State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

D. C. C. 111. (1	* 15	<u> </u>		······			
Name of Facility (as I	•						
Southington Care Cer						<u> </u>	
Address (No. & Stree							
45 Meriden Avenue,	Southington, C	Γ 06489				·	
Type of Facility							i
Chronic and C Nursing Home	onvalescent only (CCNH)		Rest Home wit Supervision on (RHNS)	_	V	Other	
Report for Year Begin	nning		Report for Yea	r Ending			
10/1/2014	J		9/30/2015				
License Numbers:		CCNH 2060-C	RHNS		Other	Me	edicare Provider 07-5336
Medicaid Provider No	· ·		CNH	RH	INS	lC	F-IID
		2060-2					
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence N		Signed a	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	5.51044		
-							-
			<u> </u>		<u> </u>		

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20.
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
-	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Southington Care Center	1	9/30/2015	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 IMPRISIONMENT 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 Southington Care Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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)	luh	Date 2/15/16	Signed (Owner)	Date
Printed Name (Administrator) William Kowalewski		7 7	Printed Name (Owner)	
to before me: Donna Heckler	State of CT	Date 2/15/16	Signed (Notary Public) Mura M Lechke	Comm. Expires 6 , 30, 18
Address of Notary Public #30 Tucci#0	2/	m7 loin	el, CT 06480	·

(Notary Seal)

DONNA M. HECHLER
Notary Public, State of Connecticut
My Commission Expires June 30, 2018

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
		-0. water		1A,	37
Name of Facility		Period Cov	ered:	From	То
Southington Care Center				10/1/2014	9/30/2015
Address of Facility					
45 Meriden Avenue, Southington, CT 06489		1		1-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Report Prepared By Paula DePinto/Dorothy Robinson		Phone Num 860-406-67		Date 2/15/2016	
Item		Total	CCNH	RHNS	Other
1. Dietary wages paid	\$				
2. Laundry wages paid	\$_				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		one No. of Fac 0-621 - 9559	ility	Report for Year E 9/30/2015	nded	Page 2	of 37
Name of Facility (as shown on license)	000		, e c	Street, City, State,	7in)	2	31
Southington Care Center		,		nue, Southington, C		489	
CCNH	Τ-	RHNS	1 . 7 01	Other	1 00	Medicare Pr	ovider No.
License Numbers: 2060-C		*****		-		07-5336	
Type of Facility (Check appropriate box(es))		_					
Chronic and Convalescent Nursing Home only (CCNH)		st Home with I pervision only			ner 		
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Corp.	0	Government	O Trust
	<u> </u>		Date	Opened Da	te Clo	sed	
If this facility opened or closed during report year provide	e:						
Has there been any change in ownership							
or operation during this report year?	<u>C</u>	Yes	0	No If"	Yes,"	explain fully	•
Administrator					T		
Name of Administrator William Kowalewski				Nursing Home Administrator's License No.	3	001813	
Other Operators/Owners who are assistant administrator	s (ful	l or part time)	of th				
Name				License No.			٠.
	<u> </u>			, .			
	- · · · · · · · · · · · · · · · · · · ·						

General Information and Questionnaire Partners/Members

Name of Facility Southington Care Center		License No. 2060-C	Report for Y 9/30/2015	ear Ended	Page of 3 37
Legal Name of Partne	ership/LLC	Business A	Address	State(s) and/o Which Re	
		•			
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
	ı	·			
	·				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Southington Care Center	2060-C	9/30/2015		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n:	
Legal Name of Corporation		ss Address	State(s) in Which	ch Incorporated
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
				-
See attached Listing				
				·
		• .	1	
	<u> </u>			
			1	
			ļ]
4				
				1
			1	
Names of Stockholders Owning at Least 10%				
of Shares				
:		·		
		-		
			·	
			<u> </u>	
			-	
				<u> </u>
				<u> </u>
			•	



Connect to healthier.™

Southington Care Center Management Board

Verified Information for 2015

Rocco Orlando, M.D. 25 Drumlin Road South Glastonbury, CT 06073 Rocco.Orlando@hhchealth.org (860) 263-4155

Jeffrey Flaks
75 Westland Road
Avon, CT 06001
Jeffrey, Flaks@hhchealth.org
(860) 263-3555

Charles L. Johnson 1314 Town Colony Drive Middletown, CT 06457 Charles.Johnson@hhchealth.org (860) 263-4100

Last updated 2/12/16

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015	Page of 3B 37
If this facility is owned or operated as an individ	lual proprietorship	, provide the following inform	nation:
O	wner(s) of Facility		
	:	· ·	<u>.</u> · . <u></u> _
			,
			
-		<u> </u>	
			<u> </u>
	······		·
			3
-			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Southington Care Center		License No. 2066	e No. 2060-C	1 3	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals receiv marriage, ability to contro	Are any individuals receiving compensation from the facility related thr marriage, ability to control, ownership, family or business association?	cility rel	related through		Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ne Name/Adc	tress and ge 11 of the report.
Are any individuals or con including the rental of prorelated through family assassociation to any of the contract of the cont	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?	or service to this factorial, control, of this factorials	vices, facility, ol, or busin	ess	⊙ Yes O No	If "Yes," provide the following information:	ne following	information:
1.00	o service d	Als Good	Also Provides Goods/Services to	ss to	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	**%	Provided	Page#/Line#	Reported	Related Party
See attached Listing		0	0		i i i i i i i i i i i i i i i i i i i			
		0	Ο.					
		0	0					
		0	0				·	
		0	0					
		0	0					
		0	.0					
		0	0					-
		0	0	·				
The Thirty of Control of the second s								

^{*} 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	License No.		Report for Year Ended	Page	of
Southington Care Center	2060-C		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	provides Al	IDS or TBI	services with special Medicaid	rates, cos	sts
must be allocated to CCNH and RHNS as follow					
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
			hours of routine care provided	-	F
Nursing	3		lassification, i.e., Director (or C		
		Registered	Nurses, Licensed Practical Nur	ses, Aide	s and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	ŀΙ
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services		Appropriat	e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the follow	owing questi	ons applica	ble to the cost information prov	ided.	
1. In the preparation of this Report, were all			If "No," explain fully why suc		on was
costs allocated as required?	Yes	O No	not made.		
N/A					
	,				
	•				
			·		
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting data.		
	<u> </u>				
·			•		
3. Did the Facility appropriately allocate and se	lf-disallow (direct and in	direct costs to non-nursing hon	ie cost ce	nters?
(e.g., Assisted Living, Home Health, Outpati					
(e.g., 1 = 2 = 1 = 1, = 1, = 1, = 1 = 1 = 1, = 1,			If "No," explain fully why suc	h allocati	on was
	• Yes	O No	not made.	n anocati	on was
			not made.		
			•		
				-	

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

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.

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Southington Care Center			2060-C	9/30/2015			6 37
and the state of t	Related * to	d*to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	Sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
short term leases only	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0				•	
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased Ve	hicles ?	O Yes	0	O No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

* 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	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2015		7	. 37
The records of this facility for the p	period covered by this repor	t were maintained on the following basis:			·
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period? O	No			·	
				•	
			•		
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Coo	le)	_	
1 Blum Shapiro		39 South Main Street, 4th fl. West Hfl.	d. CT 06107		
2 Sasiow Lufkin & Buggy, LLP		10 Tower Lane, Avon, CT			
3 Adjustment for overaccrued ex	xpense				÷
4					
Services Provided by This Firm (de	escribe fully)		· .		
1 Medicare Cost Report			\$	5,795	
2 Audit of Financial Statements			\$	25,219	
3 Adjustment for overacerued expense			\$	(46,089)	
4			\$		
			Charge for	Services Pr	ovided
			\$	(15,075)	· · · · · · · · · · · · · · · · · ·
		Yes, Specify Expense Classification and Line No.			
O Yes O No	15 1d				
Legal Services Information	-A A A A		Telephone 1	Number	-
Name of Legal Firm or Independer 1 Michalik, Bauer, Silva & Cico		•	Telephone	Number	
2 Murtha Cullina, LLP	Cattilo	1			
3 American Adjustment Bureau	1				
4 Wiggin & Dana					,
5					
Address (No. & Street, City, State,	, Zip Code)				
1 35 Pearl St., New Britain, CT					
2 185 Asylum Street; Hartford,					
3 73 Feld St, PO Box 2756, Wa					
4 P.O. Box 1832, New Haven, (CT 06508-1832				
5 Services Provided by This Firm (d	lescribe fully)				
1 Collections - disallowed p. 28			\$	2,431	
2 Mandatory Staff Training			\$	136	
3 Collections - disallowed p. 28			\$	105	· .
4 Review SNF agreement, draft admiss	sion agreement, Telephone confer	ence re Title 19 Resident	\$	3,166	=
5			\$		
			Charge for	Services P	rovided
			\$	5,838	
	diture Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
⊙ Yes O No					

SOUTHINGTON CARE CENTER

FYE 9/30/15

A&G Legal Fees g/l # 6420-046

P. 15 1e

RECLASSED FROM MGMT CO. & DISALLOWED RECLASSED FROM MGMT CO. & DISALLOWED DISALLOW Renew SNF agreement, admissions agreement and tel. conference re Title Description 19 resident \$136.00 Mandatory Training \$391.50 Collections \$147.50 Collections \$90.00 Collections \$177,50 Collections \$118.50 Collections \$29.50 Collections \$518.00 Collections \$162.50 Collections \$14.50 Collections \$886.00 Collections \$40.50 \$3,125.00 \$2,671.50 \$3,165.50 \$5,796.50 Amount LEGAL FEES IN MANAGEMENT CO MICHALIK, BAUER, SILVA, & CICCA MICHALIK BAUER, SILVA, & CICCA MICHALIK, BAUER, SILVA, & CICCA MICHALIK, BAUER, SILVA, & CICCA LEGAL FEES - TIES TO LEDGER TOTAL FOR COST REPORT AMERICAN ADJ BUREAU AMERICAN ADJ BUREAU MURTHA CULLINA, LLP WIGGIN & DANA WIGGIN & DANA SEPTEMBER NOVEMBER NOVEMBER **JECEMBER** FEBRUARY IANUARY **AUGUST** MARCH JUNE JUNE APRIL ZIOS MAX

FEES BY TYPE

Collections

Mandatory Training for Staff

Renew SNF agreement, Admissions agreement and tel. conference

\$3,165.50

\$3,165.50

\$3,165.50

\$3,165.50

ATTORNEY ADDRESSES

MURTHA CULLINA	CITY PLACE I, 185 ASYLUM ST. HARTFORD, CT 06103
AMERICAN ADJUSTMENT BUREAU	73 FIELD STREET, PO BOX 2758, WATERBURY, CT 06723
MICHALIK, BAUER, SILVA, AND CICCA	35 PEARL ST, SUITE 300, NEW BRITAIN, CT 06051
WIGGIN AND DANA	PO BOX 1832, NEW HAVEN, CT 06508-1832

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	Zo.		4	Seport for	Report for Year Ended	Ę.		Page	fo
Southington Care Center			20	2060-C		6	9/30/2015				, %	37
						Period 10/1 Thru 6/30	Thru 6/3	0		Period 7/1	Thru 9/30	0
	Total All	Total CCNH	Total RHINS				-					
	Levels	Level	Level	Total Other	Total	CCNH	RHINS	Other	Total	CCNH	RHNS	Other
Certified Bed Capacity A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents					:			,				
A. As of midnight of PREVIOUS report period	123	123			123	123			124	124		
B. As of midnight of THIS report period	127	127			124	124			127	127		
3. Total Number of Days Care Provided During Period									-		_	
A. Medicare	11,750.	11,750			8,911	8,911			2,839	2,839		
B. Medicaid (Conn.)	22,153	22,153			16,119	16,119			6,034	6,034	·	
C. Medicaid (other states)			i									
D. Private Pay	10,289	10,289			7,867	7,867	_		2,422	2,422		
E. State SSI for RCH												
F. Other (Specify) Managed Care; Workers Comp.	1,181	1.181		-	086	086			201	201		
G. Total Care Days During Period (3A thru F)	45,373	45,373			33,877	33,877			11,496	11,496		
4. Total Number of Days Not Included in Figures in 3G												
A. Medicaid Bed Reserve Days	49	49			44	4			5	S		
B. Other Bed Reserve Days	114	114			96	96			18	18		
5. Total Resident Days (3G + 4A + 4B)	45,536	45,536			34,017	34,017			615,11	11,519		

