-Bloomfield-Fiscal Operations	22.00	0.00	22.00	4.00
420000-0101-03-000-0	Minor Equip-Bloomfield-Administration	2,730.00	0.00	2,730.00	0.00
452000-0101-03-000-0	Equip Rental-Bloomfield-Administration	910.00	0.00	910.00	0.00
Marcum 204	Admin Equipment Rental	0.00	6,195.00	6,195.00	5,962.00
Subtotal [1G]	Office Supplies	32,194.00	6,195.00	38,389.00	25,710.00
Subgroup : [1H1]	Telephone and Telegraph				
461000-0101-03-000-0	Telephone-Bloomfield-Administration	26,561.00	0.00	26,561.00	34,261.00
Subtotal [1H1]	Telephone and Telegraph	26,561.00	0.00	26,561.00	34,261.00
Subgroup : [1H2]	Cellular Phones and Beepers				
461100-0101-03-000-0	Telephone - Cell-Bloomfield-Administration	794.00	0.00	794.00	907.00
Subtotal [1H2]	Cellular Phones and Beepers	794.00	0.00	794.00	907.00
Subgroup : [1K3]	Resident Day User Fee				
507000-0101-03-000-0	Revenue Assessment-Bloomfield-Administration	703,539.00	0.00	703,539.00	661,877.00
Subtotal [1K3]	Resident Day User Fee	703,539.00	0.00	703,539.00	661,877.00
Total [15]	Expenditures Other than Salaries	2,949,749.00	6,195.00	2,955,944.00	2,330,901.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General				
Subgroup : [2]	Holiday Parties for Staff				
402000-0101-03-000-0	Holiday Expense-Bloomfield-Administration	0.00	0.00	0.00	510.00
Subtotal [2]	Holiday Parties for Staff	0.00	0.00	0.00	510.00
Subgroup : [3]	Gifts to Staff and Residents				
523000-0101-03-000-0	Emp Benefits-Bloomfield-Administration	11,830.00	0.00	11,830.00	21,416.00
Subtotal [3]	Gifts to Staff and Residents	11,830.00	0.00	11,830.00	21,416.00
Subgroup : [4]	Employee Travel				
521000-0101-03-000-0	Travel Expense-Bloomfield-Administration	3,074.00	0.00	3,074.00	835.00
Subtotal [4]	Employee Travel	3,074.00	0.00	3,074.00	835.00
Subgroup : [5]	Education Expense				
509000-0101-03-000-0	Seminars-Bloomfield-Administration	2,609.00	0.00	2,609.00	4,951.00
Subtotal [5]	Education Expense	2,609.00	0.00	2,609.00	4,951.00
Subgroup : [6]	Automobile Expense				
520000-0101-03-000-0	Auto Expense-Bloomfield-Administration	0.00	0.00	0.00	394.00
Subtotal [6]	Automobile Expense	0.00	0.00	0.00	394.00
Subgroup : [M1]	Advertising Help Wanted				
501000-0101-03-000-0	Advertising Employment-Bloomfield-Administration	1,200.00	0.00	1,200.00	1,200.00
Subtotal [M1]	Advertising Help Wanted	1,200.00	0.00	1,200.00	1,200.00
Subgroup : [M3]	Advertising Other				
410000-0101-18-000-0	Supplies-Bloomfield-Marketing	6,880.00	0.00	6,880.00	7,154.00
410019-0101-18-000-0	Supplies COVID-Bloomfield-Marketing	0.00	0.00	0.00	441.00
440000-0101-18-000-0	Purch Services-Bloomfield-Marketing	0.00	0.00	0.00	349.00
501100-0101-03-000-0	Advertising Promotional-Bloomfield-Administration	6,287.00	0.00	6,287.00	2,692.00
501100-0101-18-000-0	Advertising Promotional-Bloom-Marketing- -	28,494.00	0.00	28,494.00	30,384.00
Subtotal [M3]	Advertising Other	41,661.00	0.00	41,661.00	41,020.00
Subgroup : [M7]	Postage				
504000-0101-03-000-0	Postage-Bloomfield-Administration	3,708.00	0.00	3,708.00	3,259.00
Subtotal [M7]	Postage	3,708.00	0.00	3,708.00	3,259.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations				

RJE - 4

491000-0101-03-000-0	Dues-Bloomfield-Administration	10,107.00	(1,568.00)	8,539.00	8,527.00
Subtotal [M8]	Dues and Membership Fees to Professional Associations	10,107.00	(1,568.00)	8,539.00	8,527.00
Subgroup : [M9]	Subscriptions				
491001-0101-03-000-0	Subscriptions-Bloomfield-Administration	2,127.00	0.00	2,127.00	4,338.00
Subtotal [M9]	Subscriptions	2,127.00	0.00	2,127.00	4,338.00
Subgroup : [M10]	Contributions				
540000-0101-03-000-0	Donations-Bloomfield-Administration	200.00	0.00	200.00	0.00
541001-0101-03-000-0	Political Contributions -Bloom-Administration- -	0.00	0.00	0.00	1,250.00
Subtotal [M10]	Contributions	200.00	0.00	200.00	1,250.00
Subgroup : [M11]	Services Provided by Contract				
431000-0101-03-000-0	Consulting Fees-Bloomfield-Administration	9,568.00	0.00	9,568.00	9,067.00
431000-0101-04-000-0	Consulting Fees-Bloomfield-Fiscal Operations	4,137.00	(4,137.00)	0.00	0.00
431000-0101-22-000-0	Consulting Fees-Bloomfield-Medical Services	0.00	(4,137.00)	0.00	5,400.00
435200-0101-03-000-0	IT ServicesAdministration-Bloomfield-Administratio	83,634.00	0.00	83,634.00	76,591.00
440000-0101-02-000-0	Purch Services-Bloomfield-Admin Staff	0.00	0.00	0.00	14,000.00
440000-0101-03-000-0	Purch Services-Bloomfield-Administration	0.00	0.00	0.00	235.00
440000-0101-04-000-0	Purch Services-Bloomfield-Fiscal Operations	26,255.00	0.00	26,255.00	28,417.00
Subtotal [M11]	Services Provided by Contract	123,594.00	(4,137.00)	119,457.00	133,710.00
Subgroup : [M12]	Administrative Management Services				
434000-0101-03-000-0	Shared Services-Bloomfield-Administration	674,908.00	4,137.00	679,045.00	603,558.00
Subtotal [M12]	Administrative Management Services	674,908.00	4,137.00	679,045.00	603,558.00
Subgroup : [M13]	Other				
435000-0101-03-000-0	Computer License Fee-Bloomfield-Administration	55.00	0.00	55.00	0.00
