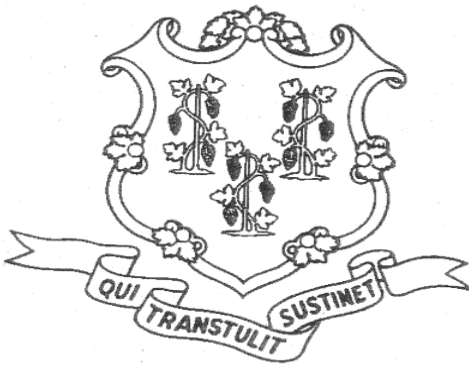


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	
Address (No. & Street, City, State, Zip Code) 29 Highland Street, West Hartford, CT 06119	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider 075082
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Medicaid Provider Numbers:	CCNH 2089	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Hughes Health & Rehabilitation, Inc. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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. **{a}**

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mark Finkelstein			Printed Name (Owner) Eugene Flaxman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Hughes Health & Rehabilitation, Inc.		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 29 Highland Street, West Hartford, CT 06119				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/27/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-236-5623		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Hughes Health & Rehabilitation, Inc.			Address (No. & Street, City, State, Zip) 29 Highland Street, West Hartford, CT 06119		
License Numbers:		CCNH 208-C	RHNS	(Specify)	Medicare Provider No. 075082
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Mark Finkelstein			Nursing Home Administrator's License No.:	396	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Hughes Health & Rehabilitation, Inc.	29 Highland Street, West Hartford, CT 06119	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Eugene Flaxman	29 Highland Street, West Hartford, CT 06119	Owner	100	
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
 Related Parties***

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Twenty-nine Realty, LLC	29 Highland Street, West Hartford, CT 06119	<input type="radio"/>	<input checked="" type="radio"/>		Leases building to corporation.	Page 22, Line 9	203,926	
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A - One level of care

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

N/A - One level of care

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

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

N/A - One level of care

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2016			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Financial Services LLC	<input type="radio"/>	<input checked="" type="radio"/>	1 postage meter	04/01/14	51 Months	795	793	
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	2 Savin copiers	06/18/08	60 months	7,653	7,705	
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	1 Savin fax machine/copier	02/24/14	60 months	1,139	1,141	
AccuVein	<input type="radio"/>	<input checked="" type="radio"/>	1 vein illuminator	07/01/13	30 months	1,646	549	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							10,188	

* 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 Hughes Health & Rehabilitation, In	License No. 208-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum, LLP	185 Asylum Street, Hartford, CT 06103
2 Carney, Roy & Gerrol, P.C.	33 Cold Spring Road, Suite 412, Rocky Hill, CT 06067
3 Gitlin Campise, LLC	836 Farmington Avenue, Suite 137, West Hartford, CT 06119
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of Medicare and Medicaid Cost Reports and Reimbursement Consulting	\$ 18,070
2 Preparation of financial statements, tax returns, financial reviews	\$ 29,950
3 401K audit	\$ 8,200
4	\$
	Charge for Services Provided
	\$ 56,220

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See Attached	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$ 14,197
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 14,197

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	170	170			170	170			170	170			
B. On last day of THIS report period	170	170			170	170			170	170			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	144	144			144	144			147	147			
B. As of midnight of THIS report period	149	149			147	147			149	149			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,968	4,968			3,713	3,713			1,255	1,255			
B. Medicaid (Conn.)	36,773	36,773			27,430	27,430			9,343	9,343			
C. Medicaid (other states)													
D. Private Pay	8,625	8,625			6,339	6,339			2,286	2,286			
E. State SSI for RCH													
F. Other (Specify) Hospice, VA, Managed Care	2,403	2,403			1,791	1,791			612	612			
G. Total Care Days During Period (3A thru F)	52,769	52,769			39,273	39,273			13,496	13,496			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	73	73			55	55			18	18			
5. Total Resident Days (3G + 4A + 4B)	52,842	52,842			39,328	39,328			13,514	13,514			

Schedule of Resident Statistics (Cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	18		99		32								
Per Diem Rate													
a. One bed rm.	Various		240.92		432.00								
b. Two bed rms.	Various		240.92		382.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								8,476	8,476				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								599	599				
2. Restorative Treatments													
C. Other								16,887	16,887				
D. Total Physical Therapy Treatments								25,962	25,962				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								458	458				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								56	56				
2. Restorative Treatments													
C. Other								1,482	1,482				
D. Total Speech Therapy Treatments								1,996	1,996				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								7,694	7,694				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								655	655				
2. Restorative Treatments													
C. Other								17,557	17,557				
D. Total Occupational Therapy Treatments								25,906	25,906				

