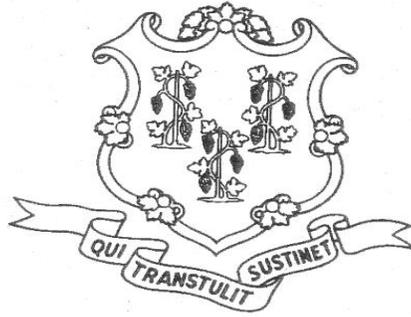


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Universal Healthcare Holdings LLC	
Address (No. & Street, City, State, Zip Code) 5 Greenwood Street, Hartford, CT 06106	
Type of Facility Chronic and Convalescent <input type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2541	(Specify)	Other	Medicare Provider 07-5250A
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Medicaid Provider Numbers:	CCNH / RHNS 2081	(Specify)	Other
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General Information

Name of Facility (as licensed) Universal Healthcare Holdings LLC	License No. 2541	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.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Universal Healthcare Holdings LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 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.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) George Kingston			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Universal Healthcare Holdings LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 5 Greenwood Street, Hartford, CT 06106				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2024	
Item	Total	CCNH / RHNS	(Specify)	Other
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 860-236-2901		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Universal Healthcare Holdings LLC		Address (No. & Street, City, State, Zip) 5 Greenwood Street, Hartford, CT 06106		
License Numbers:	CCNH / RHNS 2541	(Specify)	Other	Medicare Provider No. 07-5250A
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other				
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 George Kingston		Nursing Home Administrator's License No.:	1327	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Universal Healthcare Holdings LLC		License No. 2541	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Universal Healthcare Holdings LLC		Business Address 5 Greenwood Street, Hartford, CT 06106		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Creative Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member		45	
Silver Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member		45	
Vantage Capital Investors LLC	341 Bidwell Street, Manchester, CT 06040	Member		8	
Active Investments LLC	341 Bidwell Street, Manchester, CT 06040	Member		1	
B&M Advisors LLC	341 Bidwell Street, Manchester, CT 06040	Member		1	

General Information and Questionnaire Related Parties*

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached.		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire
Other Lines of Business

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Universal Healthcare	License No. 2541	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			License No.		Report for Year Ended				Page		of	
Universal Healthcare Holdings LLC			2541		9/30/2023				8		37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	Other	Total	CCNH / RHNS	(Specify)	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150						
B. On last day of THIS report period	145	145							145	145		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	124	124			124	124						
B. As of midnight of THIS report period	138	138							138	138		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,414	1,414			1,084	1,084			330	330		
B. Medicaid (Conn.)	46,394	46,394			34,232	34,232			12,162	12,162		
C. Medicaid (other states)												
D. Private Pay	1,032	1,032			756	756			276	276		
E. State SSI for RCH												
F. Other (Specify) Insurance	6	6			6	6						
G. Total Care Days During Period (3A thru F)	48,846	48,846			36,078	36,078			12,768	12,768		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	48,846	48,846			36,078	36,078			12,768	12,768		

Schedule of Resident Statistics (Cont'd)

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	Other	Lost			Gained			CCNH / RHNS	(Specify)	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5/1/2023	X			(5)									

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)	Other
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)	Other	R.C.H.	ICF-MR
No. of Residents	3	132		3				
Per Diem Rate								
a. One bed rm.	446.00	#####		351.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Other
A. Medicare - Part B	1,732	1,732			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	485	485			
2. Restorative Treatments	1,932	1,932			
C. Other	1,798	1,798			
D. Total Physical Therapy Treatments	5,947	5,947			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	300	300			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	83	83			
2. Restorative Treatments	91	91			
C. Other	188	188			
D. Total Speech Therapy Treatments	662	662			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	3,323	3,323			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	965	965			
2. Restorative Treatments	2,056	2,056			
C. Other	2,507	2,507			
D. Total Occupational Therapy Treatments	8,851	8,851			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	116,853		1,602							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	230,823		11,183							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor	55,513		2,193							
c. Dietary Workers	473,489		21,652							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers										
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	65,384		2,127							
b. Other Maintenance Workers	41,142		2,274							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers										
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	265,989		3,804							
b. RN										
1. Direct Care	736,218		9,526							
2. Administrative**	146,811		3,353							
c. LPN										
1. Direct Care	1,751,167		46,516							
2. Administrative**	130,835		3,183							
d. Aides and Attendants	2,527,684		114,694							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	154,486		7,715							
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	137,023		3,961							
n. Marketing										
o. Other (Specify) See Attached Schedule	77,638		4,084							
<i>A-13. Total Salary Expenditures</i>	6,911,054		237,867							

