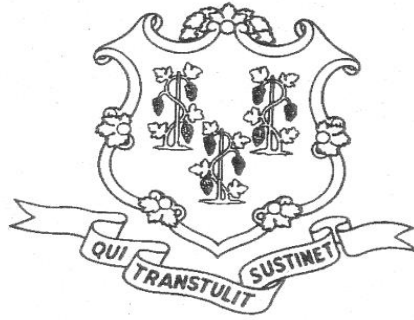


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2318	(Specify)	(Specify)	Medicare Provider 07-5324
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Medicaid Provider Numbers:	CCNH / RHNS 2318	(Specify)	(Specify)
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2023	1	37

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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [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) Brian Reynolds			Printed Name (Owner) Lawrence Santilli		
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date	
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 860-444-1175		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH / RHNS 2318	(Specify)	(Specify)	Medicare Provider No. 07-5324
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Brian Reynolds		Nursing Home Administrator's License No.:	2062	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	9/30/2023	3B	37

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

Owner(s) of Facility

Not Applicable

**General Information and Questionnaire
 Related Parties***

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	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	%**				
Procure LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy	Pg 20, 5a2	331,547	331,547
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Interfacility Loans	Pg33, A2		
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi-facility 401K			
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Bank fees	Pg 16, m13	4,791	4,791
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Participates in General Health Insurance Plan	Pg 15, 1ae	728,919	728,919
Bayview Health Care Landlord	135 South Rd Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>95%	Lease of Facility	Pg 22 L9 and 10b, pg 1	965,235	965,235
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>	>50%	See attached			
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg. 15 1a1	345,705	345,705
Procure LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Note Payable	Pg 27 12D + Pg 34 B4	29,997	29,997

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Hea	License No. 2318	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.

Not Applicable

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

Not Applicable

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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	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 301 Rope Ferry Road,	License No. 2318	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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	127	127			127	127						
B. On last day of THIS report period	127	127							127	127		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	113	113			113	113						
B. As of midnight of THIS report period	113	113							113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,640	5,640			4,396	4,396			1,244	1,244		
B. Medicaid (Conn.)	30,622	30,622			22,929	22,929			7,693	7,693		
C. Medicaid (other states)												
D. Private Pay	5,949	5,949			4,577	4,577			1,372	1,372		
E. State SSI for RCH												
F. Other (Specify) Managed Care Other	236	236			168	168			68	68		
G. Total Care Days During Period (3A thru F)	42,447	42,447			32,070	32,070			10,377	10,377		
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	68	68			57	57			11	11		
5. Total Resident Days (3G + 4A + 4B)	42,515	42,515			32,127	32,127			10,388	10,388		

Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health C				License No. 2318			Report for Year Ended 9/30/2023			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No										If "YES", provide the following information:				
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)			
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)	(Specify)	R.C.H.	ICF-MR					
No. of Residents	16	84		7		6								
Per Diem Rate														
a. One bed rm.	588.64	#####		565.00		444.51								
b. Two bed rms.	588.64	#####		555.00		444.51								
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B										5,529	5,529			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments										1,273	1,273			
2. Restorative Treatments														
C. Other										7,211	7,211			
D. Total Physical Therapy Treatments										14,013	14,013			
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B										947	947			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments										74	74			
2. Restorative Treatments														
C. Other										920	920			
D. Total Speech Therapy Treatments										1,941	1,941			
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B										6,344	6,344			
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments										1,083	1,083			
2. Restorative Treatments														
C. Other										7,496	7,496			
D. Total Occupational Therapy Treatments										14,923	14,923			

Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	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)	132,288		1,926							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	266,459		10,245							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor	72,590		1,953							
c. Dietary Workers	567,867		27,219							
6. Housekeeping Service										
a. Head Housekeeper	81,802		2,058							
b. Other Housekeeping Workers	321,181		17,774							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	70,841		1,858							
b. Other Maintenance Workers	69,501		2,532							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	110,739		5,930							
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	264,061		3,756							
b. RN										
1. Direct Care	642,873		12,807							
2. Administrative**	524,931		15,086							
c. LPN										
1. Direct Care	1,428,756		32,740							
2. Administrative**										
d. Aides and Attendants	2,269,537		86,647							
e. Physical Therapists	487,296		13,483							
f. Speech Therapists	32,472		699							
g. Occupational Therapists	272,341	(272,341)	6,942							
h. Recreation Workers	224,918		8,361							
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	307,561	(46,334)	9,694							
n. Marketing										
o. Other (Specify) See Attached Schedule										
A-13. Total Salary Expenditures	8,148,014	(318,675)	261,710							

* 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
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318		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										
Not Applicable										
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	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	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***										
Kimberly Carlson 10/01/22-12/20/22	28,448			Health & life insurances, Payroll Taxes	of the nursing home facility.	391	A2			
James Dahl 12/20/22-3/6/23	25,763			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	383	A2			
Brian Reynolds 3/6/23-9/30/23	78,077			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,152	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.

