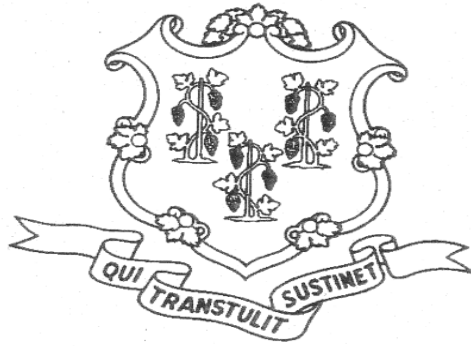


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) New Milford Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 30 Park Lane East, New Milford, CT 06776	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2207C	RHNS	(Specify)	Medicare Provider 07-5416
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Medicaid Provider Numbers:	CCNH 000009266	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	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 New Milford Rehabilitation, LLC [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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.

**Subject to Desk Review audit

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) James Noonan			Printed Name (Owner) Moshe Bernstein		
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 New Milford Rehabilitation, LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 30 Park Lane East, New Milford, CT 06776				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197		Date 1/22/203	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 860-355-0971		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) New Milford Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 30 Park Lane East, New Milford, CT 06776		
License Numbers: 2207C	CCNH	RHNS	(Specify)	Medicare Provider No. 07-5416
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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 James Noonan		Nursing Home Administrator's License No.:	2040	
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 New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2022	Page 3	of 37
Legal Name of Partnership/LLC New Milford Rehabilitation, LLC		Business Address 30 Park Lane East, New Milford, CT 06776		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
YMW CT, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		54.11%	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
WCTHC, LLC	1165 King Street, Greenwich, CT 06831	Owner		24.71%	

**General Information and Questionnaire
 Corporate Owners**

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	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	%**				
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Page 16 Line m12	60,000	60,000
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Page 16 Line m12	60,000	60,000
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	7%	Housekeeping Services	Page 20 Line 4b	341,474	356,601
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	7%	Laundry Services & Equipment	Page 19 Line 3b & 3d	101,388	105,880
Farmington Rehab Center, LLC	416 Colt Highway, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Oversight	Page 16 Line m13	57,507	57,507
NMHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	Page 22 Line 9	1,638,923	1,638,923
NMHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Page 27 Line 14a	33,320	33,320
NMHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Taxes	Page 22 Line 10b	127,757	127,757
Skilled Marketing Solutions	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	4%	Website Service	Page 16 Line m3	1,188	1,188

* 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

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 New Milford Rehabilitation, LLC			License No. 2207C	Report for Year Ended 9/30/2022			Page 6	of 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						
TIAA Copier, 245 Park Avenue, New York, NY 10167	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/09/18	63 Months	4,499	4,499	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input type="radio"/> Yes <input checked="" type="radio"/> No		Total ***		4,499	

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

General Information and Questionnaire
Accounting Basis

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 SY Consultant	1138 E. 12th Street, Brooklyn, NY 11230
2 Pease & Associates	1111 Superior Avenue, Cleveland, OH 44114
3 Bonadio & Co. LLP	1040 Avenue of the Americas, 3rd Floor, New York, NY 10018
4 Clifton, Larson, Allen LLP	29 South Main Street, 4th Floor, West Hartford, CT 06107

Services Provided by This Firm (*describe fully*)

1 Consulting	\$ 18,000
2 Accounting & HHS	\$ 9,950
3 401K	\$ 1,933
4 Medicare & Medicaid Cost Report Preparation	\$ 24,005
	Charge for Services Provided
	\$ 53,888

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

- Yes No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder and Woods	203-899-8900
2 Susan Corbett	N/A
3 Treasurer State of CT	N/A
4 US Treasury	N/A
5	

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

- 1 200 Connecticut Ave., Norwalk, CT 06854
- 2 N/A
- 3 N/A
- 4 N/A
- 5

Services Provided by This Firm (*describe fully*)

