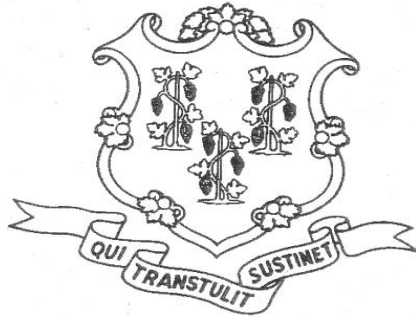


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Chestnut Point Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 171 Main Street, East Windsor, CT 06088	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input 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 2247	(Specify)	(Specify)	Medicare Provider 07-5268
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Medicaid Provider Numbers:	CCNH / RHNS 23143	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Chestnut Point Care Center, LLC	License No. 2247	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 Chestnut Point Care Center, 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) Jennifer Johnson			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 Chestnut Point Care Center, LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 171 Main Street, East Windsor, CT 06088				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2024	
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 860-292-5394		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Chestnut Point Care Center, LLC		Address (No. & Street, City, State, Zip) 171 Main Street, East Windsor, CT 06088		
License Numbers:	CCNH / RHNS 2247	(Specify)	(Specify)	Medicare Provider No. 07-5268
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input 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 Jennifer Johnson		Nursing Home Administrator's License No.:	2188	
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 Chestnut Point Care Center, LLC		License No. 2247	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Chestnut Point Care Center, LLC		Business Address 171 Main Street, East Windsor, CT 06088		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2247	9/30/2023	3B	37
If this facility is owned or operated as an individual proprietorship, provide the following information:				
Owner(s) of Facility				

General Information and Questionnaire Related Parties*

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	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 Chestnut Point Care Center, LLC	License No. 2247	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 Chestnut Point Care Center, LLC	License No. 2247	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 Chestnut Point Care C	License No. 2247	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 Chestnut Point Care Center, LLC			License No. 2247		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60						
B. On last day of THIS report period	57	57							57	57		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	47	47			47	47						
B. As of midnight of THIS report period	47	47							47	47		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,678	2,678			1,948	1,948			730	730		
B. Medicaid (Conn.)	14,260	14,260			10,763	10,763			3,497	3,497		
C. Medicaid (other states)												
D. Private Pay	808	808			678	678			130	130		
E. State SSI for RCH												
F. Other (Specify) Insurance	301	301			183	183			118	118		
G. Total Care Days During Period (3A thru F)	18,047	18,047			13,572	13,572			4,475	4,475		
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)	18,047	18,047			13,572	13,572			4,475	4,475		

Schedule of Resident Statistics (Cont'd)

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
5/1/2023	X			(3)									

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	6	39		2				
Per Diem Rate								
a. One bed rm.	596.00	#####		410.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,803	4,803			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	566	566			
2. Restorative Treatments	1,349	1,349			
C. Other	6,412	6,412			
D. Total Physical Therapy Treatments	13,130	13,130			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	328	328			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	85	85			
2. Restorative Treatments	85	85			
C. Other	641	641			
D. Total Speech Therapy Treatments	1,139	1,139			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,374	2,374			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	222	222			
2. Restorative Treatments	666	666			
C. Other	4,692	4,692			
D. Total Occupational Therapy Treatments	7,954	7,954			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	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	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	97,928		1,427							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	143,814		5,842							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor	59,336		2,064							
c. Dietary Workers	212,347		11,125							
6. Housekeeping Service										
a. Head Housekeeper	40,874									
b. Other Housekeeping Workers	157,533		10,791							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	159		6							
b. Other Maintenance Workers			8							
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	250,873		4,194							
b. RN										
1. Direct Care	572,676		9,733							
2. Administrative**	84,737		1,730							
c. LPN										
1. Direct Care	404,447		11,704							
2. Administrative**										
d. Aides and Attendants	790,359		36,415							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	64,893		2,265							
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	60,684		2,086							
n. Marketing										
o. Other (Specify) See Attached Schedule	9,825		393							
<i>A-13. Total Salary Expenditures</i>	2,950,485		99,782							