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
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	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	64,638		1,293						
2. Dentist	14,819		59						
3. Pharmacist	10,852		54						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	102,336		308						
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)									
9. Speech Therapist									
a. Resident Care	360		1						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	172,637		1,604						
2. Administrative***	12,500								
b. LPN									
1. Direct Care	387,555		4,573						
2. Administrative***									
c. Aides	364,923		8,506						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	1,130,620		16,398						

* 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		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2023		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Joseph Alessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Andrea Gutierrez, P.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Kathleen LaBella, 12 Wadsworth Lane, Waterford, CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Procare, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest		
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Sambacare, 410 Melville Ave, Lakewood, NJ, 08701	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Clipboard Health, PO Box 103125m Pasadena, CA 91189-3125	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Norton and Associates, Inc. 97 Elm St, Cohasset, MA 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, LLC, 653 Main St, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Prime Time Healthcare, PO Box 3544, Omaha NE 08103	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Delta-T Group Hartford, Inc., PO Box 884, Bryn Mawr, PA 19010	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Genie Healthcare Inc. 50 Millstone Rd, Building 100, Suite 100, East Windsor NJ 08520	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Dysphagia Experts, 21 Waterville Rd, Avon CT 06001	Speech Therapy	<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
301 Rope Ferry Road, LLC d/b/a Bayview Health	2318	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 345,705	345,705						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 68,726	68,726						
4. Social Security (F.I.C.A.)	\$ 605,540	605,540						
5. Health Insurance	\$ 674,447	674,447						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 164,191	164,191						
8. Uniform Allowance	\$ 120	120						
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	165,988	(165,988)					
d. Accounting and Auditing	\$ 2,835	7,791	(4,956)					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 250	28,696	(28,446)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 40,014	40,014						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 34,287	34,287						
2. Cellular Phones	\$ 360	600	(240)					
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*	\$	122,310	(122,310)					
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 775,113	775,113						
Subtotal	\$ 2,711,588	3,033,528	(321,940)					

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

(Carry Subtotals forward to next page)

General Information and Questionnaire
Accounting Basis

Name of Facility 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3	
4	

Services Provided by This Firm (*describe fully*)

1 LOC Audit:Disallowed	\$ 4,956
2 Medicare Cost Report	\$ 2,835
3	\$
4	\$
	Charge for Services Provided
	\$ 7,791

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

- Yes No Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Midcap Financial Services	301-760-7600
2 Goldman, Gruder & Woods	203-899-8900
3 Murtha Cullina	203-772-7700
4 Pilicy & Ryan, PC	860-444-1175
5 Treasurer, State of CT	860-443-7121

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

1 7255 Woodmont Ave, Bethesda, MD
2 200 Connecticut Ave, Norwalk, CT 06854
3 265 Church St, New Haven, CT 06510
4 365 Main St. PO Box 760, Watertown, CT 06795
5 181 State St, Room 2m PO Box 148 New London, CT 06320

Services Provided by This Firm (*describe fully*)

1 LOC Legal Fees: Disallow	\$ 12,825
2 Collections - Disallowed	\$ 14,759
3 Filing Fees Allowed (240)	\$ 250
4 Collections - Disallowed	\$ 1,151
5 Collections-Disallowed	\$ (289)
	Charge for Services Provided
	\$ 28,696