* 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)			Other		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
UNIT SECRETARIES SALARIES	\$ -		-				\$ -		-
MEDICAL RECORDS SALARIES	\$ 34,099		1,876				\$ -		-
CENTRAL SUPPLY SALARIES	\$ 43,539		2,207				\$ -		-
RESPIRATORY THERAPY SALARIES	\$ -		-				\$ -		-
PLANT SECURITY SALARIES	\$ -		-				\$ -		-
MEDICAL RECORDS SALARIES SPCL	\$ -		-				\$ -		-
Total	\$ 77,638	\$ -	4,084	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			Other		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 19,907		Storage				\$ -		Storage
ADMISSIONS C/S LABOR	\$ 63,430		1,170				\$ -		-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 7,293		188				\$ -		-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 80,991		1,595				\$ -		-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 1,033		-				\$ -		-
PHYSICAL THERAPY C/S MEDICIAD	\$ -		-				\$ -		-
SPEECH THERAPY C/S Medicaid	\$ -		-				\$ -		-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ -	-	-				\$ -		-
Total	\$ 172,652	\$ -	2,953	\$ -	\$ -	-	\$ -	\$ -	-

**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	
Universal Healthcare Holdings LLC				2541	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)	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Universal Healthcare Holdings LLC				2541	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)	Other							
Section III - Administrators***										
Lauire Cianci	84,738			Administrator		1,178	same as empl			
Angela Perry	32,116			Administrator		424	same as empl			
				Administrator			same as empl			
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
Universal Healthcare Holdings LLC	2541	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist									
3. Pharmacist	26,383		229						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	120,553		2,309						
b. Other									
6. Social Worker	12,910		172						
7. Recreation Worker	20,468		22 Hours +C						
8. Physicians									
a. Medical Director (entire facility)	57,600		335						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify) Physician Care Contract Services	17,100		28						
9. Speech Therapist									
a. Resident Care	27,059		518						
b. Other									
10. Occupational Therapist									
a. Resident Care	188,081		3,603						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	33,964		391						
2. Administrative***	55,234		808						
b. LPN									
1. Direct Care	155,552		2,212						
2. Administrative***									
c. Aides	10,873		295						
d. Other									
12. Other (Specify) See Attached Schedule	172,652		2,953						
B-13 Total Fees Paid in Lieu of Salaries	898,429		13,853						

* 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 Universal Healthcare Holdings LLC		License No. 2541		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			
Tocuhpoints Therapy	Therapy for residents, also Therapy for Workers comp for staff	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Pharm Scripts	Pharmacy Contract	<input type="radio"/>	<input checked="" type="radio"/>			
Guardian Consulting Srv	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Stearling Physician	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Ramirez Gilberto	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Universal Healthcare Holdings LLC	2541	9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 116,238	116,238						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 564,719	564,719						
5. Health Insurance	\$ 1,193,478	1,193,478						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 434,990	434,990						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 42,956	42,956						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 119,745	119,745						
d. Accounting and Auditing	\$ 10,741	10,741						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 2,813	2,813						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 21,049	21,049						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 15,733	15,733						
2. Cellular Phones	\$ 702	702						
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	\$ 993,400	993,400						
Subtotal	\$ 3,516,564	3,516,564						

* 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	Other	Adjustment
UNION TRAINING	\$ 42,956				\$ -	
Total	\$ 42,956	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire

Accounting Basis

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 15b	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Plante & Moran, PLLC		PO Box 307		
2		3000 Town Center, Suite 100		
3		Southfield, MI 48075		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Taxes, financial statements, accounting support				\$ 10,741
2				\$
3				\$
4				\$
				Charge for Services Provided
				\$ 10,741
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 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Senior Care Valuation LLC				
2 Murtha Culliana				
3 Various others (American Arbitration , Various Arbitration)				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Lease and contract issues, general legal advice, Labor Law				\$ 1,000
2 General legal advice, union funds advice, employment law				\$ 173
3 Employment Arbitrations, healthcare law & Conservatorships				\$ 1,639
4				\$
5 Collections				\$ 0
				Charge for Services Provided
				\$ 2,813
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 15E				