* 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
UNIT SECRETARIES SALARIES	\$ -		-				\$ -		-
MEDICAL RECORDS SALARIES	\$ 9,825		393				\$ -		-
CENTRAL SUPPLY SALARIES	\$ -		-				\$ -		-
RESPIRATORY THERAPY SALARIES	\$ -		-				\$ -		-
PLANT SECURITY SALARIES	\$ -		-				\$ -		-
MEDICAL RECORDS SALARIES SPCL	\$ -		-				\$ -		-
Total	\$ 9,825	\$ -	393	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 3,947		Storage				\$ -		Storage
ADMISSIONS C/S LABOR	\$ 25,334		433				\$ -		-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 2,946		77				\$ -		-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 106,374		1,444				\$ -		-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 8,759		123				\$ -		-
PHYSICAL THERAPY C/S MEDICIAD	\$ -		-				\$ -		-
SPEECH THERAPY C/S Medicaid	\$ -		-				\$ -		-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ -	-	-				\$ -		-
Total	\$ 147,359	\$ -	2,076	\$ -	\$ -	-	\$ -	\$ -	-

**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	
Chestnut Point Care Center, LLC				2247	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										
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	
Chestnut Point Care Center, LLC				2247	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***										
Cori Knusten	81,389			Administrator		1,187	same as empl			
Jennifer Johnson	11,154			Administrator		160	same as empl			
Jaime Faucher	5,385			Administrator		80	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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Chestnut Point Care Center, LLC	2247	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									
3. Pharmacist	12,955		115						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	238,865		4,576						
b. Other									
6. Social Worker	2,561		23						
7. Recreation Worker	13,515		19 Hours +C						
8. Physicians									
a. Medical Director (entire facility)	25,200		259						
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	14,386		32						
9. Speech Therapist									
a. Resident Care	38,460		737						
b. Other									
10. Occupational Therapist									
a. Resident Care	138,027		2,644						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	81,035		876						
2. Administrative***	68,461		1,274						
b. LPN									
1. Direct Care	133,012		1,919						
2. Administrative***									
c. Aides	157,181		4,360						
d. Other									
12. Other (Specify) See Attached Schedule	147,359		2,076						
B-13 Total Fees Paid in Lieu of Salaries	1,071,018		18,888						

* 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 Chestnut Point Care Center, LLC		License No. 2247		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"/>			
WeCare Health	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
Chestnut Point Care Center, LLC	2247	9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 49,509	49,509						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 239,829	239,829						
5. Health Insurance	\$ 268,807	268,807						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 160,227	160,227						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,010	14,010						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 358,671	358,671						
d. Accounting and Auditing	\$ 22,757	22,757						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 435	435						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 8,384	8,384						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 27,648	27,648						
2. Cellular Phones	\$ 738	738						
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	\$ 325,641	325,641						
Subtotal	\$ 1,476,655	1,476,655						

* 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	\$ 14,010				\$ -	
Total	\$ 14,010	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire Accounting Basis

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	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 1 Plante & Moran, PLLC 2 3 4		Address (No. & Street, City, State, Zip Code) PO Box 307 3000 Town Center, Suite 100 Southfield, MI 48075		
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	22,757	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	22,757
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 1 Alix, Yale & Ristas LLP 2 Murtha Cullinal LLP 3 Various others (American Arbitration , Various Arbitration) 4 5			Telephone Number	
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	\$	261	
2	General legal advice, union funds advice, employment law	\$	173	
3	Employment Arbitrations, healthcare law & Conservatorships	\$		
4		\$		
5	Collections	\$	0	
			Charge for Services Provided	
			\$	435
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
Chestnut Point Care Center, LLC	2247	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:		1,476,655	1,476,655					
i. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$	91	91					
3. Gifts to Staff and Residents	\$	266	266					
4. Employee Travel	\$	20	20					
5. Education Expenses Related to Seminars and Conventions	\$	727	727					
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$							
7. Other (<i>Specify</i>) See Attached Schedule	\$	543	543					
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	20,352	20,352					
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	14,979	14,979					
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	\$	1,713	1,713					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	4,436	4,436					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$	452	452					
10. Contributions*** See Attached Schedule	\$	2,650	2,650					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	106,539	106,539					
12. Administrative Management Services**	\$	180,961	180,961					
13. Other (<i>Specify</i>) See Attached Schedule	\$	21,657	21,657					
C-14 Total Administrative & General Expenditures	\$	1,832,041	1,832,041					