Report of Expenditures - Salaries & Wages

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	202,465	2,387				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	710,506	30,900				
5. Dietary Service						
a. Head Dietitian	88,173	2,218				
b. Food Service Supervisor	81,912	3,715				
c. Dietary Workers	619,093	40,032				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	354,629	25,009				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,298	2,283				
b. Other Maintenance Workers	156,122	8,902				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	95,477	5,092				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	95,935	2,161				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	245,880	4,414				
b. RN						
1. Direct Care	1,501,368	41,578				
2. Administrative**	400,946	7,856				
c. LPN						
1. Direct Care	1,364,564	48,181				
2. Administrative**						
d. Aides and Attendants	2,615,951	168,732				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	149,348	7,628				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	110,482	3,863				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,863,149	404,951				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Physiatrists	\$ 30,000	208				
Cardiologist	\$ 14,400	84				
MDS Consultant	\$ 4,869	12				
Dining Consultant	\$ 6,640	166				
Total	\$ 55,909	470	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Brian Flaxman	189,631			Non-Discriminatory	MDS Coordinator, weekend Administrator,	2,258	A 12 b1/b2			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mark Finkelstein	202,465			Non-Discriminatory	Supervise clinical and administrative affairs of the facility.	2,387	A 2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	400	8				
2. Dentist	4,000	6				
3. Pharmacist	11,220	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	456,090	6,798				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	120				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	900	9				
9. Speech Therapist						
a. Resident Care	88,186	1,277				
b. Other						
10. Occupational Therapist						
a. Resident Care	448,269	6,698				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	55,909	470				
B-13 Total Fees Paid in Lieu of Salaries	1,100,974	15,626				

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

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

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Morris H. Kotick, D.D.S., 241 Park Road, West Hartford, CT 06119	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Satyanani Tallapureddy, M.D., 43 Woodland Street, Hartford, CT 06105	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Raymond Chagnon, M.D., 490 Blue Hills Avenue, Hartford, CT 06112	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy of Connecticut, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Saint Francis Medical Group, 114 Woodland Street, Hartford, CT	Physiatrists	<input type="radio"/>	<input checked="" type="radio"/>		
RehabCare Group, Inc., 7733 Forsyth Blvd, St. Louis, MO 63105	Physical Therapy, Speech Therapy, Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Stanley Rutstein, M.D., 850 Farmington Avenue, West Hartford, CT 06119	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Anil Vithala, M.D., 477 Connecticut Blvd, East Hartford, CT 06108	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Greater Hartford Cardiology Group, P.C., 1000 Asylum Avenue, Suite 4300, Hartford, CT 06105	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
ProCardiovascular Care LLC, 21 Woodland Street, Suite 121, Hartford, CT 06105	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consulting	MDS Consultant, ARD Rehab audit	<input type="radio"/>	<input checked="" type="radio"/>		
Lucinda Balsome, 244 Georgetown Drive, Glastonbury, CT 06033	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, 3220 Tillman Drive, Suite 300, Bensalem, PA 19020	Dining Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 253,491	253,491			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 760,423	760,423			
5. Health Insurance	\$ 1,184,920	1,184,920			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 55,412	55,412			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 405	405			
8. Uniform Allowance	\$ 13,058	13,058			
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 130,979	130,979			
d. Accounting and Auditing	\$ 56,220	56,220			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,197	14,197			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 35,684	35,684			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 45,966	45,966			
2. Cellular Phones	\$ 2,309	2,309			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 250	250			
3. Resident Day User Fee	\$ 970,575	970,575			
Subtotal	\$ 3,523,889	3,523,889			