Schedule of Resident Statistics (Cont'd)

Name of Fac	cility			Lice	ise No.				Report	for Year	Ended		Page	of
Southington	Care Ce	nter		2	060 - C					9/30/201	.5		9	37
	•	-	in the certified b		pacity du	ring t	he repo	ort yea	ır?	0	Yes	•	No	
11 115	, provid		f Change	1011,		ance	in Bed	e		Ċо	pacity Afte	er Change		· · · · · · · · · · · · · · · · · · ·
Data of	CCMU	RHNS				unge	1		.1	Ca	pacity Att	a Change		
Date of	CCNH	KHINS	Other		Lost			Gaine	<u>a</u>			•		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason f	or Change
	(1/	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCITI	Adiryb	Other	Teason i	or Change
	1												· · · · · · · · · · · · · · · · · · ·	
								1						*
E Ifthone		مم سم مام	in postified bad			. +1= a =				ad in Itan	a 4 abous)	numida tha nun	obar of	
			in certified bed o 90 days followin			ine r	eport y	ear (as	з героги	ea m nen	n 4 above)	provide the han	iloer of	
KESID	ENIDA	1 1 S 10r	90 days lottowin	ig the	change.									
			Olimon in D		. 4 D					Cr.	TA II I	DIMIC	Ot	her
1st char	nna		Change in Re	esidei	n Days					CC	NH	RHNS	OI.	1161
2nd cha								•						·····
3rd cha														
4th cha								-						
		dents an	d Rates on Septe	mber	30 of Co	st Ye	ar.							
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
								1						
											-			
	Item		CCNH	C	CNH	R	HNS	C	CNH	RI	HNS	Other	R.C.H.	ICF-MR
	Residents	3	13		68				23				23	T:
Per Die			美工共和省是									7 ATACHES		
	bed rm.		Rugs	-	242.32	<u> </u>		▙	499,00					
	bed rms					<u> </u>		-	465.00					
	e or more	е												
bea	rms,							<u>. </u>						
-										·				
7 Total N	iumber at	f Physics	al Therapy Treat	ments	2					l το	TAL	CCNH	RHNS	Other
	. Medica				,					<u></u>	8,749	961		7,788
			lusive of Part B)			· ·			*****		10.511.4		S. F. Let	
	1. Mai	intenanc	e Treatments								8	8		
		torative	Treatments								211	211	,	
	. Other		<u> </u>								40,266	33,562		6,704
			Therapy Treati							nonell second	49,234	34,742	Harris of Park Constant	14,492
			Therapy Treatm	ients						31.3	<u> </u>	A A A A A A A A A A A A A A A A A A A	ilendosta, Sirini	
	. Medica		t B lusive of Part B)							A	185	163	filma (196 5) ver	22
, в			ce Treatments							e Zellei				
			Treatments								19	19		
C	. Other										692	684		8
		Speech '	Therapy Treatm	ents							896	866		30
			ational Therapy		nents						GARAGE ST			
A	. Medica	ire - Par	t B								1,411	1,068		343
В			lusive of Part B)								بالمنظور بالأدبية. بالمنظور بالأدبية			Lower Books 1
			e Treatments											
		torative	Treatments							 	68	68	 	10-
	Other	2	Sonal Theren ?	Cuant	usoute					 	30,372	30,241 31,377		131
ו ט	, 10tai E	эссирац	ional Therapy 1	reati	menus		_			L	31,851	31,3//	<u> </u>	474

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

	penditures 1.	Bulli			0-	
Name of Facility	License No.		Report for Year	Ended	Page	of
Southington Care Center	2060-C		9/30/2015		10	37
Are time records maintained by all individuals receiving con	npensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
•					,	
	OCD III	Hausa	RHNS	Hours	Other	Hours
A. Salaries and Wages*	CCNH	Hours	CHING (Capacitational)	Tions Constituted	6 COLATECAL	Tions Transaction
Operators/Owners (Complete also Sec. I of Schedule A1)	<u> </u>	114444	Market State			
2. Administrator(s) (Complete also Sec. III	2000年		67253			
of Schedule A1)	163,128	2,080		7		
Assistant Administrator (Complete also Scc, IV				2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	またのでは ・ 100 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日	and the state of t
of Schedule A1)	THE CONTROL WAS CONTROL FOR	CONTRACTOR (SC	Francis Halas (All Salos (Alas Sa	G - A.S. C 1 2 20 5		Resultation & Villa
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	451,390	18,778	MARKET IN	lehoe. Li	Barrell Campanage College Campanage	la di Secol
5. Dietary Service	431,390		hits +		A STATE	
a. Head Dietitian	57,847	1,389		<u> </u>	in the second	CHARLESTE ! See 1 June 1
b. Food Service Supervisor	69,644	2,080				
c. Dietary Workers	404,213	29,491				7
6. Housekeeping Service	2000		MATTERN			
a. Head Housekeeper	38,605	1,425			<u> </u>	ļ
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	253,016	20,869		evolution (C. 1971)	LANGE SE	THE STORY
a. Engineer or Chief of Maintenance	69,234	1,587			Bar Marka a Maria a sa	
b. Other Maintenance Workers	89,465	4,179		·	 	
8. Laundry Service	7.72			VI.50 (A. 15)		77.75
a. Supervisor	20,245		V - 373-025-24-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	fall having an amount of the same		
b. Other Laundry Workers	132,686	9,780				
Barber and Beautician Services						
10. Protective Services				A - 300 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the same season and the same season are same season as the same season are same season as the same season are same season are same season as the same season are	
11. Accounting Services			MARKET	建汉建筑	minimum in the state of	The season of th
a. Head Accountant	<u> </u>			<u> </u>		
b. Other Accountants 12. Professional Carc of Residents	43000 (dr. 94.5)	5.282.4	(5.25.6812/1.617	NO DE LA COLOR		1 6 2 5
	102,004	1,981		400 mg 4 2 45 9 9 30 mg	A The but Middle Street Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Directors and Assistant Director of Nurses	102,004	1,961		E VENE	A WEST	A MEAN
b. RN	1,284,947					Esperant Property and
Direct Care Administrative**	287,631		-			i
c. LPN	THE PARTY OF THE T	7. 24. 64. 77		7.75		17000年7月3日
I. Direct Care	1,335,941		1	S. M. S.		
2. Administrative**						
d. Aides and Attendants	2,765,754					
c. Physical Therapists	711,652				296,853	
f Speech Therapists	34,961				1,211	
g. Occupational Therapists	463,051			ļ ·	6,995	4/1
h. Recreation Workers	198,121	8,076				
i. Physicians 1. Medical Director					ا آناهند کنند از این از ای از از از این	
2. Utilization Review	+	<u> </u>				
3. Resident Care***		-	+		1	
4. Other (Specify)	e espeini	<u> </u>		12354CE		
j. Dentists			<u> </u>			
k. Pharmacists						ļ
I. Podiatrists					<u> </u>	<u> </u>
m. Social Workers/Case Management	278,512	10,134	4			
n. Marketing		THE STREET	AT 1 Y TO A TO A SHOWN A THE STATE OF THE ST	a per paparata a	7. 李严德的特殊的现在分词	t jane optiversom
o. Other (Specify)	07.246				2 156 31	
See Attached Schedule A-13. Total Salary Expenditures	9,299,395			<u> </u>	2,156,316 2,461,369	

^{*} 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)

		CCI	ИН	R	HNS	Othe	r .
Position		\$	Hours	\$	Hours	\$	Hours
Admissions Supervisor	\$	57,980	2,028				
Admissions Staff	\$	29,368	2,102				, <u> </u>
Good Life Fitness Wages - disallowed						\$ 61,945	2,173
Management Company Expenses - Wages -disallowed						\$ 2,094,365	40,661
					<u> </u>		·
				i			
	- -						
- CANCER CONTROL CONTR					 		
	-						
					· · · · · · · · · · · · · · · · · · ·		
	_			 	 		
					-		
		m.		 		1 - 1	
		07.740	4,130	•		\$ 2,156,310	42,834
Total	\$	87,348	4,130	1.3 -		m C1100110	42,034

Schedule of Other Fees (Page 13)

		CCN	H	I	RHNS	Ot	her
Service		\$	Hours	\$	Hours	S	Hours
· ·							
Consultant - Other Consultants:							
CT Rehab & Spasticity - disallowed	\$	10,000	72				
							<u> </u>
This is a second of the second							
				_		ę.	
				,			
						- 	
- Control State Line 1975							
		····	<u>-</u>				
		-					
Total	- S	10,000	72	\$		\$ -	

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

* 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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

A CT		7	ssistant	Administra	Assistant Administrators and Other Related Parties*	Kelated	Parties*	them. "As its market market and the second s		4
Name of Facility (as licensed)				License Ino.		Report for Tear Ended	sar Ended		rage	10
Southington Care Center				2060-C		9/30/2015			12	37
		Salary Paid								
				rtinge Benefits			Tine Where		Total	
			-	Payments	Full Description of	Total Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	RHNS	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***			,							
William Kowaleski	163,128					2,080 A2	A2			
				and the state of t						
									·	
Section IV - Assistant Administrators				-						
								-		
		<u>.</u>								
				· .					·	

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

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

^{**} Include all other employment worked during the cost year.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Southington Care Center	License No. 2060)-C	Report for Y-9/30/2015	ear Ended	Page 13	of 37
	2000		Total Cost a	ind Hours		
			Total Cost t	110415		•
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						1.0
(For all such services complete Schedule B1)			(海水) 电声响			
1. Dietitian						
2. Dentist	3,135	120				
3. Pharmacist	10,218	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	70,322	1,473			29,333	615
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	Walter W					
a. Medical Director (entire facility)	54,100	468	- P-ep-enter state and - 1 State -			
b. Utilization Review		医原始性:		740157		492 (187) MAIN (188)
(Title 18 and 19 only) monthly meeting		, Maler 1480 Statement 4 4 Bit Links	Class of Maria			
c. Resident Care**						
d. Administrative Services facility	P. T. J. C. S. C.					
1. Infection Control Committee	المشارى والمعرفية فالتاريخ المحادم بالرابانية	THE REAL PROPERTY AND LESS.	Charles and Contract of the	August March Committee on Committee of the Committee of t	and the state of t	ALLE STREET
(Quarterly meetings)						
2. Pharmacoutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)	15.4.40.30.3W.	Acceptance	to a second of the second of t			11.30.245
Medical Staff and Psychiatric Services	4,133	36	Class of Chicago Sales Co. Live	4.20 op., (S. CO. To Many Co. Ser. Co. C. Co. Ser.	
9. Speech Therapist				· Erg gen		
a. Resident Care	7,749	53	i (1994) po a servicia de la co	i la propieto ante attache ante.	268	2
b. Other	7,112					
10. Occupational Therapist		Transfer Strain	JACOBAN JAR	n de la companya de l		1500
a. Resident Care	il e lina i intilia e Sila		د ۱۲۰۵ معاد مصاف شط <u>ا</u>	Militar et sant i den i dilita	The state of the state of the	Transferrite States and States
b. Other	-		 -		<u> </u>	
11. Nurses and aides and attendants	36572000000000000000000000000000000000000	Ku Trapition	70.727535.67	TOTAL CONTRACTOR	THE STREET STREET	7 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1
a. RN	は、国際の意味を	100 (100 (100 (100 (100 (100 (100 (100	2000年1月2日 2000年1月2日	The contract of the contract o		
1. Direct Care	200,000,000,000			Carlo de Constitución de Const	102.12 2 - 11. 12 42.45	, puriocous succession de marco
2. Administrative***		-	<u> </u>		† ·	
b, LPN	2 K (4) K (4) K (4) K (4)	15 韓 株 連邦	1 2 5 = A #6/800 D	THE STATE OF		1975/1975
1. Direct Care	Same of the Section o	وم المناهدة والمناهدة عا	y tignet <u>ia sebr</u> il.		عفقات الإنابانية المونار بالموال	
2. Administrative***			 · - ·		-	
The state of the s	25,099	979		+	 	1
c. Aides	45,099	7/9		 		
d. Other	San en la en			77-10-3-10	4377	
12. Other (Specify) See Attached Schedule	10,000	72)	
B-13 Total Fees Paid in Lieu of Salaries	184,756	3,393	· · · · ·	-	29,601	617