1 Collections (Disallowed)	\$ 22,831
2 Marshall Fee (Disallowed)	\$ 120
3 Probate (Disallowed)	\$ 250
4 Legal (Disallowed)	\$ 209
5	\$
	Charge for Services Provided
	\$ 23,410

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

- Yes No Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2022				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	148	148			148	148						
B. On last day of THIS report period	148	148							148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126						
B. As of midnight of THIS report period	118	118							118	118		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,400	7,400			5,709	5,709			1,691	1,691		
B. Medicaid (Conn.)	24,667	24,667			18,331	18,331			6,336	6,336		
C. Medicaid (other states)												
D. Private Pay	5,023	5,023			3,448	3,448			1,575	1,575		
E. State SSI for RCH												
F. Other (Specify) Managed Care, VA	4,744	4,744			3,530	3,530			1,214	1,214		
G. Total Care Days During Period (3A thru F)	41,834	41,834			31,018	31,018			10,816	10,816		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	153	153			113	113			40	40		
B. Other Bed Reserve Days	214	214			169	169			45	45		
5. Total Resident Days (3G + 4A + 4B)	42,201	42,201			31,300	31,300			10,901	10,901		

Schedule of Resident Statistics (Cont'd)

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	25	67		26									
Per Diem Rate													
a. One bed rm.	N/A	N/A		N/A									
b. Two bed rms.	Various	271.60		480.00									
c. Three or more bed rms.	N/A	N/A		N/A									
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,181	1,181			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									13,586	13,586			
D. Total Physical Therapy Treatments									14,767	14,767			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									200	200			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,349	1,349			
D. Total Speech Therapy Treatments									1,549	1,549			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									514	514			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									11,702	11,702			
D. Total Occupational Therapy Treatments									12,216	12,216			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Rehabilitation, LLC	2207C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	154,237	1,920				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	272,342	10,062				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	70,127	2,087				
c. Dietary Workers	498,039	24,457				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,136	2,080				
b. Other Maintenance Workers	39,019	1,941				
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	274,354	4,171				
b. RN						
1. Direct Care	1,534,262	38,492				
2. Administrative**	434,430	6,407				
c. LPN						
1. Direct Care	1,442,090	44,639				
2. Administrative**	19,345	794				
d. Aides and Attendants	1,864,869	92,401				
e. Physical Therapists	9,077	233				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	183,347	9,067				
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	369,961	9,972				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,226,635	248,723				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	\$ -					
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Nursing Admin Consulting	\$ 59,911	606				
Other P/S (Disallowed)	\$ 12,295	N/A				
Total	\$ 72,206	606	\$ -	-	\$ -	-

**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
New Milford Rehabilitation, LLC				2207C	9/30/2022				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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	
New Milford Rehabilitation, LLC				2207C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
David Segal (10/1/21 - 1/31/22)	51,412			Non Discriminatory	Administrator	640	A2			
James Noonan (2/1/22 - 9/30/22)	102,825			Non Discriminatory	Administrator	1,280	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Rehabilitation, LLC	2207C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	7,800	N/A				
3. Pharmacist	16,215	N/A				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	369,319	3,216				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	59,658	218				
b. Utilization Review (Title 18 and 19 only) monthly meeting	22	1				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	77,827	1,226				
b. Other						
10. Occupational Therapist						
a. Resident Care	294,593	3,204				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	34,675	423				
2. Administrative***						
b. LPN						
1. Direct Care	41,242	634				
2. Administrative***						
c. Aides	437,075	9,299				
d. Other						
12. Other (Specify)						
See Attached Schedule	72,206	606				
B-13 Total Fees Paid in Lieu of Salaries	1,410,632	18,827				