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

- Yes No Pg 15, Line1e

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

Name of Facility	License No.	Report for Year Ended				Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	2,711,588	3,033,528	(321,940)				
l. Travel and Entertainment							
1. Resident Travel and Entertainment \$							
2. Holiday Parties for Staff \$	3,120	3,120					
3. Gifts to Staff and Residents \$		19,062	(19,062)				
4. Employee Travel \$	2,164	2,164					
5. Education Expenses Related to Seminars and Conventions \$	1,335	1,335					
6. Automobile Expense (<i>not purchase or depreciation</i>) \$							
7. Other (<i>Specify</i>) \$							
See Attached Schedule							
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (<i>all such expenses</i>) \$	1,261	9,090	(7,829)				
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$							
3. Advertising Other (<i>Specify</i>)*** \$	7,829	7,829					
See Attached Schedule							
4. Fund-Raising*** \$							
5. Medical Records \$							
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$							
7. Postage \$	3,278	3,278					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	9,231	9,231					
See Attached Schedule							
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$							
9. Subscriptions \$	1,260	1,260					
10. Contributions*** \$		200	(200)				
See Attached Schedule							
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$							
12. Administrative Management Services** \$	284,607	435,409	(150,802)				
13. Other (<i>Specify</i>) \$	117,803	179,748	(61,945)				
See Attached Schedule							
C-14 Total Administrative & General Expenditures	\$ 3,143,476	3,705,254	(561,778)				

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotional	\$ 7,829					
Total Other Advertising	\$ 7,829	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Assoc of Health Care Facilities	\$ 9,231					
Total Dues	\$ 9,231	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Licenses	\$ 836					
Bank Charges	\$ 61,945	\$ (61,945)				
Payroll Processing Fees	\$ 22,274					
Employee Physicals & Background Checks	\$ 10,706					
Energy Audit	\$ 11,398					
Data Processing	\$ 72,589					
Total Other Administrative and General	\$ 179,748	\$ (61,945)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview	2318	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 #
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032	(228,488)	Contract Attached to a Prior Year	See Below
Allocation of Above	(150,802)	Admin/Gen 66%	Pg 16, Line 12
	(36,558)	Indirect 16%	Pg 20, Line 5K
	(41,128)	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc, 135 South Road, Farmington, CT 06032	32,796	Admin/Gen-Other Expense	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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care		2318	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 444,083	447,389	(3,306)					
2. Non-Food Supplies	\$ 28,500	28,500						
3. Other (Specify) _____ Dishes & Utensils	\$ 17,434	17,434						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 490,017	493,323	(3,306)					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals: Total no. of meals served per day:*	349	349						
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No						
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.		241		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						18,2.a.1		
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.		3306		
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)						18,2.a.1		
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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
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. \$	20,225	20,225				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Supplies		\$	14,079	14,079				
3D. Total Laundry Expenditures (3a + b + c)		\$	34,304	34,304				
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
301 Rope Ferry Road, LLC d/b/a Bayview Hea		2318	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
a.	In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	61,195	61,195				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
c.	Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	61,195	61,195				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procure, LTC	\$		286,485	(286,485)			
b.	Medicine Cabinet Drugs	\$	28,705	39,924	(11,219)			
c.	Medical and Therapeutic Supplies	\$	274,011	323,455	(49,444)			
d.	Ambulance/Limousine***	\$		28,533	(28,533)			
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	17,700	19,621	(1,921)			
f.	X-rays and Related Radiological Procedures***	\$		16,473	(16,473)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
h.	Laboratory***	\$		32,889	(32,889)			
i.	Recreation	\$	25,644	25,644				
j.	Direct Management Services*	\$	(41,128)		(41,128)			
k.	Indirect Management Services*	\$	(36,558)		(36,558)			
l.	Cable TV	\$						
m.	Other (Specify)**** See Attached Schedule	\$	43,141	71,508	(28,367)			
n.	Physical Therapy Expense	\$						
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	311,515	844,532	(533,017)			

* 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.

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		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
ADP	ADP	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	16,167			16	m13
CWPM	CWPM	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,477			22	6f
Allied Snow Removal	Allied Snow Removal	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	23,397			22	16
Procare LTC	Procare LTC	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	331,547			16	m13
Carrier Lawn Care	Carrier Lawn Care	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	12,587			22	16
PointClickCare	PointClickCare	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	26,639			16	m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended					Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Hea	2318	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 127,011	127,011						
b. Heat	\$ 78,878	78,878						
c. Light & Power	\$ 117,076	117,076						
d. Water	\$ 30,887	30,887						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 35,885	35,885						
f. Other (<i>itemize</i>)	\$ 96,147	96,147						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 485,884	485,884						
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$ 281	281						
b. Building & Building Improvements	\$ 25,070	25,070						
c. Non-Movable Equipment	\$ 3,818	3,818						
d. Movable Equipment	\$ 37,827	39,271	(1,444)					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 66,996	68,440	(1,444)					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$ 1,651	1,651						
c. Leasehold Improvements	\$ 48,425	48,425						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 50,076	50,076						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 796,250	796,250						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 110,682	110,682						
c. Personal property taxes	\$ 11,435	11,435						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,035,439	1,036,883	(1,444)					