^{*} Do not include in this section management consultants or services which must be reported on Page 16 ttem 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	License No.		Report for	Year Ended	Page	of
Southington Carc Center	2060-C		9/30/2015		14	37
			to Owners,			-
Name & Address of Individual	Full Explanation of Service	Operator	rs, Officers	Expla	nation of Rela	tionship
AT A TAXABAN AND A STATE AND A		Yes	No			
United Dental Resources	dental consulting	0	⊚			
Omnicare	pharmacy consultant	0	0			
Hartford Healthcare Rehab Network	physical therapy	0	0	Hartford Healt	theare Affiliate	
Dr. Joseph Babiarz - ProHealth	medical director	0	O			
Dr. Craig Bogdanski	· medical director	0	0	Board Membe	r	
Dr. Leonard Glaser	medical staff	0	0			
Dr.Curtland Brown III	medical staff	0	0			
Center for Geriatric and Family	psychiatric	0	0			
Swallowing Diagnostics	swallowing testing	0	0			
CT Rehabilitation & Spasticity	Physiatrist	0	0			
Caring Nurses	agency nursing staff	0	0			
Favorite Healthcare	agency nursing staff	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	Q			
		0	0		6	

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name o	of Facility L	icense No.		Report for Ye	ear Ended	Page	of
	ngton Care Center	2060-C		9/30/2015		15	37
		· · · · · · · · · · · · · · · · · · ·			** · · · · · · · · · · · · · · · ·		
				_ ,	- 40		_ 1
	Item			Total	CCNH	RHNS	Other
1. Ad	Iministrative and General			1亿数数4.4	7 (2) (3) (3) (4)		Property of Verlage
a.	Employee Health & Welfare Benefits						
 :	1. Workmen's Compensation		\$	182,306	144,152		38,154
	2. Disability Insurance	·	\$	30,427	24,059	· · · · · · · · · · · · · · · · · · ·	6,368
	3. Unemployment Insurancé		\$	32,061	25,351		6,710
	4. Social Security (F.I.C.A.)		_\$	626,730	495,564		131,166
	5. Health Insurance		\$	1,623,207	1,283,492		339,715
	6. Life Insurance (employees only)			77.5		18 6.5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	(not-owners and not-operators)		\$:	·
	7. Pensions (Non-Discriminatory)		\$	287,043	226,969		60,074
	(not-owners and not-operators)	·		建建筑 1 0°			
	8. Uniform Allowance		\$				
	9. Other (Specify)		\$	22,203	17,555		4,648
	See Attached Schedule						
b.	Personal Retirement Plans, Pensions, and		\$				
	Profit Sharing Plans for Owners and	•		TENER TO S			
	Operators (Discriminatory)*					OF MARKET	granzing nyumi
					277770000	745-34-32-36-34-57	
c.	Bad Debts*		\$	86,984	86,984		
d.	Accounting and Auditing		\$	(15,075)	(15,075)		
e.	Legal (Services should be fully described o	n Page 7)	\$	5,838	2,672		3,166
f.	Insurance on Lives of Owners and		\$				
	Operators (Specify)*						
g.	Office Supplies		\$	33,890	33,890		
h.	Telephone and Cellular Phones						
	1. Telephone & Pagers		\$	23,573	23,573		
	2. Cellular Phones		\$	2,065	2,065		
i.	Appraisal (Specify purpose and		\$				
	attach copy)*						
				100		erwork in the	ren ar de la relación
i.	Corporation Business Taxes (franchise tax))	\$				
<u>,·</u> k.	Other Taxes (Not related to property - See				Set it was	West Cases	
***	1. Income*	<u>0</u> /	\$	Alexandra est	pes process establish	Party and the state of the stat	and a committee of the
	2. Other (Specify)		, \$				-
	See Attached Schedule		, ψ	To the second	Tato Vinasio	y ny katalij	
	3. Resident Day User Fee	· · · · · · · · · · · · · · · · · · ·	\$	30.00 Apr. 10.00 Apr.	724,076	www.umpadayayan.emphAR	
Subtot			\$		3,075,327	 	590,001
	ility should self-disallow the expense on Page 28 of		Ψ	2,002,220		tals forward t	

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

(Carry Subtotals forward to next page)

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

Southington Care Center 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	•	CCNH	RHNS	(Other
Employee Physicals - Preplacement Physicals - disallowed	\$	9,805		\$	2,641
Employee Physicals - Background Checks	\$	1,305		\$	300
Employee Assistance Program - Solutions EAP - Counseling	\$	697		\$	185
Employee Benefits Other - Flu Shots, YMCA Memberships	\$	5,748		\$	1,522

		-			
				<u> </u>	
	,				
	<u> </u>	1222	<u> </u>		4.645
Total	\$	17,555	\$ -	\$	4,648

Schedule of Other Taxes

Description	C	CONH	RHNS	Other
	·			
				-
Total	\$	-	\$ -	\$ -

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

Name of Facility	License No.	-	Report for Y	Year Ended	Page	of
Southington Care Center	2060-C		9/30/2015		16	37
						· · · · · · · · · · · · · · · · · · ·
_					51336	
Item		_	Total	CCNH	RHNS	Other
	s Brought Forward	<i>a</i> :	3,665,328	3,075,327	S - 144 (14.07) 50 \$ 50.0445	590,001
I. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	11,169	11,169	·	
3. Gifts to Staff and Residents		\$	12,370	12,370		
4. Employee Travel		\$	3,632	3,632		
Education Expenses Related to Seminars and		\$	41,449	41,449		
Automobile Expense (not purchase or depre	ciation)	\$	12,383	12,383	·	
7. Other (Specify)		\$		£		
See Attached Schedule			3 W 1 30 TH	1916年代的	500 F/O 51	
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses)	\$	29,542	29,542		
2. Advertising Telephone Directory (all such ex	(penses)***	\$	24	24		
3. Advertising Other (Specify)***		\$	15,107	6,592		8,515
See Attached Schedule			es a sue un a			****
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service is	s supplied	\$	//F/3			
directly and not by contract or fee for service						7. 9.77.11
7. Postage		\$	11,618	11,618		
* 8. Dues and Membership Fees to Professional		\$	15,642	15,642		****
Associations (Specify)						
See Attached Schedule					Walter	
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$			1154 · . 2 Ve	
9. Subscriptions		\$		3,857		
10. Contributions***		\$	213	213		,
See Attached Schedule		*	4 B. M. W. TO	POTT LIFE O	物。持续	
11. Services Provided by Contract (Specify and	Complete	\$	132,296	132,296	earnes (San Augusta de 1900) et	 Major Ay Tugo Bayeras Bee
Schedule C-2, Page 21 for each firm or indi		Ψ	15 2,270		THE PARTY AND	
12. Administrative Management Services**		\$	1,296,734	1,296,734		四 本是四個大學的影響
13. Other (Specify)	****	\$		207,031	 	255,191
See Attached Schedule		ψ	TV4,444			
C-14 Total Administrative & General Expenditures		\$	5,713,586	4,859,879	. <u>E. 177 NY AREA BANG</u>	853,707
* Do not include Subscriptions, which should go it		Φ	3,/13,380	4,0,8,079	<u> </u>	033,707

^{*} 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	CCNII	RHNS	Other
		-	
Fotal Other Travel and Entertainment	2	\$;	3

Schedule of Other Advertising

Description	CCNII		RHNS	 Other
Management Company Marketing - disallowed				\$ 8,515
Business Promotion - disallowed	\$ 6,5	92		
Total Other Advertising	\$ 6,5	92 \$		\$ 8,515

Schedule of Dues

Description	CCNII	RHNS	Other
Dues & Membership Fees:			
ALTCFM	\$ 160		
CALTC - disallowed	\$ 600		
Leading Age	S 12,734		<u> </u>
ECIN/Allscripts - disallowed	S 1,958		
The Society for Human Resource Management	\$ 1 <u>90</u>		
-10			
	1,000		
Total Dues	\$ 15,642	5 -	2

Schedule of Contributions

Description	- (CCNII	R	HNS	Oth	er
Donations • disallowed	s	213				
	L.					
	<u>L</u>		ļ		1	
Total Contributions	\$	213	2	-	5	-

Schedule of Other Administrative and General

Description		CCNH	RHNS		Other
Licenses		1,995		Ι	
Admin - Equipment Rental	\$	39,119			
Bank Charges - disallowed	\$	50,734		1	
Transitions of Care - disallowed	Š	11,804		<u> </u>	
Management Company Development - disallowed				\$	2,409
Management Company Expenses - Non-Wage - disallowed	_ .			5	145,062
Records Storage	S	6,756			
Maintenance Agreement	5	99,739			
Penalties - disallowed	S	(6.300)		1	
Non-Operating - Other - disallowed				5	94,770
Non-Operating Bank Fees - disallowed				3	12,950
Food for Medical Staff meetings - disallowed	3	582			
Bank of America - Defilio - disallowed	5	40			
Dr. Babiarz Medical Conference - disallowed	5	2,548			
Consulting Fccs - misc adj - disallowed	5	14		1_	
The state of the s				┿	
Total Other Administrative and General		207,031	s -	3	255,191

Schedule C-1 - Management Services*

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015	Page of 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 #
Hartford HealthCare	1,296,734	Contracting & management oversite	16 / 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

		<u> </u>	ote o	n	Page 5)					
Nan	ne of Facility	License No. Report for Ye						ear Ended	Page	of
Sou	thington Care Center	ton Care Center							18	37
			•							
	Item			4	Total	6-50-204	CCNH	RHNS	TOTAL GARAGE	Other
2.	Dietary									
	a. In-House Preparation & Service							MODAL LA STANDER STANDER	100	106.7
	1. Raw Food			\$	332,124	ļ	332,124	<u>-</u>	 	
	2. Non-Food Supplies			\$	33,115	ļ	33,115			
	3. Other (Specify)			\$	2,189	energy in	2,189		1727	Tallesia (A) Color (Sins
	Dishes and utensils			1,77,4						
	b. Purchased Services (by contract other			\$		ĺ				
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)				24,000	1. No. 1.	(deposit in the		丰本级	2014 A
	c. Management Services**			\$		<u> </u>				
	d. Other (Specify)		_	\$	640		640	and the second s	CATANA DANASTA (S	orango pro en en recojo de encontra e deposar e
	Equipment rental			100		117				
2E.	Total Dietary Expenditures (2a + b + c + d)	14. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	368,068		368,068			
	and the second of the second o									
2F.	Dietary Questionnaire				Total	_ (CCNH	RHNS		Other
G.	Resident Meals: Total no. of meals served per	day	*	1	374		374			
н.	Is cost of employee meals included in 2E?	0	Yes		0	No				
I.	Did you receive revenue from employees?	0	Yes		0	No	,	If yes, specify amt.		\$4,178
J.	Where is the revenue received reported in the	Cost	t Repo	ıt?	(Page/Line I	tem)			18 2a1	
	Is cost of meals provided to persons other							IC		
K.	than employees or residents (i.e., Board	•	Yes		0	No		If yes, specify cost.		
	Members, Guests) included in 2E?			•				COSt.		
L.	Is any revenue collected from these people?	0	Yes		•	No		If yes, specify amt.		\$6,088
M.	Where is the revenue received reported in the	Cos	t Reno	r1?	(Page/Line I	tem)			18 2a1	
IVI.		005	i Itopo	11.	(Tugo Billo I				10 201	
	Is cost of food (other than meals, e.g., snacks				=			If yes, specify		
N.	at monthly staff meetings, board meetings)	•	Yes		0	No	•	cost.		
	provided to employees included in 2E?									\$6,790
								If yes, specify	·	
O.	Is any revenue collected from employees?	0	Yes		•	No		amt.		
D	YVI	Car	+ D	اعين	Dave/Line 1	tom				
P.	Where is the revenue received reported in the	COS	ı Kepo	nt!	(rage/Line i	(CIII)				

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

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

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

	ne of Facility Thington Care Center		License 2	No. 060-C	Report fo 9/30/20		ear Ended	Page 19	of 37	
	Item		-	Total	CCNF	H	RHNS		Other	
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,		Lbs.						 	
	gowns and other resident care items washed, ironed, and/or processed ***		Amt. \$	-242	-:	242			···	
	Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.							
,	processed.***		Amt. \$							
	3. Personal clothing of residents		Lbs.							
	washed, ironed, and/or processed.***		Amt. \$							
	4. Repair and/or purchase of linens.***		Lbs.		·		<u></u>			
			Amt. \$		·					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	F 25					10.10	
	c. Management Services**		\$					ļ		
3E.	d. Other (Specify) Laundry supplies Total Laundry Expenditures (3a + b + c + d)		\$ \$		建工程。	,793 				
3F.	Laundry Questionnaire		J 4	10,331	10,	,551	<u> </u>	<u> </u>		
G.	Is cost of employee laundry included in 3E?	0	Yes	•	No		If yes, specify cost.			
H.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt,			
I.	Where is the revenue received reported in the C	ost :	Report?		(Page/l	Line	Item)			·
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	•	No		If yes, specify cost.			
K.	Did you receive revenue from these people?	0	Yes	•	No		If yes, specify amt.			
L.	Where is the revenue received reported in the C	ost	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 3E.