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

Name of Facility	License No.	Report for Year Ended					Page	of
Universal Healthcare Holdings LLC	2541	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
Subtotals Brought Forward:	3,516,564	3,516,564						
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 2,175	2,175						
3. Gifts to Staff and Residents	\$ 94	94						
4. Employee Travel	\$ 51	51						
5. Education Expenses Related to Seminars and Conventions	\$ 1,123	1,123						
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$							
7. Other (<i>Specify</i>) See Attached Schedule	\$ 336	336						
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 25,822	25,822						
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 16,449	16,449						
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	\$ 2,064	2,064						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,174	10,174						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 777	777						
10. Contributions*** See Attached Schedule	\$ 200	200						
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 134,400	134,400						
12. Administrative Management Services**	\$ 468,406	468,406						
13. Other (<i>Specify</i>) See Attached Schedule	\$ 34,181	34,181						
C-14 Total Administrative & General Expenditures	\$ 4,212,817	4,212,817						

* 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	Other	Adjustment
MEALS	\$ 336				\$ -	
Total Other Travel and Entertainment	\$ 336	\$ -				

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
COMMUNICATIONS SPECIAL EVENTS	\$ 16,449				\$ -	
Total Other Advertising	\$ 16,449	\$ -				

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
ALTCFM						
CAHCF Dues	\$ 10,174				\$ -	
OTHER DUES						
Total Dues	\$ 10,174	\$ -				

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
CONTRIBUTIONS	\$ 200				\$ -	
Total Contributions	\$ 200	\$ -				

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
SOCIAL SERVICE SUPPLIES	\$ -				\$ -	
SOC SVC MINOR EQUIPMENT	\$ -				\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,580				\$ -	
EMPLOYEE RELATIONS	\$ 170				\$ -	
EMPLOYEE RELATIONS-OTHER	\$ 2,408				\$ -	
PERMITS & LICENSES	\$ 10,053				\$ -	
VOLUNTEER EXPENSE	\$ -				\$ -	
BANK FEES	\$ 8,366				\$ -	
CMS REVISIT USER FEES	\$ -				\$ -	
PENALTIES	\$ -				\$ -	
LATE FEES	\$ 242				\$ -	
INTERNET EXPENSES	\$ 11,361				\$ -	
Rounding	\$ -					
Total Other Administrative and General	\$ 34,181	\$ -				

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Universal Healthcare Holdings LLC	2541	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 #
iCare Management, LLC/iCare Health Management, LLC	468,406	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	150,455	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	37,278	MANAGEMENT FEES- INDIRECT CARE	Pg 20 k

*** 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
Universal Healthcare Holdings LLC		2541	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 375,166	375,166						
2. Non-Food Supplies	\$ 40,804	40,804						
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 29,198	29,198						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 43,918	43,918						
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 7,603	7,603						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 496,689	496,689						
2E. Dietary Questionnaire		Total	CCNH / RHNS	(Specify)	Other			
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No							
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.			
K. Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Universal Healthcare Holdings LLC		2541	9/30/2023				19	37
Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	298,747	298,747				
c. Other (Specify)		\$						
LAUNDRY MINOR EQUIPMENT								
3D. Total Laundry Expenditures (3a + b + c)		\$	298,747	298,747				
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	
Universal Healthcare Holdings LLC		2541	9/30/2023				20	37	
Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
	a. In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 25,626	25,626					
	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.	\$ 521,537	521,537					
	C. Other (<i>Specify</i>)								
	HOUSEKEEPING MINOR EQUIPMENT								
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 547,163	547,163					
5.	Resident Care (Supplies)**								
	a. Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from PHARMACY		\$ 77,545	77,545					
	b. Medicine Cabinet Drugs		\$ 6,212	6,212					
	c. Medical and Therapeutic Supplies		\$ 113,467	113,467					
	d. Ambulance/Limousine***		\$ 14,129	14,129					
	e. Oxygen								
	1. For Emergency Use		\$ 1,588	1,588					
	2. Other***		\$						
	f. X-rays and Related Radiological Procedures***		\$ 592	592					
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
	h. Laboratory***		\$ 12,555	12,555					
	i. Recreation		\$						
	j. Direct Management Services*		\$ 150,455	150,455					
	k. Indirect Management Services*		\$ 37,278	37,278					
	l. Cable TV		\$						
	m. Other (Specify)**** See Attached Schedule		\$ 63,131	63,131					
	n. Physical Therapy Expense		\$						
	o. Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 476,952	476,952					