500000-0101-03-000-0	Licenses and Permits-Bloomfield-Administration	2,778.00	1,568.00	4,346.00	2,569.00
503000-0101-03-000-0	Penalties-Bloomfield-Administration	15,640.00	0.00	15,640.00	12.00
503200-0101-03-000-0	Bank Charges-Bloomfield-Administration	19,439.00	0.00	19,439.00	19,519.00
535000-0101-03-000-0	Strike Expense-Bloom-Administration- -	0.00	0.00	0.00	257,403.00
541000-0101-03-000-0	Misc. Expense-Bloom-Administration- -	515.00	0.00	515.00	1,324.00
541050-0101-03-000-0	Prior Period Expense-Bloomfield-Administration	16,725.00	0.00	16,725.00	33,769.00
Subtotal [M13]	Other	55,152.00	1,568.00	56,720.00	314,596.00
Total [16]	Expenditures Other than Salaries (cont'd) - Admin. and General	930,170.00	0.00	930,170.00	1,139,564.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
412000-0101-13-000-0	Food-Bloomfield-Dietary	321,950.00	0.00	321,950.00	277,933.00
412000-0101-38-000-0	Food-Bloom-Cafe	0.00	0.00	0.00	69.00
412019-0101-13-000-0	Food COVID-Bloomfield-Dietary	0.00	0.00	0.00	66.00
412100-0101-13-000-0	Food Supplements-Bloomfield-Dietary	34,384.00	0.00	34,384.00	33,082.00
Subtotal [2A1]	Raw Food	356,334.00	0.00	356,334.00	311,150.00
Subgroup : [2B]	Purchased Services				
410019-0101-13-000-0	Supplies COVID-Bloomfield-Dietary	99.00	0.00	99.00	18.00
440000-0101-13-000-0	Purch Services-Bloomfield-Dietary	6,596.00	0.00	6,596.00	20,381.00
Subtotal [2B]	Purchased Services	6,695.00	0.00	6,695.00	20,399.00
Subgroup : [2C]	Other				
410000-0101-13-000-0	Supplies-Bloomfield-Dietary	29,017.00	0.00	29,017.00	27,498.00
452000-0101-13-000-0	Equip Rental-Bloomfield-Dietary	381.00	0.00	381.00	794.00
Subtotal [2C]	Other	29,398.00	0.00	29,398.00	28,292.00
Total [18]	Dietary Basis for Allocation of Costs	392,427.00	0.00	392,427.00	359,841.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3A1]	Bed Linens, etc...washed, ironed..				
414100-0101-10-000-0	Linen-Bloomfield-Laundry	4,197.00	0.00	4,197.00	10,424.00
Subtotal [3A1]	Bed Linens, etc...washed, ironed..	4,197.00	0.00	4,197.00	10,424.00
Subgroup : [3C]	Other				
410000-0101-10-000-0	Supplies-Bloomfield-Laundry	10,820.00	0.00	10,820.00	9,611.00
410019-0101-10-000-0	Supplies COVID-Bloomfield-Laundry	225.00	0.00	225.00	0.00
414000-0101-10-000-0	Diapers-Bloomfield-Laundry	40,580.00	0.00	40,580.00	39,548.00
Subtotal [3C]	Other	51,625.00	0.00	51,625.00	49,159.00
Total [19]	Laundry-Basis for Allocation of Costs	55,822.00	0.00	55,822.00	59,583.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [4A1]	In-House Care Supplies				
410000-0101-09-000-0	Supplies-Bloomfield-Housekeeping	32,316.00	0.00	32,316.00	24,937.00
410019-0101-09-000-0	Supplies COVID-Bloomfield-Housekeeping	1,968.00	0.00	1,968.00	4,552.00
Subtotal [4A1]	In-House Care Supplies	34,284.00	0.00	34,284.00	29,489.00
Subgroup : [5A1]	Own Pharmacy				
411200-0101-23-000-0	Drugs Medicare Pt A-Bloomfield-Rehab Tpy and Ancl	240,364.00	0.00	240,364.00	221,447.00
Subtotal [5A1]	Own Pharmacy	240,364.00	0.00	240,364.00	221,447.00
Subgroup : [5B]	Medicine Cabinet Drugs				
411700-0101-22-000-0	House Drugs (OTC)-Bloom-Medical Services- -	12,320.00	0.00	12,320.00	15,885.00
Subtotal [5B]	Medicine Cabinet Drugs	12,320.00	0.00	12,320.00	15,885.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
410000-0101-15-000-0	Supplies-Bloomfield-Nursing	107,458.00	0.00	107,458.00	63,096.00
410019-0101-15-000-0	Supplies COVID-Bloomfield-Nursing	24,549.00	0.00	24,549.00	36,679.00
420000-0101-15-000-0	Minor Equip-Bloomfield-Nursing	3,832.00	0.00	3,832.00	2,216.00
Subtotal [5C]	Medical and Therapeutic Supplies	135,839.00	0.00	135,839.00	101,991.00
Subgroup : [5D]	Ambulance/Limousine				

440010-0101-15-000-0	Purch Services Ambulance-Bloomfield-Nursing	1,544.00	0.00	1,544.00	616.00
Subtotal [5D]	Ambulance/Limousine	1,544.00	0.00	1,544.00	616.00
Subgroup : [5E2]	Oxygen - Other				
413001-0101-23-000-0	Oxygen Non Billable-Bloomfield-Rehab Tpy and Ancil	4,909.00	0.00	4,909.00	6,165.00
Subtotal [5E2]	Oxygen - Other	4,909.00	0.00	4,909.00	6,165.00
Subgroup : [5F]	X-Rays and related radiological				
438010-0101-27-000-0	Radiology Fees-Bloomfield-Laboratory	90.00	0.00	90.00	0.00
438020-0101-27-000-0	X-Bloomfield-Laboratory	7,437.00	0.00	7,437.00	11,166.00
Subtotal [5F]	X-Rays and related radiological	7,527.00	0.00	7,527.00	11,166.00
Subgroup : [5H]	Laboratory				
438030-0101-27-000-0	Lab Fees-Bloomfield-Laboratory	15,720.00	0.00	15,720.00	17,643.00
Subtotal [5H]	Laboratory	15,720.00	0.00	15,720.00	17,643.00
Subgroup : [5I]	Recreation				
410000-0101-07-000-0	Supplies-Bloomfield-Rec Therapy	1,300.00	0.00	1,300.00	1,364.00
420000-0101-07-000-0	Minor Equip-Bloomfield-Rec Therapy	512.00	0.00	512.00	0.00
440000-0101-07-000-0	Purch Services-Bloomfield-Rec Therapy	10,548.00	0.00	10,548.00	8,269.00
Subtotal [5I]	Recreation	12,360.00	0.00	12,360.00	9,633.00
Subgroup : [5L]	Cable Television				
440050-0101-07-000-0	Cable Expense-Bloomfield-Rec Therapy	17,596.00	0.00	17,596.00	15,055.00