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

^{***} 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Sou	thington Care Center	2060-C		9/30/2015		20	37
			ļ				
			1				A.1
	<u>Item</u>			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt,	\$	31,546	31,546		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced	•				
	than through Management Services)	by Personnel					<u> </u>
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	c. Management Services*		\$	·			
	d. Other (Specify)		\$		2. 2 March 1974 Control of St.	Specific 41 Million Scientific Constitution (S.) Constitution	en en de avec de la compressión de la compressió
		37.42		r den Koston	1777年的李州		图4. 安排 针
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	31,546	31,546	W-11-1-11-11-11-11-11-11-11-11-11-11-11-	
5.	Resident Care (Supplies)**				BL 设态对在15		and puller
	a. Prescription Drugs***					E THE MESSE	
	1. Own Pharmacy		\$		l		<u> </u>
	2. Purchased from		\$	451,924	451,924		
	Omnicare	k		ilen a Kive		A 15. A	87.74
	b. Medicine Cabinet Drugs		\$,17,669	17,669		7-10
	c. Medical and Therapeutic Supplies	******	\$.			
	d. Ambulance/Limousine***		\$				
	e. Oxygen			19*10 Sec. 1	de file file (计写图形数据	地名地名
	1. For Emergency Use		\$				
	2. Other***		\$	27,710	27,710		
	f. X-rays and Related Radiological		\$	46,045	46,045		
	Procedures***			/海港位置组》		S. S. 17 F. 18	2000年1000年
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)			place problem			
	h. Laboratory***	· · · · · · · · · · · · · · · · · · ·	\$	39,829	39,829		
	i. Recreation	,	\$	55,144	55,144		
	j. Other (Specify)****		\$	244,024	240,909		3,115
	See Attached Schedule			120			
5K	Total Resident Care Expenditures (5a -	5i)	\$	882,345	879,230		3,115

^{*} 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.

Schedule of Other Resident Care

Description	C	CNH	RHNS		Other
Planetree - disallowed	\$	10,381			
Planetree from Employee Relations - disallowed	\$	437			
Medical Staff Education & Dues	\$	629			
Medical Staff Education & Dues - disallowed	\$	195			
Patient Personal Supplies	_ \$	128			
PT Supplies - disallowed	\$	7,333		\$	3,059
PT Equipment Rental - disallowed	\$	1,890		•	
OT Supplies - disallowed	\$	579		\$	9
Nursing Supplies	\$	136,476			·
Nursing Supplies - disallowed	\$	7,411			
Enteral Feeding - Medicare - disallowed	\$	1,150			
Enteral Feeding - Medicaid	\$	80			
Enteral Feeding - Other	\$	255			
Ostomy Supply - Medicare - disallowed	\$	688			
Ostomy Supply - Medicaid	\$	46			
Ostomy Supply - Other	\$	252			
Ancillary - Med A Other - disallowed	\$	2,740			
Nursing Medical Supply	\$	57,506			
Senior Fit Supplies - disallow				\$	47
Nursing - New Program Development	\$.	81			
Management Office Supplies - disallow	\$	12,652			
					<u></u>
Total Other Resident Care	\$	240,909	\$	\$	3,115

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2015	P			Page 21	of 37
		Deloted ** to Oumans	out Hill				:			
		Operators, Officers	Officers		1		Total Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	Ño	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	Other	Pg	Line
See attached listing		0	0							T
		0	0							
		0	0							
		0	0							
		0	0							_
		0	0							
		0	0							
		0	0	,						
		0	0							
		0	0							
		0	0							
		0	0							
		0	0			-				
		0	0							

* 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).

Southington Care Center License No. 2060-C FY 2015 Page 21 Schedule C-2 - Individuals or Firms Providing Servces by Contract

Name of Individual or Company		עבופובה	Explanation of		Total Cost/Page Ref.	age Ref.		
Training of interested of company	Address	Yes No	Relationship	Full Explanation of Service Provided	CCNH RHINS	Specify	Pg	Line
Aegis Energy 5	55 Jackson St., Holyoke, MA 01101-2511	×		co-generator	12,292		22	6a& f
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	×		trash removal	23,585		72	6f
		-		computer maintenance, consulting and				
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479	×		education	51,701	5,708	16	L5 & m13
Cox Communications	P.O. Box 39, Newark, NJ 07101-0039	×		cable tv. telephone and internet	22,680	5,398	16 & 20	m13 & 5i
Eversource	P.O. Box 650032, Dallas, TX 75265-0034	×		electricity and gas	61,420	3,650	16 8 22	m13, 22b & 22c
Harmony Healthcare International, Inc. 4	430 Boston St., Tapsfield, MA 01983	×		nursing education and Medicare consulting	35,784		16 & 20	L5, m13 & 5j
HealthMedX, LLC	5100 N. Towne Centre Dr., Ozark, MO 65721	×		software provider and consultant	34,744		16	L5, m11,1m13
			Affiliate of Hartford					
Hospital of Central Connecticut	100 Grand St., New Britain, CT 06050	×	Healthcare	lab & X-ray services, physicals, advertising	39,659	280	16,20 & 22	m3, 5f, 5h, 6a
	289 Broad St., Windsor, CT 06095	×		nurse recruitment	25,575		16	m1
Leading Age CT	110 Barnes Road, Wallingford, CT 06492	×		seminars & meetings	15,588	379	16	L5, m8, m11, m13
	P.O. Box 17462, Baltimore, MD 21297-0518	×		x-rays	42,836		20	5f
ng LLC	111 Corning Rd., Suite 250, Cary, NC 27518	×		staff education	13,373	-	16	5
Robin Lee Michel	169 Summit St., Plantsville, CT 06479	×		marketing for management company	27,710		16	m13
stems, Inc.	455 Governor's Hwy, South Windsor, CT 06074	×		copier/printer maintenance	13,567	1,015	16	т13
			-		į			ĭ
Schmidt Lawn Care	P.O. Box 1035, Southington, CT 06489	×		grounds maintenance and snow removal	13,724	-	77	đ
Surburban Propane	P.O. Box 300, Whippany, NJ 07981-0300	×		gas and propane	14,429		22	6a & b
1	110 Turnpike Rd., Suite 300, Westborough, MA					Meter .		
Trans Canada Power Marketing LTD.	01581-2808	×		electricity	43,455		22	άς
	33 Belleview Ave., Southington, CT 06489	×		pastoral services	15,631	.	16 & 20	13 & 5i
	Office Equipment Finance Serv., P.O. Box 790448,							
U.S. Bank	St. Louis, MO 63179-0448	×		copier/printer rental	39,119		16	т13
Yankee Gas	P.O. Box 650034, Dallas, TX 75265-0034	×		gas and propane	18,648	929	16 & 22	m13 & 6b

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

Name of Facility License N	0.	Report for Y	ear Ended		Page	of
Southington Care Center 2060-	C	9/30/2015		· · · · · · · · · · · · · · · · · · ·	22	37
Item		Total	CCNH	RHNS	. 0	ther
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	87,298	87,298			
b. Heat	. \$	71,570	71,570			
c. Light & Power	\$	78,159	78,159			
d. Water	\$	59,460	59,460			
e. Equipment Lease (Provide detail on page 6)	\$					
f. Other (itemize)	\$	73,400	73,400			
See Attached Schedule			等		and the first of the	地位的
6g. Total Maint. & Operating Expense (6a - 6f)	\$	369,887	369,887		-	
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$	34,483	34,483			
b. Building & Building Improvements	\$	237,976	225,520			12,456
c. Non-Movable Equipment	\$	7, 047	7,047			
d. Movable Equipment	<u>\$</u>	167,055	167,055		ļ	
*7e. Total Depreciation Costs (7a + b + c + d)	\$	446,561	434,105			12,456
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	2,119	2,119			
c. Leasehold Improvements	\$	21,835	21,835			<u> </u>
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	23,954	23,954			
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$					
10. Property Taxes						-
a. Real estate taxes paid by owner	\$	52,494	52,494		<u> </u>	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	21,912	21,912	. , .		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	544,921	532,465			12,456

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

Schedule of Other Repairs and Maintenance

Description		CCNH	RHNS	Other
Groundskeeping	\$	10,600		
Rubbish Removal	\$	21,451		
Snow Removal	\$	3,431		
Equipment Rental	\$	5,571		
Building Contract Services	\$	32,347	~	ļ
	_			
	_			
				· · · · · · · · · · · · · · · · · · ·
	_			
· · · · · · · · · · · · · · · · · · ·	- -			
			,	
Total Other Repairs and Maintenance	\$	73,400	\$ -	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

				Deprec	Depreciation Schedule	hedule					
Name of Facility.				License No.			Report for Year Ended	nded		Page	jo
Southington Care Center				2060-C	닷		9/30/2015			23	37
				Historical	,		Accumulated	•			
				Cost Exclusive of	Less Salvage	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Property Item				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements											
1. Acquired prior to this report period				292,293		292,293	112,185	s/1	various	31,095	1000年後の日本の
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	h schedule)			33,821		33,821			various	3,388	
A-4. Subtotal					不必然不 可						34,483
B. Building and Building Improvements				-							を持ち
 Acquired prior to this report period 				4,099,637		4,099,637	898,722	જી	various	223,714	
2. Disposals (attach schedule)											1000年間の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
3. Acquired during this report period (attach schedule)	h schedule)			294,009		294,009				14,262	
					医多类型			のは、一直のでは、大きのでは、	2000 1000 1000 1000 1000 1000 1000 1000	The second second	237,976
C. Non-Movable Equipment									-	1	
 Acquired prior to this report period 				54,669		54,669	25,719	s/l	various	7,047	さんののない。
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	h schedule)										· 1000000000000000000000000000000000000
C-4. Subtotal				医型	· · · · · · · · · · · · · · · · · · ·	安徽 不同的	一种一种基础等	1000年	· // // // // // // // // // // // // //		7,047
	Is a mileage			Listoniool			Accumulated				
	iogocos. maintained?		Date of Acquisition	Cost	Less		Depreciation to	Method of			,
		_		Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment	西班										
1. Motor Vehicles (Specify name, model								() 图 () ()			
and year of each vehicle)	×	10	10 12	42,230		42,230	12,678	s/1	1. 2	8,441	
p.											大学 ところ
ာ											1000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
d.					-		1		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	And the second s	
2. Movable Equipment							1000年間は				している 一切
a. Acquired prior to this report period		e7,82%		994,663		994,663	455,652	s/l	various	142,674	1000年の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の
b. Disposals (attach schedule)		N. Ye		(109,847)			(15,768)	77.7	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
c. Acquired during this report period	被法的										には必要を行
(attach schedule)		92501S		141,326		141,326			various	15,940	Walter Bridge Control
D-3. Subtotal							が 一				167,055
E. Total Depreciation	17.										446,561

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:			<u> </u>		
	See sub schedule	\$ 33,821	various	\$	3,388
	The second secon				
otal additions for	Land Improvements	\$ 33,821		\$	3,388
eletions:			 		
			-	-	
			+	+	
otal deletions for	Land Improvements	\$ -	_i	\$	-

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Liseful		
Vequisition Date	Description of Item	 Cost	Life	Dep	reciation
Additions:					
8	ce sub schedule	\$ 275,394	10	\$	13,796
S	ce sub schedule	\$ 18,615	20	\$	466
					····
Total additions for B	uilding Improvements	 294,009		\$	14,262
Deletions:					
			-	 	
		 		-	
				-	· · · · · · · · · · · · · · · · · · ·
Fotal deletions for Bu	rilding Improvements	\$ -		\$_	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				_
	None			
			ļ	
			ļ	
Fotal additions fo	r Non-Movable Equipment	\$ -		\$ -
Deletions;			.]	
			 	