* 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**

Hughes Health & Rehabilitation, Inc.
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	-		
Business Entity Tax	\$ 250		
Total	\$ 250	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,523,889	3,523,889		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	7,505	7,505		
3. Gifts to Staff and Residents	\$	18,415	18,415		
4. Employee Travel	\$	11,745	11,745		
5. Education Expenses Related to Seminars and Conventions	\$	18,786	18,786		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	838	838		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	3,204	3,204		
3. Advertising Other (<i>Specify</i>)***	\$	54,876	54,876		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	860	860		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	256	256		
7. Postage	\$	4,339	4,339		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	12,742	12,742		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	325	325		
9. Subscriptions	\$	92	92		
10. Contributions***	\$	36,795	36,795		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	200,736	200,736		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	23,897	23,897		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,919,300	3,919,300		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Elmwood Senior Trade Show	\$ 300		
Internet Advertising	\$ 2,198		
Marketing Items (brochures, stickers)	\$ 3,371		
Marketing treats	\$ 119		
Media @ St. Francis Hospital	\$ 4,611		
Media Relations	\$ 19,316		
Photography	\$ 3,004		
Pins, Banners, Plaques	\$ 1,117		
Print Advertisement	\$ 12,790		
Website hosting	\$ 5,125		
Women's Choice Award License	\$ 2,925		
Total Other Advertising	\$ 54,876	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
American College of Health Care Administrators (ACHCA)	\$ 525		
Association of Long-term Care Financial Managers (ALTCFM)	\$ 240		
Connecticut Association of Health Care Facilities (CAHCF)	\$ 11,497		
NADONA/LTC	\$ 115		
American Express Membership Fees	\$ 365		
Total Dues	\$ 12,742	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Hartford Hospital	\$ 20,000		
St. Francis	\$ 15,000		
Various	\$ 1,795		
Total Contributions	\$ 36,795	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 610		
AHCA PAC assessment	\$ 850		
Annual Report filing	\$ 150		
Award Nomination (self-disallowed)	\$ 125		
Background Checks	\$ 1,480		
Clothing Replacement - residents (self-disallowed)	\$ 37		
Connecticut Notary Public Fee	\$ 60		
Credentialing	\$ 997		
Decor for Family Room	\$ 58		
Dinner Meetings (self-disallowed)	\$ 1,162		
Flowers, Fruit Baskets (self-disallowed)	\$ 4,062		
Gold - 2016 Quality Award (self-disallowed)	\$ 1,550		
Late Payment Charges, Finance Charges, Interest (self-disallowed)	\$ 5,770		
Lost Dentures - resident (self-disallowed)	\$ 809		
Miscellaneous (self-disallowed)	\$ 35		
Navihhealth - Post Care Connect Fee	\$ 1,010		
Paint repairs to employee vehicle (self-disallowed)	\$ 507		
Parking Fees	\$ 1,247		
PCORI fee	\$ 258		
Sales Tax	\$ 10		
The Joint Commission (self-disallowed)	\$ 2,500		
CATRD Fee	\$ 80		
LTC-MAP Fee	\$ 350		
ICNC Fee	\$ 38		
BOA Fee	\$ 142		
Total Other Administrative and General	\$ 23,897	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	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 #
N/A			

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 522,988	522,988		
2.	Non-Food Supplies	\$ 73,955	73,955		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 596,943	596,943		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$30					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) PG30 Line IV1					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	34,554	34,554		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	152,969	152,969		
c. Management Services**	\$				
d. Other (Specify) Supplies	\$	1,020	1,020		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	188,543	188,543		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* 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)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	50,874	50,874		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	89,514	89,514		
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 140,388	140,388		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	242,822	242,822		
b. Medicine Cabinet Drugs	\$	26,617	26,617		
c. Medical and Therapeutic Supplies	\$	263,438	263,438		
d. Ambulance/Limousine***	\$	9,347	9,347		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	12,243	12,243		
f. X-rays and Related Radiological Procedures***	\$	24,908	24,908		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	33,657	33,657		
i. Recreation	\$	63,235	63,235		
j. Other (Specify)**** See Attached Schedule	\$	63,827	63,827		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 740,094	740,094		

* 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	CCNH	RHNS	(Specify)
	-		
IV - Medicare A (self-disallow)	\$ 32,405		
IV - Medicaid	\$ 6,081		
IV - Hospice (self-disallow)	\$ 29		
IV - Managed Care (self-disallow)	\$ 11,297		
IV - House (self-disallow)	\$ 1,108		
IV - VA (self-disallow)	\$ 20		
Tube Feeding Supplies - Medicare A (self-disallow)	\$ 6,040		
Other - Medicare A (self-disallow)	\$ 4,757		
Other - VA (self-disallow)	\$ 1,535		
Rehabilitation Supplies	\$ 379		
Rehabilitation Supplies - OT Supplies (self-disallow)	\$ 176		
Total Other Resident Care	\$ 63,827	\$ -	\$ -