* 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
MEALS	\$ 543				\$ -	
Total Other Travel and Entertainment	\$ 543	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
COMMUNICATIONS SPECIAL EVENTS	\$ 14,979				\$ -	
Total Other Advertising	\$ 14,979	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
ALTCFM						
CAHCF Dues	\$ 4,436				\$ -	
OTHER DUES						
Total Dues	\$ 4,436	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CONTRIBUTIONS	\$ 2,650				\$ -	
Total Contributions	\$ 2,650	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
SOCIAL SERVICE SUPPLIES	\$ -				\$ -	
SOC SVC MINOR EQUIPMENT	\$ -				\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 83				\$ -	
EMPLOYEE RELATIONS	\$ (188)				\$ -	
EMPLOYEE RELATIONS-OTHER	\$ -				\$ -	
PERMITS & LICENSES	\$ 995				\$ -	
VOLUNTEER EXPENSE	\$ -				\$ -	
BANK FEES	\$ 9,732				\$ -	
CMS REVISIT USER FEES	\$ -				\$ -	
PENALTIES	\$ -				\$ -	
LATE FEES	\$ 70				\$ -	
INTERNET EXPENSES	\$ 10,964				\$ -	
Rounding	\$ -					
Total Other Administrative and General	\$ 21,657	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2247	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	180,961	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	58,126	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	14,402	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
Chestnut Point Care Center, LLC	2247	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 154,311	154,311					
2. Non-Food Supplies	\$ 20,991	20,991					
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 7,882	7,882					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 22,625	22,625					
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 3,503	3,503					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 209,312	209,312					
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		License No.	Report for Year Ended				Page	of
Chestnut Point Care Center, LLC		2247	9/30/2023				19	37
Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	61,456	61,456				
c. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	1,126	1,126				
3D. Total Laundry Expenditures (3a + b + c)		\$	62,582	62,582				
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	
Chestnut Point Care Center, LLC		2247	9/30/2023				20	37	
Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 13,840	13,840					
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>)								
	HOUSEKEEPING MINOR EQUIPMENT								
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 13,840	13,840					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from PHARMACY		\$ 136,880	136,880					
b.	Medicine Cabinet Drugs		\$ 8,361	8,361					
c.	Medical and Therapeutic Supplies		\$ 47,412	47,412					
d.	Ambulance/Limousine***		\$ 7,586	7,586					
e.	Oxygen								
	1. For Emergency Use		\$ 2,371	2,371					
	2. Other***		\$						
f.	X-rays and Related Radiological Procedures***		\$ 2,706	2,706					
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$ 6,884	6,884					
i.	Recreation		\$						
j.	Direct Management Services*		\$ 58,126	58,126					
k.	Indirect Management Services*		\$ 14,402	14,402					
l.	Cable TV		\$						
m.	Other (Specify)**** See Attached Schedule		\$ 62,588	62,588					
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 347,316	347,316					