* 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.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
NURSING ADMIN SUPPLIES	\$ 25				\$ -	
NURSING MINOR EQUIP	\$ 6,361				\$ -	
MEDICAL RECORDS SUPPLIES	\$ (670)				\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -				\$ -	
NON-COVERED PPS DR. VISITS	\$ -				\$ -	
RESIDENT CARE SUPPLIES	\$ -				\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 8,935				\$ -	
PERSONAL CARE SUPPLIES	\$ 96				\$ -	
INCONTINENCY SUPPLIES	\$ -				\$ -	
VACCINE RESIDENTS	\$ 4,788				\$ -	
PATIENT SPECIAL NEEDS	\$ 1,426				\$ -	
PHYSICAL THERAPY SUPPLIES	\$ -				\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -				\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -				\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -				\$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -				\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -				\$ -	
SPEECH THERAPY SUPPLIES	\$ -				\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -				\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -				\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 27,444				\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -				\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 308				\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 4,884				\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -				\$ -	
IV THERAPY SUPPLIES	\$ 3,683				\$ -	
IV THERAPY CONTRACT SERVICE	\$ -				\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 2,300				\$ -	
ACTIVITIES SUPPLIES	\$ 3,552				\$ -	
ACTIVITIES MINOR EQUIPMENT	\$ -				\$ -	
ADMISSIONS SUPPLIES	\$ -				\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS						
STRIKE COSTS NON REIMBURSABLE	\$ -				\$ -	
COVID NON REIMBURSABLE	\$ -				\$ -	
Total Other Resident Care	\$ 63,131	\$ -	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Universal Healthcare Holdings LLC			License No. 2541	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)	Other	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Housekeeping Services	521,537			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Laundry Services	298,747			19	3b
Eagle Elevator		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Elevator Contract				22	6F
Brightview Landscapes LLC		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Landscaping	11,792			22	6F
Peter Marcue		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Snow Removal	21,166			22	6F
All Waste Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Trash removal	22,405			22	6F
Facility Complainece		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Plant Contract Services				22	6F
American HealthTech	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Software Maintenance Contract	21,026			16	M11
Automatic Data Processing		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Payroll Services	38,278			16	M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Resident Trust Software	4,209			16	M11
Prime Care Technology services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Computer Consulting Services	43,012			16	M11
Priotiry Express		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Courier Services	3,422			16	M11
Point Right Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Nursing Software	5,149			16	M11
		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR						

* 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
Universal Healthcare Holdings LLC	2541	9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	28,724	28,724					
b. Heat	\$	43,245	43,245					
c. Light & Power	\$	247,044	247,044					
d. Water	\$	95,203	95,203					
e. Equipment Lease (Provide detail on page 22b)	\$	18,600	18,600					
f. Other (itemize)	\$	94,516	94,516					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$	527,331	527,331					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$	2,533	2,533					
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$	58,127	58,127					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	60,660	60,660					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	56,422	56,422					
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	56,422	56,422					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	283,992	283,992					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	205,310	205,310					
c. Personal property taxes	\$	11,957	11,957					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	618,342	618,342					

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
PLANT SUPPLIES	\$ 11,507				\$ -	
PLANT CONTRACT SERVICE LABOR	\$ -				\$ -	
ELEVATOR CONTRACT SERVICE	\$ -				\$ -	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 9,921				\$ -	
LANDSCAPING CONTRACT SERVICE	\$ 11,792				\$ -	
SNOW REMOVAL CONTRACT SERVICE	\$ 21,166				\$ -	
TRASH REMOVAL CONTRACT SERVICE	\$ 22,405				\$ -	
PLANT (POOL) CONTRACT SERVICES OTHER	\$ -				\$ -	
SECURITY CONTRACT SERVICE	\$ -				\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 7,986				\$ -	
PLANT MINOR EQUIPMENT	\$ 7,292				\$ -	
RENT AUTO	\$ -				\$ -	
RENT EQUIPMENT	\$ 2,446				\$ -	
RENT OTHER	\$ -				\$ -	
Total Other Repairs and Maintenance	\$ 94,516	\$ -	\$ -	\$ -	\$ -	\$ -