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

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2016				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	39,171			22	6f
Paylocity	Arlington Heights, IL 60004	<input type="radio"/>	<input checked="" type="radio"/>		Payroll service	29,264			16	m11
Rinaldi Linen Service	47 Commons Court, Waterbur, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry service	152,696			19	3b
IT Direct, LLC	West Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>		Computer network support	39,874			16	m11
Sigmacare	Floor, New York, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>		Sigmacare software subscription	36,279			16	m11
Healthcare Services Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Supervisor	87,505			20	4b
Sanford Rose & Associates	Suite 130 #336, Irving, TX 75039	<input type="radio"/>	<input checked="" type="radio"/>		Recruiter Fees	37,168			16	m11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 133,575	133,575				
b. Heat	\$ 17,392	17,392				
c. Light & Power	\$ 99,157	99,157				
d. Water	\$ 51,974	51,974				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,188	10,188				
f. Other (<i>itemize</i>)	\$ 62,205	62,205				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 374,491	374,491				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 58,852	58,852				
c. Non-Movable Equipment	\$ 28,120	28,120				
d. Movable Equipment	\$ 101,399	101,399				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 188,371	188,371				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 203,926	203,926				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 103,651	103,651				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 25,461	25,461				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 521,409	521,409				

* 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	(Specify)
	-		
Gas	\$ 23,034		
All Waste - Garbage Removal	\$ 39,171		
Total Other Repairs and Maintenance	\$ 62,205	\$ -	\$ -

Hughes Health & Rehabilitation, Inc.
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2015	One Bedroom Renovations	\$ 45,469	39	\$ 923
12/31/2015	Renovate Patient Room to Office	\$ 42,860	39	\$ 870
7/22/2016	Conference Room/Bathroom Ren	\$ 23,955	39	\$ 128
9/23/2016	Fuel Tank Project	\$ 69,917	39	\$ 75
Total additions for Building Improvements		\$ 182,201		\$ 1,996 *
Deletions:				
6/30/1992	5000 GAL OIL TANK	\$ (7,000)	31.5	\$ (222)
7/31/1992	5000 GAL OIL TANK	\$ (11,560)	31.5	\$ (367)
Total deletions for Building Improvements		\$ (18,560)		\$ (589) **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/22/2016	Dalkin 2 Ton Skyair Ceiling Unit	\$ 7,684	39	\$ 8
Total additions for Non-Movable Equipment		\$ 7,684		\$ 8 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/26/2015	2 Steam Tables	\$ 4,259	7	\$ 2,588
3/22/2016	2 Settees, 6 Lounge Chairs, 5 Tables, 2	\$ 11,295	7	\$ 6,454
10/1/2015	Televisions	\$ 7,274	5	\$ 1,455
Total additions for Movable Equipment		\$ 22,828		\$ 10,497 *
Deletions:				
7/10/2001	2 MAYTAG WASHERS	\$ (1,124)	7	\$ -
Total deletions for Movable Equipment		\$ (1,124)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.			208-C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		01/01/61		
2. Date Structure Completed		09/01/68		
3. If NOT Original Owner, Date of Purchase		01/21/61		
4. Date of Initial Licensure		01/21/61		
5. Total Licensed Bed Capacity		170		
6. Square Footage		66,699		
7. Acquisition Cost				
a. Land		73,633		
b. Building		680,101		
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Ir		208-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense on Capitalized Leases				\$ 24,518	24,518		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 24,518	24,518		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 93,748	93,748		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) D&O (\$7,323), Flood(\$5,393), Business Auto (\$642),				\$ 15,858	15,858		
14d. Total Insurance Expenditures (14a + b + c)				\$ 109,606	109,606		
15. Total All Expenditures (A-13 thru C-14)				\$ 16,579,415	16,579,415		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 448,269	448,269		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 130,979	130,979		
10.	15	1e	Accounting & Legal	\$ 3,964	3,964		
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 869	869		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	m13	Gifts, flowers and coffee shops	\$ 4,062	4,062		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	1.4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 9,987	9,987		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 58,080	58,080		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 36,795	36,795		
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 256	256		
23.			Other - See attached Schedule	\$ 16,882	16,882		
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 30	30		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 710,173	710,173		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Award Nomination (self-disallowed)	\$ 125		
16	m13	Clothing Replacement - residents (self-disallowed)	\$ 37		
16	m13	Dinner Meetings (self-disallowed)	\$ 1,162		
16	m13	Flowers, Fruit Baskets (self-disallowed)	\$ 4,062		
16	m13	Gold - 2016 Quality Award (self-disallowed)	\$ 1,550		
16	m13	Late Payment Charges, Finance Charges, Interest (self-disallowed)	\$ 5,770		
16	m13	Lost Dentures - resident (self-disallowed)	\$ 809		
16	m13	Miscellaneous (self-disallowed)	\$ 35		
16	m13	Paint repairs to employee vehicle (self-disallowed)	\$ 507		
16	m13	The Joint Commission (self-disallowed)	\$ 2,500		
16	m8a	Dues to Chamber of Commerce	\$ 325		
Total Other A&G Adjustments			\$ 16,882	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 710,173	710,173		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 242,822	242,822		
28.	20	5d	Ambulance/Limousine	\$ 9,347	9,347		
29.	20	5f	X-rays, etc	\$ 24,908	24,908		
30.	20	5h	Laboratory	\$ 33,657	33,657		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,243	12,243		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 105,200	105,200		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 7,323	7,323		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,145,673	1,145,673		