Subtotal [5L]	Cable Television	17,596.00	0.00	17,596.00	15,055.00
Subgroup : [5M]	Other				
411010-0101-22-000-0	Flu Vaccine-Bloom-Medical Services -	11,005.00	0.00	11,005.00	3,690.00
413500-0101-23-000-0	IV Thy Supplies-Bloomfield-Rehab Tpy and Ancilry	6,018.00	0.00	6,018.00	7,533.00
452000-0101-15-000-0	Equip Rental-Bloomfield-Nursing	26,095.00	0.00	26,095.00	22,038.00
452000-0101-23-000-0	Equip Rental-Bloomfield-Rehab Tpy and Ancilry	10,400.00	0.00	10,400.00	10,148.00
452000-0101-24-000-0	Equip Rental-Bloomfield-Respiratory	28,481.00	0.00	28,481.00	27,064.00
Subtotal [5M]	Other	81,999.00	0.00	81,999.00	70,473.00
Total [20]	Housekeeping and Resident Care Basis for Allocation of Costs	564,462.00	0.00	564,462.00	499,563.00
Group : [22]	Maintenance and Property				
Subgroup : [6B]	Heat				
463000-0101-25-000-0	Gas-Bloomfield-Property	64,520.00	0.00	64,520.00	56,632.00
465000-0101-25-000-0	Oil-Bloomfield-Property	2,313.00	0.00	2,313.00	1,166.00
Subtotal [6B]	Heat	66,833.00	0.00	66,833.00	57,798.00
Subgroup : [6C]	Light & Power				
462000-0101-25-000-0	Electric-Bloomfield-Property	123,448.00	0.00	123,448.00	111,365.00
Subtotal [6C]	Light & Power	123,448.00	0.00	123,448.00	111,365.00
Subgroup : [6D]	Water				
466000-0101-25-000-0	Water-Bloomfield-Property	36,801.00	0.00	36,801.00	36,475.00
Subtotal [6D]	Water	36,801.00	0.00	36,801.00	36,475.00
Subgroup : [6E]	Equipment Lease				
435210-0101-03-000-0	IT Rental-Bloomfield-Administration	49,987.00	(6,195.00)	43,792.00	44,833.00
452000-0101-04-000-0	Equip Rental-Bloomfield-Fiscal Operations	6,546.00	(6,195.00)	6,546.00	7,399.00
Subtotal [6E]	Equipment Lease	56,533.00	(6,195.00)	50,338.00	52,232.00
Subgroup : [6F]	Other				
410000-0101-08-000-0	Supplies-Bloomfield-Maintenance	12,281.00	0.00	12,281.00	22,617.00
440000-0101-08-000-0	Purch Services-Bloomfield-Maintenance	56,424.00	0.00	56,424.00	47,191.00
440000-0101-12-000-0	Purch Services-Bloomfield-Security	12,207.00	0.00	12,207.00	12,605.00
440001-0101-08-000-0	Ground Services-Bloomfield-Maintenance	23,322.00	0.00	23,322.00	15,505.00
442000-0101-08-000-0	Pest Control-Bloom-Maintenance- -	3,147.00	0.00	3,147.00	3,304.00
443000-0101-08-000-0	Carting-Bloomfield-Maintenance	36,347.00	0.00	36,347.00	35,571.00
452000-0101-08-000-0	Equip Rental-Bloomfield-Maintenance	1,779.00	0.00	1,779.00	1,828.00
Subtotal [6F]	Other	145,507.00	0.00	145,507.00	138,621.00
Subgroup : [7D]	Movable Equipment				
486000-0101-25-000-0	Depr Exp MME-Bloomfield	65,863.00	(7,557.00)	58,306.00	70,248.00
Subtotal [7D]	Movable Equipment	65,863.00	(7,557.00)	58,306.00	70,248.00
Subgroup : [8C]	Leasehold Improvements				
484000-0101-25-000-0	Depe Exp LHI-Bloomfield	67,012.00	7,557.00	74,569.00	58,921.00
Subtotal [8C]	Leasehold Improvements	67,012.00	7,557.00	74,569.00	58,921.00
Subgroup : [9]	Rental Payments				
471000-0101-25-000-0	Rent-Bloomfield-Property	444,000.00	0.00	444,000.00	840,000.00
Subtotal [9]	Rental Payments	444,000.00	0.00	444,000.00	840,000.00
Subgroup : [10B]	Real estate taxes paid by lessor				
473000-0101-25-000-0	Real Estate Taxes-Bloomfield-Property	91,892.00	0.00	91,892.00	91,710.00
Subtotal [10B]	Real estate taxes paid by lessor	91,892.00	0.00	91,892.00	91,710.00
Subgroup : [10C]	Personal property taxes				
472000-0101-25-000-0	Personal Property Taxes-Bloomfield-Property	15,106.00	0.00	15,106.00	14,570.00
Subtotal [10C]	Personal property taxes	15,106.00	0.00	15,106.00	14,570.00
Total [22]	Maintenance and Property	1,112,995.00	(6,195.00)	1,106,800.00	1,471,940.00
Group : [27]	Interest and Insurance				
Subgroup : [12D]	Other Interest Expense				
503100-0101-03-000-0	Interest-Bloomfield-Administration	11,945.00	0.00	11,945.00	14,010.00
503130-0101-03-000-0	Interest on Computer Loan-Bloom-Administration	2,822.00	0.00	2,822.00	4,096.00
Subtotal [12D]	Other Interest Expense	14,767.00	0.00	14,767.00	18,106.00
Subgroup : [14A]	Insurance on Property				
472500-0101-25-000-0	Property Insurance-Bloomfield-Property	20,454.00	0.00	20,454.00	15,433.00

Subtotal [14A]	Insurance on Property	20,454.00	0.00	20,454.00	15,433.00
Subgroup : [14C3]	Other				
510000-0101-03-000-0	Liability Ins-Bloomfield-Administration	86,010.00	0.00	86,010.00	85,681.00
513000-0101-03-000-0	Crime Ins-Bloomfield-Administration	370.00	0.00	370.00	370.00
Subtotal [14C3]	Other	86,380.00	0.00	86,380.00	86,051.00
Total [27]	Interest and Insurance	121,601.00	0.00	121,601.00	119,590.00
Group : [30]	Statement of Revenue				
Subgroup : [1A]	Medicaid Residents (CT only)				
311000-0101-00-000-0	Medicaid Room & Board-Bloomfield	(12,011,820.00)	0.00	(12,011,820.00)	(10,987,140.00)
Subtotal [1A]	Medicaid Residents (CT only)	(12,011,820.00)	0.00	(12,011,820.00)	(10,987,140.00)
Subgroup : [1B]	Medicaid room and board contractual allowance				
311005-0101-00-000-0	Medicaid Room & Board Contra-Bloomfield	2,596,628.00	0.00	2,596,628.00	2,808,261.00
313005-0101-00-000-0	Medicaid Contra Other-Bloomfield	(46.00)	0.00	(46.00)	6,289.00