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
Universal Healthcare Holdings LLC			2541	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						
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	02/01/19	automatic renewals	4,411		4,411
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	Postage Rental	02/01/19		637		637
CBS Connecticut Business Systems LLC CBS Looms P.O. Box 936745, Atlanta GA 31193	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/14/19	automatic renewals	4,825		4,825
Xerox Financial Services LLC 201 Merritt 7 Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/13/22	automatic renewals	8,727		8,727
	<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 ***	18,600

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 Universal Healthcare Holdings LLC			License No. 2541		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			37,999		37,999	3,615			2,533				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										2,533			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						348,212		348,212	123,919			56,855	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						13,855						732	
d. Standard Resident						7,684						540	
e. Specialized Resident													
Total Acquired during this report period						21,539						1,272	
D-3. Subtotal													58,127
E. Total Depreciation													60,660

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Universal Healthcare Holdings LLC			License No. 2541		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				599,598	68,941			55,077	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				52,253				1,345	
C-4. Subtotal									56,422
D. Total Amortization									56,422

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	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	01/11/19																																																																														
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	145																																																																														
6. Square Footage	54,138																																																																														
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td style="text-align: center;">Comm Real Estate</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td style="text-align: center;">11/02/22</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td style="text-align: center;">597.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td style="text-align: center;">2,200,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of _____</td> <td style="text-align: center;">1,707,942</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Complete if Mortgage was Refinanced During Current Cost Year</td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Comm Real Estate				b. Date Mortgage Obtained	11/02/22				c. Interest Rate for the Cost Year	597.00%				d. Term of Mortgage (number of years)	3				e. Amount of Principal Borrowed	2,200,000				f. Principal balance outstanding as of _____	1,707,942				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 B - Owner and Related Parties	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
1. Financing																																																																															
a. Type of Financing (e.g., fixed, variable)	Comm Real Estate																																																																														
b. Date Mortgage Obtained	11/02/22																																																																														
c. Interest Rate for the Cost Year	597.00%																																																																														
d. Term of Mortgage (number of years)	3																																																																														
e. Amount of Principal Borrowed	2,200,000																																																																														
f. Principal balance outstanding as of _____	1,707,942																																																																														
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
Universal Healthcare Holdings LLC		2541	9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	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	
Universal Healthcare Holdings LLC		2541		9/30/2023				27	37	
Item				Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	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) INTEREST				\$	23,063	23,063				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	23,063	23,063				
14. Insurance										
a. Insurance on Property (buildings only)				\$	12,192	12,192				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$	103,477	103,477				
2. Fire and Extended Coverage				\$						
3. Other (Specify) Other insurance, crime				\$	15,265	15,265				
14d. Total Insurance Expenditures (14a + b + c)				\$	130,933	130,933				
15. Total All Expenditures (A-13 thru C-14)				\$	15,141,520	15,141,520				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC	2541	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	Other	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,974,679	13,974,679			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 987,080	987,080			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 361,142	361,142			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 36,064	36,064			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (35,814)	(35,814)			
c. Prescription Drugs - Non-Medicare	\$ 34,696	34,696			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (34,696)	(34,696)			
2. a. Medical Supplies - Medicare	\$ 976	976			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (976)	(976)			
c. Medical Supplies - Non-Medicare	\$ 3,024	3,024			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,024)	(3,024)			
3. a. Physical Therapy - Medicare	\$ 98,826	98,826			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (59,712)	(59,712)			
c. Physical Therapy - Non-Medicare	\$ 115,931	115,931			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (115,931)	(115,931)			
4. a. Speech Therapy - Medicare	\$ 21,574	21,574			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (11,524)	(11,524)			
c. Speech Therapy - Non-Medicare	\$ 17,881	17,881			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (17,881)	(17,881)			
5. a. Occupational Therapy - Medicare	\$ 122,916	122,916			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (73,033)	(73,033)			
c. Occupational Therapy - Non-Medicare	\$ 138,567	138,567			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (138,218)	(138,218)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (236,828)	(236,828)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 243,137	243,137			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,428,856	15,428,856			
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>)	\$ 11	11			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 64,472	64,472			
V. Total Other Revenue (1 thru 8)	\$ 64,483	64,483			
VI. Total All Revenue (III +V)	\$ 15,493,340	15,493,340			