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

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

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

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C		Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Connecticut Dental Partners, 300 Church Street, Wallingford, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Onnicare of Connecticut	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy, 850 Silas Dean Highway, Wethersfield, CT	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Kenneth Marici, 2 Old Park Lane, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. John Mullen, 131 Kent Road, Rt 7, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Teresa Skinner, 305 Silver Creek Lane, Norwalk, CT	Clinical Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Clipboard Health	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>			
Guardian Consulting Services	Pharmacist	<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
New Milford Rehabilitation, LLC	2207C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 225,112	225,112		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 46,790	46,790		
4. Social Security (F.I.C.A.)	\$ 534,783	534,783		
5. Health Insurance	\$ 1,010,421	1,010,421		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 158,084	158,084		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 57,270	57,270		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 53,888	53,888		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 23,410	23,410		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 44,761	44,761		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,269	29,269		
2. Cellular Phones	\$ 4,413	4,413		
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	\$ 52,851	52,851		
3. Resident Day User Fee	\$ 707,450	707,450		
Subtotal	\$ 2,948,502	2,948,502		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,948,502	2,948,502		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 7,256	7,256		
5. Education Expenses Related to Seminars and Conventions	\$ 34,042	34,042		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 41,651	41,651		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 34,325	34,325		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 35,167	35,167		
4. Fund-Raising***	\$			
5. Medical Records	\$ 661	661		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 594	594		
7. Postage	\$ 6,568	6,568		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 350	350		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 330	330		
9. Subscriptions	\$ 19,415	19,415		
10. Contributions*** See Attached Schedule	\$ 13,380	13,380		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 29,427	29,427		
12. Administrative Management Services**	\$ 120,000	120,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 173,820	173,820		
C-14 Total Administrative & General Expenditures	\$ 3,465,488	3,465,488		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	\$ -		
Promotional Advertising	\$ 35,167		
Total Other Advertising	\$ 35,167	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
CAHCF	\$ 350		
Total Dues	\$ 350	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	\$ -		
Various (Disallowed)	\$ 13,380		
Total Contributions	\$ 13,380	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ -		
Employee Background Checks	\$ 7,019		
Unemployment Tax Management (Disallowed)	\$ 1,620		
Data Processing Fees	\$ 25,842		
Software Maintenance	\$ 60,107		
Facility Licenses	\$ 5,745		
Bank Charges (Routine)	\$ 10,980		
Administrative Oversight	\$ 57,507		
Provider Relief Reporting	\$ 5,000		
Total Other Administrative and General	\$ 173,820	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Milford Rehabilitation, LLC	2207C	9/30/2022	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 #
Moshe Bernstein	60,000	Management Services	Page 16 Line m12
Mordi Blass	60,000	Management Services	Page 16 Line m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC		2207C	9/30/2022	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 291,602	291,602		
2.	Non-Food Supplies	\$ 31,198	31,198		
3.	Other (<i>Specify</i>) _____ Dietary Cleaning Supplies	\$ 11,703	11,703		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Other (<i>Specify</i>) _____ Nutritional Supplements Employee Meals (Disallowed)		\$ 23,974	23,974		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 358,477	358,477		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	386	386		
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)		\$	208,888	208,888		
c. Other (Specify) Cleaning Supplies		\$	577	577		
3D. Total Laundry Expenditures (3a + b + c)		\$	209,851	209,851		
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	
New Milford Rehabilitation, LLC	2207C	9/30/2022	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
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. \$	341,474	341,474		
C. Other (<i>Specify</i>)		\$ 50,776	50,776		
Housekeeping Paper/Plastic					
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 392,250	392,250		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare of CT / Pharmscript	\$	276,673	276,673		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	145,246	145,246		
d. Ambulance/Limousine***	\$	37,233	37,233		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	8,346	8,346		
f. X-rays and Related Radiological Procedures***	\$	23,844	23,844		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	35,505	35,505		
i. Recreation	\$	27,111	27,111		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	166,154	166,154		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 720,112	720,112		

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

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

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

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

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

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
All American Waste	PO Box 630, E. Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	33,417			22	6f
Asantino Consulting	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultant	28,776			16	m11
MatrixCare	Bin #32, PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Software	46,743			16	m13
Shamrock Landscaping	Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	23,724			22	6f
Sparkle	North, Suire Q, Howell, NJ 06514	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Housekeeping P/S	341,473			20	4b
Saucier	148 North Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	38,150			22	6f
Crown Care Services		<input type="radio"/>	<input checked="" type="radio"/>		Shredding	17,097			22	6f
J&D Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	10,396			22	6f
Sparkle	North, Suire Q, Howell, NJ 06514	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Laundry P/S	101,388			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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).