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
NURSING ADMIN SUPPLIES	\$ -				\$ -	
NURSING MINOR EQUIP	\$ 2,020				\$ -	
MEDICAL RECORDS SUPPLIES	\$ -				\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -				\$ -	
NON-COVERED PPS DR. VISITS	\$ (36)				\$ -	
RESIDENT CARE SUPPLIES	\$ 361				\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 5,878				\$ -	
PERSONAL CARE SUPPLIES	\$ 107				\$ -	
INCONTINENCY SUPPLIES	\$ 81				\$ -	
VACCINE RESIDENTS	\$ 3,634				\$ -	
PATIENT SPECIAL NEEDS	\$ 387				\$ -	
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	\$ 31,967				\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -				\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 77				\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 4,563				\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -				\$ -	
IV THERAPY SUPPLIES	\$ 9,770				\$ -	
IV THERAPY CONTRACT SERVICE	\$ -				\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 375				\$ -	
ACTIVITIES SUPPLIES	\$ 3,363				\$ -	
ACTIVITIES MINOR EQUIPMENT	\$ 40				\$ -	
ADMISSIONS SUPPLIES	\$ -				\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS						
STRIKE COSTS NON REIMBURSABLE	\$ -				\$ -	
COVID NON REIMBURSABLE	\$ -				\$ -	
Total Other Resident Care	\$ 62,588	\$ -	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Chestnut Point Care Center, LLC			License No. 2247	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
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Housekeeping Services				20	4b
Rinaldi Line Services & Unitex Textile Rental Services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Laundry Services	61,456			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	7,864			22	6F
Halpin Christopher		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Snow Removal	5,000			22	6F
CWPM LLC		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Trash removal	17,348			22	6F
Facility Complainece		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Plant Contract Services	58,953			22	6F
American HealthTech	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Software Maintenance Contract	30,541			16	M11
Automatic Data Processing		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Payroll Services	22,469			16	M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Resident Trust Software	2,207			16	M11
Prime Care Technology services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Computer Consulting Services	30,055			16	M11
Priotiry Express		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Courier Services	1,372			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
Chestnut Point Care Center, LLC	2247	9/30/2023				22	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$ 18,276	18,276					
b. Heat	\$ 47,639	47,639					
c. Light & Power	\$ 56,020	56,020					
d. Water	\$ 19,445	19,445					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 14,606	14,606					
f. Other (<i>itemize</i>)	\$ 111,056	111,056					
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 267,040	267,040					
7. Depreciation (<i>complete schedule page 23*</i>)							
a. Land Improvements	\$						
b. Building & Building Improvements	\$ 7,593	7,593					
c. Non-Movable Equipment	\$						
d. Movable Equipment	\$ 30,019	30,019					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 37,612	37,612					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$ 56,367	56,367					
d. Other (<i>Specify</i>)	\$						
*8e. Total Amortization Costs (8a + b + c + d)	\$ 56,367	56,367					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 267,938	267,938					
10. Property Taxes							
a. Real estate taxes paid by owner	\$						
b. Real estate taxes paid by lessor	\$ 31,338	31,338					
c. Personal property taxes	\$ 7,617	7,617					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 400,873	400,873					

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
PLANT SUPPLIES	\$ 4,088				\$ -	
PLANT CONTRACT SERVICE LABOR	\$ -				\$ -	
ELEVATOR CONTRACT SERVICE	\$ -				\$ -	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,714				\$ -	
LANDSCAPING CONTRACT SERVICE	\$ 7,864				\$ -	
SNOW REMOVAL CONTRACT SERVICE	\$ 5,000				\$ -	
TRASH REMOVAL CONTRACT SERVICE	\$ 17,348				\$ -	
PLANT (POOL) CONTRACT SERVICES OTHER	\$ 58,953				\$ -	
SECURITY CONTRACT SERVICE	\$ -				\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 4,541				\$ -	
PLANT MINOR EQUIPMENT	\$ 4,548				\$ -	
RENT AUTO	\$ -				\$ -	
RENT EQUIPMENT	\$ -				\$ -	
RENT OTHER	\$ -				\$ -	
Total Other Repairs and Maintenance	\$ 111,056	\$ -	\$ -	\$ -	\$ -	\$ -

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
Chestnut Point Care Center, LLC			2247	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	06/01/10	automatic renewals	7,192		7,192
GE Capital C/O Wells Fargo, P.O.Box 41564, Philadelphai, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/05/14	automatic renewals	7,414		7,414
	<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"/>						
							Total ***	14,606