Subtotal [1B]	Medicaid room and board contractual allowance	2,596,582.00	0.00	2,596,582.00	2,814,550.00
Subgroup : [3A]	Medicare Residents (All Inclusive)				
321000-0101-00-000-0	Medicare Pt A Room & Board-Bloomfield	(942,555.00)	0.00	(942,555.00)	(754,326.00)
Subtotal [3A]	Medicare Residents (All Inclusive)	(942,555.00)	0.00	(942,555.00)	(754,326.00)
Subgroup : [3B]	Medicare room and board contractual allowance				
321005-0101-00-000-0	Medicare Pt A R and B Contra-Bloomfield	687,749.00	0.00	687,749.00	553,421.00
323005-0101-00-000-0	Medicare Pt A Contra Other-Bloomfield	19,532.00	0.00	19,532.00	24,704.00
328000-0101-00-000-0	Medicare Pt A Sequestration-Bloomfield	31,016.00	0.00	31,016.00	8,987.00
Subtotal [3B]	Medicare room and board contractual allowance	738,297.00	0.00	738,297.00	587,112.00
Subgroup : [4A]	Private-pay residents and other				
303100-0101-00-000-0	Hospice Revenue-Bloomfield	(667,910.00)	0.00	(667,910.00)	(571,350.00)
341000-0101-00-000-0	Private Room & Board-Bloomfield	(825,925.00)	0.00	(825,925.00)	(900,680.00)
351000-0101-00-000-0	Comm Ins Room & Board-Bloomfield	(36,935.00)	0.00	(36,935.00)	(31,435.00)
371000-0101-00-000-0	Mgd Medicare Room and Board-Bloomfield	(849,325.00)	0.00	(849,325.00)	(703,625.00)
Subtotal [4A]	Private-pay residents and other	(2,380,095.00)	0.00	(2,380,095.00)	(2,207,090.00)
Subgroup : [4B]	Private-pay room and board contractual allowance				
303700-0101-00-000-0	Hospice C/A-Bloomfield	151,484.00	0.00	151,484.00	142,180.00
341005-0101-00-000-0	Private Room & Board Contra-Bloomfield	40,722.00	0.00	40,722.00	32,665.00
351005-0101-00-000-0	Comm Ins Room & Board Contra-Bloomfield	(15,140.00)	0.00	(15,140.00)	(4,308.00)
353005-0101-00-000-0	Comm Ins Contra Other-Bloomfield	737.00	0.00	737.00	3,426.00
371005-0101-00-000-0	Mgd Medicare Room & Board Contra-Bloomfield	87,476.00	0.00	87,476.00	16,471.00
373005-0101-00-000-0	Mgd Medicare Contra Other-Bloomfield	18,422.00	0.00	18,422.00	23,684.00
381000-0101-00-000-0	Mgd Medicaid Room & Board-Bloomfield	(263.00)	0.00	(263.00)	(370.00)
Subtotal [4B]	Private-pay room and board contractual allowance	283,438.00	0.00	283,438.00	213,748.00
Subgroup : [5A]	Prescription Drugs - Medicare				
324100-0101-00-000-0	Medicare Pt A Pharmacy-Bloomfield	(175,988.00)	0.00	(175,988.00)	(142,512.00)
335700-0101-00-000-0	Medicare Pt B Flu/Pneumonia-Bloomfield	(2,328.00)	0.00	(2,328.00)	(1,378.00)
Subtotal [5A]	Prescription Drugs - Medicare	(178,316.00)	0.00	(178,316.00)	(143,890.00)
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance				
324105-0101-00-000-0	Medicare Pt A Pharmacy Contra-Bloomfield	194,671.00	0.00	194,671.00	210,685.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance	194,671.00	0.00	194,671.00	210,685.00
Subgroup : [5C]	Prescription Drugs - Non-medicare				
304100-0101-00-000-0	Hospice Pharmacy-Bloomfield	(1,615.00)	0.00	(1,615.00)	(976.00)
314100-0101-00-000-0	Medicaid Pharmacy-Bloomfield	(72,072.00)	0.00	(72,072.00)	(38,369.00)
344100-0101-00-000-0	Private Pharmacy-Bloomfield	(1,366.00)	0.00	(1,366.00)	(18.00)
354100-0101-00-000-0	Comm Ins Pharmacy-Bloomfield	(8,996.00)	0.00	(8,996.00)	(8,396.00)
374100-0101-00-000-0	Mgd Medicare Pharmacy-Bloomfield	(175,918.00)	0.00	(175,918.00)	(139,006.00)
375700-0101-00-000-0	Mgd Medicare Flu/Pneumonia-Bloomfield	(3,383.00)	0.00	(3,383.00)	(1,703.00)
Subtotal [5C]	Prescription Drugs - Non-medicare	(263,350.00)	0.00	(263,350.00)	(188,468.00)
Subgroup : [5D]	Prescription Drugs - Non-medicare Contractual Allowance				
304105-0101-00-000-0	Hospice Pharmacy Contra-Bloomfield	1,615.00	0.00	1,615.00	976.00
314105-0101-00-000-0	Medicaid Pharmacy Contra-Bloomfield	72,072.00	0.00	72,072.00	39,125.00
344105-0101-00-000-0	Private Pharmacy Contra-Bloomfield	752.00	0.00	752.00	0.00
354105-0101-00-000-0	Comm Ins Pharmacy Contra-Bloomfield	8,996.00	0.00	8,996.00	8,396.00
374105-0101-00-000-0	Mgd Medicare Pharmacy Contra-Bloomfield	186,905.00	0.00	186,905.00	144,933.00
Subtotal [5D]	Prescription Drugs - Non-medicare Contractual Allowance	270,340.00	0.00	270,340.00	193,430.00
Subgroup : [6A]	Medical Supplies - Medicare				
324200-0101-00-000-0	MCR Pt A Chargeable Med Supp-Bloomfield	0.00	0.00	0.00	(2,629.00)
Subtotal [6A]	Medical Supplies - Medicare	0.00	0.00	0.00	(2,629.00)
Subgroup : [6B]	Medical Supplies - Medicare Contractual Allowance				
324205-0101-00-000-0	MCR Pt A Charge Med Supp Contra-Bloomfield	0.00	0.00	0.00	2,629.00
Subtotal [6B]	Medical Supplies - Medicare Contractual Allowance	0.00	0.00	0.00	2,629.00
Subgroup : [6C]	Medical Supplies - Non-medicare				
374200-0101-00-000-0	Mgd Medicare Chargeable Medical Supplies-Bloomfield	0.00	0.00	0.00	(3,407.00)
Subtotal [6C]	Medical Supplies - Non-medicare	0.00	0.00	0.00	(3,407.00)
Subgroup : [6D]	Medical Supplies - Non-medicare Contractual Allowance				
374205-0101-00-000-0	Mgd Medicare Chargeable Med Supp Contra-Bloomfield	0.00	0.00	0.00	3,407.00