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Insurance (self-disallowed)	\$ 7,323		
Total Other Adjustments			\$ 7,323	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2016		Page 30	of 37
Item			Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a.	Medicaid Residents (<i>CT only</i>)	\$	14,074,960	14,074,960		
	b. Medicaid Room and Board Contractual Allowance **	\$	(5,300,925)	(5,300,925)		
2. a.	Medicaid (<i>All other states</i>)	\$				
	b. Other States Room and Board Contractual Allowance **	\$				
3. a.	Medicare Residents (<i>all inclusive</i>)	\$	2,128,032	2,128,032		
	b. Medicare Room and Board Contractual Allowance **	\$	720,211	720,211		
4. a.	Private-Pay Residents and Other	\$	4,351,470	4,351,470		
	b. Private-Pay Room and Board Contractual Allowance **	\$	(7,350)	(7,350)		
II. Other Resident Revenue						
1. a.	Prescription Drugs - Medicare	\$	200,027	200,027		
	b. Prescription Drugs - Medicare Contractual Allowance **	\$				
	c. Prescription Drugs - Non-Medicare	\$	88,353	88,353		
	d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a.	Medical Supplies - Medicare	\$				
	b. Medical Supplies - Medicare Contractual Allowance **	\$				
	c. Medical Supplies - Non-Medicare	\$				
	d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a.	Physical Therapy - Medicare	\$	673,441	673,441		
	b. Physical Therapy - Medicare Contractual Allowance **	\$				
	c. Physical Therapy - Non-Medicare	\$	113,705	113,705		
	d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a.	Speech Therapy - Medicare	\$	107,199	107,199		
	b. Speech Therapy - Medicare Contractual Allowance **	\$				
	c. Speech Therapy - Non-Medicare	\$	25,362	25,362		
	d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a.	Occupational Therapy - Medicare	\$	629,612	629,612		
	b. Occupational Therapy - Medicare Contractual Allowance **	\$				
	c. Occupational Therapy - Non-Medicare	\$	152,698	152,698		
	d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a.	Other (<i>Specify</i>) - Medicare	\$	(1,056,065)	(1,056,065)		
	b. Other (<i>Specify</i>) - Non-Medicare	\$	(322,251)	(322,251)		
III. Total Resident Revenue (Section I. thru Section II.)		\$	16,578,479	16,578,479		
IV. Other Revenue*						
1.	Meals sold to guests, employees & others	\$	30	30		
2.	Rental of rooms to non-residents	\$				
3.	Telephone	\$				
4.	Rental of Television and Cable Services	\$				
5.	Interest Income (<i>Specify</i>)	\$				
6.	Private Duty Nurses' Fees	\$				
7.	Barber, Coffee, Beauty and Gift shops	\$				
8.	Other (<i>Specify</i>)	\$	(4,281)	(4,281)		
V. Total Other Revenue (1 thru 8)		\$	(4,251)	(4,251)		
VI. Total All Revenue (III +V)		\$	16,574,228	16,574,228		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
II6a	Lab - Medicare A	\$ 33,987		
II6a	Radiology - Medicare A	\$ 25,587		
II6a	Oxygen - Medicare A	\$ 5,123		
II6a	IV - Medicare A	\$ 47,145		
II6a	Contractual Allowance - Medicare A Therapies	\$ (740,786)		
II6a	Contractual Allowance - Medicare B Therapies	\$ (7,951)		
II6a	Contractual Allowance - MPPR	\$ (112,907)		
II6a	Contractual Allowance - Medicare A Ancillaries	\$ (306,263)		
Total Other Resident Revenue - Medicare		\$ (1,056,065)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
II6b	Lab - Managed Care	\$ 6,337		
II6b	Lab - VA	\$ 1,415		
II6b	Radiology - Managed Care	\$ 7,113		
II6b	Radiology - VA	\$ 3,106		
II6b	Oxygen - Hospice	\$ 313		
II6b	Oxygen - Managed Care	\$ 453		
II6b	Oxygen - VA	\$ 256		
II6b	IV - Hospice	\$ 30		
II6b	IV - Managed Care	\$ 16,932		
II6b	Contractual Allowance - Medicaid Therapies	\$ (22,360)		
II6b	Contractual Allowance - VA Ancillaries	\$ (64,752)		
II6b	Contractual Allowance - Medicaid Ancillaries	\$ (21,981)		
II6b	Contractual Allowance - Hospice Ancillaries	\$ (3,286)		
II6b	Contractual Allowance - Managed Care Ancillaries	\$ (288,818)		
II6b	Ancillaries - Medicaid	\$ 44,341		
II6b	IV - Private	\$ (1,350)		
Total Other Resident Revenue		\$ (322,251)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
IV8	American Express Rebate	\$ 22		
IV8	Disposal of Equipment	\$ (4,303)		
Total Other Revenue		\$ (4,281)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	537,459
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,755,806
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	6,378
5. Prepaid Expenses			\$	67,833
a. Prepaid Insurance	67,833			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,367,476
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>2,631,767</u>		\$	1,047,082
	Accum. Depreciation <u>1,584,685</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>806,961</u>		\$	171,329
	Accum. Depreciation <u>635,632</u>	Net		
6. Movable Equipment	*Historical Cost <u>954,783</u>		\$	188,480
	Accum. Depreciation <u>766,303</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	401,842
FS to CR Difference	401,840			
Rounding	2			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,808,733