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 Chestnut Point Care Center, LLC			License No. 2247		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			108,185		108,185	48,448			7,593				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										7,593			
C. Non-Movable Equipment													
1. Acquired prior to this report period			12,016		12,016	12,017							
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	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	Exclusive of Land							
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						578,059		578,059	482,111			26,051	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						10,828						1,756	
d. Standard Resident						24,196						2,212	
e. Specialized Resident													
Total Acquired during this report period						35,024						3,968	
D-3. Subtotal												30,019	
E. Total Depreciation												37,612	

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
1/26/2023	Monitor & rolling stand: Medline	Standard Resident	\$ 4,262	60	\$ 568
1/30/2023	Dish Washer: HPC/Proline	Standard Resident	\$ 1,808	120	\$ 121
3/7/2023	Bed, rails/head/foot: Direct Supply	Standard Resident	\$ 9,204	60	\$ 920
4/26/2023	Mattress: Direct Supply	Standard Resident	\$ 1,807	60	\$ 151
4/30/2023	Wound Vac: H&R Healthcare	Standard Resident	\$ 4,669	60	\$ 389
6/12/2023	Mattress: Direct Supply	Standard Resident	\$ 1,023	60	\$ 51
8/21/2023	Dishwasher repair: HPC/proline	Standard Resident	\$ 1,422	120	\$ 12
11/14/2022	Laptop: Primecare	Administrative	\$ 1,040	36	\$ 289
1/10/2023	Laptop: Primecare	Administrative	\$ 4,115	36	\$ 914
3/8/2023	Laptop: Primecare	Administrative	\$ 1,327	36	\$ 221
6/27/2023	Laptop: Primecare	Administrative	\$ 3,260	36	\$ 272
7/21/2023	Laptop: Primecare	Administrative	\$ 1,087	36	\$ 60
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 35,024		\$ 3,968 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/6/2022	Smoke Dampers: Saucier	\$ 5,900	120	\$ 590
10/24/2022	Sprinkler heads: Facilities Compliance	\$ 3,765	300	\$ 138
1/20/2023	Walk-in Freezer: HPC/Proline	\$ 4,673	180	\$ 208
11/28/2022	South Roof Replacement: Target 10	\$ 50,670	240	\$ 2,111
2/22/2023	Basement Drain: Saucier	\$ 2,197	180	\$ 85
6/4/2022	Breakers & Circuits rewired: Precision Electrical	\$ 1,859	120	\$ 217
3/31/2023	Compressor & Walk-In Cooler: HPC/Proline	\$ 5,894	120	\$ 295
6/9/2023	Convert Gym into Resident Room: Target 10	\$ 4,690	120	\$ 117
6/28/2023	Freezer Repair: HPC/Proline	\$ 2,189	180	\$ 36
5/20/2023	Weather Damage: Wiring in Resident Rooms: Precision Electrical	\$ 5,834	120	\$ 194
8/18/2023	Plumbing: Saucier	\$ 2,008	180	\$ 11
8/28/2023	Pavement/Sidewalk for Egress: Kolaczenco, Aaron	\$ 2,659	120	\$ 22
8/30/2023	Door frame for Walk-in Freezer: HPC/Proline	\$ 1,026	180	\$ 6
9/19/2023	Hydrotherm Boiler: Saucier	\$ 1,030	240	-
9/20/2023	Drains with Washing Machines/Laundry room: Saucier	\$ 2,414	300	-
5/9/2023	Sewer Line: Saucier	\$ 3,907	180	\$ 87
8/10/2023	Fire Alarm Hornstrobe Circuits: S&S Wired	\$ 3,143	120	\$ 26
9/21/2023	Fire Safety Eval: Facility Compliance	\$ 7,976	120	-
Total additions for Leasehold Improvement			\$ 111,834	\$ 4,144 *
Deletions:				
Total deletions for Leasehold Improvement			\$ -	\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Chestnut Point Care Center, LLC			License No. 2247		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				1,510,862	1,132,880			52,223	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				111,834				4,144	
C-4. Subtotal									56,367
D. Total Amortization									56,367