Subtotal [6D]	Medical Supplies - Non-medicare Contractual Allowance	0.00	0.00	0.00	3,407.00
Subgroup : [7A]	Physical Therapy - Medicare				
321006-0101-00-000-0	Medicare A PT Contra-Bloomfield	(234,801.00)	0.00	(234,801.00)	(184,091.00)
324300-0101-00-000-0	Medicare Pt A PT-Bloomfield	(156,963.00)	0.00	(156,963.00)	(102,524.00)
334300-0101-00-000-0	Medicare Pt B PT-Bloomfield	(60,025.00)	0.00	(60,025.00)	(58,551.00)
Subtotal [7A]	Physical Therapy - Medicare	(451,789.00)	0.00	(451,789.00)	(345,166.00)
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance				
324305-0101-00-000-0	Medicare Pt A PT Contra-Bloomfield	156,963.00	0.00	156,963.00	102,524.00

334305-0101-00-000-0	Medicare Pt B PT Contra-Bloomfield	37,024.00	0.00	37,024.00	23,636.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	193,987.00	0.00	193,987.00	126,160.00
Subgroup : [7C]	Physical Therapy - Non-medicare				
314300-0101-00-000-0	Medicaid PT-Bloomfield	(97,792.00)	0.00	(97,792.00)	(64,930.00)
344300-0101-00-000-0	Private PT-Bloomfield	(4,949.00)	0.00	(4,949.00)	0.00
354300-0101-00-000-0	Comm Ins PT-Bloomfield	(10,000.00)	0.00	(10,000.00)	(4,959.00)
374300-0101-00-000-0	Mgd Medicare PT-Bloomfield	(191,999.00)	0.00	(191,999.00)	(115,954.00)
378100-0101-00-000-0	Medicare Mgd Care Pt B PT-Bloomfield	(80,218.00)	0.00	(80,218.00)	(55,756.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(384,958.00)	0.00	(384,958.00)	(241,599.00)
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowance				
314305-0101-00-000-0	Medicaid PT Contra-Bloomfield	97,792.00	0.00	97,792.00	64,930.00
337305-0101-00-000-0	Mgd Medicare PT B PT Contra-Bloomfield	56.00	0.00	56.00	(322.00)
354305-0101-00-000-0	Comm Ins PT Contra-Bloomfield	10,000.00	0.00	10,000.00	4,959.00
371006-0101-00-000-0	Mgd Medicare PT Contra-Bloomfield	(39,703.00)	0.00	(39,703.00)	(14,326.00)
374305-0101-00-000-0	Mgd Medicare PT Contra-Bloomfield	192,335.00	0.00	192,335.00	116,084.00
378105-0101-00-000-0	Medicare Mgd Pt B PT Contra-Bloomfield	71,176.00	0.00	71,176.00	40,386.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance	331,656.00	0.00	331,656.00	211,711.00
Subgroup : [8A]	Speech Therapy - Medicare				
321008-0101-00-000-0	Medicare A ST Contra-Bloomfield	(122,407.00)	0.00	(122,407.00)	(86,137.00)
324400-0101-00-000-0	Medicare Pt A ST-Bloomfield	(48,122.00)	0.00	(48,122.00)	(25,862.00)
334400-0101-00-000-0	Medicare Pt B ST-Bloomfield	(14,729.00)	0.00	(14,729.00)	(7,356.00)
Subtotal [8A]	Speech Therapy - Medicare	(185,258.00)	0.00	(185,258.00)	(119,355.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance				
324405-0101-00-000-0	Medicare Pt A ST Contra-Bloomfield	48,122.00	0.00	48,122.00	25,862.00
334405-0101-00-000-0	Medicare Pt B ST Contra-Bloomfield	7,382.00	0.00	7,382.00	1,953.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	55,504.00	0.00	55,504.00	27,815.00
Subgroup : [8C]	Speech Therapy - Non-medicare				
304400-0101-00-000-0	Hospice ST-Bloomfield	(182.00)	0.00	(182.00)	(187.00)
314400-0101-00-000-0	Medicaid ST-Bloomfield	(22,633.00)	0.00	(22,633.00)	(30,370.00)
354400-0101-00-000-0	Comm Ins ST-Bloomfield	(514.00)	0.00	(514.00)	(750.00)
374400-0101-00-000-0	Mgd Medicare ST-Bloomfield	(36,098.00)	0.00	(36,098.00)	(43,441.00)
378120-0101-00-000-0	Medicare Mgd Care Pt B ST-Bloomfield	(68,446.00)	0.00	(68,446.00)	(38,899.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(127,873.00)	0.00	(127,873.00)	(113,647.00)
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowance				
304405-0101-00-000-0	Hospice ST Contra-Bloomfield	91.00	0.00	91.00	187.00
314405-0101-00-000-0	Medicaid ST Contra-Bloomfield	22,633.00	0.00	22,633.00	30,370.00
354405-0101-00-000-0	Comm Ins ST Contra-Bloomfield	514.00	0.00	514.00	750.00
371008-0101-00-000-0	Mgd Medicare ST Contra-Bloomfield	(18,615.00)	0.00	(18,615.00)	(4,967.00)
374405-0101-00-000-0	Mgd Medicare ST Contra-Bloomfield	36,096.00	0.00	36,096.00	43,441.00
378125-0101-00-000-0	Medicare Mgd Pt B ST-Contra-Bloomfield	61,826.00	0.00	61,826.00	29,396.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance	102,545.00	0.00	102,545.00	99,177.00
Subgroup : [9A]	Occupational Therapy - Medicare				
321007-0101-00-000-0	Medicare A OT Contra-Bloomfield	(220,540.00)	0.00	(220,540.00)	(172,413.00)
324800-0101-00-000-0	Medicare Pt A OT-Bloomfield	(199,112.00)	0.00	(199,112.00)	(125,407.00)
334800-0101-00-000-0	Medicare Pt B OT-Bloomfield	(77,260.00)	0.00	(77,260.00)	(45,679.00)
Subtotal [9A]	Occupational Therapy - Medicare	(496,912.00)	0.00	(496,912.00)	(343,499.00)
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance				
324805-0101-00-000-0	Medicare Pt A OT Contra-Bloomfield	199,112.00	0.00	199,112.00	125,407.00
334805-0101-00-000-0	Medicare Pt B OT Contra-Bloomfield	46,616.00	0.00	46,616.00	12,173.00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowance	245,728.00	0.00	245,728.00	137,580.00
Subgroup : [9C]	Occupational Therapy - Non-medicare				
304800-0101-00-000-0	Hospice OT-Bloomfield	0.00	0.00	0.00	(106.00)