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

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cen			2318	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						
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	Automatic Renewal	66 months	1,219		1,219
Wells Fargo Financial Leasing, Inc - P.O.Box 10306 Des Moines, IA 50306-0306	<input checked="" type="radio"/>	<input type="radio"/>	Kyocera Printer and Toshiba Copier	06/01/20	60 months	13,080		13,080
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Nurse Call System	Automatic Renewal	60 months	7,263		7,263
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	Automatic Renewal	60 months	13,528		13,528
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copier	Automatic Renewal	39 months	795		795
	<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 ***	35,885

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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		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	47,027		47,027	45,940	S/L	5 years	281			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal									281	
B. Building and Building Improvements										
1. Acquired prior to this report period	837,227		837,227	751,242	S/L	Various	25,070			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal									25,070	
C. Non-Movable Equipment										
1. Acquired prior to this report period	338,953		338,953	320,878	S/L	Various	3,818			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal									3,818	
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			9	2022	2,150,278		2,150,278	S/L	Various	32,811
b. Disposals (attach schedule)										
Acquired during this report period (attach schedule):										
c. Administrative			9	2023	113,713			S/L	Various	5,814
d. Standard Resident			9	2023	12,924					646
e. Specialized Resident										
Total Acquired during this report period					126,637					6,460
D-3. Subtotal										39,271
E. Total Depreciation										68,440

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:					
Various	Vital Sign Monitors, Block Heater, Window Acs	Administrative	\$ 13,050	5	\$ 1,305
Various	Dishwasher, Scale, Fridge, Ice/Water Dispenser	Administrative	\$ 56,768	10	\$ 2,838
Various	Mattresses, Exerciser	Standard Resident	\$ 12,924	10	\$ 646
Various	Chairs/Cabinets, Bed Frames, Washer and connection	Administrative	\$ 30,801	15	\$ 1,027
3/1/2023	Washer Connection	Administrative	\$ 4,301	10	\$ 204
6/1/2023	Dryer	Administrative	\$ 8,793	10	\$ 440
Total additions for Movable Equipment			\$ 126,637		\$ 6,460 *
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
Various	Piping, HVAC, Sprinklers	\$ 40,378	15	\$ 1,346
Various	Backflow, Fan Motor, Outlets and Lights, Flooring	\$ 26,957	10	\$ 1,348
5/1/2023	Doors	9980	20	250
8/1/2023	Roof	12400	10	620
8/1/2023	Painting	35826	10	1791
Total additions for Leasehold Improvement		\$ 125,541		\$ 5,355 *
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			License No.		Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Finance Fees-Refinance									
2. Deferred Finance Fees-Refinance/ H	Var	Var	5	286,028	237,364			1,651	
3. Deferred Finance Fees-Refinance									
B-4. Subtotal									1,651
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2022	Various	3,708,327	184,118	S/L		43,070	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2023	Various	125,541				5,355	
C-4. Subtotal									48,425
D. Total Amortization									50,076

* 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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	Report for Year Ended 9/30/2023	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	07/12/06			
4. Date of Initial Licensure	06/09/86			
5. Total Licensed Bed Capacity				
6. Square Footage				
7. Acquisition Cost				
a. Land	217,747			
b. Building	5,032,701			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.91%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	9,944,000			
f. Principal balance outstanding as of 09/30/23	7,825,169			

Complete if Mortgage was Refinanced During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
301 Rope Ferry Road, LLC d/b/a Bay		2318	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
301 Rope Ferry Road, LLC d/b/a B		2318		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify) Vendor Interest				\$	19,753	19,753				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	19,753	19,753				
14. Insurance										
a. Insurance on Property (buildings only)				\$	163,820	163,820				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	163,820	163,820				
15. Total All Expenditures (A-13 thru C-14)				\$	14,705,362	16,123,582	(1,418,220)			