* 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 Chestnut Point Care Center, LLC	License No. 2247	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	04/01/99			
2. Date Structure Completed	04/01/99			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	57			
6. Square Footage	19,863			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Summit Chestnut SNF, LLC	171 Main Street, East Windsor, CT	08/09/17	15 year with 2	190,169

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
Chestnut Point Care Center, LLC		2247	9/30/2023				26	37
Item		Total Including Adjustments	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
Chestnut Point Care Center, LLC		2247		9/30/2023				27	37
Item				Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)
Subtotals Brought Forward:									
12. C. Movable Equipment									
1. Automotive Equipment				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
2. Other (Specify)				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
B. Item		Rate	Amount						
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$					
12. D. Other Interest Expense (Specify) INTEREST				\$	180,814	180,814			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	180,814	180,814			
14. Insurance									
a. Insurance on Property (buildings only)				\$	4,269	4,269			
b. Insurance on Automobiles				\$					
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)				\$	42,378	42,378			
2. Fire and Extended Coverage				\$					
3. Other (Specify) Other insurance, crime				\$	5,614	5,614			
14d. Total Insurance Expenditures (14a + b + c)				\$	52,262	52,262			
15. Total All Expenditures (A-13 thru C-14)				\$	7,387,582	7,387,582			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Chestnut Point Care Center, LLC	2247	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>)	\$ 4,035,187	4,035,187			
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>)	\$ 1,512,581	1,512,581			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 447,389	447,389			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 115,125	115,125			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (114,975)	(114,975)			
c. Prescription Drugs - Non-Medicare	\$ 20,256	20,256			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (20,256)	(20,256)			
2. a. Medical Supplies - Medicare	\$ 2,336	2,336			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2,336)	(2,336)			
c. Medical Supplies - Non-Medicare	\$ 2,076	2,076			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,076)	(2,076)			
3. a. Physical Therapy - Medicare	\$ 266,260	266,260			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (203,611)	(203,611)			
c. Physical Therapy - Non-Medicare	\$ 93,579	93,579			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (93,579)	(93,579)			
4. a. Speech Therapy - Medicare	\$ 48,838	48,838			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (37,872)	(37,872)			
c. Speech Therapy - Non-Medicare	\$ 14,316	14,316			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (14,316)	(14,316)			
5. a. Occupational Therapy - Medicare	\$ 197,246	197,246			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (162,113)	(162,113)			
c. Occupational Therapy - Non-Medicare	\$ 54,507	54,507			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (51,432)	(51,432)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (300,111)	(300,111)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 83,895	83,895			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,890,914	5,890,914			
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>)	\$ 30	30			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 14,974	14,974			
V. Total Other Revenue (1 thru 8)	\$ 15,005	15,005			
VI. Total All Revenue (III +V)	\$ 5,905,919	5,905,919			