Total deletions for	Non-Movable Equipment	\$ -		\$ -

^{**&#}x27;Ties to Page 23, Line A2

^{**} Fies to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	De	preciation
Additions:				Ĺ	
	See sub schedule	\$ 73,311	3	\$	12,241
	See sub schedulc	\$ 68,015	5	\$	3,699
<u> </u>					
Fotal additions fo	r Movable Equipment	\$ 141,326		\$	15,940
Deletions:					
	See sub schedule	\$ (109,847)	5	\$	(15,768)
l'oral defetions fo	r Moyable Equipment	\$ (109,847)		\$	(15,768)

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

A	Non-t-the of the		Cost	Useful Life	Done	eciation
Acquisition Date Additions:	Description of Item		CUSI	Lite	Dept	Clation
	See sub schedule	s	19,608	5	\$	1,964
Total additions for	Leasehold Improvement	\$	19,608		\$	1,964
Deletions:	-					-
						~
					<u> </u>	
Total deletions for	Leaschold Improvement	\$			\$	•

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

								OMAP AT YEAR END					115														
	ALLOW	\$294,008.82						RECLASSED OUT OF MC COMP TO COMP AT YEAR END					ACQUIRED AND WRITTEN OFF IN 2015										\$33,821.30		\$19,607.77		
Net Book	\$242,418.23 DISALLOW \$3,432.95 \$12,163.52 \$3,583.04 \$261,597.74	\$18,148.67 \$18,148.67	00'0\$	\$2,900.77	\$19,549.35	\$7,257,48			\$24,391.19	TOTACOTAC	\$10,755.11		\$31,080.85 AC	\$1,839.71	\$3,980.17	\$2,825.45	\$3,610.12	\$64,315.34	\$125,365.95	\$0.00	60 073 58	20,715,05	\$30,433.61	77 543 715	\$17,643.77	\$484,270.59	
Accum Depr Ne	\$12,784.59 \$181.05 \$641.48 \$13,796.08	\$466.33 \$46 6.33	\$0.00	458173	\$3,918.43	\$1,454.68	\$684.82	\$712.30	54,888.93	\$17,240.83	\$1,197.1\$	\$1,138.07	\$0.00	\$204.79	\$443.05	\$314.51	\$401.86	\$3,699.47	\$15,940.36	\$0.00	77 8005	11.0254	52,588.92	00 890 00	\$1,964.00	\$35,554.46	
Cost Basis A	\$255,202.82 \$3,614.00 \$12,805.00 \$3,772.00 \$275,393.82	\$18,615.00 \$18,615.00	\$0.00	\$2.484.00	\$23,467.78	\$8,712.16	\$4,101.44	\$4,266,00	\$29,280.12	V5,511.5U	\$11,952.30	\$11,362.00	\$31,080.85	\$2,044.50	\$4,423.22	\$3,139.96	\$4,011.98	\$68,014.81	\$141,326.31	\$0.00	6 160	OF'T / E'AS	\$33.850.00	FF 500 010	77.703,612	\$519.845.05	
ŧ					N +-1	et	н	+ 1	п		1	1	1			m	1				•	Ħ	-	,	1		
Useful Life	10 10 10 10 10	20			n M	m	m	m	m		ίυ	vn	u)	un.	ī,	un,	5					'n	w		n	23	
Asset 1D	BI-00230-1 BI-00231-1 BI-00233-1 BI-00233-1	BLD-00070-1		1 28 FOOT MICH	COM-00117-1	COM-00122-1	COM-0021-1	MCCOM-00008-1	FURN-01159-1		COM-00118-1	COM-00119-1	COM-00120-1	FURN-01156-1	FURN-01157-1	FURN-01158-1	FURN-01160-1	-				11-00065-1	11-00066-1	!	MICHOROGE	20 Assets	
Description	P.23 BUILDING IMPROVEMENTS REHAB/FIRST FLOOR UPGRADE SOUND SYSTEM GENERATOR PLATFORM MAGNETIC DOOR LOCKS	ROOF UPGRADES	P.23 NON-MOVABLE EQUIPMENT	P. 23 MOVABLE EQUIPMENT	LAPTORS - SCC STORAGE BROIEG	COMPUTER UPGRADES	DOMAIN CONTROLLER UPGRADE	LAPTOPS	MATTRESSES		EMB HARDWARE	VEDCED INCIDEN	CNSD SOFTWARE	CORY FLANITIRE	LINIT ENGRACE	TAYS AND MOUNTS	2 VITAL SIGN MONITORS		P. 23 MOVABLE EQUIPMENT	P. 23 AUTO	p.23 LAND IMPROVEMENTS	PARKING LOT LIGHTS	SIDEWALK REPAIR PHASE 2	P. 23 LEASEHOLD IMPROVEMENTS	SIGNAGE FY2015		

	LOSS RECOGNIZED	Loss Recognized	Abandonment	(\$62,999.10)			Abandonment	(\$31,771.15)			\$0.00 and as barson (\$2,077,092)			690.30 DISALLOW	(\$94,079.95)
			0	\$0.00			0	\$0.00				•	:		
	DS GAIN RECOGNIZED		-	\$0.00				\$0.00			\$0.00			t have posted to loss	
	NET BOOK VALUE PROCEEDS		τŪ	\$62,999.10	\$0.00		ιĄ	\$31,771.15	(\$690.30)	\$0.00	\$94,079.95	\$0.00		Disallow amount that should not have posted to loss	
ACCUMULATED	DEPRECIATION	Personal	9/30/2015	\$15,766.77	\$0.00	Personal	9/30/2015	\$0.00		\$0.00	\$15,766.77	\$0.00	* *************************************	<u>د</u>	
		Per	3/31/2015	\$0.00	\$0.00	Per	10/23/2014	\$0.00	not capitalized	\$0.00	\$0.00	\$0.00			
	DESCRIPTION & SALVAGE	EMR PROJECT 2014		-		EMR SOFTWARE - HEALTHMEDX	٠		(\$690.30) HealthMedX Invoice # 0A-5436 was not capitalized				的外壳或非正式的复数形式 医多种性多种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二	2 Assets	
	COST	COM-00115-2	9/24/2014	\$78,765.87	\$0.00	COM-00120-1	10/24/2014	\$31,771.15	(\$690.30)	\$0.00	\$109,846.72	20.00		2	

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

£15.0114.			A composi		Donout for Voc	i Dindod	-	Dogs	- C
hame of Facility			License No.		Report for rear Ended	r Ended		rage	01
Southington Care Center			2060-C		9/30/2015			24	37
					Accumulated				
	Date (of			Amort. to				
	Acquisition	ition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	•
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
<u>.</u>									
2.									
3.									
A-4. Subtotal				を発表できる。					
B. Mortgage Expense									
1. Series B	6	11	11 38 years	70,219	5,699			1,848	
2. Series C				10,290	658			271	
3.									
B-4. Subtotal					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				2,119
C. Leasehold Improvements and Other		r							
1. Acquired prior to this report period	1	2014	. 5	99,412	9,963			19,871	
2. Disposals (attach schedule)									
3. Acquired during this report period	1.	有多数		100					t est
(attach schedule)				19,608				1,964	
C-4. Subtotal					1		men Vic		21,835
D. Total Amortization								文字 10 mm 10	23,954
A Character to the control of the co									

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year End	ded		Page	of
Southington Care Center	2060-C	9/30/2015			25	37
11. Property Questionnaire						
Part A			<u> </u>			
Is the property either owned by the	e Facility				If "Yes," comple	ete Part R
or leased from a Related Party?*		Yes	O No		If "No," complet	
*If any owner or operator of this fac	ility is related by family	marriage, ownership ability	to control or		= =, vompto	
business association to any person o						
related party transaction.					-	
Description		Total		y partito (1777) September 1981		
Date Land Purchased				13000		handa.
2. Date Structure Completed					第6位, 唯 位人为,该位 第一次第二	
3. If NOT Original Owner, Dat	e of Purchase			in the last		
4. Date of Initial Licensure						State March
5. Total Licensed Bed Capacity		130			ng 文字為於於於 於於	
6. Square Footage			The second second			
7. Acquisition Cost				Title.		NAME OF
a. Land b. Building		_		1798	所以 使 。2015年前 公司基本公司	· 英文 · 数页(
	ntion	1 of Martings	2nd Mortance 2	Mortege	4th Mort	gage
Part B - Owner and Related Pa 1. Financing	trues	1st Mortgage	2nd Mortgage 3rd	wiorigage	HIII IVIOR	Rake
a. Type of Financing (e.g., f	ived variable)	variable	THE RESERVE OF THE SECOND			race that
b. Date Mortgage Obtained	ineu, variable)	Autidole	 		 	
c. Interest Rate for the Cost	Year	variable	<u> </u>	×		
d. Term of Mortgage (numb	note that the same of the same	variable 40	 		 	
e. Amount of Principal Borr		7,031,283	1			
f. Principal balance outstand		7,031,283	1			<u> </u>
Complete if Mortgage was		Salar Control of Land State		i Mirin		
During Current Cost Yo						
g. Type of Financing (e.g., f		· Belling and the control of the con	The second secon	and the second		
h. Date of Refinancing			T			
i. New Interest Rate						
j. Term of Mortgage (numb	er of years)					
k. Amount of Principal Born						
I. Principal Outstanding on						
Part C - Arms-Length Leas			у			
Name and Address of Lesso		Property Leased	Date of Lease Terr	m of Lease	Annual Amou	nt of Lease
						—
						
				_		
	·					
			 		 	
			1		}	
	<u> </u>				1	

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 L	icense No.		Report for Yea	r Ended	<u> </u>	Page	of
Southington Care Center	2060-C		9/30/2015			26	37
ltem			Total	CCNH	RHNS	0	ther
12. Interest							
A. Building, Land Improvement	nt & Non-Movable						
Equipment		ф	50.410	60.410	·	ļ	
1. First Mortgage Name of Lender		Rate	68,419	68,419		Cara an	REVEAL.
Name of Lender Hartford Healthcare (Related Party)		Rate					energy for a
Address of Lender						A CONTROL	
Tudious of Lorder					74.75 AW	di Yan	
2. Second Mortgage	4	\$					
Name of Lender		Rate				34.5	2 (4) (#55) (A (0) 28)
,		<u>L</u>	l de la companya de l	1.12			
Address of Lender							
3. Third Mortgage		<u> </u>					Allen a log zo
Name of Lender		Rate			Herri		Almey (Alam
Timile of Louisia							
Address of Lender			The same that				
		· •		1000	Self-person unanelle.		
4. Fourth Mortgage		\$					Marie 1711 s. n.:
Name of Lender		Rate			1867 学、例:366.5 1968 第1970 2014		\$ 100 (25); \$ 100 (25);
Address of Lender							
Address of Lender					1.11	71-0-2	
B. CHEFA Loan Information				.			
1. Original Loan Amount		\$					
Loan Origination Date	 	· · · · · · · · · · · · · · · · · · ·					
3. Interest Rate %	<u> </u>						
					1. 李. (1) 13 · (1) · (1	1000	
4. Term	, , , , , , , , , , , , , , , , , , , ,		 	State Property Commences		**************************************	
5. CHEFA Interest Expens	se				ļ		
12 B7. Total Building Interest Expen	se (A1 - A4 + B5)	9		68,419	forward to	l	

(Carry Subtotals forward to next page)