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

Name of Facility	License No.	Report for Year Ended			Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 142,626	142,626				
b. Heat	\$ 122,865	122,865				
c. Light & Power	\$ 160,621	160,621				
d. Water	\$ 56,355	56,355				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 4,499	4,499				
f. Other (<i>itemize</i>)	\$ 137,075	137,075				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 624,041	624,041				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 77,488	77,488				
c. Non-Movable Equipment	\$ 4,143	4,143				
d. Movable Equipment	\$ 29,582	29,582				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 111,213	111,213				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,638,923	1,638,923				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 127,757	127,757				
c. Personal property taxes	\$ 27,472	27,472				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,905,365	1,905,365				

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

Depreciation Schedule

Name of Facility New Milford Rehabilitation, LLC		License No. 2207C			Report for Year Ended 9/30/2022			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		1,112,370		1,112,370	179,990	SL	Various	74,738					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		38,389		38,389		SL	Various	2,750					
B-4. Subtotal									77,488				
C. Non-Movable Equipment													
1. Acquired prior to this report period		41,800		41,800	1,652	SL	Various	3,100					
2. Disposals (attach schedule)		(10,800)		(10,800)									
3. Acquired during this report period (attach schedule)		20,830		20,830		SL	Various	1,043					
C-4. Subtotal									4,143				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	157,170		157,170	91,981	SL	Various	24,990	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative				Var	Var	23,507				SL	Various	2,562	
d. Standard Resident				Var	Var	21,083				SL	Various	2,030	
e. Specialized Resident				Var	Var								
Total Acquired during this report period						44,590						4,592	
D-3. Subtotal													29,582
E. Total Depreciation													111,213

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:				
10/31/2021	Signage, Painting	\$ 28,425	15	\$ 1,421
1/31/2022	Generator	\$ 9,964	5	\$ 1,328
Total additions for Building Improvements		\$ 38,389		\$ 2,750
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:				
12/31/2021	Telephone	\$ 11,932	10	\$ 895
7/31/2022	Wanderguard	\$ 8,898	10	\$ 148
Total additions for Non-Movable Equipment		\$ 20,830		\$ 1,043
Deletions:				
9/30/2022	Adjust State Reclassification of 2021 Addition	\$ (10,800)	10	\$ -
Total deletions for Non-Movable Equipment		\$ (10,800)		\$ -

*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:					
11/30/2021	Beds	Standard Resident	\$ 2,789	5	\$ 465
11/30/2021	Dish Dispenser	Administrative	\$ 3,041	7	\$ 362
1/31/2022	Food Heater	Administrative	\$ 6,285	5	\$ 838
1/31/2022	Beds	Standard Resident	\$ 4,163	5	\$ 555
2/28/2022	Beds	Standard Resident	\$ 2,140	5	\$ 250
3/31/2022	Beds	Standard Resident	\$ 3,118	5	\$ 312
4/30/2022	Beds	Standard Resident	\$ 3,542	5	\$ 295
5/31/2022	Computers	Administrative	\$ 3,382	5	\$ 282
5/31/2022	Washer	Administrative	\$ 10,800	10	\$ 1,080
7/31/2022	Beds	Standard Resident	\$ 3,863	5	\$ 129
7/31/2022	Lift	Standard Resident	\$ 1,468	10	\$ 24
Total additions for Movable Equipment			\$ 44,590		\$ 4,592
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:				
Total additions for Leasehold Improvement		\$ -		\$ -
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Amortization Schedule*