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 5,176,209	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$ 73,633	
2. Land Improvements				
*Historical Cost <u>755,998</u>				
Accum. Depreciation <u>755,998</u> Net			\$	
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 73,633	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		

7. Other Assets (<i>itemize</i>)			\$ 29,046	
Organization Expense <u>546</u>				
Land Held For Sale (Net Impairment Valuation) <u>28,500</u>				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 29,046	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,278,888	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	1,255,100	
2. Notes Payable (<i>itemize</i>)			\$		

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	142,804	
Name of Lender	Purpose	Amount	Date Due		
See Attached	Capitalized Leases	142,804	Various		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	67,837	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	47,004	
Exchange Account		3,019	Accrued Sales Tax	1,011	
AFLAC Payroll Deduction		(3,874)			
Life Insurance Payroll Deduction		(9,693)			
Accrued Payroll Taxes Payable		56,541			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,512,745	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,512,745	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 203,925	
Name and Address of Lender	Amount	Loan Date			
Eugene R. Flaxman	203,925	9/30/06			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 203,925	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,716,670	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	73,633
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	73,633
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	16,650
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,473,445
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ align="right">(1,510)
7. Total Net Worth			\$	3,488,585
C. Total Reserves and Net Worth			\$	3,562,218
D. Total Liabilities, Reserves, and Net Worth			\$	5,278,888

H. Changes in Total Net Worth

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	587,641		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,574,228		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,575,738		
D. Net Income or Deficit			\$	(1,510)		
E. Balance			\$	586,131		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Total Expenditures PG 27	16,482,475					
Depreciation Adjustment	(3,677)					
Total Expenditures	16,478,798					
2. Other (<i>itemize</i>)						
Shareholder Loan Converted to Capital		3,021,961				
Prior Period Adjustment		(11,109)				
F-3. Total Additions					\$	3,010,852
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	108,398		
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
Eugene R. Flaxman		108,398				
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose	Amount					
3. Total Deductions			\$	108,398		
H. Balance at End of Period			\$	3,488,585		
				09/30/16		

I. Preparer's/Reviewer's Certification

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bovolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	

Subject to the attached accountants' consulting report