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

Name of Facility	License No	ο,		Report for Yo	ear Ended		Page	of
Southington Care Center	2060)-C _		9/30/2015			27	37
	Item			Total	CCNH	RHNS	Oth	er
		otals Bro	ught Forward:	68,419	68,419	<u> </u>		
12. C. Movable Equipmen								
1. Automotive Equ	uipment		\$				District and see	
A. Item		Rate	Amount		1987 2000 2000 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			43.961 A
Lender							A CALLAN	
Address of Lender			<u></u>					
2. Other (Specify)			2			<u> </u>	No Carella	10 P (12 m)
A. Item		Rate	Amount				The second	
Lender								(1) (1)
Address of Lender								
B. Item		Rate	Amount	Participation of the second				
Lender			J			e e e e e e e e e e e e e e e e e e e		
Address of Lender								
12. C. 3. Total Movable Expense (C1 +		st	9					
12. D. Other Interest Exp	ense (<i>Specify</i>)		\$					THE SAME
				190 4190 416		invista ir edili	September 7	STATES.
13. Total All Interest Exp	ense (12B7 + 12C	3 + 12D	<u>)</u> \$	The state of the s	68,419	Esta Sample of the Base of	क्ट र जा ए <i>क्ट</i> 	Jan 19 de 161
14. Insurance a. Insurance on Propo			9		20,597			
b. Insurance on Auto		3)	9		2,848		╆	
c. Insurance other tha	an Property (as so	ecified al		2,010	2,010			
1. Umbrella (Blan			9		43,646			
2. Fire and Extend		·	ģ	3				
3. Other (Specify)		d					
		· ·			APPLIES SELECTION	新印刷型		
14d. Total Insurance Expe			Anna I	67,091	67,091		1	260 242
15. Total All Expenditure	s (A-13 thru C-14	9)		20,031,535	16,671,287] 3,	360,248

D. Adjustments to Statement of Expenditures

	of Fa			Li	ense No.	Report for Yes	ar Ended	Page	of
South	ungtor	1 Care	Center	<u> </u>		9/30/2015		28	37
					Total				
	Page				Amount of	~~~	DIDIG		
No.	No.		Item Description		Decrease	CCNH	RHNS		her
Page	<u> 10 - S</u>	Salari	es and Wages						A PLANT
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$				<u> </u>	
3.	10	12g	Occupational Therapy	\$	470,046	463,051			6,995
4.	10	1 2 0	Other - See attached Schedule	\$	2,156,310				156,310
Page	13 - I	Profes	sional Fees		美 棚。"			超過激	图 条数 [3
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	122,990	93,389			29,601
Page	s 15 &	16 -	Administrative and General		T 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4(to v 5 7), v	
8.			Discriminatory Benefits	\$					
9.	15	c	Bad Debts	\$		86,984			
10.		1e	Accounting & Legal	\$		(12,539)			3,166
11.			Telephone	\$					
12.	15	1h1	Cellular Telephone	\$		625			
13.	- 10		Life insurance premiums on the life		22.00	(S) (S) (S) (S) (S)	Section 1	14.75 PM	4.42
13,			of Owners, Partners, Operators	\$	The state of the s			- 198	
14.			Gifts, flowers and coffee shops	\$		<u> </u>		i — —	
15.	16	15	Education expenditures to colleges or					R. A.S.	hair.
1.7.	10		universities for tuition and related costs			The state of the state of	and a server we		
			for owners and employees	\$	(274)	(274)		den energenz	era de la composición de
16.	_		Travel for purposes of attending	Ψ.	(2 / · · · · · · · · · · · · · · · · · ·	ESTACLS - MAIN	21 G 24 Set 5 2	10 m	
10.			conferences or seminars outside the					- t - Δ	
		ļ .	continental U.S. Other out-of-state		- 19	1 1 1 1 1 1 1 1	graph of the		
			travel in excess of one representative	\$					
17		-		\$					
17.	1.0	2/2	Automobile Expense (e.g. personal use)	<u>.\$</u>		6,616		<u> </u>	8,515
18.	- 10	m2/3	Unallowable Advertising *	\$		0,010		 	0,515
19.			Income Tax / Corporate Business Tax	. \$	The second secon	213	·		
20.			Fund Raising / Contributions						
21.	16	m12	Unallowable Management Fees	\$	+	1,296,734			
22,			Barber and Beauty	\$		666,060	<u> </u>		V42 026
23.			Other - See attached Schedule	\$		666,052		1 (SET 1250) 201	842,026
	18 - I	Dietar _,	y Expenditures					200	200
24.			Meals to employees, guests and others					37 17 347	4 4 7 4
		<u> </u>	who are not residents	\$				Translate Principle	TO COMPANY TO MANY
	19 - I	auna	lry Expenditures		46.66				
25.			Laundry services to employees, guests		(*************************************		PARTITION N	TOME NO	100000
		<u> </u>	and others who are not residents	\$				a 17 m Com Cons	
Page	20 - 1	House	keeping Expenditures		· · · · · · · · · · · · · · · · · · ·		AF 25 THE	Bridge.	he ay ay a
26.			Housekeeping services to employees, guests			[[] 2.5444 (1.563.35)			0.40.076
		L	and others who are not residents	. 1					
			Subtotal (Items 1 - 26) {	5,647,464	2,600,851	1	3	,046,613

^{*} 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	Other
	12o	Good Life Fitness Wages			\$61,945
10	1 2 0 ·	Management Company Wages		· · · · · · · · · · · · · · · · · · ·	\$ 2,094,365
					ļ
ļ					
	 	,			
······					<u> </u>
Total Other	r Salaries	Adjustment	\$ -	\$ -	\$ 2,156,310

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	1	CCNH	RHNS		Other
13	b2	Dental Purchased Services - United Dental	\$	3,135			
13	b8e	Psychiatric Consulting Fees - Geriatric & Family Consultants	\$	2,183		<u> </u>	
13	b9a	Speech Therapy Patient Care - Swallowing Diagnostics	\$	7,749		\$	268
13	b5a	Physical Therapy - Patient Care - Hartford Healthcare Rehab Network	\$	70,322		\$	29,333
13	b12	Other Consultants - CT Rehab & Spasticity	\$	10,000		<u> </u>	
			↓_			-	
			—			 	
Total Othe	r Fees Ad	ustments	\$	93,389	\$ -	\$	29,601

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS		Other
15	lal	Benefits related to Outpatient Therapy - Workers Comp				\$	38,154
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance				\$	6,368
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance				\$	6,710
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA				\$	131,166
15	1a5	Benefits related to Outpatient Therapy - Health Insurance	<u> </u>			<u>s</u>	195,205
15	1a5	Health Insurance - Management Benefits	\$	545,980		· \$	144,510
15	1a7	Benefits related to Outpatient Therapy - Pension				\$	60,074
15	1a9	Benefits related to Outpatient Therapy - Employee Physicals		,		\$	2,941
15	1a9	Benefits related to Outpatient Therapy - Employee Assistance Program	l		· · · · · · · · · · · · · · · · · · ·	\$	185
15	1a9	Benefits related to Outpatient Therapy Other Benefits	<u> </u>			\$	1,522
15	1a9	Employee Physicals - Preplacement Physicals	\$	9,805			
16	1L2	Employee Relations - Parties for Staff in excess of 1	\$	11,169	Toronto.		
16	1L3	Employee Relations - Gifts in excess of \$25 or discriminatory in nature	\$	1,454			
16	1L5	Nursing Education & Seminars - Leading Age Webinar on Medicare	\$	75			
16	1L5	Nursing Education & Seminars - Harmony Healthcare International	\$	195			
16	m8	Dues - CALTC	\$	600			
16	m8	Dues - ECIN/Allscripts	\$	1,958			

16	lmll	A&G Consulting - Harmony Healthcare International	S	35,394	 	<u> </u>	
16	13a	Bank Charges	\$	50,734			
16	13a	Transitions of Care	\$	11,804			\
16	13a	Manatgement Company Development			 	\$	2,409
16	13a	Management Company Expenses - Non-wage				\$	145,062
16	13a	A&G Consulting fee - miscellaneous adjustment to tie	S	14	 		
16	13a	Medical Director - misc charge	\$	40	 		
16	13a	Medical Director - medical conference	\$	2.548	 		
16	13a	Medical Staff - food for medical staff meetings	\$	582	 	↓	
16	13a	Penalties - reversal of 2014 accrual for penalty - CT Dept of Revenue, which should not have been accrued	s	(6.300)	 		
16	13a	Non-Operating Other			 	S	94,77
16	13a	Non-Operating Bank Fees	-		 	\$	12,95
					 	-	
					 		<u> </u>
					 	+	
tal Oth	r A&G	Adjustments	\$	666,052	\$ 	\$_	842,02

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

Name	of Fa	cility	D. Adjustments to Statemen			Report for Y		Page	of
			Center	٠,٠	2060-C	9/30/2015		29	37
Jour	migion	Care	Center		Total	770072020			
Item	Page	Line			Amount of				
	No.	No.	Item Description		Decrease	CCNH	RHNS	O	her
110,	110.	,,,,,	Subtotals Brought Forward	\$		2,600,851			,046,613
Page	20 - B	eside	nt Care Supplies***					h h nei	ZERION.
27.			Prescription Drugs	\$		451,924			
28.		Jul	Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$		46,045			
30.	20		Laboratory	\$		39,829			
31.	20	J11	Medical Supplies	\$					
32.	20	e2	Oxygen (non emergency)	\$		27,710			
33.	20	<u> </u>	Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$		45,456			3,115
	22 - A	Sainte	enance and Property	_		CASCON AND A	10 - 11 00 100		
35.	22		Excess Movable Equipment Depreciation		44.04.0	\$15.1541.157A	orthography and h	1.00	irriik sil-s
JJ.	25	7 0	See Attached Schedule	\$		6,681			
36.			Depreciation on Unallowable	Ť	4 10 (1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20.	,		Motor Vehicles	\$		The second section of the sect	Chippin Line - 1-15 II - 1-15 II		#10. (200) webby 1-100 is a
37.			Unallowable Property and Real			VIII			
٥,,,			Estate Taxes	\$		**************************************	Egilt Welden Landellich jes g gamen gegen v. v.		
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$		21,835			
	27 - I	nsura	and the same of th			建筑企业 主	Car Car	3.00	(CEALLIGH)
40.			Mortgage Insurance	\$					·
41.			Property Insurance	\$					
	r - Mis	scella	neous		PARKE WAS	ANTONIO	1.4	透光型	"我们是"
42.			Research or Experimental Activities	\$	8				
43.	20	5j	Radio and Television Revenue	\$		7,733			
44.			Vending Machine Revenue	\$					· ·
45.			Purchase Discounts and Allowances	\$	\$				
46.			Duplications of functions or services	\$)				
47.			Expenditures made for the protection,		45 M 45 - 1991		建 基础等数据		(*) * (*) *
			enhancement or promotion of the						
			providers interest	ş	3				
48.	30	IV 8	Interest Income on Accounts Rec	9		3,473			
49.	30	IV8	Other (include personnel and other		4644	人表表的	14 20 1 7	To de la	
	i		costs unrelated to resident care) - See		A District	1404467		432 1	oj dogo
			Attached Schedule	9	Is an and a second	336,763			2,763,000
Not I	For Pt	ofit P	roviders Only			ti de la comita	La ben-	¥2.	to distribu
50.	φ	. -	Building/Non Movable Eq. Depreciation		746 SA	* * * * * *	AUGUSTA TOTAL	10 存款的价。 10 存款的价值	(第150年1)
			Unallowable Building Interest -				E AND		
			See Attached Schedule	9	25,241	12,785	<u> </u>		12,456
51	Total	Amo	unt of Decrease (Items 1 - 50)		9,426,269	3,601,085	1	1	5,825,184

^{***} 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	1	CCNH	RHNS		Other
20	5j	Planetree	\$	10,381			
20	5j	Planetree from employee relatons	\$	437			•
20		PT Supplies	\$	7,333		\$	3,059
20	5j	PT Equipment Rental	\$	1,890		<u> </u>	
20	-	OT Supplies	\$	579		\$	9
20		Enteral Feeding - Medicare	\$	1,150			
20	5j	Ostomy Supply - Medicare	\$	688			
20	5j	Ancillary - Med A Other	\$	2,740			
20	5j	Senior Fit Supplies				\$	47
20	5j	Management Office Supplies	\$	12,652			
20	5j	Nursing - Supplies - KCI Wound vacs	\$	7,411			
20	5j	Medical Staff Education & Dues - Harmony Healhtcare International	\$	195			
Total Othe	r Ancillar	Costs	\$	45,456	\$ -	\$	3,115