Name of Facility New Milford Rehabilitation, LLC			License No. 2207C		Report for Year Ended 9/30/2022			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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes
 No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/01/16			
4. Date of Initial Licensure	04/01/16			
5. Total Licensed Bed Capacity	148			
6. Square Footage	53,395			
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 9/30/22				
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 New Milford Rehabilitation, LLC		License No. 2207C	Report for Year Ended 9/30/2022		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
New Milford Rehabilitation, LLC		2207C		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	1,320	1,320	
Other Interest Expense							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	1,320	1,320	
14. Insurance							
a. Insurance on Property (buildings only)				\$	33,320	33,320	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	36,487	36,487	
2. Fire and Extended Coverage				\$	4,035	4,035	
3. Other (Specify)				\$	93,810	93,810	
Liability Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	167,652	167,652	
15. Total All Expenditures (A-13 thru C-14)				\$	16,481,823	16,481,823	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
New Milford Rehabilitation, LLC			2207C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 7,054	7,054		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 294,593	294,593		
7.			Other - See attached Schedule	\$ 36,310	36,310		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 23,410	23,410		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,693	3,693		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 41,651	41,651		
18.	16	m3	Unallowable Advertising *	\$ 35,167	35,167		
19.	15	1k2	Income Tax / Corporate Business Tax	\$ 49,334	49,334		
20.	16	m10	Fund Raising / Contributions	\$ 13,380	13,380		
21.	16	m12	Unallowable Management Fees	\$ 120,000	120,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 60,772	60,772		
Page 18 - Dietary Expenditures							
24.	18	2c	Meals to employees, guests and others who are not residents	\$ 236	236		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 685,600	685,600		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12m	Admissions - Marketing Amount (5% of Salary)	\$ 7,054		
Total Other Salaries Adjustment			\$ 7,054	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12	Other Direct Care P/S	\$ 12,295		
13	b2	Dentist	\$ 7,800		
13	b3	Pharmacy Consultant	\$ 16,215		
Total Other Fees Adjustments			\$ 36,310	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Relations	\$ 57,270		
15	Various	Benefits on Marketing Salary	\$ 1,984		
16	m11	Marketing - Related Party	\$ 1,188		
16	m8a	Chamber Dues	\$ 330		
Total Other A&G Adjustments			\$ 60,772	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC				2207C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 685,600	685,600		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 276,673	276,673		
28.	20	5d	Ambulance/Limousine	\$ 37,233	37,233		
29.	20	5f	X-rays, etc	\$ 23,844	23,844		
30.	20	5h	Laboratory	\$ 35,505	35,505		
31.	20	5c	Medical Supplies	\$ 59,821	59,821		
32.	20	5e2	Oxygen (non emergency)	\$ 8,346	8,346		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 71,989	71,989		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (2,071)	(2,071)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,320	1,320		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,198,261	1,198,261		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	Specialty Mattresses - Disallowed	\$ 44,383		
20	5L	Medical Reimbursement - Disallowed	\$ -		
20	5L	Wound Care Supplies - Disallowed	\$ 5,871		
20	5L	Resident Personal Items - Disallowed	\$ 6,142		
20	5i	Cable TV in excess of \$3,600	\$ 15,593		
Total Other Ancillary Costs			\$ 71,989	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	7d	To include movable depreciation expense at prior owner basis which were purchased by the new owner	\$ (2,071)		
Total Excess Movable Equipment Depreciation			\$ (2,071)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest Expense	\$ 1,320		
Total Other Property Adjustments			\$ 1,320	\$ -	\$ -