314800-0101-00-000-0	Medicaid OT-Bloomfield	(114,486.00)	0.00	(114,486.00)	(81,380.00)
344800-0101-00-000-0	Private OT-Bloomfield	(821.00)	0.00	(821.00)	0.00
354800-0101-00-000-0	Comm Ins OT-Bloomfield	(10,243.00)	0.00	(10,243.00)	(5,608.00)
374800-0101-00-000-0	Mgd Medicare OT-Bloomfield	(221,228.00)	0.00	(221,228.00)	(132,913.00)
378130-0101-00-000-0	Medicare Mgd Care Pt B OT-Bloomfield	(122,748.00)	0.00	(122,748.00)	(68,279.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(469,526.00)	0.00	(469,526.00)	(288,286.00)
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allowance				
304805-0101-00-000-0	Hospice OT Contra-Bloomfield	0.00	0.00	0.00	106.00
314805-0101-00-000-0	Medicaid OT Contra-Bloomfield	114,486.00	0.00	114,486.00	81,380.00
354805-0101-00-000-0	Comm Ins OT Contra-Bloomfield	10,243.00	0.00	10,243.00	5,608.00
371007-0101-00-000-0	Mgd Medicare OT Contra-Bloomfield	(37,113.00)	0.00	(37,113.00)	(13,513.00)
374805-0101-00-000-0	Mgd Medicare OT Contra-Bloomfield	221,228.00	0.00	221,228.00	132,913.00
378135-0101-00-000-0	Medicare Mgd Pt B OT Contra-Bloomfield	106,452.00	0.00	106,452.00	49,117.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual Allowance	415,296.00	0.00	415,296.00	255,611.00
Subgroup : [10A]	Other - Medicare				
321009-0101-00-000-0	Medicare A NTA Contra-Bloomfield	(320,383.00)	0.00	(320,383.00)	(264,150.00)
321010-0101-00-000-0	Medicare A Nsng Comp Contra-Bloomfield	(613,227.00)	0.00	(613,227.00)	(424,315.00)
324500-0101-00-000-0	Medicare Pt A IV Therapy-Bloomfield	(18,684.00)	0.00	(18,684.00)	(68,173.00)
324600-0101-00-000-0	Medicare Pt A Lab-Bloomfield	(12,098.00)	0.00	(12,098.00)	(13,859.00)
325000-0101-00-000-0	Medicare Pt X-Bloomfield	(7,434.00)	0.00	(7,434.00)	(10,845.00)
329000-0101-00-000-0	Medicare Pt A Settlement-Bloomfield	(3,641.00)	0.00	(3,641.00)	0.00
338000-0101-00-000-0	Medicare Pt B Prior Period-Bloomfield	1,061.00	0.00	1,061.00	355.00
Subtotal [10A]	Other - Medicare	(974,406.00)	0.00	(974,406.00)	(780,987.00)
Subgroup : [10B]	Other - Non-medicare				
314500-0101-00-000-0	Medicaid IV Therapy-Bloomfield	0.00	0.00	0.00	(756.00)
314600-0101-00-000-0	Medicaid Lab-Bloomfield	46.00	0.00	46.00	(6,255.00)
315000-0101-00-000-0	Medicaid X-Bloomfield	0.00	0.00	0.00	(34.00)
318000-0101-00-000-0	Medicaid C/A Prior Period-Bloomfield	(642.00)	0.00	(642.00)	136,620.00
344600-0101-00-000-0	Private Lab-Bloomfield	0.00	0.00	0.00	(171.00)
354600-0101-00-000-0	Comm Ins Lab-Bloomfield	(740.00)	0.00	(740.00)	(1,196.00)
355000-0101-00-000-0	Comm Ins X-Bloomfield	0.00	0.00	0.00	(2,230.00)
371009-0101-00-000-0	Mgd Medicare NTA Contra-Bloomfield	(59,472.00)	0.00	(59,472.00)	(15,418.00)

371010-0101-00-000-0	Mgd Medicare Nsng Comp Contra-Bloomfield	(85,689.00)	0.00	(85,689.00)	(24,878.00)
374500-0101-00-000-0	Mgd Medicare IV Therapy-Bloomfield	(11,834.00)	0.00	(11,834.00)	(5,927.00)
374600-0101-00-000-0	Mgd Medicare Lab-Bloomfield	(9,619.00)	0.00	(9,619.00)	(9,479.00)
374900-0101-00-000-0	Mgd Medicare Specialty Beds-Bloomfield	0.00	0.00	0.00	(5,321.00)
375000-0101-00-000-0	Mgd Medicare X-Bloomfield	(8,803.00)	0.00	(8,803.00)	(8,884.00)
378000-0101-00-000-0	Mgd Medicare Prior Period-Bloomfield	7,003.00	0.00	7,003.00	780.00
389010-0101-00-000-0	Patient Revenue Capitation -Bloomfield	(354,730.00)	0.00	(354,730.00)	(222,815.00)
Subtotal [10B]	Other - Non-medicare	(524,480.00)	0.00	(524,480.00)	(165,964.00)
Subgroup : [11]	Meals sold to guests, employees, and others				
391510-0101-00-000-0	Misc. Meals-Bloomfield	0.00	0.00	0.00	(3,588.00)
Subtotal [11]	Meals sold to guests, employees, and others	0.00	0.00	0.00	(3,588.00)
Subgroup : [15]	Interest Income				
391100-0101-00-000-0	Interest Income-Bloomfield	(2,936.00)	0.00	(2,936.00)	(383.00)
Subtotal [15]	Interest Income	(2,936.00)	0.00	(2,936.00)	(383.00)
Subgroup : [18]	Other Revenue				
391500-0101-00-000-0	Misc. Other Income-Bloomfield	(5,134.00)	0.00	(5,134.00)	(268,643.00)
391600-0101-00-000-0	Transcription Income-Bloomfield	(104.00)	0.00	(104.00)	(99.00)
Subtotal [18]	Other Revenue	(5,238.00)	0.00	(5,238.00)	(268,742.00)
Total [30]	Statement of Revenue	(13,971,468.00)	0.00	(13,971,468.00)	(12,074,551.00)
Group : [31-32]	Assets				
Subgroup : [A1]	Cash				
101005-0101-00-000-0	Cash Operating-Bloomfield	208,955.00	0.00	208,955.00	158,656.00
103200-0101-00-000-0	Cash - Payroll 2-Bloomfield	8,060.00	0.00	8,060.00	9,175.00
104010-0101-00-000-0	Cash - Savings 1-Bloomfield	284,441.00	0.00	284,441.00	440,401.00
105000-0101-00-000-0	Cash - Savings Patients-Bloomfield	43,846.00	0.00	43,846.00	79,156.00
106000-0101-00-000-0	Petty Cash-Bloomfield	1,000.00	0.00	1,000.00	1,000.00
106100-0101-00-000-0	Petty Cash - Resident Funds-Bloomfield	1,800.00	0.00	1,800.00	1,800.00
Subtotal [A1]	Cash	548,102.00	0.00	548,102.00	690,188.00
Subgroup : [A2]	Resident Accounts Receivable				
107000-0101-00-000-0	Resident Refunds-Bloomfield	0.00	0.00	0.00	(870.00)