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	C	CNH	RHNS		Other
22	7d	Depreciation - Management Co Movable Equipment Depreciation	\$	269			
22	7đ	Depreciation - Management Co Computer Equipment Depreciation	\$	6,412			
12.20							
						_	
Total Exce	ss Movabl	e Equipment Depreciation	\$	6,681	\$	- \$	-

Schedule of Other Property Adjustments

age Ref	Line Ref	Description		CCNH	RHNS	3	Other
22	8c	Depreciation - Management Co Leasehold Improvement Depreciation	\$	21,835			
			<u> </u>				
			-				
			 				
			—				
							-
			_				
otal Othe	r Property	 y Adjustments	15	21,835	\$	- \$	-

Page Ref	Line Ref	Description		CCNH	RHNS		Other
30	IV8	Van Fee Income	\$_	21,788			
30	IV8	Management Fee Income				\$_	2,273,337
30	IV8	Miscellancous Income	\$	5,570			
30	1V8	PT Outpatient Med B - disallowed				\$	269,904
30	IV8	Contractual Allowance PT Outpatient Med B - disallowed				\$	(878)
30	IV8	PT Outpatient Managed Care - disallowed				\$	253,981
30	IV8	Contractual Allowance PT Outpatient Managed Care - disallowed				\$	(51,240)
. 30	IV8	Contractual Allowance Occupational Therapy Outpatient Managed Care - disallowed				\$	(216)
30	IV8	Occupational Therapy Outpatient Med B - disallowed		·		\$	14,007
30	IV8	Contractual Allowance Occupational Therapy Mcd B - disallowed				- 8	(155)
30	IV8	Speech Thorapy Outpatient Med B - disallowed				\$	1,545
30	1V8	Good Life Fit - Senior Fit Revenue - disallowed	<u> </u>			\$	34,785
30	1V8	Temporarily Restricted Released fo Operations	\$	309,405			
30	IV8	BHC - Other Income - disallowed			<u> </u>	\$	26,600
30	IV8	BHC - Interest Income - disallowed				\$	48,050
30	IV8	BHC - Realized Gain on Investment - disallowed				\$	161,468
30	IV8	BHC - Unrealized Gain on Investment - disallowed	_	· · · · · · · · · · · · · · · · · · ·		\$	(268,188
Total Othe	r Adiustm	ents	\$	336,763	\$ -	\$	2,763,000

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	(CONH	RHNS		Other
22	7b	Depreciation - Building Improvements - Physical Therapy Area Floor Upgrade Yr 1 of 10	s	12,785	****		
22	7b	Non-Operating Depreciation				S	12,456
	-			·	١		
		-	<u> </u>				·
			1				
			-		-	 	
			-				
							
			 			-	1000
Total Una	lowable Bu	uilding Interest	\$	12,785	\$	S	12,456

F. Statement of Revenue

Numa of Position	I icarua No		Report for Y	ear Ended		Page	of
Name of Facility Southington Care Center	License No. 2060-C		9/30/2015	oai Enucu		30	37
Bodinington Care Conte	2000					···	
	Item		Total	CCNH	RHNS	Othe	
I. Resident Room, Board & R	outine Care Revenue		i Marija		Proceedings of the latest		A 79463
I. a. Medicaid Residents (C	· ·	\$	9,966,851	9,966,851			
	oard Contractual Allowance **	\$	(4,713,112)	(4,713,112)			
2. a. Medicaid (All other st.		\$					
10/4/10/	d Board Contractual Allowance **	\$					
3. a. Medicare Residents (a	ıll inclusive)	\$	3,911,096	3,911,096			
b. Medicare Room and B	oard Contractual Allowance **	\$	680,073	680,073		1	
4. a. Private-Pay Residents	and Other	\$	6,943,644	6,943,644			
b, Private-Pay Room and	Board Contractual Allowance **	\$	15,949	15,949		and the second second	The second second
II. Other Resident Revenue					نما للنكرة		
1. a. Prescription Drugs - M	ledicare	\$	337,122	337,122			
b. Prescription Drugs - M	fedicare Contractual Allowance **	\$	(337,122)	(337,122)			
c. Prescription Drugs - N	Ion-Medicare	\$					
d. Prescription Drugs - N	Ion-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Me	edicare	\$					
b. Medical Supplies - Me	edicare Contractual Allowance **	\$					
c. Medical Supplies - No	on-Medicare	\$			<u></u>		
d. Medical Supplies - No	on-Medicarc Contractual Allowance **	\$					
3. a. Physical Therapy - Me		\$	873,207	861,437		ļ	11,770
 b. Physical Therapy - Me 	edicare Contractual Allowance **	\$	(902,684)	(882,255)			(20,429)
c. Physical Therapy - No	n-Medicare	\$	1,005,351	1,005,351	ļ	<u> </u>	
d. Physical Therapy - No	n-Medicare Contractual Allowance **	\$	(1,004,232)		<u> </u>		
4. a. Speech Therapy - Med		\$	54,424	53,905		 	519
b. Speech Therapy - Med	dicare Contractual Allowance **	\$	(38,983)	(38,983))	<u> </u>	
c. Speech Therapy - Non		\$		<u> </u>			
	-Medicare Contractual Allowance **	\$				-	
5. a. Occupational Therapy		\$		901,034	 	-	674
	y - Medicare Contractual Allowance **	\$	(858,671)	(858,646)	-	(25)
c. Occupational Therapy	- 10 min	\$				 	
	y - Non-Medicare Contractual Allowance **	\$		1 000	-		
6. a. Other (Specify) - Med		\$	1,984	1,984	 		
b. Other (Specify) - Non		\$		-		 	
III. Total Resident Revenue (Section I, thru Section II.)	\$	31 51 52 5 5 5 5 6	16,844,096	t kizar Europea		(7,491)
IV. Other Revenue*							Winds
Meals sold to guests, em		\$				-	
2. Rental of rooms to non-re	esidents	\$		 	_	┼	
3, Telephone		- \$			-		
4. Rental of Television and		\$			 		
5. Interest Income (Specify)		\$		<u> </u>	 	 	
6. Private Duty Nurses' Fee		- \$		+ -	- 		
7. Barber, Coffee, Beauty a	nd Gift shops				. 	 	7/0.000
8. Other (Specify)		\$	1				763,000
V. Total Other Revenue (1 th	ru 8)	1	3,131,387	368,387		 2,	763,000
VI. Total All Revenue (III+V))	9	19,967,992	17,212,483	<u> </u>	2,	755,509

^{*} 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	Other
	Radiology	\$ 18,638		
30 ft 6a _	Contractual Allowance Radiology	\$ (17,788)	<u> </u>	
30 П ба	Lab	\$ 16,712		
30 H 6a	Contractual Allowance Lab	\$ (16,343)	•	
	Phlebotomy	5 1,235		
30 II 6a	Contractual Allowance Phlebotomy	S (470)		
				_
Total Othe	r Resident Revenue - Medicare	\$ 1,984		ς .

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNII	RHNS	Other
Total Othe	r Resident Revenue	\$.	\$. 2

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	Other
Total Interest Jacame		\$.	\$	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS		Other
80 IV8	Van Fee Income • disallowed	5	21,788		<u> </u>	
30 [V8	Donations - Unrestricted	S	3.551		_	
30 IV8	Management Fee Income - disallowed				2	2,273,337
30 TV8	Miscelfancous Licome	2	24,600			
30 IV8	Miscellaneous Income - disallowed	S	5,570		<u> </u>	
30 TY8	Interest Income on A/R - disallowed	5	1,750		<u> </u>	
30 TV8	Other Interest Income on A/R - disallowed	S	1,723		╙	
10 [V8	PT Outpatient Med B - disallowed] \$	269,904
10 IV8	Contractual Allowance PT Outpotient Med B - disallowed				Ş	(878
30 IV8	PT Outpatient Managed Care - disallowed	l			S	253,981
30 IVB	Contractual Allowance PT Outpatient Managed Care - disallowed				\$	(51,240
30 IV8	Contractual Allowance Occupational Therapy Outpatient Managed Care - disallowed				S	(216
30 TV8	Occupational Therapy Outpatient Med B - disallowed				S	14,007
30 IV8	Contractual Allowance Occupational Therapy Med B - disallowed				\$	(155
30 IV8	Speech Therapy Outpatient Med B - disallowed				5	1.545
30 TV8	Good Life Fit - Senior Fit Revenue - disallowed				<u> </u>	34,785
30 IV8	BHC - Oter Income - disallowed				_ \$	26,600
30 TV8	BHC - Interest Income - disallowed				18	48,050
30 TV8	Temporarily Restricted Released for Operations	S	309,405			
30 JV8	BHC - Realized Gain on Investment - disallowed				5	161,468
30 IV8	BHC - Unrealized Gain on Investment - disallowed				₹.	(268,18
		+			+-	
et a contra	ior Revenue	5	368,387	s -	15	2,763,00

SOUTHINGTON CARE CENTER FY 9/30/15 MISCELLANEOUS INCOME COST REPORT PAGE 30 IV 8

F:\CCSHS\Accounting\SCC\MEDICAID COST REPORT\FY2015\[SCC FY15 COST REPORT

G/L NAME	AMOUNT
Miscellaneous Income	\$30,170.21

Cost Report

\$5,400.00 \$8,400.00
\$0 400 00
φο,400.00
\$10,800.00
\$194.36
\$1,024.08
\$1,316.04
\$1,088.97
\$1,946.76

ties to ledger

\$30,170.21

G. Balance Sheet

Name of Facility		License No.		ort for Year I	Ended	Page	of
Southington Care Cente	<u>r</u>	2060-C	9/30	/2015		31	37
		Account				An	nount
Assets							
A. Current Assets							
1. Cash (on hand						\$	3,463,916
	Da/ara	le (Less Allowance f				\$	1,956,236
3. Other Accoun	ts Receivable	(Excluding Owners of	or Relate	d Parties)		\$	
4 Inventories				·		\$	33,567
Prepaid Exper	ises					\$	66,314
a. Prepaid Tax	xes			20,309			
b. Prepaid Ins	urance	· _		10,894			
c. Prepaid Otl	ier (see sub sc	hedule)		35,111		and the sea of the	Verification
d.	-						radik <u>a bi</u> s
6. Interest Receiv	vable	·				\$	
7. Medicare Fina	l Settlement R	eceivable				\$	
8. Other Current	Assets (itemiz	re)		· =		\$.	583,836
Due from Aff				561,607		Mayrija (fir	
Miscellaneou	s Receivable (see	sub schedule)		21,970 259	·	en Lijatik Kanikalian	The section is
Good Life Fit	ness Receivable			239			454774
A-9. Total Current Ass	sets (Lines A1	thru 8)				\$	6,103,869
B. Fixed Assets	(1,1100111						
1. Land						\$	810,000
2. Land Improve	ments	*Historical Cost		326,114		\$	179,446
z. Egna improve	Monto	Accum. Depreciat	tion ——	146,668	Net		,
3. Buildings		*Historical Cost		4,393,646		\$	3,256,948
J. Dulldings		Accum. Depreciat	tion —	1,136,698	Net	*	0,200,3 10
4. Leasehold Imp	rovemente	*Historical Cost	11011	119,020	1100	\$	87,222
4. Leasenoid imp	proventions	Accum. Depreciat	tion	31,798	Net	Ψ	07,222
5. Non-Movable	Fauinment	*Historical Cost	.11(311	54,669	1100	\$	21,903
5. Non-Movaule	Equipment		tion	32,766	Net .	Ψ	21,505
6 Marchia Emi		Accum. Depreciate *Historical Cost	HOH	1,026,142	INCL	\$	427,644
6. Movable Equi	pment				Not	Φ	427,04
et 14 : 17 ! 1		Accum, Deprecia	tion	598,498	Net	\$	21,111
7. Motor Vehicle	es	*Historical Cost		42,230	* *****	D.	. 21,11
		Accum. Deprecia	ition	21,119	Net	<u> </u>	
8. Minor Equipn	nent-Not Depr	eciable .		•		\$	
9 Other Fixed A	ssets (itemize)				\$	
J. Other I med 1							
- Only Thou			·····		12		