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,789,790	11,789,790				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,150,239)	(5,150,239)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,482,535	3,482,535				
b. Medicare Room and Board Contractual Allowance **	\$ 1,471,767	1,471,767				
4. a. Private-Pay Residents and Other	\$ 4,546,494	4,546,494				
b. Private-Pay Room and Board Contractual Allowance **	\$ (495,044)	(495,044)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 192,011	192,011				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 108,719	108,719				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 487,301	487,301				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 172,244	172,244				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 135,135	135,135				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 52,071	52,071				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 453,095	453,095				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 137,352	137,352				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,193,876)	(1,193,876)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (376,139)	(376,139)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,813,216	15,813,216				
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>)	\$ 7,681	7,681				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 461,737	461,737				
V. Total Other Revenue (1 thru 8)	\$ 469,418	469,418				
VI. Total All Revenue (III +V)	\$ 16,282,634	16,282,634				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		(0)		
30 II6a	Oxygen	\$ 505		
30 II6a	IV Therapy	\$ -		
30 II6a	X-Ray	\$ 20,728		
30 II6a	Lab	\$ 34,551		
30 II6a	Contractual Allowance	\$ (1,249,660)		
Total Other Resident Revenue - Medicare		\$ (1,193,876)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II6b	Oxygen	\$ 323		
30 II6b	IV Therapy	\$ -		
30 II6b	X-Ray	\$ 5,192		
30 II6b	Lab	\$ 9,469		
30 II6b	Contractual Allowance	\$ (391,124)		
Total Other Resident Revenue		\$ (376,139)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV5	Interest Income		\$ 7,681		
Total Interest Income			\$ 7,681	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV8	Optum	\$ 70,987		
30 IV8	Stimulus	\$ 395,051		
30 IV8	Minor Adj. Income	\$ (4,301)		
Total Other Revenue		\$ 461,737	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	381,260
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,740,573
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	658,151
4. Inventories			\$	
5. Prepaid Expenses			\$	198,046
a. Prepaid Expenses - Other	62,870			
b. Prepaid Insurance	133,245			
c. Prepaid Taxes	1,931			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,978,030
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>1,150,759</u>		\$	893,281
	Accum. Depreciation <u>257,478</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>51,830</u>		\$	46,035
	Accum. Depreciation <u>5,795</u>	Net		
6. Movable Equipment	*Historical Cost <u>201,760</u>		\$	80,197
	Accum. Depreciation <u>121,563</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	23,241

See Schedule	23,241			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,042,754

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page of 32 37
Account			Amount
Total Brought Forward:			\$ 4,020,784
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>)			\$

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 5,184,730
Name and Address	Amount	Loan Date	
Various	5,184,730	Various	
7. Other Assets (<i>itemize</i>)			\$ 142,336

See Schedule _____			142,336
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 5,327,066
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 9,347,850

* 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 New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,268,036	
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>)				\$ 4,884
Name and Address of Lender	Amount	Loan Date		
Various	4,884	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Rounding			(1)	(1)
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,883
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,272,919

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Rehabilitation, LLC	2207C	9/30/2022	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			\$	7,274,120
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(199,189)
10/1/2021 thru 9/30/2022				
7. Total Net Worth			\$	7,074,931
C. Total Reserves and Net Worth			\$	7,074,931
D. Total Liabilities, Reserves, and Net Worth			\$	9,347,850

H. Changes in Total Net Worth

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	4,932,218
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,282,634
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,481,823
D. Net Income or Deficit			\$	(199,189)
E. Balance			\$	4,733,029
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Prior Period Adjustment				2,341,902
F-3. Total Additions			\$	2,341,902
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		09/30/22	\$	7,074,931

I. Preparer's/Reviewer's Certification

Name of Facility New Milford Rehabilitation, LLC	License No. 2207C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
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 President	Date Signed 02/13/2023		
Printed Name of Preparer Stephen Bernier				
Address Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197		
Contacted Person Regarding Additional Information Needed Regarding This Report Simon Yisroel		Phone Number 347-254-5765		
Contact Email Address simonyisroel@yahoo.com				