* 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)	Other
	Lab Medicare	\$ 2,294		
	Lab Medicare CA	\$ (2,294)		
	Oxygen Medicare	\$ 508		
	Oxygen Medicare CA	\$ (508)		
	Equipment rental	\$ 1,137		
	Equipment rental CA	\$ (1,137)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 513		
	Radiology Medicare CA	\$ (513)		
	IV Therapy	\$ 2,090		
	IV Therapy CA	\$ (2,090)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	MEDICAID COVID REVENUE	\$ -		
	CRF MEDICAID REVENUE	\$ -		
	MEDICAID WAGE & ENHANCEMENT RESERVE	\$ (236,828)		
Total Other Resident Revenue - Medicare		\$ (236,828)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Other
	Lab	9,432		
	Lab CA	(9,432)		
	Oxygen	\$ 7,409		\$ -
	Oxygen CA	\$ (7,409)		\$ -
	Equipment rental	\$ 5,765		
	Equipment rental CA	\$ (5,765)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 315		
	Radiology CA	\$ (315)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 8,012		\$ -
	IV therapy CA	\$ (8,012)		\$ -
	Flu shot revenue	\$ 3,266		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 48,721		
	Optum B	\$ 297,663		
	Optum B CA	\$ (106,513)		
	C/A VBP	\$ -		
	rounding	\$ (0)		
Total Other Resident Revenue		\$ 243,137	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	Other
	INTEREST INCOME		\$ 11		
Total Interest Income			\$ 11	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	OTHER INCOME: DMHAS OPERATING REVENUE	\$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	\$ -		
	OTHER INCOME: DEFERRED REVENUE	\$ 30,937		
	MEDICARE COVID STIMULUS REVENUE	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ 33,535		
	OPTUM OUTLIERS	\$ -		
	HHS GENERAL FUND REVENUE	\$ -		
	HHS INFECTION CONTROL REVENUE	\$ -		
	CARES ACT REVENUE	\$ -		
	EMPLOYEE TESTING REVENUE	\$ -		
	COVID ECHO TRAINING REVENUE	\$ -		
Total Other Revenue		\$ 64,472	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC	2541	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,900
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,985,008
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	125,977
a. Prepaid Insurance	67,984			
b. Prepaid Property Taxes	54,618			
c. Prepaid Expenses Other	3,375			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(1,286,604)
Due From (to) Related Parties	(79,869)			
Other Owners reserves	(1,206,735)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,827,281
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
3. Buildings	*Historical Cost	37,999	\$	31,851
	Accum. Depreciation	6,148		Net
4. Leasehold Improvements	*Historical Cost	651,851	\$	526,487
	Accum. Depreciation	125,364		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	369,750	\$	187,705
	Accum. Depreciation	182,045		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	746,043

* 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	
Total Prepaid Expenses			\$ -

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	
Total Other Other Fixed Assets (Itemize)			\$ -

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	
Total Other Current Liabilities (Itemize)			\$ -

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
Universal Healthcare Holdings LLC	2541	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	2,573,325
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	76,893
	Patient Trust Funds	66,693		
	Long Term Deposit - primecare	10,200		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
	RIGHT TO USE ASSET			
	ACCUM RIGHT TO USE ASSET			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	76,893
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,650,218

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC		2541	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	329,144
2. Notes Payable (<i>itemize</i>)				\$	399,486
Working Capital Line of Credit			399,486		
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	495,030
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	434,219
Related Party Payables		37,999			
Accrued Expenses		134,773			
Accrued Resident User Fees		261,447			
Accrued Workers Comp Expense		See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,657,879

* 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 Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,657,879	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Patient Trust Funds		66,693	66,693		
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 66,693	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,724,572	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC	2541	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			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	573,826
6. Gain or Loss for Period			\$	351,819
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	925,646
C. Total Reserves and Net Worth			\$	925,646
D. Total Liabilities, Reserves, and Net Worth			\$	2,650,218

H. Changes in Total Net Worth

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,493,340
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,141,520
D. Net Income or Deficit			\$	351,819
E. Balance			\$	351,819
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	351,819
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing <input type="checkbox"/> Home (CCNH) & RHNS <input type="checkbox"/> Combined	<input checked="" type="checkbox"/> (Specify)	<input checked="" type="checkbox"/> Other		
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		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kartik Patel			860-570-2140	
Contact Email Address				
kpatel@icarehn.com				