F. Statement of Revenue

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview 2318	License No.	Report for Year Ended 9/30/2023	Page 30	of 37
Item	Total	CCNH / RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,829,282	16,829,282		
b. Medicaid Room and Board Contractual Allowance **	\$ (7,897,874)	(7,897,874)		
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,963,580	1,963,580		
b. Medicare Room and Board Contractual Allowance **	\$ 471,981	471,981		
4. a. Private-Pay Residents and Other	\$ 4,585,520	4,585,520		
b. Private-Pay Room and Board Contractual Allowance **	\$ (307,137)	(307,137)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 193,233	193,233		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (192,213)	(192,213)		
c. Prescription Drugs - Non-Medicare	\$ 175,413	175,413		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (175,413)	(175,413)		
2. a. Medical Supplies - Medicare	\$ 36,744	36,744		
b. Medical Supplies - Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare	\$ 1,506	1,506		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,506)	(1,506)		
3. a. Physical Therapy - Medicare	\$ 589,542	589,542		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (440,855)	(440,855)		
c. Physical Therapy - Non-Medicare	\$ 256,050	256,050		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (256,050)	(256,050)		
4. a. Speech Therapy - Medicare	\$ 149,360	149,360		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (114,370)	(114,370)		
c. Speech Therapy - Non-Medicare	\$ 55,600	55,600		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (55,600)	(55,600)		
5. a. Occupational Therapy - Medicare	\$ 696,107	696,107		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (494,596)	(494,596)		
c. Occupational Therapy - Non-Medicare	\$ 275,100	275,100		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (275,100)	(275,100)		
6. a. Other (<i>Specify</i>) - Medicare	\$			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (236,639)	(236,639)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,831,665	15,831,665		
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>)	\$ 85,785	85,785		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 112,852	112,852		
V. Total Other Revenue (1 thru 8)	\$ 198,637	198,637		
VI. Total All Revenue (III +V)	\$ 16,030,302	16,030,302		

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
pg 31, a3	Medicaid & Medicare Retro	\$ (236,639)		
Total Other Resident Revenue		\$ (236,639)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
pg 31, LA2	Interest on A/R	-	\$ 130		
	ERC Interest		\$ 85,655		
Total Interest Income			\$ 85,785	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	BAD DEBTS RECOVERIES	\$ 112,852		
Total Other Revenue		\$ 112,852	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	159,127
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	734,386
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	25,455
5. Prepaid Expenses			\$	145,532
a. Prepaid Insurance	107,347			
b. Prepaid Expenses	38,185			
c. _____				
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)			\$	1,064,500
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	47,027	\$	806
	Accum. Depreciation	46,221		
	Net			
3. Buildings	*Historical Cost	837,226	\$	60,915
	Accum. Depreciation	776,311		
	Net			
4. Leasehold Improvements	*Historical Cost	645,163	\$	412,620
	Accum. Depreciation	232,543		
	Net			
5. Non-Movable Equipment	*Historical Cost	338,953	\$	14,257
	Accum. Depreciation	324,696		
	Net			
6. Movable Equipment	*Historical Cost	2,274,774	\$	243,492
	Accum. Depreciation	2,031,282		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(13,807)
Excluded Movable Equipment Carryforward		2,142		
See Schedule		(15,949)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	718,283

* 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 (Itemize) 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	
		Fixed Asset Difference to Books	\$ (15,949)
Total Other Other Fixed Assets (Itemize)			\$ (15,949)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deferred Finance Fees net of Amort.	\$ 78,478
Total Other Assets			\$ 78,478

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 301 Rope Ferry Road, LLC d/b/a Bayvi	License No. 2318	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,782,783
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	390,340
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,019,660		
	Accum. Depreciation	2,983,355	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)			\$	4,426,645
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,360,483
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(3,802,307)
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	170,655
Deposits-Security Deposits Leased Equip.		6,930		
Project Development		85,247		
See Schedule		78,478		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(271,169)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,938,259

* 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 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				(1,892,671)
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 573,952
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 152,450
Name and Address of Lender	Amount	Loan Date		
Notes Payable - Procare Investment	152,450			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (4,498,979)
		Due to Related Landlord	(4,547,346)	
		Notes Payable- Procare CT	48,367	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (3,772,577)
C. Total All Liabilities (Lines A-13 + B-5)				\$ (5,665,248)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bay	2318	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,036,305
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			\$	4,426,645
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	9,090,145
6. Gain or Loss for Period			\$	(341,815)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	7,176,862
C. Total Reserves and Net Worth			\$	11,603,507
D. Total Liabilities, Reserves, and Net Worth			\$	5,938,259

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayvie	2318	9/30/2023	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	4,993,075		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,030,302		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,408,675		
D. Net Income or Deficit			\$	(378,373)		
E. Balance			\$	4,614,702		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
ERC	2,515,594					
Prior Year Tax Fees	7,100					
Prior Year Expense	2,886					
Rounding	22					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	2,525,602
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			\$	7,140,304		
				09/30/23		

I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road, Farmington, CT 06032		(860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Amanda Doncet		(860) 751-3900		
Contact Email Address				
adoncet@athenahealthcare.com				