* 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)
	Lab Medicare	\$ 11,082		
	Lab Medicare CA	\$ (11,082)		
	Oxygen Medicare	\$ 1,293		
	Oxygen Medicare CA	\$ (1,293)		
	Equipment rental	\$ 3,064		
	Equipment rental CA	\$ (3,064)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ 300		
	Therapy Beds Medicare CA	\$ (300)		
	Radiology Medicare	\$ 2,615		
	Radiology Medicare CA	\$ (2,615)		
	IV Therapy	\$ 9,779		
	IV Therapy CA	\$ (9,779)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	MEDICAID COVID REVENUE	\$ -		
	CRF MEDICAID REVENUE	\$ -		
	MEDICAID WAGE & ENHANCEMENT RESERVE	\$ (300,111)		
Total Other Resident Revenue - Medicare		\$ (300,111)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Lab	44		
	Lab CA	(44)		
	Oxygen	\$ 1,729		\$ -
	Oxygen CA	\$ (1,729)		\$ -
	Equipment rental	\$ 4,467		
	Equipment rental CA	\$ (4,467)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ 1,088		
	Therapy Beds CA	\$ (1,088)		
	Radiology	\$ 91		
	Radiology CA	\$ (91)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 5,432		\$ -
	IV therapy CA	\$ (5,432)		\$ -
	Flu shot revenue	\$ 1,273		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 11,174		
	Optum B	\$ 245,178		
	Optum B CA	\$ (170,703)		
	C/A VBP	\$ (3,026)		
	rounding	\$ (0)		
Total Other Resident Revenue		\$ 83,895	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	OTHER INCOME: DMHAS OPERATING REVENUE	\$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	\$ -		
	OTHER INCOME: DEFERRED REVENUE	\$ -		
	MEDICARE COVID STIMULUS REVENUE	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ (341)		
	OPTUM DIVIDENDS REVENUE	\$ 15,315		
	OPTUM OUTLIERS	\$ -		
	HHS GENERAL FUND REVENUE	\$ -		
	HHS INFECTION CONTROL REVENUE	\$ -		
	CARES ACT REVENUE	\$ -		
	EMPLOYEE TESTING REVENUE	\$ -		
	COVID ECHO TRAINING REVENUE	\$ -		
Total Other Revenue		\$ 14,974	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2247	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	32,687
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,242,975
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	8,336
5. Prepaid Expenses			\$	50,742
a. Prepaid Insurance	35,243			
b. Prepaid Property Taxes	12,737			
c. Prepaid Expenses Other	2,762			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(970,234)
Due From (to) Related Parties	(334,986)			
Other Owners reserves	(635,249)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	364,506
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
3. Buildings	*Historical Cost	108,185	\$	52,145
	Accum. Depreciation	56,040		
		Net		
4. Leasehold Improvements	*Historical Cost	1,622,697	\$	433,449
	Accum. Depreciation	1,189,247		
		Net		
5. Non-Movable Equipment	*Historical Cost	12,016	\$	(1)
	Accum. Depreciation	12,017		
		Net		
6. Movable Equipment	*Historical Cost	613,083	\$	100,953
	Accum. Depreciation	512,130		
		Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(6,904)
Construction in Progress		(6,904)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	579,643

* 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
Chestnut Point Care Center, LLC	2247	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	944,149
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			\$	156,008
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	45,117
	Patient Trust Funds	28,362		
	Long Term Deposit - primicare	16,755		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,555,918
	RIGHT TO USE ASSET	1,826,285		
	ACCUM RIGHT TO USE ASSET	(270,367)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,757,042
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,701,191

* 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 Chestnut Point Care Center, LLC		License No. 2247	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	400,548
2. Notes Payable (<i>itemize</i>)				\$	316,937
Working Capital Line of Credit					316,937
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>)				\$	68,778
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>)				\$	5,607,112
Related Party Payables		5,453,080			
Accrued Expenses		65,116			
Accrued Resident User Fees		78,720			
Accrued Workers Comp Expense		10,196	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,393,376

* 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 Chestnut Point Care Center, LLC	License No. 2247	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				6,393,376	
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		28,362			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 28,362	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,421,738	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2247	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			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,239,883)
6. Gain or Loss for Period			\$	(1,481,664)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(3,720,546)
C. Total Reserves and Net Worth			\$	(3,720,546)
D. Total Liabilities, Reserves, and Net Worth			\$	2,701,191

H. Changes in Total Net Worth

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	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>)			\$ 5,905,919	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 7,387,582	
D. Net Income or Deficit			\$ (1,481,664)	
E. Balance			\$ (1,481,664)	
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			\$ (1,481,664)	
			09/30/23	

I. Preparer's/Reviewer's Certification

Name of Facility Chestnut Point Care Center, LLC	License No. 2247	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input type="checkbox"/> Home (CCNH) & RHNS <input type="checkbox"/> Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report 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				