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

SOUTHINGTON CARE CENTER		·
PREPAID ANALYSIS		
Prepaid Other		
FYE 9\30\15		
DESCRIPTION	ACCOUNT #	YEAR END BALANCE
D&O LIABILITY	6420-076	1,167.66
TAX CUSHION		600.00
JUNE TAX CUSION		. 600.00
LEADING AGE		1,956.90
TAX CUSHION		4,600.00
LEADING AGE NEW YORK	6420-028	1,379.73
CT COMPUTER	6420-028	919.50
SBS GP ENHANCEMENT PLAN	6420-028	891.70
ITS NEVER 2 LATE	6420-062	515.65
LEADING AGE	6420-024	1,041.70
RELIAS ANNUAL FEE	6420-080	6,836.70
CT COMPUTER MAINT, AGREEMENT	6420-028	2,047.36
RYAN BUSINESS TO PPD		6,588.60
DAKIN TO PPD		1,000.00
CREDIT CT COMPUTER		(438.08)
CT COMPUTER		2,496.00
CT COMPUTER		1,593.84
CT COMPUTER		4,480.92
HARMONY HEALTHCARE		(3,154.46)
MISCELLANEOUS		(13.22)
SEPTEMBER 2015		35,110.50

SOUTHINGTON CARE CENTER MISCELLANEOUS ACCOUNTS RECEIVABLE FYE 9/30/15 #1014-060

	DR (CR)
PHARMACY A/R	15,000.00
GERIATRIC CARE A/R	6,968.75
BALANCE FY 2015	21,968.75

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page	of
Sout	hing	gton Care Center	2060-C	9/30/2015		32	37
			Account			An	ount
		5-222		Total Brought Forwa	rd: \$	····	10,908,143
C.		asehold or like property record	led for Equity Purpos	es.			
	-	Land			\$		
	2.	Land Improvements	*Historical Cost				
-			Accum. Depreciati	ion Net	\$		
	3.	Buildings	*Historical Cost		d.		
			Accum. Depreciati	ion Net	\$		
	4.	Non-Movable Equipment	*Historical Cost		d)		
	- مر		Accum. Depreciati	ion Net	\$		
	٥.	Movable Equipment	*Historical Cost	<u> </u>	4	i	
		X.C. X.I.I.I.	Accum. Depreciati	ion Net	\$		
	6.	Motor Vehicles	*Historical Cost	No.	ď		
	7	Minar Francisco A New Days	Accum. Depreciati	ion Net	\$ \$		
C 0		Minor Equipment-Not Depre			\$		 -
C-8 D.		tal Leasehold or Like Proper vestment and Other Assets	ttes (C1 thru 7)		1.D	-	
ט.					\$		
<u> </u>		Deferred Deposits			\$		· · · · · · · · · · · · · · · · · · ·
		Escrow Deposits Organization Expense	*Historical Cost		φ		<u> </u>
	э.	Organization Expense	Accum. Depreciati	ion Net	\$		
	4.	Goodwill (Purchased Only)	Accum. Depreciat.	1011 1401	\$		-
		Investments Related to Resid	ent Care (itemize)		\$		
	٦.	investments related to resid	on Care (nemize)		Î	ASSANI	
	6	Loans to Owners or Related	Parties (itemize)	13 lb. pag (29)	\$	Anna America	**************************************
	<u> </u>	Name and Address	Amount	Loan Date		15-15-20-20	
·		Traffic and Flaction	Timoun				建筑相关 的
					105		
÷			•		5.5		
			*				te Maragaria († 142) 18 maart - Januaria († 142)
	7.	Other Assets (itemize)		<u> </u>	\$		2,783,279
		Unrestricted Investments		2,706,053	100		20 30 4 J. Carlo
		Permanentlly Restricted A	ssets	5,193		Jan Tengan	
		Cost of Issuance Series B		72,033	1°2	deling of Abrolika (1)	
D-8.	To	tal Investments and Other A	ssets (Lines D1 thru	7)	\$		2,783,279
D-9.	To	tal All Assets (Lines A9 + B)	0 + C8 + D8		\$		13,691,422

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year E	inded	Page	of		
Southington Care Center		2060-C	9/30/2015	 	33	37_		
			Account			Am	ount	
Liabilities A.	Cu	rrent Liabilities						
1 2,	1.	Trade Accounts Payable]:	\$	291,679	
	2.	Notes Payable (itemize)				\$		
							1.17	
	,							
						2 de 18 4 1 <u>1</u>		
	3.	Loans Payable for Equipm				\$		
		Name of Lender	Purpose	Amount	Date Due		1000	
		•				. 494.23		
							alan (Marianka)	
					İ	A April 2		
						To produce the		
•					1		14.4	
							a de la composição de la Composição de la composição de l	
					ļ			
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)		\$	569,602	
	5.	Accrued Payroll (Owners				\$		
	6.	Accrued Payroll Taxes Pa				\$		
· · · · ·	7.	Medicare Final Settlemen				\$		
	8.	Medicare Current Financi	ng Payable			\$		
	9.	Mortgage Payable (Curre	nt Portion)			\$		
	10	. Interest Payable (Exclusiv		elated Parties)		\$		
		. Accrued Income Taxes*				\$		
	12	. Other Current Liabilities	(itemize)			\$	1,125,188	
		Deferred Revenue		,014 StateofCT(provider ta	ax) 194,855		A MILANE	
	-	Accrued Expenses(see sub schedu	le) 319	.886		The second		
		Due to Third Parties	76	,136				
		Due to Affiliates		,297			1.005	
A-13	To	tal Current Liabilitles (Li	nes A1 thru 12)			\$	1,986,469	

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

SOUTHINGTON CARE CENTER ACCRUED EXPENSES

FYE 9/30/15 #2103-040

DESCRIPTION	Account #	Balance
ACCRUE HEALTHMEDX	6420-001	50,000.00 50,000.00
ACCRUE ACCOUNTING FE	6420-054	1,204.86
ACCRUE ACCOUNTING FE	6420-054	4,335.00
ACCRUE ACCOUNTING	0420-034	5,539.86
ACCRUE AEGIS QRTLY	6820-022	(1,461.24)
ACCRUE AEGIS	6820-022	1,020.00
ACCRUE AEGIS	6820-022	1,020.00
ACCRUE AEGIS	6820-022	1,020.00
ACCITOL ALGIO		1,598.76
ACCRUE WATER	6820-034	112.23
ACCRUE WATER BILL	6820-034	1,450.00
ACCRUE SEWERS	6820-034	2,240.00
ACCRUE WATER	6820-034	1,450.00
AGONOL WILL	0020 001	5,252.23
ACCRUE EMPLOYEE TRAI	6920-005	10,000.00
7,00,102 2 20 122 7.04	00=0 000	10,000.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	2,223.85
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COM	6920-034	10,107.82
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	20,000.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COM	6920-034	2,600.00
ACC ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
accrue jordan actuary fees	6920-034	3,360.00
•		41,651.67
REVERSE OCT NOV DEC (GRANT	681.00
GRANT ADJ	GRANT	4,800.00
GRANT ADJ	GRANT	(3,633.50)
*	•	1,847.50
ACCRUE PHARMACY	REVERSING	38,602.38
ACCRUE SUE V WAGES	REVERSING	1,122.54
ACCRUE PERRY WAGES	REVERSING	1,238.79
ACCRUE AUDREY WAGES	REVERSING	1,190.21
ACCRUE MEDLINE	REVERSING	4 63.12
ACCRUE BANK OF AMERIC	REVERSING	3,151.57
ACCRUE GAS	REVERSING	3,000.00
ACCRUE MED DIR FEES	REVERSING	4,300.00
ACCRUE MCKESSON	REVERSING	3,994.79
ACCRUE GERICATRIC MEI	REVERSING	1,440.38
HARMONY	REVERSING	(6,308.92)
WORKERS COMP	REVERSING	10,000.00
		62,194.86
at risk payments	BONUS	132,300.00
ACCRUE AT RISK PAYMEN	BONUS	9,500.00
	7	141,800.00
rounding to tie to GL		1.00
TOTAL FY 2015		319,885.88

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page 34	of 37
Southington Care Center	2060-C	9/30/2015			nount
	Account	Total Broug	ght Forward:	Ai	1,986,469
Lighting (post)		Total Diou	giii r oi waru.		1,500,105
Liabilities (cont'd) B. Long-Term Liabilities					
1. Loans Payable-Equipmen	t (itomizo)			\$	
Name of Lender	Purpose	Amount	Date Due	100014	a grander om e
Traine of Echael	1 0.1 0.000				t of the same of t
		1.		医多类病	
•			-		
					COMPLETE SERVICE
	1			14 07 kg (4	
				36450	
			:		
	ļ			4.5 x x 2	
2. Mortgages Payable				\$	
3. Loans from Owners or Re	elated Parties (itemize)			\$	7,031,283
Name and Address of Lender	Amount	Loan	Date	7077	
·					er Carre
Hartford Healthcare	7,031,283				
2.002 02 00 W == 2.00					
				70.4	
4. Other Long-Term Liabili	ties (itemize)			\$	490,585
Workers Compensation	nes (nemae)	490,58	5	PARTE GOVE	
workers Compensation		770,50	<u> </u>		
				1	
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	7,521,868
C. Total All Liabilities (Lines A			. — -	\$	9,508,337

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

	ne of Facility	License No.	Report for Yea	ar Ended	Page ,	of 1 37
Sou	thington Care Center	Account	9/30/2015			nount
Α.	Reserves					
	Reserve for value of leased 1	and			\$	
	Reserve for depreciation value to be amortized	ue of leased buildin	gs and appurtena	nces	\$	
,	3. Reserve for depreciation val	ue of leased person	al property (Equit	y)	\$	
	4. Reserve for leasehold real pr	roperties on which	fair rental value is	based	\$	· · · · · · · · · · · · · · · · · · ·
	5. Reserve for funds set aside a	as donor restricted			\$	285,203
	6. Total Reserves				\$	285,203
В.	Net Worth 1. Owner's Capital		·		\$	3,961,473
	2. Capital Stock		·		\$	
	3. Paid-in Surplus			***	\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(48)
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	(63,543)
	7. Total Net Worth				\$	3,897,882
C.	Total Reserves and Net Worth		: 		\$	4,183,085
D.	Total Liabilities, Reserves, and	d Net Worth			\$	13,691,422

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year E	nded	Page	of
Southington Care Center		2060-C	9/30/2015		36	37
		_	Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2014						3,961,473
B. Total Revenue (From Statement of Revenue Page 30)						19,967,992
C.	Total Expenditures (From Statemen	\$		20,031,535		
D,	Net Income or Deficit	<u>\$</u>		(63,543)		
E.	Balance					3,897,930
F,	Additions 1. Additional Capital Contributed (itemize) Donor Restricted Assets 289,796 2. Other (itemize)					
F-3.	Total Additions			9	entre de la companya	2 8 9,796
G.	Deductions					
	1. Drawings of Owners/Operators/Partners (Specify)					
	Name and Address (No., City,	, State, Zip)	Title	Amount	- MATHEMATOR S.	Survival Asia
			·	The state of the s		
	2. Other Withdrawings (Specify)					4,641
	Purpose		Amou	nt		1 W.
Integrated Care Partners Capital Loss Funding			4,593			
To re	To reconcile prior year Cost Report to GL balances 48					
3. Total Deductions H. Balance at End of Period 09/30/15					<u> </u>	4,641
H.	Balance at End of Period	<u> </u>	4,183,085			

I. Preparer's/Reviewer's Certification

Name of Facility			License No.		Report for Year Ended	Page	of		
Southington Care Center			2060-C		9/30/2015	37	37		
			Check appropriate category						
Ø	Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)						
		Prep	arer/Reviewer Certifica	ation					
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.									
Signature of Preparer Paula De Rato Bocothy Robinson			Title Director of Kinu	anne	Date Signed 2-/15//6				
Docathy Kolman			Director of Finance 2/15/16 Si-financial Analyst alistic						
	ed Name of Preparer								
							•		
Paula	DePinto/Dorothy Robinson								
	Addres Address			Phone Number					
						•			
80 M	eriden Ave, Southington, CT 06489				860-406-6717/860-378	-8022			