110000-0101-00-000-0	Accounts Receivable-Bloomfield	126,819.00	0.00	126,819.00	165,291.00
111000-0101-00-000-0	A/R Private-Bloomfield	188,174.00	0.00	188,174.00	228,272.00
111200-0101-00-000-0	A/R Comm Ins-Bloomfield	32,567.00	0.00	32,567.00	26,451.00
111300-0101-00-000-0	AR Hospice-Bloomfield	91,229.00	0.00	91,229.00	61,973.00
111400-0101-00-000-0	A/R Mgd Medicare-Bloomfield	74,146.00	0.00	74,146.00	51,598.00
112000-0101-00-000-0	A/R Medicare Pt A-Bloomfield	70,876.00	0.00	70,876.00	94,916.00
112500-0101-00-000-0	A/R Medicare Pt B-Bloomfield	11,067.00	0.00	11,067.00	4,123.00
113000-0101-00-000-0	A/R Medicaid-Bloomfield	1,061,548.00	0.00	1,061,548.00	648,917.00
113100-0101-00-000-0	A/R Mgd Medicaid-Bloomfield	0.00	0.00	0.00	(263.00)
114000-0101-00-000-0	A/R Patient Ptcipation-Bloomfield	165,306.00	0.00	165,306.00	143,807.00
116100-0101-00-000-0	Medicare Coins Bad Debt-Bloomfield	3,641.00	0.00	3,641.00	0.00
116200-0101-00-000-0	Allowance for Doubtful Accounts-Bloomfield	(282,921.00)	0.00	(282,921.00)	(251,934.00)
Subtotal [A2]	Resident Accounts Receivable	1,542,452.00	0.00	1,542,452.00	1,172,281.00
Subgroup : [A4]	Inventories				
130000-0101-00-000-0	Inventory-Bloomfield	43,741.00	0.00	43,741.00	40,118.00
Subtotal [A4]	Inventories	43,741.00	0.00	43,741.00	40,118.00
Subgroup : [A5]	Prepaid Expenses				
121400-0101-00-000-0	Prepaid Workers Comp-Bloomfield	15,156.00	0.00	15,156.00	15,494.00
122200-0101-00-000-0	Prepaid Gen. Ins-Bloomfield	21,338.00	0.00	21,338.00	24,943.00
129000-0101-00-000-0	Prepaid Expense Other-Bloomfield	11,132.00	0.00	11,132.00	23,864.00
129100-0101-00-000-0	Prepaid Real Estate Taxes-Bloomfield	70,655.00	0.00	70,655.00	23,967.00
129110-0101-00-000-0	Prepaid Personal Property Taxes-Bloomfield	11,399.00	0.00	11,399.00	10,408.00
129300-0101-00-000-0	Prepaid Mgmt Assets-Bloomfield	19,268.00	0.00	19,268.00	13,654.00
Subtotal [A5]	Prepaid Expenses	148,948.00	0.00	148,948.00	112,330.00
Subgroup : [B4]	Leasehold Improvements				
154000-0101-00-000-0	Lease hold Improvements-Bloomfield	1,427,190.00	37,785.00	1,464,975.00	1,081,964.00
164000-0101-00-000-0	Accum Depr LHI-Bloomfield	(803,260.00)	0.00	(803,260.00)	(736,248.00)
Subtotal [B4]	Leasehold Improvements	623,930.00	37,785.00	661,715.00	345,716.00
Subgroup : [B6]	Movable Equipment				
156000-0101-00-000-0	Major Movable Equip-Bloomfield	819,334.00	(37,785.00)	781,549.00	725,329.00
166000-0101-00-000-0	Accum Depr MME-Bloomfield	(517,264.00)	0.00	(517,264.00)	(451,401.00)
Subtotal [B6]	Movable Equipment	302,070.00	(37,785.00)	264,285.00	273,928.00
Subgroup : [D1]	Deferred Deposits				
129900-0101-00-000-0	CT PET Deferred Tax-Bloomfield	176,190.00	0.00	176,190.00	157,984.00
141900-0101-00-000-0	CT PET Tax Receivable-Bloomfield	(176,190.00)	0.00	(176,190.00)	(157,984.00)
Subtotal [D1]	Deferred Deposits	0.00	0.00	0.00	0.00
Subgroup : [D3]	Organization Expense				
159000-0101-00-000-0	Mortgage Acq Costs Expansion-Bloomfield	9,130,678.00	0.00	9,130,678.00	0.00
166590-0101-00-000-0	Acc Amort Mort Acq Cost-Bloomfield	(207,424.00)	0.00	(207,424.00)	0.00
Subtotal [D3]	Organization Expense	8,923,254.00	0.00	8,923,254.00	0.00
Subgroup : [D6]	Loans to Owners or Related Parties				
141600-0101-00-000-0	Due from Related-Bloomfield	1,975.00	0.00	1,975.00	0.00
Subtotal [D6]	Loans to Owners or Related Parties	1,975.00	0.00	1,975.00	0.00
Subgroup : [D7]	Other Assets				
145000-0101-00-000-0	Security Deposits-Bloomfield	11,500.00	0.00	11,500.00	11,500.00
Subtotal [D7]	Other Assets	11,500.00	0.00	11,500.00	11,500.00
Total [31-32]	Assets	12,145,972.00	0.00	12,145,972.00	2,646,061.00
Group : [33-34]	Liabilities				
Subgroup : [A1]	Trade Accounts Payable				
210000-0101-00-000-0	Accounts Payable-Bloomfield	(766,126.00)	0.00	(766,126.00)	(436,976.00)

Subtotal [A1]	Trade Accounts Payable	<u>(766,126.00)</u>	<u>0.00</u>	<u>(766,126.00)</u>	<u>(436,976.00)</u>
Subgroup : [A2]	Note Payable				
211004-0101-00-000-0	Notes Payable ST4-Bloomfield	0.00	0.00	0.00	(2,258.00)
211006-0101-00-000-0	Notes/Loans Payable S/T-Bloomfield	(73,983.00)	0.00	(73,983.00)	(73,983.00)
Subtotal [A2]	Note Payable	<u>(73,983.00)</u>	<u>0.00</u>	<u>(73,983.00)</u>	<u>(76,241.00)</u>
Subgroup : [A3]	Loans Payable for Equipment				
211400-0101-00-000-0	Equipment Obligation ST-Bloomfield	(25,686.00)	0.00	(25,686.00)	(24,341.00)
Subtotal [A3]	Loans Payable for Equipment	<u>(25,686.00)</u>	<u>0.00</u>	<u>(25,686.00)</u>	<u>(24,341.00)</u>
Subgroup : [A4]	Accrued Payroll				
250100-0101-00-000-0	Accrued Payroll-Bloomfield	(368,412.00)	0.00	(368,412.00)	(329,433.00)
Subtotal [A4]	Accrued Payroll	<u>(368,412.00)</u>	<u>0.00</u>	<u>(368,412.00)</u>	<u>(329,433.00)</u>
Subgroup : [A9]	Mortgage Payable				
211200-0101-00-000-0	Mortgage Payable ST-Bloomfield	(222,418.00)	0.00	(222,418.00)	0.00
Subtotal [A9]	Mortgage Payable	<u>(222,418.00)</u>	<u>0.00</u>	<u>(222,418.00)</u>	<u>0.00</u>
Subgroup : [A12]	Other Current Liabilities				
119000-0101-00-000-0	Due For Cr Crd Colct-Bloomfield	(113.00)	0.00	(113.00)	395.00
220000-0101-00-000-0	Loans and Exchange-Bloomfield	1,174.00	0.00	1,174.00	0.00
220200-0101-00-000-0	Unclaimed ADP checks-Bloomfield	(7,263.00)	0.00	(7,263.00)	(7,448.00)
221800-0101-00-000-0	Due to HMS-Bloomfield	(48,973.00)	0.00	(48,973.00)	(81,103.00)
226200-0101-00-000-0	Patients Fund-Bloomfield	(43,846.00)	0.00	(43,846.00)	(79,156.00)
250000-0101-00-000-0	Accrued Expenses-Bloomfield	(259,143.00)	0.00	(259,143.00)	(218,366.00)
250020-0101-00-000-0	Accrued Pension-Bloomfield	(312,769.00)	0.00	(312,769.00)	(137,242.00)
250030-0101-00-000-0	Accrued Worker's Comp-Bloomfield	(81,774.00)	0.00	(81,774.00)	(63,168.00)
Subtotal [A12]	Other Current Liabilities	<u>(752,707.00)</u>	<u>0.00</u>	<u>(752,707.00)</u>	<u>(586,088.00)</u>
Subgroup : [B1]	Loans Payable - Equipment				
211411-0101-00-000-0	Equipment Obligation LT 1-Bloomfield	(11,968.00)	0.00	(11,968.00)	(37,653.00)
Subtotal [B1]	Loans Payable - Equipment	<u>(11,968.00)</u>	<u>0.00</u>	<u>(11,968.00)</u>	<u>(37,653.00)</u>
Subgroup : [B2]	Mortgages Payable				
211300-0101-00-000-0	Mortgage Payable LT-Bloomfield	(8,700,836.00)	0.00	(8,700,836.00)	0.00
Subtotal [B2]	Mortgages Payable	<u>(8,700,836.00)</u>	<u>0.00</u>	<u>(8,700,836.00)</u>	<u>0.00</u>
Subgroup : [B3]	Loans from Owners or Related Parties				
221400-0101-00-000-0	Due to Realty-Bloomfield	(2,057,791.00)	0.00	(2,057,791.00)	(2,073,209.00)
229100-0101-00-000-0	Loans Payable Related Pty-Bloomfield	(1,687,165.00)	0.00	(1,687,165.00)	(1,597,165.00)
271500-0101-00-000-0	Due to Related-Bloomfield	(3,794,047.00)	0.00	(3,794,047.00)	(4,168,053.00)
275000-0101-00-000-0	National Loan-Bloomfield	(148,875.00)	0.00	(148,875.00)	0.00
Subtotal [B3]	Loans from Owners or Related Parties	<u>(7,687,878.00)</u>	<u>0.00</u>	<u>(7,687,878.00)</u>	<u>(7,838,427.00)</u>
Subgroup : [B4]	Other Long-Term Liabilities				
211106-0101-00-000-0	Notes/Loans Payable L/T-Bloomfield	(210,092.00)	0.00	(210,092.00)	(284,075.00)
271000-0101-00-000-0	Due to Aging in Amer-Bloomfield	(11,627.00)	0.00	(11,627.00)	0.00
Subtotal [B4]	Other Long-Term Liabilities	<u>(221,719.00)</u>	<u>0.00</u>	<u>(221,719.00)</u>	<u>(284,075.00)</u>
Total [33-34]	Liabilities	<u>(18,831,733.00)</u>	<u>0.00</u>	<u>(18,831,733.00)</u>	<u>(9,613,234.00)</u>
Group : [35]	Equity				
Subgroup : [B5]	Cumulated Earnings				
280000-0101-00-000-0	Capital-Bloomfield	1,473,538.00	0.00	1,473,538.00	1,473,538.00
286000-0101-00-000-0	Ptner Drawings-Bloomfield	(260,000.00)	0.00	(260,000.00)	0.00
295000-0101-00-000-0	Retained Earnings-Bloomfield	5,632,774.00	0.00	5,632,774.00	4,947,863.00
Subtotal [B5]	Cumulated Earnings	<u>6,846,312.00</u>	<u>0.00</u>	<u>6,846,312.00</u>	<u>6,421,401.00</u>
Total [35]	Equity	<u>6,846,312.00</u>	<u>0.00</u>	<u>6,846,312.00</u>	<u>6,421,401.00</u>
	NET (INCOME) LOSS	<u>99,595.00</u>	<u>0.00</u>	<u>99,595.00</u>	<u>85,528.00</u>
	Sum of Account Groups	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

Client: **National Health Care Associates, Inc. (CT)**
 Engagement: **Medicaid - Bloomfield Health Center for Nursing & Rehab**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.02 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries JE # 1		N.01a		
To reclass MDS Coordinator Salaries to correct line of cost report				
Marcum 202	MDS Coordinator		109,522.00	
Marcum 205	Infection Control		56,785.00	
Marcum 206	Staff Development		34,389.00	
400000-0101-15-	Salary-Bloom-Nursing-RN-			200,696.00
Total			200,696.00	200,696.00
Reclassifying Journal Entries JE # 2		D.01 - Tab O		
To reclass licenses and subscriptions to correct line of the cost report				
000000-0101-03-000-I	Licenses and Permits-Bloomfield-Administration		1,568.00	
091000-0101-03-000-I	Dues-Bloomfield-Administration			1,568.00
Total			1,568.00	1,568.00
Reclassifying Journal Entries JE # 3		J.01a		
To reclass management fees into correct line of cost report				
434000-0101-03-	Shared Services-Bloomfield-Administration		4,137.00	
431000-0101-04-	Consulting Fees-Bloomfield-Fiscal Operations			4,137.00
Total			4,137.00	4,137.00
Reclassifying Journal Entries JE # 4		D.01 - Tab T		
To reclass Admin equipment rentals into correct line of cost report				
Marcum 204	Admin Equipment Rental		6,195.00	
035210-0101-03-000-I	IT Rental-Bloomfield-Administration			6,195.00
Total			6,195.00	6,195.00
Reclassifying Journal Entries JE # 5		D.01		
To reclass fixed assets to correct line of cost report.				
054000-0101-00-000-I	Lease hold Improvements-Bloomfield		37,785.00	
084000-0101-25-000-I	Depe Exp LHI-Bloomfield		7,557.00	
056000-0101-00-000-I	Major Movable Equip-Bloomfield			37,785.00
086000-0101-25-000-I	Depr Exp MME-Bloomfield			7,557.00
Total			45,342.00	45,342.00



Provider Name: Bloomfield Health Center for Nursing & Rehab
 Provider Number: 000009134
 Period Ended: 9/30/23

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>				
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: