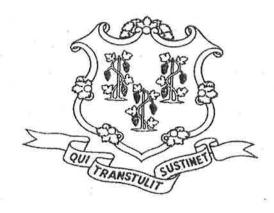
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2016

Name of Facility (as l	icensed)							
Southington Care Cer	nter							
Address (No. & Stree	t, City, State, Z	(ip Code)						
45 Meriden Avenue,	Southington, C	Т 06489						
Type of Facility								
Chronic and C	onvalescent		Rest Home wit	h Nursing				
✓ Nursing Home	Supervision on	ıly		Other				
(CCNH) (RHNS)								
Report for Year Begin	nning		Report for Yea	ır Ending				
10/1/2015			9/30/2016					
License Numbers:		CCNH	RHNS		Other		Me	dicare Provider
Electise regimeers.						07-5336		
Medicaid Provider N	umbergi	CC	CNH	RH	INS		IC	F-IID
Medicaid Provider N	umbers.	2060-2	Z1 V11	Kil	1145		10	. 110
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	Number	Signed a	nd Notaria	zed	Date Received
Assigned	Notarized	Received	Assign	ied	Signed a	1101011		Built Room, ou
111111								

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General Information

	General Internation	0.12		
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2016	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, 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.

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.

1 (/ / /			
Signed (Administrator)	Date.	Signed (Owner)	Date
Willey vivi	2/14/17.		
Printed Name (Administrator)	,	Printed Name (Owner)	
William Kowalewski			
Subscribed and Sworn / State of	Date	Signed (Notary Public)	Comm. Expires
to before me; John flechler CT	2/14/17	(source Health	6 130 12018
Address of Notary Public			
30 Tuccito Rd, Por	et land	CT OGYSO	

(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
				1A	37
Name of Facility		Period Cov	ered:	From	То
Southington Care Center				10/1/2015	9/30/2016
Address of Facility 45 Meriden Avenue, Southington, CT 06489					
Report Prepared By		Phone Num		Date	
Dorothy Robinson		860-378-80	22		,
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page		of
		860-	-621-9559		9/30/2016		2		37
Name of Facility (as shown on license)					Street, City, Sto				
Southington Care Center				Aver	ue, Southingto	on, CT 06			
1	NH		RHNS		Other		Medicare P	rovic	ler No.
License Numbers: 2060-0	<u> </u>						07-5336		
Type of Facility (Check appropriate box(es))									
☐ Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only			Other			
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Partner	ship	0	Profit Corp.		Non-Profit Co		Government	0	Trust
If this facility opened or closed during report year	provid	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership		0	Yes	·—	No	If "Vac "	explain fully	,	
or operation during this report year?			1 03		110	11 100,	explain run		
Administrator									
Name of Administrator					Nursing H				
William Kowalewski					Administra		001813		
		,			License	No.:			
Other Operators/Owners who are assistant admini	strators	(ful	I or part time) of t	his facility.	No. il			
Name					License	NO.:			

General Information and Questionnaire Partners/Members

Name of Facility			Report for Y 9/30/2016	ear Ended	Page of 3
Southington Care Center		2060-C	7/30/2010	G4-4-(\ 1/	
T 131 CD .	/I I C	D! A	\ ddmagg	State(s) and/o	
Legal Name of Partr	nersnip/LLC	Business A	Audress	Which R	egistereu
		L	Ι		
NI CD	Business Ac	ldrace	,	Γitle	% Owned
Name of Partners/Members	business Ac	uuress		1 1610	70 Owned
					1
			1		1

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page of
Southington Care Center	2060-C	9/30/2016		3A 37
If this facility is owned or operated as a cor	poration, provide	he following inform	nation:	
Legal Name of Corporation	Busin	ess Address	State(s) in Whi	ch Incorporated
-				
			+	
Name of Directors, Officers	Rusin	ess Address	Title	No. Shares
Name of Directors, Officers	Dusin	055 1 IUUI 055	1100	Held by Each
See attached listing				
5				
Names of Stockholders Owning at Least			_	
10% of Shares				
	-			
			TI CONTRACTOR OF THE CONTRACTO	1



Southington Care Center Management Board

As of September 30, 2016

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 <u>Jeffrey.Flaks@hhchealth.org</u> (860) 263-3555
Charles L. Johnson 1314 Town Colony Drive Middletown, CT 06457 Charles.Johnson@hhchealth.org (860) 263-4100	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2016	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Owi	ner(s) of Facility		
			-
		1001	
	-		
a			

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

General Information and Questionnaire Related Parties*

Name of Facility Southington Care Center		License No. 2060	No. 2060-C	8 6	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through	acility re	ated thro	ngh		If "Yes," provide the Name/Address and	e Name/Ado	fress and
marriage, ability to contr	marriage, ability to control, ownership, family or business association?	ess assoc	iation?	0	Yes © No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servi	ses,					
including the rental of pr	including the rental of property or the loaning of funds to this facility,	to this fa	cility,	000	oN O sey @			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	or ousing cility?			If "Yes," provide the following information:	e following	information:
		Also	Also Provides	88 5		Indicate Where		
Name of Related	Business	Non-R	Non-Related Parties	s to	Description of Goods/Services	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					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

^{*} 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		9/30/2016	5	37	
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TBI	services with special Medicai	d rates,	costs	
must be allocated to CCNH and RHNS as follo	ws:					
Item			Method of Allocation			
Dietary			meals served to residents			
Laundry			pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provided	•		
Nursing			lassification, i.e., Director (or			
		Registered	Nurses, Licensed Practical Nu	rses, Ai	des and	
		Attendants				
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	.CH	
		specialist (See listing page 13)			
Maintenance and operation of plant		Square feet	,			
Property costs (depreciation)		Square feet				
Employee health and welfare		Gross salaries				
Management services			e cost center involved			
All other General Administrative expenses			rect and Allocated Costs			
The preparer of this report must answer the following	lowing quest	ions applic	able to the cost information pr	ovided.		
1. In the preparation of this Report, were all • Yes O No If "No," explain fully why such allocation was					tion was	
costs allocated as required? not made.						
Note: General & Administrative Expenses are	allocated bas	ed on patie	nt days which is consistent wi	th prior	years	
which have been audited by DSS.						
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting dat	a		
3. Did the Facility appropriately allocate and s	self-disallow	direct and	indirect costs to non-nursing h	ome cos	t centers?	
(e.g., Assisted Living, Home Health, Output	tient Services	s, Adult Da	y Care Services, etc.)			
	• Yes	O No	If "No," explain fully why sue not made.	ch alloca	ation was	

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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.

	Page of	6 37			Amount	Claimed											
	Pa				Amount												Toto] ***
	ear Ended				Tomof	Lease											No
	Report for Year Ended	9/30/2016			Data of	Lease**											oN O
	License No.	2060-C				Description of Items Leased											O Yes
			Related * to	Owners,	Operators,	Oilicers Fes No	-	0	0	0	0	0	0	0	0	0	
			Relat	, O	Ope	S A	0	0	0	0	0	0	0	0	0	0	
should not be included in these amounts.	Name of Facility	Southington Care Center				Name and Address of Lessor	short term leases only										

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	9/30/2016		7 37
The records of this facility for the p	period covered by this report	were maintained on the following basis:		
	Modified Cash			
Is the accounting basis for this				
14	Yes	If "No," explain.		
previous period?	No			
Independent Accounting Firm		·		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Crowe Horwath LLP		PO Box 71570, Chicago, IL 60694	0.6107	
2 Blum Shapiro 3		29 S. Main St. #400, West Hartford, CT (/שנטר	
3 4				
Services Provided by This Firm (de	escribe fully)			
1 990 Tax Return			\$	2,148
2 Medicare Cost Report			\$	5,700
3			\$	
4			\$	
			Charge for	Services Provided
			\$	7,848
Are These Charges Reflected in the Expen	nditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.		
⊙ Yes O No	Page 15 line 1d			
Legal Services Information			I	
Name of Legal Firm or Independen	nt Attorney		Telephone	Number
1 Law Office of Peter Goselin				
2 Michalik, Bauer, Silva & Cicc	arillo LLP			
3 American Adjustment Bureau				
4				
Address (No. & Street, City, State,	7in Code)			
1 557 Prospect Ave. 2nd fl, Hart				
2 35 Pearl St., New Britain, CT				
3 73 Feld St. PO Box 2756, Wat 4 5	· • • • • • • • • • • • • • • • • • • •			
Services Provided by This Firm (de	escribe fully)			
1 Former employee complaint issue - d	disallowed		\$	500
2 Collections - disallowed			\$	2,522
3 Collections - disallowed			\$	347
4			\$	
5			\$	
			Charge for	Services Provided
			\$	3,369
Are These Charges Reflected in the Exper		Yes, Specify Expense Classification and Line No.		
⊙ Yes O No	Page 15 line 1e			
0 103 0 140				

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

Schedule of Resident Statistics

Name of Facility			License No.	[0.			Report for	Report for Year Ended	þ		Page	jo
Southington Care Center			200	2060-C			9/30/2016				8	37
					I	Period 10/1 Thru 6/30	1 Thru 6/3	08		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
Certified Bed Capacity A. On last day of PREVIOUS report period	130	130			130	130			130	130		
	130	130			130	130			130	130		
2. Number of Residents A As of midnight of PREVIOUS report period	127	127			127	127			128	128		
	130	130			128	128			130	130		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,329	8,329			6,155	6,155			2,174	2,174		
B. Medicaid (Conn.)	25,459	25,459			18,800	18,800			659'9	6,659		
C. Medicaid (other states)												
D. Private Pay	8,371	8,371			6,440	6,440			1,931	1,931		
E. State SSI for RCH												
F. Other (Specify)	3,789	3,789			3,021	3,021			768	292		
G. Total Care Days During Period (3A thru F)	45,948	45,948			34,416	34,416			11,532	11,532		
Total Number of Days Not Included in Figures in 3G 4 for Which Revenue Was Received for Reserved												
A. Medicaid Bed Reserve Days	24	24			22	22			2	2		
B. Other Bed Reserve Days	75	75			50	50			25	25		
5. Total Resident Days (3G + 4A + 4B)	46,047	46,047			34,488	34,488			11,559	11,559		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Southington (•	iter		20)60-C					9/30/201	6		9	37
					,						V		NI	
	•	_	in the certified b		pacity du	ring 1	the repo	ort yea	ar?	0	Yes	•	No	
If "YES'	$\overline{}$		llowing informat	tion:			to D. 1				it 4 O	" Charre		
_			f Change			ange	in Bed			Ca	pacity After	r Change		
Date of	CCNH	RHNS	Other		Lost		(Gaine	d					
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason fo	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNII	MINS	Otilei	Reason R	of Change
				-										
- xo.1		,			. 1 .	41				4-41-14-	4 alaaya)	marida tha mu	mhar of	
ı		_	in certified bed			g the i	report y	ear (a	is repor	tea in itei	n 4 above)	provide the nu	inder of	
RESIDI	ENT DA	YS for	90 days followin	g the	change.									
											~~ ,,,,	DIDIG	Ot.	her
			Change in Re	esider	nt Days						CNH	RHNS	Oi.	IICI
1st chan														
2nd char 3rd char														
4th chan														
6. Number	of Resid	dents an	d Rates on Septe	embei	r 30 of Co	st Ye	ear			**				
			Medicare		Medi					Se	elf-Pay		Other Star	e Assisted
								1						
	Item		CCNH		CCNH	R	HNS	C	CNH		INS	Other	R,C.H.	ICF-MR
No. of R		3	24	Total Control	76		W-0-0-0	No. of Concession,	30		The state of the state of			
Per Dier			Charles And and Add		246.64	1019	12 St. 17	Desire	520,00	N S S S S S S S S S S S S S S S S S S S		The first transmission of the	25 1/2/07 1/05	
a. One l			Rugs		246,64		_	<u> </u>	485,00					
c. Three				_					485,00					
bed		C						l						
Deg .	11115.													
7. Total Nu	umber o	f Physic	al Therapy Treat	ment	S					TO	TAL	CCNH	RHNS	Other
Α.	Medica	are - Par	t B								7,712	620		7,092
В.		,	lusive of Part B))						100		SECTION OF SECTION	TEN MARK	
			e Treatments											
		torative	Treatments						_		28,755	23,119		5,636
	Other	Physical	Therapy Treati	ments				_			36,467	23,739		12,728
			n Therapy Treatr							TSTEET AS	21/2 3/2	ALL SUPPLIES		C. Const
	. Medica			1101105							265	169		96
			clusive of Part B)						E82 113			24-15 Carlot	
			e Treatments											
	2. Res	torative	Treatments											
	. Other										608	583		25
			Therapy Treatm								873	752	Discount of the last	121
			ational Therapy	Treat	ments					AS MAN	1 217	1.054		263
	. Medic		rt B clusive of Part B	\						Company of the Compan	1,317	1,054	NAME OF THE PARTY	203
B			ce Treatments	,						William I	Marie Control		The second	
			Treatments											
C	. Other										21,737	21,413		324
		Оссира	tional Therapy T	reati	ments						23,054	22,467		587

Report of Expenditures - Salaries & Wages

Name of Facility Southington Care Center	License No. 2060-C		Report for Yea 9/30/2016	r Ended	Page 10	of 37
Are time records maintained by all individuals receiving con			Yes	0		31
the time records maintained by an individuals receiving con	mpensation:		Total Cost a		140	
			Total Cost a	III TIOUIS		
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I			10231 35 4 100			(D) (S) (S) (S)
of Schedule A1) 2. Administrator(s) (Complete also Sec. III		SERVICE A	British X VS (1) (III	1000 3 DE LE SERVICE SERVI	10 By 10 17	33 Dig.
of Schedule A1)	173,018	2,080	THE PARTY IS NOT THE PARTY IN			-
3. Assistant Administrator (Complete also Sec. IV	NEW PROPERTY OF THE	ILOYATOR.	DOMESTIC VALUE OF THE PARTY OF	No. of Concession	Name of the State of	1000 D F64
of Schedule A1)						
4. Other Administrative Salaries (telephone	DEALERS FOR SELECTION	W/A TO 2 TO 8	Mileco II	a tapus	Con a land	S. Carl
operator, clerks, receptionists, etc.)	671,735	28,699				
5. Dietary Service		30 P. ST. C.	NED TO BE SEEN	CALS A WILL		1
a. Head Dietitian	74,898	1,759				
b. Food Service Supervisor	35,898 427,491	1,263 32,048		-		
c. Dietary Workers 6. Housekeeping Service	427,491	32,040	SVO. JOSE DE LA	INCHES OF THE	Satzion and the	1000
a. Head Housekeeper	18,268	727			2,576	10
b. Other Housekeeping Workers	231,470	20,106			32,636	2,83
7. Repairs & Maintenance Services		350 4200			July 7-198	-
a. Engineer or Chief of Maintenance	77,820	1,669			10,972	23
b. Other Maintenance Workers	77,685	3,808			10,953	5.
8. Laundry Service	19.201	573	The state of the s	A PROPERTY OF		100 B
a. Supervisor b. Other Laundry Workers	18,201 126,627	5,901		 		
Sarber and Beautician Services	120,027	5,501				
10. Protective Services						
11. Accounting Services	William Brown	DE PAULINE	A CONTRACTOR OF THE PARTY OF			
a. Head Accountant						
b. Other Accountants				E		DOMAN MENA
12. Professional Care of Residents	OUT TO EXCEPT	DOLLAR PER		The state of	STATE SIL	82091
a. Directors and Assistant Director of Nurses	206,131	3,767		-		(SEPARATION AS
b. RN	1 145 226	29,286	SO BALL SOL			
Direct Care Administrative**	1,145,236 263,111	6,754				
c. LPN	205,111	1940,533	CONTRACTOR OF	3.743		
1. Direct Care	1,352,951	43,078				
2. Administrative**						
d. Aides and Attendants	2,684,631	151,745				100
e. Physical Therapists	735,419	24,001			306,767	10,0
f. Speech Therapists	44,835 437,435	1,678 14,314			1,553 6,608	2
g. Occupational Therapists h. Recreation Workers	195,399	8,538			0,008	
i. Physicians	193,377	B(0,330	- CONTRACT	SDAME IN		CAMP SHIP
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)	DELLERA	OF WELL		DET CONT		100
j. Dentists						
k. Pharmacists						
1. Podiatrists	254.027	15.005				
m. Social Workers/Case Management	354,937	15,865				
n. Marketing o. Other (Specify)		THE PERSON NAMED IN			Contract Contract	10 A-0 E
See Attached Schedule	94,376	4,284		The second second	1,594,341	30,7
A-13. Total Salary Expenditures	9,447,572	401,943			1,966,406	44,7

^{*} 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)

		CCN	Н		RH	NS		Otho	er
Position		S	Hours		\$	Hours		\$	Hours
				\$		-			
ADMISSIONS-SALARIES & WAGES - SUPERVISOR	\$	61,574	2,112						
ADMISSIONS-SALARIES & WAGES - OTHER	\$	32,802	2,172						
GOOD LIFE FIT/ SR FIT - WAGES - DISALLOWED	\$						\$	55,399	2,119
MANAGEMENT COMPANY WAGES - DISALLOWED	\$		1, 1,2			ALL OF D	\$	1,538,942	28,626
	\$						\$		
				100			t	E Angle	
							-		
	110								
				1			+		
							+		
								15-1-1	
							-		-
							+		
Total	\$	94,376	4,284	\$			\$	1,594,341	30,745

Schedule of Other Fees (Page 13)

	CCN	H		RH	NS		Othe	r
	\$	Hours		\$	Hours		\$	Hours
\$	12,000	48	\$			\$		
\$	251	11				\$		
\$	1,429	59	100			\$		
\$				77		\$	327	10
	Andrew !		7			B		
				N.C.				
N N								
			40.00	12-01-1				
	11 -01							
•	12.600	110	g.			•	327	10
	\$ \$	\$ 12,000 \$ 251 \$ 1,429 \$ -	\$ 12,000 48 \$ 251 11 \$ 1,429 59 \$ -	\$ 12,000 48 \$ \$ 251 11 \$ 1,429 59 \$	\$ Hours \$ \$ 12,000 48 \$ - \$ 251 11 \$ \$ 1,429 59 \$ \$ -	\$ 12,000 48 \$ - \$ \$ 251 11 \$ \$ 1,429 59 \$ \$ - \$	\$ 12,000 48 \$ - \$ \$ 251 11 \$ \$ 1,429 59 \$ \$ - \$ \$ - \$	\$ Hours \$ Hours \$

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*

Name of Facility		7	ASSISTALI	License No	ASSISIANT Administrators and Other Related Falties	Report for	Report for Year Ended		Раяе	Jo
Southington Care Center				2060-C		9/30/2016			11	37
Southington Caree				2002						
		Salary Paid	7	£						
	1			Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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).										
		-	., 0 .11 .		Landers of the same of the same of the same	Position				

^{*} 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,

Assistant Administrators and Other Related Parties*

Nome of Levility (se licenced)		7		I icense No	Report for Year Ended	Report for Year Ended	ear Ended		Page	Jo
Ivalle of Facility (as ficelised)				Ciccuise 140:		· ····································			0	
Southington Care Center				2060-C		9/30/2016			12	37
		Salary Paid								
				Fringe Benefits and/or Other		Total	Line Where		Total	
				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***				-)						
				Non-	Administrator -					
William Kowalewski	173,018			except bonus	facility	2,080 A2	A2			
			-				7.4			
Section IV - Assistant Administrators										
*No all among for actions and the concidered and account to a state of the information	he concide	rad unless	ı iıll informati		is provided Use additional sheets if required	anired				

^{*}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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Southington Care Center	License No. 2060	l-C	Report for Y 9/30/2016	ear Ended	Page 13	of 37
Southington Care Conter	2000		Total Cost	and Hours		
			10,007			
Item	CCNH	Hours	RHNS	Hours	Other	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)	沙里 尔马克斯斯	TOWN SOUTH	THE STREET	ET STANSON OF	SIII 10 1 10 1	
1. Dietitian	0.405	0.6				
2. Dentist	3,435	96				
3. Pharmacist	9,490	179				
4. Podiatrist	SALES NO STORY	ON ELECTRICAL INC.	TOUGHS AND IN		CONTRACTOR STATE	10000000
5. Physical Therapy	60.070	1.160	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same	20.401	40
a. Resident Care	68,279	1,168			28,481	48
b. Other		-				
6. Social Worker	27.770	1.011				
7. Recreation Worker	27,770	1,011			A SHIRAN SHEET	
8. Physicians	51.500	550	Market Barry	I I I I I I I I I I I I I I I I I I I	Interpretation of Asian	100 1000
a. Medical Director (entire facility)	51,739	552				ALL DOMESTICS
b. Utilization Review		Mary Mary	Sing of the said		No. of Concession,	200
(Title 18 and 19 only) monthly meeting	1,700	17				
c. Resident Care**		THE RESERVE OF THE PERSON NAMED IN			THE REAL PROPERTY.	District Section
d. Administrative Services facility 1 Infection Control Committee	Manual Nation		5.5 mil 3/5	2 2 10	100/E 11/2/2	STATE OF THE PARTY
(Quarterly meetings)						
2 Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)				March Street	100000000000000000000000000000000000000	
e. Other (Specify)	STATE OF THE STATE OF					
Psychiatric Services	1,195	35				American Alliana
9. Speech Therapist		100000	THE PARTY NAMED IN		P. C. C. C.	STATE OF THE PARTY
a. Resident Care	4,523	13			157	
b. Other						
10. Occupational Therapist	District State of	FE NO. 2 11 11 11 11 11 11 11 11 11 11 11 11 1	REMAKKS IN	NAME OF TAXABLE PARTY.	AND A CASSING	19/02/09/
a. Resident Care	998	21			15	
b. Other					200 - 200	Marine State
11. Nurses and aides and attendants						100000
a. RN						
1. Direct Care	30,509	881				
2. Administrative***			Name of Street, or other			Property and
b. LPN	STORES.	The Park	TO THE REAL PROPERTY.			
1. Direct Care	21,670	554				
2. Administrative***						
c. Aides	2,583	136				
d. Other						
12. Other (Specify)	7/15/15/15	1 47 CUS			- NOS 77 L	
See Attached Schedule	13,680	118			327	1
B-13 Total Fees Paid in Lieu of Salaries	237,571	4,781			28,980	49

^{*} 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 Southington Care Center	License No. 2060-C		Report for 9/30/2016	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Expla	nation of Rela	
United Dental Resources	dental consulting	0	0			
Omnicare	pharmacy consulting	0	0			
Hartford HealthCare Rehab Network	physical therapy	0	0	Hartford Healt	hcare Affiliate	
Dr. Joseph Babiarz - Prohealth Physicians Inc.	medical director	0	•			
Dr. Craig Bogdanski	medical director	0	0			
Dr. Curtland Brown III - Giosa and Brown Pulmonary	medical staff	0	0			
Dr. Leonard Glaser	medical staff	0	0			
Center for Geriatric & Family	psychiatric	0	0			
Dysphagia Experts	swallowing testing	0	0			
Swallowing Diagnostics	swallowing testing	0	0			
CT Rehabilitation & Spasticity	physiatrist	0	0			
Favorite Healthcare	agency nursing staff	0	0			
Tom Alvord	recreation - music program	0	0			
Brian Colbrath	recreation - art program	0	0			
Brian Gillie	recreation - music program	0	0			
Ann & Frank Difiglia	recreation - music program	0	0			
Don Szamier	recreation - music program	0	0			
Douglas Mulcahy	recreation - music program	0	0			
Elac Aviles	recreation - music program	0	0			
Gary Andreadis	recreation - music program	0	0			
Roger Hart	recreation - music program	0	0			
Janice Scott	recreation - June Bride program	0	0			

^{*} Use additional sheets if necessary.

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

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

Name of Facility Southington Care Center	License No.		Report for '9/30/2016	Year Ended	Page	ř.	of 27
Southington Care Center	2060-C	TD 14.188	to Owners,		14	<u>.</u>	37
Name & Address of Individual	Eull Eumlanation of Comics			Evalo	mation of l	Dalatia	. m alai . m
Name & Address of Individual	Full Explanation of Service		s, Officers	Expla	nation of l	Kelatio	nsnip
		Yes	No				
Jerry Limmer	recreation - music program	0	•				
John Lisevick	recreation - music program	0	0				
John Condi	recreation - music program	0	•				
Karen Kurowski	recreation - music program	0	0				
Kevin Scarpeti	recreation - music program	0	•				
Mary Morse	recreation - music program	0	•				
James Sheehan	recreation - music program	0	•				
Tom Calinan	recreation - music program	0	•				
Woodrow Floyd	recreation - music program	0	•				
Heather Wagner	recreation - music therapy	0	•				
Kristian Caton	recreation - music program	0	0				
Christopher Caton	recreation - pastoral care	0	•				
Victoria Triano	recreation - pastoral care	0	0				
Hartford Hospital	physical & occupational therapy, receptionist	•	0	Hartford Healt	hCare Affili	ate	
Midstate Medical Center	RNs	9	0	Hartford Healt			
Hospital of Central Connecticut	LPNs, Transitions of Care Resource Case Manager	0	0	Hartford Healt			
Hartford HealthCare Medical Group	LPNs	0	0	Hartford Healt			
Mulberry Gardens	CNAs, driver	•	0	Hartford Healt			
Jerome Home	physical therapy, exercise physiology, RNs	0	0	Hartford Healt	hCare Affili	ate	
		0	0				
		0	0				
		0	0				

^{*} 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 Ye	ear Ended	Page	of
Southington Care Center	2060-C		9/30/2016		15	37
0						
Item			Total	CCNH	RHNS	Other
1. Administrative and General		- 1				
a. Employee Health & Welfare Be	enefits					Hermit States
1. Workmen's Compensation		\$	421,352	348,761		72,591
2. Disability Insurance		\$	27,588	22,835		4,753
3. Unemployment Insurance		\$	49,693	41,132		8,561
4. Social Security (F.I.C.A.)		\$	651,467	539,232		112,235
5. Health Insurance		\$	1,473,953	1,220,020		253,933
6. Life Insurance (employees of	only)	1		THE REPORT OF		
(not-owners and not-operate		\$				
7. Pensions (Non-Discriminate	ory)	\$[244,103	202,049		42,054
(not-owners and not-operate	ors)					
8. Uniform Allowance		\$				
9. Other (Specify)		\$	30,804	25,497		5,307
See Attached Schedule			心理等证师		Se will heavy	
b. Personal Retirement Plans, Pens	sions, and	\$				
Profit Sharing Plans for Owners	s and		200			
Operators (Discriminatory)*						
c. Bad Debts*		\$	161,574	161,574		
d. Accounting and Auditing		\$	7,848	7,848		
e. Legal (Services should be fully	described on Page 7)	\$	3,369	3,369		
f. Insurance on Lives of Owners a		\$				
Operators (Specify)*					Below Velocity	
g. Office Supplies		\$	51,647	43,058		8,589
h. Telephone and Cellular Phones					and described	口握顶型
1. Telephone & Pagers		\$	19,920	19,920		
2. Cellular Phones		\$	743	743		
i. Appraisal (Specify purpose and		\$	4,000	4,000		
attach copy)*		1				
Real Estate Appraisal for R	oof Replacement Grant					是 · · · · · · · · · · · · · · · · · · ·
j. Corporation Business Taxes (fr		\$				
k. Other Taxes (Not related to pro						
1. Income*	- ,	\$				
2. Other (Specify)		\$				
See Attached Schedule			117 21, 285	CHARLES OF B		STATE OF THE PARTY
3. Resident Day User Fee		\$	720,208	720,208		
Subtotal		\$	3,868,269	3,360,246		508,023
				(Carry Subto	. 1 C 1	

^{*} 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 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH RHNS		NS	Other	
	l in		\$	*		
EMP BENEFITS-EMP PHYSICALS - DISALLOWED	\$	13,765			\$	2,865
EMP BENEFITS - EMPLOYEE BACKGROUND CHECKS	\$	2,979	Ene		\$	620
EMP BENEFITS-EMPLOYEE ASSISTANCE PROGRAM - SOLUTIONS EAP - COUNSELING- DISALLOWED	\$	(166)	2 10		\$	(34)
EMP BENEFITS- WELLNESS - YMCA	\$	5,664			\$	1,179
EMP BENEFITS- EMPLOYEE RELATIONS - DISALLOWED	\$	3,255			\$	677
			- VIII			
	-					
	-			-		
	-			-		
	-					
	+					
	1					
Total	\$	25,497	\$		\$	5,307

Schedule of Other Taxes

Description	CCNH	R	HNS	0	ther
	\$ -	\$	1 47	\$	
			-		
Total	\$ -	\$		\$	

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

Name of Facility Lice	ense No.	Report for Y	ear Ended	Page	of
Southington Care Center	2060-C	9/30/2016		16	37
Item		Total	CCNH	RHNS	Other
Subtotals Br	ought Forward:	3,868,269	3,360,246		508,023
Travel and Entertainment				TVERS.	E 315,000
Resident Travel and Entertainment	\$	454	454		
2. Holiday Parties for Staff	\$	952	952		
3. Gifts to Staff and Residents	\$	6,344	6,344		
4. Employee Travel	\$	2,985	2,985		
5. Education Expenses Related to Seminars and Co	onventions \$	36,116	35,716		400
6. Automobile Expense (not purchase or deprecial		5,939	5,939		
7. Other (Specify)	\$				
See Attached Schedule		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THORSE.		
m. Other Administrative and General Expenses			A STEVE		
1. Advertising Help Wanted (all such expenses)	9	747	747		
2. Advertising Telephone Directory (all such exper	nses)*** §				
3. Advertising Other (Specify)***	9	12,935	6,935		6,000
See Attached Schedule				Sex Marie	
4. Fund-Raising***	9				
5. Medical Records	9				
6. Barber and Beauty Supplies (if this service is su	pplied				
directly and not by contract or fee for service)**					Tiens Wood
7. Postage	\$	9,462	9,462		
* 8. Dues and Membership Fees to Professional	\$	13,172	13,172		
Associations (Specify)		PATRICIAL STATE			The same of
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allow	able Org.***	554	554		
9. Subscriptions	9	5,863	5,863		
10. Contributions***	9	755	755		
See Attached Schedule				Mary Company	
11. Services Provided by Contract (Specify and Con	nplete S	210,937	210,937		
Schedule C-2, Page 21 for each firm or individu	ıal)	BUTTON			War In
12. Administrative Management Services**	9	1,516,523	1,516,523		
13. Other (Specify)	9	1,280,746	77,546		1,203,200
See Attached Schedule		4 9 9 9 9 9			是要計劃算
C-14 Total Administrative & General Expenditures		6,972,753	5,255,130		1,717,623

^{*} 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	CC	CNH	R	HNS		ther
	\$		\$		\$	
		37.7				
			100	2.0		
					1	
			e din e i		TOP	
		TATA				
Total Other Travel and Entertainment	\$		\$		\$	

Schedule of Other Advertising

Description		CNH	RHNS		Other	
		LV, T	\$			
MANAGEMENT CO - MARKETING - DISALLOWED	\$				\$	6,000
A & G- BUSINESS PROMOTION-ADVERTISING - DISALLOWED	\$	6,935			\$	*
Total Other Advertising	\$	6,935	\$	N VIII	\$	6,000

Schedule of Dues

Description	(CCNH	RF	INS		Other
A & G- MEMBERSHIP DUES:			\$		\$	
ALTCFM	\$	320			, un	
CALTC	\$	600				
CT ASSOCIATION OF HEALTH CARE FACILITIES, INC.	\$	350				
ICNC	\$	40				
LEADING AGE CT	\$	11,862			-	
				V.		
Total Dues	\$	13,172	\$		\$	

Schedule of Contributions

Description	C	CNH	R	HNS	O	ther
A & G-DONATIONS - DISALLOWED	\$	755	\$		\$	
					To be seen	
Total Contributions	\$	755	\$	V 1	\$	

Schedule of Other Administrative and General

Description		CCNH RHNS		Other		
			\$			
A & G-LICENSES	\$	240	N _V		\$	
A & G- EQUIPMENT RENTAL	\$	47,275			\$	
A & G- BANK CHARGES - DISALLOWED	\$	-			\$	57,446
TRANSITIONS OF CARE - DISALLOWED	\$				\$	12,480
INTERNET RECLASSED FROM TELEPHONE EXP	\$	16,471			\$	
MANAGEMENT COMPANY DEVELOPMENT COSTS - DISALLOWED	\$			5 11 1	\$	3,217
MANAGEMENT COMPANY EXPENSES - DISALLOWED	\$		1	18. 11	\$	149,481
MANAGEMENT CO. PURCHASED SERVICES	H 94			M	\$	38,963
A & G-RECORD STORAGE	\$	7,184			\$	
A & G- PENALTIES - DISALLOWED	\$	5,701	17/47) Y	\$	
GRANT RELATED EXPENSES- DISALLOWED	\$				\$	361,824
GRANT RELATED WAGES - DISALLOWED					\$	564,846
RECREATION-CABLE TELEVISION	\$	4,482				E COLUMN
RECREATION- VOLUNTEER REL EXP	\$	861	ĮA, L			
Dr Babiarz medical conference trip - DISALLOWED			Ni.		\$	2,500
Reclass A. Amenta settlement from legal - DISALLOWED		VIII	4		\$	1,000
Reclass Marshal Messina from legal - DISALLOWED	\$				\$	139
Reclass Treas of CT from legal - DISALLOWED	\$				\$	150
Reversal of accounting fee - made in error Blum Shapiro - DISALLOW	\$	(5,700)				
Reclass reversal of prior year accounting accrual - DISALLOWED	\$	160	X			
Reclass LTC Satisfaction Survey from A&G Resident Relations	\$	1,481		III k		
Reclass credit in Purch Services ST made in error - DISALLOW	\$	(630)			\$	(22)
Reclass employee wellness flowers for hairdresser - DISALLOW	\$	21	3			
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$				\$	11,176
Total Other Administrative and General	\$	77,546	\$		\$	1,203,200

Schedule C-1 - Management Services*

Name of Facility Southington Care Center	•		Page 17	of 37			
Southington Care Center	Cost of	 	Indicate W	here Costs			
Name & Address of Individual or Company Supplying Service	Management Service	Full Description of Mgmt. Service Provided	are Included in Annua Report Page #/Line #				
Hartford HealthCare	1,516,523	Contracting & management oversight	p. 16 line 1r				
Morrison Community Living	271,031	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a	a1,2,3 & 3b			
Crothall Healthcare	62,192	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a	al & 4b			

^{*} 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)

Man	and Tability			No.	Report for Y	oor Endad	Page	of
	ne of Facility thington Care Center	Lice		No. 2060-C	9/30/2016		18	37
Sou	umgton care center			2000-C	9/30/2010		10	31
	Item			Total	CCNH	RHNS	(Other
2.	Dietary					FRIAT PROPERTY	ANT DES	
	a. In-House Preparation & Service						H. S. W.	
	1. Raw Food		\$	358,167	358,167			
	2. Non-Food Supplies		\$	33,926	33,926			
	3. Other (Specify)		\$	15,780	15,780			
	In house food for dept meetings - disal	lowed	exce	pt for				
	recreation dept amount of \$456 for SN	F resid	ents		The same of the sa		12 2 3	CONTRACTOR OF STREET
	b. Purchased Services (by contract other		\$	55,835	55,835			
li .	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)						DE N	
	c. Management Services**		\$					
	d. Other (Specify)		\$	1,370	1,370			
	Equipment Rental				Section 1990			
	* *				SHEET THE YES			
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	465,078	465,078			
				<u> </u>				
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Other
G.	Resident Meals: Total no. of meals served per	day:*		377	377			
H.		O Yes	3	0	No			
I.	Did you receive revenue from employees?	⊙ Yes	3	0	No	If yes, specify amt.		\$53
J.,	Where is the revenue received reported in the	Cost Re	epor	t? (Page/Line	Item)		p. 182	a1
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board	• Yes		0	No	If yes, specify		
1	Members, Guests) included in 2E?					cost.		
L.	Is any revenue collected from these people?	⊙ Ye	5	0	No	If yes, specify amt.		\$6,340
M.	Where is the revenue received reported in the	Cost Re	epor	t? (Page/Line	Item)		p. 18 2	a1
	Is cost of food (other than meals, e.g.,							
N.	meetings) provided to employees included	⊙ Ye	S	0	No	If yes, specify cost.		\$7,168
_	in 2E?					If you amonify		Ψ/,100
Ο.		O Ye			No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cost R	epor	t? (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	License		Report for Year Ended		Page of		
Southington Care Center	2	060-C	9/30/2016		19 37		
Item		Total	CCNH	RHNS	Other		
3. Laundrya. In-House Processing*1. Bed linens, cubicle curtains, draperies,	Lbs.						
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	-1,323	-1,323				
2. 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.						
	Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$						
c. Management Services**	\$						
d. Other (<i>Specify</i>) Laundry Supplies	\$						
3E. Total Laundry Expenditures (3a + b + c + d)	\$	7,123	7,123		1		
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.			
H. Did you receive revenue from employees?	Yes	•	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?	Yes	•	No	If yes, specify cost.			
	Yes		No	If yes, specify amt.			
L. Where is the revenue received reported in the Cost	Report	1 2 2 14	(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		9/30/2016		20	37
	Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced		67,152	58,854		8,298
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	45,327	39,726		5,601
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced		67,152	58,854		8,298
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	34,086	29,874		4,212
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$				
					4 4 4 4		
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	79,413	69,600		9,813
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***				Two Two	Carrie and the	
	1. Own Pharmacy		\$				
	2. Purchased from		\$	456,282	456,282		
	Omnicare						
	b. Medicine Cabinet Drugs		\$	6,772	6,772		
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$	2,741	2,741		
	e. Oxygen				CIRCLE IN THE PARTY		1 10
	1. For Emergency Use		\$				
	2. Other***		\$	23,800	23,800		
	f. X-rays and Related Radiological		\$	59,871	59,871		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	49,302	49,302		
	i. Recreation		\$	6,242	6,242		
	j. Other (Specify)****		\$	254,693	229,618		25,075
	See Attached Schedule					10,445	TENNEY HE
5K.	Total Resident Care Expenditures (5a - 5	5j)	\$	859,703	834,628		25,075

^{*} 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	Other
PLANETREE - DISALLOWED	\$ 7,661		\$ The probability
SOCIAL SERVICES-PATIENT PERSONAL - DISALLOWED	\$ 60		\$
PT-SUPPLIES - DISALLOWED	\$ 2,870		\$ 1,197
PT-EQUIPMENT RENTAL - DISALLOWED	\$ 720		\$ 301
OT-SUPPLIES - DISALLOWED	\$ 1,553		\$ 23
PHARMACY-SUPPLIES	\$	TOXY	\$
NURSING-SUPPLIES	\$ 127,574		\$
NURSING SUPPLIES - DISALLOWED - KCI	\$ 24,103		\$
ENTERAL FEEDING-MEDICARE - DISALLOWED	\$ 533		\$
ENTERAL FEEDING-OTHER	\$ 150		\$ 411.
OSTOMY SUPPLIES-MEDICARE - DISALLOWED	\$ 716		\$
OSTOMY SUPPLIES-MEDICAID	\$ 58		\$
OSTOMY SUPPLIES-OTHER	\$ 696		\$
ANCILLARY-PROSTETIC DEVICES - MEDICARE - DISALLOWED	\$ 274		\$
ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 5,470		\$
NURSING-MEDICAL SUPPLIES	\$ 55,896		\$
NURSING-MEDICAL SUPPLIES -DISALLOWED - KCI	\$ 955		\$
GOOD LIFE FIT/ SR FIT- SUPPLIES - DISALLOWED	\$ ko P.		\$ 79
NURSING - EQUIPMENT	\$ 329		\$ Tille.
PT- OPTIMA SOFTWARE FEES - DISALLOWED	\$ 		\$ 2,475
PT- HHCRN MANAGEMENT FEES - DISALLOWED	\$		\$ 21,000
Total Other Resident Care	\$ 229,618	\$ -	\$ 25,075

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

Name of Individual or Company Address Pes No Relationship Service Provided* CCNH RHNS Other Ppg Ref.*** See attrached list Company See attrached list CON Relationship Service Provided* CCNH RHNS Other Ppg Line Company See attrached list Company Company	Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2016	P			Page 21	of 37
ndividual or panal Address Yes No Explanation of Relationship Full Explanation of Service Provided* RHNS Other Pg npany 0 0 0 0 1 <td></td> <td></td> <td>Related ** t Operators,</td> <td>o Owners, Officers</td> <td></td> <td></td> <td></td> <td>Total Cost/</td> <td>Page Ref.***</td> <td><u>.</u></td> <td></td>			Related ** t Operators,	o Owners, Officers				Total Cost/	Page Ref.***	<u>.</u>	
	e of Individual or Company	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*		RHINS	Other	Pg	ine
	led list.		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							
			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 FYE 9/30/16

Page 21

Schedule C-2 - Individuals or Firms Providing Servces by Contract

		Related			Total C	Total Cost/Page Ref.	Ref.	1 0 1 N N N N N N N N N N N N N N N N N		12 2 6 5
Name of Individual or Company	Addrace	20 /	Explanation of Relationship	Full Explanation of Service Provided	CONH	RHNS	Other	ă	ğ	TOTAL
Name of mulvidual of company	Addiesa		+	t an Explanation of Service Florings		П		2		200
	55 Jackson St., Holyoke, MA 01101- 2511			10torage co	16 206		0200	ç	ž	10 705
			\ \	S S S S S S S S S S S S S S S S S S S	200.0		2.0.7	77	5	
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	_	×	trash removal	23,112		3,271	22	6f	26,383
Celtic Consulting	507 E, Main St, Suite 308, Torrington, CT 06790		×	Medicare Consultant - disallowed	74,890			16	1m11	74,890
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479	Ŷ	×	computer maintenance, consulting and education, exclusive of supplies on p 15			24,244	16	1m11&13	24,244
Cox Communications	P.O. Box 39, Newark, NJ 07101-0039		×	cable tv and internet, exclusive of telephone on p. 15	16,906		4,060	16 & 20	1m13 & 5i	20,966
Dr. Thomas Broffman	PO Box 41503, Providence, RI 02940		×	Grant related expenses - training - disallowed			52,000	16	1m13	52,000
	P.O. Box 650032, Dallas, TX 75265- 0034		×	electricity and gas	91,339		20,417	16 & 22	1m13, 22b & 22c	111,756
Harmony Healthcare International, Inc.	430 Boston St., Topsfield, MA 01983		×	nursing education and Medicare consulting	12,435			16	1m11	12,435
thMedX, LLC	5100 N. Towne Centre Dr., Ozark, MO 65721		×	software provider and consultant	16,028			16	1m13	16,028
Kenzi & Company	289 Broad St., Windsor, CT 06095		×	temporary staffing and recruitment	9,421		30,400	16	1m11 & 13	39,821
Leading Age CT	110 Barnes Road, Wallingford, CT 06492		×	seminars & meetings	12,875		1,138	16	L5, m8, 1m11, 1m13	14,013
Matrixcare	10900 Hampshire Ave S. Suite 100, Bloomington, MN 55438	Î	×	software provider and consultant	30,605			16	L5, 1m11	30,605
MobileXUSA	P.O. Box 17462, Baltimore, MD 21297- 0518		×	x-rays	56,903			20	5f	56,903
Randstad	PO Box 7247-6655, Philadelphia, PA 19170-665		×	recruiter			27,961	16	1m13	27,961
Relias Learning LLC	111 Corning Rd., Suite 250, Cary, NC 27518	, n	×	staff education	14,904			16	L5	14,904
Schmidt Lawn Care	P.O. Box 1035, Southington, CT 06489	n	×	grounds maintenance and snow removal	12,941		1,825	22	ef	14,766
Trans Canada Power Marketing LTD. Westborough, MA 01581-2808	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808		×	electricity	44,704		6,328	22	ဎၜၟ	51,032
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448		×	copier/printer rental	46,065			16	1m13	46,065

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

Name of Facility L	icense No.	Report for Y	ear Ended		Page	of
Southington Care Center	2060-C	9/30/2016			22	37
Item		Total	CCNH	RHNS	0	ther
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	62,494	54,771			7,723
b. Heat	\$	67,445	59,111			8,334
c. Light & Power	\$	94,220	82,577			11,643
d. Water	\$	47,588	41,708			5,880
e. Equipment Lease (Provide detail on page	ge 6) \$					
f. Other (itemize)	\$	82,763	72,537			10,226
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6	(sf) \$	354,510	310,704			43,806
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$	35,979	31,533			4,446
b. Building & Building Improvements	\$	255,213	212,759			42,454
c. Non-Movable Equipment	\$	5,616	4,922			694
d. Movable Equipment	\$	155,659	130,351			25,308
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	452,467	379,565			72,902
8. Amortization (Complete att. Schedule Page	24*)					
a. Organization Expense	\$	J.				
b. Mortgage Expense	\$	2,119	1,857			262
c. Leasehold Improvements	\$	23,854				23,854
d. Other (Specify)	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	\$	25,973	1,857			24,116
9. Rental payments on leased real property les	SS	1			1	
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	52,859	46,327			6,532
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	20,879	18,299			2,580
11. Total Property Expenses (7e + 8e + 9 + 10	9) \$	552,178	446,048			106,130

^{*} 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
		\$, Tyry
MAINTENANCE-GROUNDS-CONTRACT SERVICES	\$ 12,691		\$	1,789
MAINTENANCE-RUBBISH REMOVAL	\$ 22,146		\$	3,122
MAINTENANCE-SECURITY-CONTRACT SERVICES	\$ 167	0	\$	23
MAINTENANCE-EQUIP RENTAL	\$ 4,492		\$	633
MAINTENANCE-BUILDING-CONTRACT SERVICES	\$ 33,041		\$	4,659
				-
		3.11		
			1.7	
	-		1 10	
	 -			
				1141
	19-13	5, 5uñ		
Total Other Repairs and Maintenance	\$ 72,537	\$	- \$	10,226

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

			Depice	Depresiation Sentential	acamic					
Name of Facility			License No.			Report for Year Ended	hded h		Page	Jo
Southington Care Center			2060-C	-C		9/30/2016			23	37
			Historical	1		Accumulated	Mothodaf			
			Exclusive of	Salvage	Cost to Be	Beginning 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			326,114		326,114	146,669	s/l	various	33,255	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		40,256		40,256				2,724	が作品を必然
A-4. Subtotal			A STATE OF THE PARTY OF THE PAR	STATE OF BE	ALL CHOOSE	Service Services	大学 经	ST. ST.	大学 ないのかい	35,979
B. Building and Building Improvements										10000000000000000000000000000000000000
1. Acquired prior to this report period			4,393,646		4,393,646	1,136,698	s/1	various	247,349	The state of the s
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		156,943		156,943				7,864	The state of the
B-4. Subtotal							A COLUMN TO A COLU		STREET, STREET,	255,213
C. Non-Movable Equipment										
1. Acquired prior to this report period			54,669		54,669	32,766	s/1	various	5,616	
2. Disposals (attach schedule)										
	h schedule)									日本 大田 とな
C-4. Subtotal			Service Services		2011年	1. P. S. MASSA	NOTES THE PERSON	ST. AND	MICH STEE	5,616
IS	Is a mileage logbook	Date of	Historical			Accumulated				
m	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
X	Yes No N	Month Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment										
1. Motor Vehicles (Specify name, model				世界の	TO SOUTH THE PARTY OF THE PARTY					
and year of each vehicle)		10 2012	42 230		42 230	21115	د/ا	ζ.	8 465	
		2102				2				· · · · · · · · · · · · · · · · · · ·
·										
d,										· · · · · · · · · · · · · · · · · · ·
2. Movable Equipment			STATE OF STA	The state of the s		STATISTICS OF			行のという	
a. Acquired prior to this report period			1,026,142		1,026,142	598,497	s/1	various	137,224	
b. Disposals (attach schedule)										· · · · · · · · · · · · · · · · · · ·
c. Acquired during this report period			The State of the S		THE STREET			TO SE		
(attach schedule)			78,056		78,056				0,970	The section of the section of
D-3. Subtotal									THE PARTY OF	155,659
E. Total Depreciation				The State of the S						452,467

Schedule of Land Improvements Acquired during this report period

Sentation Line Improvements	required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
1/31/2016 SCC SIGN	AGE	\$26,156	10	\$1,311
8/30/2016 MCCART	HY WATERFALL	\$14,100	5	\$1,413
Total additions for Land Improve	ments	\$ 40,256		\$ 2,724
Deletions:				
				1911/8
			Acers	
Total deletions for Land Improve	ments	S -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
DINING ROOM RENOVATIONS	\$22,433	10	\$1,124
LOBBY AND FIRST FLOOR HALLWAY RENOVATIONS	\$134,510	10	\$6,740
lding Improvements	\$ 156,943		\$ 7,864
ding Improvements	\$ -		\$ -
	DINING ROOM RENOVATIONS LOBBY AND FIRST FLOOR HALLWAY RENOVATIONS	DINING ROOM RENOVATIONS \$22,433 LOBBY AND FIRST FLOOR HALLWAY RENOVATIONS \$134,510 Iding Improvements \$156,943	Description of Item Cost Life DINING ROOM RENOVATIONS LOBBY AND FIRST FLOOR HALLWAY RENOVATIONS Iding Improvements S 156,943

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Association Data	Description of Item	Cost	Useful Life	Denre	ciation
Acquisition Date Additions:	Description of Item	Cust	Ent	Depre	Cintion
Additions.				W X.O	
			-		
				-	
				-	_
			10 10 0 01 01		
Total additions for Non-Movab	e Equipment	\$ -		\$	
Deletions:					
		The second second		7 35 01	
		5 "BSW" 1 F/S " 1 1 1			
		THE REAL PROPERTY.			- CALLET
			C. C. Laborator	E John	
				_	
			-		
10.00				ű,	
Total deletions for Non-Movabl	e Equipment	\$ -		\$	

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

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

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

Useful

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
6/30/2016	NEW RADIO SYSTEM	\$5,946	5	\$596
4/30/2016	ELECTRIC HI-LO MAT TABLE	\$2,564	5	\$257
10/31/2015	TABLES AND BASES	\$3,649	5	\$366
9/30/2016	ECG SYSTEM	\$2,676	5	\$268
3/31/2016	EMR KIOSKS	\$20,199	3	\$3,355
12/31/2015	AD UPGRADE/BACKUP PROJECT	\$2,785	3	\$465
7/31/2016	MATRIX IMPLEMENTATION	\$30,822	3	\$3,089
1/31/2016	GREAT PLAINS UPGRADE & BI360 IMP	\$9,415	3	\$1,574
Total additions for Mo	vable Equipment	\$ 78,056		\$ 9,970
Deletions:				
				EWE
Total deletions for Mo	vable Equipment	\$		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

•			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		THE PARTY OF THE REAL PROPERTY.		
		CHEST LINE AND	a made have	
Total additions for Leasehold Imp	provement	\$ -	10.2	\$ -
Deletions:				
			ILA CO-CIA	10000
2-40/4131				
			-	
	we are the second of the secon			
Fotal deletions for Leasehold Imp		\$		\$ -

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

Na	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
So	Southington Care Center		206	2060-C	9/30/2016			24	37
					Accumulated				
		Date of			Amort. to				
		Acquisition	п		Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month Year	ar Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą	Organization Expense								THE REAL PROPERTY.
	1.								
	2.								The state of the s
	3.								
Ą	A-4. Subtotal	THE PERSON NAMED IN			1000年中央	5. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE OF THE PERSON NAMED IN	· · · · · · · · · · · · · · · · · · ·	
m	Mortgage Expense								STATE OF STA
	1. Series B	9 201	11 38 years	70,219	7,547			2,119	10000000000000000000000000000000000000
	2. Series C			10,290	929				
	3.								
m M	B-4. Subtotal	STATE OF STA		N A CONTRACTOR		SAN	7	は、自然ははは	2,119
ပ	Leasehold Improvements and Other								
	1. Acquired prior to this report period	1 201	14 5 years	119,019	31,798			23,854	
	2. Disposals (attach schedule)								
	3. Acquired during this report period				新 · · · · · · · · · · · · · · · · · · ·	語の語の話題		· · · · · · · · · · · · · · · · · · ·	
	(attach schedule)								
ပ	C-4. Subtotal		· · · · · · · · · · · · · · · · · · ·		他を 高い に に に に に に に に に に に に に			監察のと	23,854
Ū.	Total Amortization	100 miles			经到了福祉 所	のなどのなどのなど		を と を を を を を を を を を を を を を を を を を を	25,973
	* Straight-line method must be used								

* 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	License No.	Report for Year En	ided		Page	of
Southington Care Center	2060-C	9/30/2016			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	ne Facility		_		If "Yes," complet	te Part B.
or leased from a Related Party?*	•	Yes	O	No	If "No," complete	
*If any owner or operator of this fa	cility is related by family, r	narriage, ownership, abi	lity to control or			
business association to any person						
a related party transaction.						
Description		Total				
Date Land Purchased						
2. Date Structure Completed	CD 1					JAN A EN
3. If NOT Original Owner, Dat	e of Purchase					
4. Date of Initial Licensure		120				
5. Total Licensed Bed Capacity		130	5 6 7 6 6			
6. Square Footage		CALLED TO SELECTIVE				
7. Acquisition Costa. Land						
b. Building						MISSIN
Part B - Owner and Related Pa	enting	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age.
1. Financing	ittes	1st Wortgage	Zild Wortgage	31d Wortgage	- Turi Wierig	
a. Type of Financing (e.g., f	ived variable)	variable				
b. Date Mortgage Obtained	inod, variable)	Variable				
c. Interest Rate for the Cost	Year	variable				
d. Term of Mortgage (numb		40				
e. Amount of Principal Born		7,031,283				
f. Principal balance outstan		7,031,283				
Complete if Mortgage was	Refinanced				Children Control	Sample S
During Current Cost Ye						
g. Type of Financing (e.g., f						
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (numb						
k. Amount of Principal Born						
Principal Outstanding on						
Part C - Arms-Length Leas						0.7
Name and Address of Lesso	or Pro	perty 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 L	icense No.		Report for Yea	ar Ended		Page	of
Southington Care Center	2060-C		9/30/2016			26	37
Item			Total	CCNH	RHNS	Ot	her
12. Interest							
A. Building, Land Improveme	nt & Non-Movabl	e					
Equipment							
1. First Mortgage		\$	81,880	71,762		Management of the last	10,118
Name of Lender		Rate					
Hartford HealthCare (related party)							
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		\$	DECEMBER OF A STATE	HSD/HHEA-XII	DEPOSITION NAMED IN		
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information			Control College				
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %						20100	
4. Term						370	
5. CHEFA Interest Expen	se						
12 B7. Total Building Interest Expen	se $(A1 - A4 + B5)$	\$		71,762			10,118

(Carry Subtotals forward to next page)

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

Name of Facility Southington Care Center	License No. 2060-			Report for Ye 9/30/2016	ear Ended		Page of 27 37
	Item			Total	CCNH	RHNS	Other
		ls Brou	ight Forward:	81,880	71,762		10,118
12. C. Movable Equipment			<u> </u>				
1. Automotive Equip	pment		\$				
A, Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)			\$		41-12-12-24		
A. Item		Rate	Amount			War said	
Lender			I.				
Address of Lender							
B. Item		Rate	Amount				
Lender	- U		J				
Address of Lender							
12. C. 3. Total Movable Ec Expense (C1 + 2)			\$				
12. D. Other Interest Expen			\$				
13. Total All Interest Expen	se (12B7 + 12C3	+ 12D) \$	81,880	71,762		10,118
14. Insurance			,				
a. Insurance on Propert	ty (buildings only	/)	\$		13,715		1,934
b. Insurance on Autom			\$	2,883	2,883		
c. Insurance other than		cified a	,	60.465	(2.16		
1. Umbrella (Blanke			\$		62,462		
2. Fire and Extended	d Coverage		\$ \$				
3. Other (Specify)			\$		TO TO A LO		
14d. Total Insurance Expend	litures (14a + h 4	+ c)	\$	80,994	79,060		1,934
15. Total All Expenditures (\$		17,224,276	-	3,909,885
15. Ioun An Expenditures [21-15 mm C-14)		Ψ	21,137,101	11,227,210		3,707,003

D. Adjustments to Statement of Expenditures

	e of Fa		e Center	Lic	ense No. 2060-C	Report for Year 9/30/2016	ar Ended	Page 28	of 37
					Total				
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	Oth	er
Page	10 - S	Salari	es and Wages		A THE BUT THE STATE OF		7°376\2\53006	2018 mg (* 18	NAME OF
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	444,043	437,435			6,608
4.	10	120	Other - See attached Schedule	\$	1,610,495	16,154		1,5	94,341
Page	13 - I	Profes	sional Fees				医医神风肿医院		
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	1,013	998			15
7.			Other - See attached Schedule	\$	118,070	89,432			28,638
Page.	s 15 &	16 -	Administrative and General						9 1937
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	161,574	161,574			
10.	15	1e	Accounting & Legal	\$	3,369	3,369			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$					
13.	15	1f	Life insurance premiums on the life		N. P. S. S. L. S. C.	STATE OF THE PARTY		ST PASS	ELCTRON .
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.	15	L5	Education expenditures to colleges or		Control of the	la salakan ba	DESTRUCTION OF THE PERSON OF T		NAME OF
			universities for tuition and related costs	- 1				Was	
			for owners and employees	\$					
16.			Travel for purposes of attending		SAN TO THE SAN	THE THE PERSON		THE PROPERTY OF	FUET I
			conferences or seminars outside the	ı				In discount	
			continental U.S. Other out-of-state	- 1					
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	1m3	Unallowable Advertising *	\$	12,935	6,935			6,000
19.			Income Tax / Corporate Business Tax	\$					
20.	16	1m10	Fund Raising / Contributions	\$	755	755			
21.		_	Unallowable Management Fees	\$	1,516,523	1,516,523			
22.	- 10		Barber and Beauty	\$	_,	, , , , , , ,			
23.			Other - See attached Schedule	\$	2,201,495	499,481		1.3	702,014
	18 - 1	Dietar	y Expenditures		11 11 11 2 18 1 1 1 1 1 1 1 1 1 1 1 1 1	SULAN SERVICE	The state of the s	- Consulta	10/10
24.	10-1	- Ciui	Meals to employees, guests and others	\neg					2 (5)
2 "			who are not residents	\$	9,292	9,292			
Page	19 - 1	Jauna	lry Expenditures	_	State		-100,000	-2600000	1 Sept.
25.	1/-1		Laundry services to employees, guests	-			Sec. Alian Edit	Cleritory	14.613
25.			and others who are not residents	\$		NO. OF THE PARTY O	The second second	I III AND	
Daga	20.1	House	keeping Expenditures	Ψ		HE STATE OF THE ST		THE REAL PROPERTY.	
26.	20-1	Touse	Housekeeping services to employees, guests	-		Description of the same	8 18 1 NO. 18		
20.			and others who are not residents	\$	The state of the state of			Manager Man	
			Subtotal (Items 1 - 26)		6.070.564	2,741,948		2 1	337,616
			Subtotal (Items 1 - 20)	<i>)</i>	6,079,564	Lamu Subtotal f			,,,,,,,,,,

^{*} 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
10	120	GOOD LIFE FIT/ SR FIT - WAGES & SALARIES	\$		\$	55,399
10	120	MANAGEMENT COMPANY WAGES	\$ •		\$	1,538,942
10	A2	Administrator - At risk bonus - discriminatory	\$ 16,154			
	Tired				i ki	
Total Othe	r Salaries	Adjustment	\$ 16,154	\$ -	\$	1,594,341

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	Other
13	b2	Dental Purchased Services	\$	3,435		\$
13	b8e	Psychiatric Consulting Fees - Geriatric & Family Consultants	\$	1,195		\$
13	b5a	Physical Therapy - Patient Care - Hartford Healthcare Rehab Network	\$	68,279		\$ 28,481
13	b9a	Speech Therapy Patient Care - Dysphagia Experts & Swallowing Diagnostics	\$	4,523		\$ 157
13	b12	Other Consultants - CT Rehab & Spasticity	\$	12,000		\$
Total Othe	er Fees Adj	ustments	\$	89,432	\$ -	\$ 28,638

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS		Other
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$	72,591
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance			\$	4,753
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance			\$	8,561
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$	112,235
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$	172,854
15	1a5	Health Insurance - Management Benefits	\$ 389,542		\$	81,079
15	1a7	Benefits related to Outpatient Therapy - Pension		A PARTY	\$	42,054
15	1a9	Benefits related to Outpatient Therapy - Employee Physicals			\$	2,865
15	1a9	Employee Physicals - Preplacement Physicals - SNF portion	\$ 13,76		. 177	
15	1a9	Benefits related to Outpatient Therapy - Employee Assistance Program			\$	(34)
15	1a9	Benefits related to Outpatient Therapy - Other Benefits		VI SAME IN THE	\$	677
15	1a9	Benefits related to Outpatient Therapy - Wellness			\$	1,179
15	1i	Appraisal for roof grant	\$ 4,000			
16	1L2	Employee Relations - Parties for Staff in excess of 1 - only 1 party	\$ -		\$	

16	1L3	Employee Relations - Gifts in excess of \$25 or discriminatory in nature	\$	2,128		
16	1m8a	Dues to Chamber of Commerce & Civic Organizations	\$	554		
16	1m9	Subscriptions - Allscripts	\$	1,326		
16	1m9	It's Never 2 Late subscription for Oct-Dec 2016	\$	338		
16	1m11	A&G Consultant Fees - Celtic Consulting	\$	74,890	STALL IN	
16	1m11	A&G Consultant Fees - Harmony Healthcare	\$	12,435		
16	1m11	A&G Consultant Fees - American Adjustment Bureau	\$	90		
16	1m13a	A & G- BANK CHARGES - DISALLOWED	\$		\$	57,446
16	1m13a	TRANSITIONS OF CARE - DISALLOWED		7.11	\$	12,480
16	1m13a	MANAGEMENT COMPANY DEVELOPMENT COSTS - DISALLOWED			\$	3,217
16	1m13a	MANAGEMENT CO. PURCHASED SERVICES - DISALLOWED			\$	38,963
16	1m13a	MANAGEMENT COMPANY EXPENSES - DISALLOWED		10 115	\$	149,481
16	1m13a	A & G- PENALTIES - DISALLOWED	\$	5,701	\$	
16	1m13a	GRANT RELATED EXPENSES- DISALLOWED			\$	361,824
16	1m13a	GRANT RELATED WAGES - DISALLOWED			\$	564,846
16	1m13a	RECREATION- VOLUNTEER REL EXP - DISALLOWED	\$	861		
16	1m13a	Dr Babiarz medical conference trip - DISALLOWED	671		\$	2,500
16	Im13a	Reclass A. Amenta settlement from legal - DISALLOWED	FR		\$	1,000
16	1m13a	Reclass Marshal Messina from legal - DISALLOWED			\$	139
16	1m13a	Reclass Treas of CT from legal - DISALLOWED			\$	150
16	lm13a	Reversal of accounting fee - made in error Blum Shapiro - DISALLOW	\$	(5,700)		
16	1m13a	Reclass reversal of prior year accounting accrual - DISALLOWED	\$	160		
16	1m13a	Reclass credit in Purch Services ST made in error - DISALLOW	\$	(630)	\$	(22
16	1m13a	Reclass employee wellness flowers for hairdresser - DISALLOW	\$	21		
16	1m13a	NON OPERATING-BHC - BANK FEES - DISALLOWED			\$	11,176
	like di			H DEE		4

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

D. T.	0.5	*11*	D. Adjustments to Stateme					I D	
	e of Fa	-		Lic	ense No.	Report for Y	ear Ended	Page	of
South	ningto	n Care	e Center		2060-C	9/30/2016	-	29	37
	~			П	Total				
	Page		1		Amount of	COM	DIDIO		1
No.	No.	No.	Item Description		Decrease	CCNH	RHNS		ther
_	20. 1		Subtotals Brought Forward	\$	6,079,564	2,741,948		3	,337,616
			ent Care Supplies***		456.000	456,000	ALC: NAME	120 July 14	100
27.			Prescription Drugs	\$	456,282	456,282			
28.	_	5d	Ambulance/Limousine	\$	2,741	2,741			
29.		5f	X-rays, etc	\$	59,871	59,871			
30.	20	5h	Laboratory	\$	49,302	49,302			
31.			Medical Supplies	\$		22.000			
32.	20	5e2	Oxygen (non emergency)	\$	23,800	23,800			
33.			Occupational Therapy	\$					
34.		2.42	Other - See Attached Schedule	\$	71,986	46,911			25,075
			enance and Property						
35.	22	7d	Excess Movable Equipment Depreciation		CHARLES OF STREET	SCHOOL SECTION	WE STATE	103940	A N ISVS
			See Attached Schedule	\$	25,308				25,308
36.			Depreciation on Unallowable				Rocal West	2 PARIS	THE PARTY
			Motor Vehicles	\$					
37.	22	10a,c	Unallowable Property and Real		1 3 4 4			30476	
			Estate Taxes	\$	9,112				9,112
38.			Rental of Building Space or Rooms	\$					
39.	22	6a-8c	Other - See Attached Schedule	\$	72,368				72,368
Page	27-1	nsura	nce				THE STREET	250	STARRE
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous			AND THE OWNER.	ZANA SERVI	SANGE I	HOLING!
42.			Research or Experimental Activities	\$					
43.	16	1m13	Radio and Television Revenue	\$	10,754	10,754			
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,		TO THE REAL PROPERTY.	THE REAL PROPERTY.		TO A DE	1/13/15
			enhancement or promotion of the					SOFT IVE	
			providers interest	\$					
48.	30	IV8	Interest Income on Accounts Rec	\$	29	29			
49.	_	IV8	Other (include personnel and other			10 600 100	Think	10000	5524
			costs unrelated to resident care) - See	ı			my balls		
			Attached Schedule	\$	3,835,246	301,810		3	3,533,436
Not I	For Pr	ofit P	Providers Only	\neg	The Street of	LOUIS NO.	A CHARLES	Besiden	
50.			Building/Non Movable Eq. Depreciation	\neg		DE RESTURE		ADDITION OF THE PARTY OF THE PA	
		-,-	Unallowable Building Interest -			AND STATE		The same	
			See Attached Schedule	\$	43,148				43,148
51	Total	Amo	unt of Decrease (Items 1 - 50)	\$	10,739,511	3,693,448		1 7	7,046,063

^{***} 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

age Ref	Line Ref	Description	 CCNH	RHNS	 Other
20	5i	A & G-RESIDENT RELATIONS - replace lost resident belongings	\$ 1,956	175 (37) X	\$
20	5i	A & G-RESIDENT RELATIONS - massage not billed to resident and paid after resident passed away	\$ 40		
20	5j	PLANETREE - DISALLOWED	\$ 7,661		\$
20	5j	SOCIAL SERVICES-PATIENT PERSONAL - DISALLOWED	\$ 60		\$
20	5j	PT-SUPPLIES - DISALLOWED	\$ 2,870		\$ 1,197
20	5j	PT-EQUIPMENT RENTAL - DISALLOWED	\$ 720		\$ 301
20	5j	OT-SUPPLIES - DISALLOWED	\$ 1,553	THE STATE OF	\$ 23
20	5j	NURSING SUPPLIES - DISALLOWED - KCI Wound Vac	\$ 24,103		\$
20	5j	ENTERAL FEEDING-MEDICARE - DISALLOWED	\$ 533		\$
20	5j	OSTOMY SUPPLIES-MEDICARE - DISALLOWED	\$ 716		\$
20	5j	ANCILLARY-PROSTETIC DEVICES - MEDICARE - DISALLOWED	\$ 274		\$
20	5 <u>j</u>	ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 5,470		\$ 77,
20	5j	NURSING-MEDICAL SUPPLIES -DISALLOWED - KCI Wound Vac	\$ 955		\$
20	5j	GOOD LIFE FIT/ SR FIT- SUPPLIES - DISALLOWED	\$ -		\$ 79
20	5j	PT- OPTIMA SOFTWARE FEES - DISALLOWED	\$ •		\$ 2,475
20	5j	PT- HHCRN MANAGEMENT FEES - DISALLOWED	\$ •		\$ 21,000
tal Othe	er Ancillar	v Costs	\$ 46,911	\$ -	\$ 25,07:

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	C	CNH	RHNS	Other
22	7d	MNGMNT CO. MOVEABLE EQUIP DEPRECIATION	\$		The last state of	\$ 269
22	7d	MNGMNT CO. COMPUTER EQUIP DEPRECIATION	\$			\$ 7,854
22	7d	DEPRECIATON-FURNITURE/EQUIP		T. U.S.		\$ 8,602
22	7d	DEPRECIATION - COMPUTERS				\$ 8,583
Total Exce	ss Movable	 e Equipment Depreciation	\$		\$ -	\$ 25,308

 $Schedule\ of\ Other\ Property\ Adjustments$

Page Ref	Line Ref	Description	CCNH	RHNS	(Other
22	6a	MAINTENANCE-REPAIRS	Ni i vzvi i i bir		\$	4,677
22	6a	MAINTENANCE-SUPPLIES			\$	2,793
22	6a	MAINTENANCE-MINOR EQUIPMENT			\$	184
22	6a	MAINTENANCE-MINOR IMPROV			\$	69
22	6b	MAINTENANCE-GAS & PROPANE			\$	8,334

Total Oth	er Prop	erty Adjustments	\$ -	\$ - \$	72,368
22	8c	MNGMNT CO. LEASEHOLD IMP DEPRECIATION		\$	23,854
	8b	AMORTIZATION - SERIES B & C		\$	262
22	7a	DEPRECIATON-LAND IMPROVEMENTS		\$	4,446
22	6f	MAINTENANCE-BUILDING-CONTRACT SERVICES	litaro di cinanda	\$	4,659
22	6f	MAINTENANCE-EQUIP RENTAL		\$	633
22	6f	MAINTENANCE-SECURITY-CONTRACT SERVICES		\$	23
22	6f	MAINTENANCE-RUBBISH REMOVAL		\$	3,122
22	6f	MAINTENANCE-GROUNDS-CONTRACT SERVICES		\$	1,789
22	6d	MAINTENANCE-WATER & SEWER		\$	5,880
22	6c	MAINTENANCE-ELECTRICITY		\$	11,643

Schedule of Other Adjustments

Page Ref	Line Ref	Description	 CCNH	RHNS		Other
30	IV8	VAN FEE INCOME	\$ 12,038		\$	
30	IV8	MANAGEMENT FEE INCOME	\$ •		\$	2,257,784
30	IV8	MISCELLANEOUS INCOME	\$ 81,964		\$	
30	IV8	INTEREST INCOME ON ACCOUNTS RECEIVABLE	\$ 29		\$	
30	IV8	GOOD LIFE FIT - SENIOR FIT REVENUE	\$		\$	29,762
30	IV8	BHC OTHER INCOME	\$ ÷		\$	20,900
30	IV8	BHC INTEREST INCOME	\$		\$	31,130
30	IV8	TEMP RESTRICTED NET ASSETS RELEASED FOR OPERATIONS	\$ 207,779			
30	IV8	BHC REALIZED GAIN ON INVESTMENT	\$		\$	27,494
30	IV8	BHC UNREALIZED GAIN ON INVESTMENT	\$ N 17		\$	239,696
30	IV8	GRANT REVENUE REALIZED THROUGH MANAGEMENT CO		- Payler	\$	926,670
	PP				4 5	
Total Othe	r Adjustm	ents	\$ 301,810	\$ -	\$	3,533,436

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS		Other
22	7b	DEPRECIATON-BUILDING			\$	14,943
22	7b	NON OPERATING-BHC-DEPRECIATION/ BUILDING			\$	12,456
22	7b	DEPRECIATON-BUILDING IMPROV			\$	15,055
22	7c	DEPRECIATON-FIXED EQUIPMENT			\$	694
				(A. 10)	1	
	NU NE				1	
			Total Inc. of the	52-39-3		
	THE TO					
SALE.						
Total Unal	lowable Bu	uilding Interest	\$ -	-	\$	43,148

F. Statement of Revenue

NT.	CD W	F. Statement of Re			D 1 1		In	- 0
	of Facility ngton Care Center	License No. 2060-C		Report for Y 9/30/2016	ear Ended		Page 30	of 37
Southin	ngton Care Center	2000-0	_	9/30/2010			30	31
		Item		Total	CCNH	RHNS	Other	r
I. Res	ident Room, Board & Routing	Care Revenue				PER MINISTRA		
1.	a. Medicaid Residents (CT onl	y)	\$	12,101,811	12,101,811			
1	b. Medicaid Room and Board	Contractual Allowance **	\$	(5,899,280)	(5,899,280)			
2.	a. Medicaid (All other states)		\$					
	b. Other States Room and Boa	rd Contractual Allowance **	\$					
3.	a. Medicare Residents (all inci	usive)	\$	4,050,629	4,050,629			
	b. Medicare Room and Board	Contractual Allowance **	\$	630,982	630,982			
4.	 a. Private-Pay Residents and C 	Other	\$	6,021,759	6,021,759			
	b. Private-Pay Room and Boar	d Contractual Allowance **	\$	79,624	79,624			
II. Ot	her Resident Revenue					ACTAS TO		
1.	a. Prescription Drugs - Medica	re	\$	324,823	324,823			
	b. Prescription Drugs - Medica	re Contractual Allowance **	\$	(324,823)	(324,823)			
	c. Prescription Drugs - Non-M	edicare	\$	33,241	33,241			
	d. Prescription Drugs - Non-M	edicare Contractual Allowance **	\$	(33,016)	(33,016)			
2.	 a. Medical Supplies - Medicar 	e	\$					
	 b. Medical Supplies - Medicar 	e Contractual Allowance **	\$					
	c. Medical Supplies - Non-Me	dicare	\$					
	d. Medical Supplies - Non-Me	dicare Contractual Allowance **	\$					
3.	 a. Physical Therapy - Medicar 	2	\$	1,184,753	868,581		31	6,172
3	 b. Physical Therapy - Medicar 	e Contractual Allowance **	\$	(905,513)	(856,787)		(4	8,726
	c. Physical Therapy - Non-Me	dicare	\$	820,939	530,949		28	9,990
	d. Physical Therapy - Non-Me	dicare Contractual Allowance **	\$	(661,711)	(518,919)		(14	2,792
4.	a. Speech Therapy - Medicare		\$	77,252	69,510			7,742
	b. Speech Therapy - Medicare	Contractual Allowance **	\$	(55,087)	(54,409)			(678
	c. Speech Therapy - Non-Med	icare	\$	12,438	10,865			1,573
	d. Speech Therapy - Non-Med	icare Contractual Allowance **	\$	(10,328)	(10,328)			
5.	a. Occupational Therapy - Me	dicare	\$	918,826	907,142		1	1,684
	b. Occupational Therapy - Me	dicare Contractual Allowance **	\$	(868,387)	(866,377)		(2,010
	c. Occupational Therapy - No	n-Medicare	\$	226,006	222,643			3,363
	d. Occupational Therapy - No	n-Medicare Contractual Allowance **	\$	(234,283)	(214,002)		(2	0,281
6.	a. Other (Specify) - Medicare		\$	479	479			
	b. Other (Specify) - Non-Medi	care	\$	(225)	(225)			
III. To	otal Resident Revenue (Section	I. thru Section II.)	\$	17,490,909	17,074,872		41	6,037
IV. O	ther Revenue*			si Shiningi				
1.	Meals sold to guests, employee	s & others	\$					
2.	Rental of rooms to non-residen	ts	\$					
3.	Telephone		\$					
4.	Rental of Television and Cable	Services	\$					
5.	Interest Income (Specify)		\$					
6.	Private Duty Nurses' Fees		\$					
7.	Barber, Coffee, Beauty and Gif	t shops	\$					
8.	Other (Specify)		\$	3,840,026	306,590		3,53	3,436
V. Tot	tal Other Revenue (1 thru 8)		\$	3,840,026	306,590		3,53	3,436
T/T (T)	otal All Revenue (III +V)		\$	21,330,935	17,381,462		2.04	9,473

^{*} 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	CCN	H	RI	HNS	0	ther
30 II 6a	PHLEBOTOMY - MED B	\$	565	\$		\$	-
30 II 6a	CONTR ALLOW - PHLEBOTOMY - MED B	\$	(86)			\$	- 3
			-				
Total Oth	er Resident Revenue - Medicare	\$	479	\$		\$	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCN	IH.	RHI	NS	Ot	ther
	CONTR.ALLOW - OTHER ANCILLARY	\$	(225)	\$		\$	
Total Oth	er Resident Revenue	\$	(225)	\$		s	

Interest Income

Account

Page Ref	Account INTEREST INCOME	Balance	CCNH		RHNS		Other	
30 IV 5			\$		\$		\$	
					1000			
			18.7			-		
Total Inte	rest Income		\$	v.	\$		\$	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	 Other
		The state of	\$ -	
30 IV8	VAN FEE INCOME - DISALLOWED	\$ 12,038		\$
30 IV8	UNRESTRICTED DONATIONS	\$ 4,780		\$
30 IV8	MANAGEMENT FEE REVENUE - DISALLOWED	\$ *		\$ 2,257,784
30 IV8	MISCELLANEOUS INCOME - DISALLOWED	\$ 81,964		\$ 91
30 IV8	GOOD LIFE FIT - SR FIT REVENUE - DISALLOWED	\$		\$ 29,762
30 IV8	BHC-OTHER INCOME - DISALLOWED	\$		\$ 20,900
30 IV8	BHC-INTEREST INCOME - DISALLOWED	\$		\$ 31,130
30 IV8	TEMP NET ASSET RELEASED FROM RESTRICTION-OPERATION	\$ 207,779		\$
30 IV8	BHC-UNREALIZED GAIN ON INVEST - DISALLOWED	\$		\$ 239,696
30 IV8	BHC-REALIZED GAIN ON INVESTMNT - DISALLOWED\	\$ 78		\$ 27,494
30 IV8	GRANT REV RELEASED THROUGH MANAGEMENT CO - DISALLOWED	\$ (4)		\$ 926,670
30 IV8	INTEREST ON ACCOUNTS RECEIVABLE - DISALLOWED	\$ 29		\$
Total Oth	er Revenue	\$ 306,590	\$ -	\$ 3,533,436

SOUTHINGTON CARE CENER

FY 2016

MISCELLANEOUS INCOME

DESCRIPTION	AMOUNT
3M Health Partners Insurance reimbursement	223.76
CALTC distribution	15,600.00
cash receipt entered in Matrix	3,155.63
cash receipt entered in Vision	3,207.71
Direct supply refund	35.39
Employee badge replacement	50.00
flu shots	3,954.51
from Medicaid Batch	18.30
HHC Gnyha rebate check	14,173.02
housekeeping bottle return	50.00
Leslie's Pool - should be credit to expense GL 6221-004 on p 20 5j	33.24
Lowes refund - should be credit to expense GL 6820-050 p 22 6a	38.78
McKesson rebate	1,693.28
Medicaid check	142.74
Medicaid Rate adj	56.12
medical record copies	778.65
MobileEx refund - should be credit to expense 6227-014 p20 5f	649.69
payment from Anthem	84.52
Record Journal Dup Payment - should be credit to expense GL 6420-056 p 16 1m1	585.80
St of CT Dept of Rehab Services	20.00
State of Ct provider tax refund - should be credit to expense GL 6020-030 p 15 1k	567.54
state of ct withholding tax refund	100.00
to tie out restricted funds from FY 2015	36,745.16
	81,963.84

4750-091

G. Balance Sheet

Name of Facility		Facility	License No.	Re	port for Year Ended		Page	of
Sout	hing	gton Care Center	2060-C	9/3	0/2016		31	37
			Account				A	mount
Asse	ets							
A.	Cu	rrent Assets						
	1.	Cash (on hand and in banks)			\$		4,946,077
	2.	Resident Accounts Receivab	ole (Less Allowance f	or Ba	d Debts)	\$		1,439,797
	3.	Other Accounts Receivable	(Excluding Owners or	r Rela	ted Parties)	\$		17,317
	4	Inventories				\$		33,567
	5.	Prepaid Expenses				\$		95,660
		a. Prepaid Accounts Receiv	able		32,297	18		
		b. Prepaid Tax			19,255	40		
		c. Prepaid Other (see sub sc	hedule)		44,108	133		
		d.				18		
	6.	Interest Receivable				\$		
	7.	Medicare Final Settlement R	teceivable			\$		
	8.	Other Current Assets (itemiz	re)			\$		516,021
		Due from Affiliates			516,021	35		
						100		
		State Control of the				100		
A- 9.	To	tal Current Assets (Lines A1	thru 8)			\$		7,048,439
B.	Fix	ked Assets						
	1.	Land				\$		810,000
	2.	Land Improvements	*Historical Cost		366,370	\$		183,722
		•	Accum. Depreciati	on —	182,648 Net			
	3.	Buildings	*Historical Cost		4,550,589	\$		3,158,678
		<u> </u>	Accum. Depreciati	on —	1,391,911 Net			
	4.	Leasehold Improvements	*Historical Cost		119,019	\$		63,367
		•	Accum. Depreciati	on —	55,652 Net			
	5.	Non-Movable Equipment	*Historical Cost		54,669	\$		16,287
			Accum. Depreciati	on —	38,382 Net			
	6.	Movable Equipment	*Historical Cost		1,104,198	\$		358,507
		• •	Accum. Depreciati	on	745,691 Net			
	7.	Motor Vehicles	*Historical Cost		42,230	\$		12,650
			Accum. Depreciati	on —	29,580 Net			
	8.	Minor Equipment-Not Depre				\$		
	9.	Other Fixed Assets (itemize)			\$		250,972
	· ·	Construction in Progress	,		250,972			
						\neg		
B-10),	Total Fixed Assets (Lines E	31 thru 9)			\$		4,854,183

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

SOUTHINGTON CARE CENTER OTHER ACCOUNTS RECEIVABLE FYE 9/30/16 MISCELLANEOUS ACCOUNTS RECEIVABLE #1014-060

Pharmacy Accounts Receivable	DR (CR) 15,000.00
Reimbursement due from Peoples United Insurance for overpayment of Auto Insurance	1,909.98
-	16,909.98
A/R GOOD LIFE FITNESS - SENIOR FITNESS PR	#1710-000
Matrix Revenue	407.00
Total Accounts Receivable Other	17,316.98

SOUTHINGTON CARE CENTER PREPAID ANALYSIS Prepaid Other FY 2016

DESCRIPTION	Balance
CT COMPUTER D&O LIAB INSURANCE DAKIN SOFTWARE IDENTICARD LEADING AGE LOG ME IN MATRIX GLF NEOPOST YEARLY CONTRACT RELIAS ANNUAL FEE RYAN BUSINESS TO PPD SBS YEARLY CONTRACT TAX CUSHION TRAVELERS INVOICE FSA FUNDING	4,059.31 389.22 900.00 218.75 1,981.02 499.68 966.00 787.60 8,694.00 6,875.04 1,629.12 6,400.00 5,666.00 5,041.99
TOTAL	44,107.73

G. Balance Sheet (cont'd)

Name of Facility		Facility	License No.	Report for Year Ended		Page		of
Southington Care Center		ton Care Center	2060-C	9/30/2016		32	1	37
			Account			An	ount	
				Total Brought Forward	1: \$		11,902	2,622
C.	Lea	asehold or like property record	ded for Equity Purpos	ses.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost	2				
			Accum. Depreciati	on Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	7.	Minor Equipment-Not Depre	eciable		\$			
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$			
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Resid	dent Care (itemize)		\$			
					100			1 11
					100			
	6.	Loans to Owners or Related	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date	100			
					332			
		Od A - d /' '			0		2.06	0 205
	7.	Other Assets (itemize)		2 002 107	\$	Will SI WHEE	3,06	8,305
		Unrestricted Investments		2,993,196	-8			
		Permanently Restricted A		5,193	- 8			
- n	para	Cost of Issuance Series B		69,916	Φ.	E SOLE THE	2.06	0.205
		tal Investments and Other As		/)	\$			8,305
D-9.	10	tal All Assets (Lines A9 + B)	10 + C8 + D8)		\$		14,97	0,927

^{*} 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 Fac			License No.	Report for Year	Ended	Page		of
Southington	Care	Center	2060-C	9/30/2016		33		37
			Account			Α	mount	
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$	195	,994
	2.	Notes Payable (itemize)				\$		-
								
		T D 11 C D '		\		Φ	MARIE PAR	
	3.	Loans Payable for Equipm			D.t. D	\$	THE REAL PROPERTY.	T-State Co
		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	re of Owners and/or	Stockholders only)		\$	741	,924
	5.	Accrued Payroll (Owners				\$		
	6.	Accrued Payroll Taxes Pa				\$		
	7.	Medicare Final Settlemen				\$		
	8.	Medicare Current Financi				\$		
	9.	Mortgage Payable (Curren				\$		
		Interest Payable (Exclusiv		elated Parties)		\$		
		Accrued Income Taxes*	J	,		\$		
		Other Current Liabilities (itemize)			\$	1,913	,668
		Deferred Revenue		680 State of CT Provider	Гах 186,426		THE PERSON	To the
		Accrued Expenses (see sub schedul						
		Due to Third Parties	·	,136				
		Due to Affiliates	1,338					
A-13	. To	tal Current Liabilities (Lir				\$	2,851	,586

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

SOUTHINGTON CARE CENTER ACCRUED EXPENSES FYE 9/30/16 #2103-040

DESCRIPTION

BALANCE

ACCRUE RITA PARISI CC CHARGES	603.21
AEGIS	(4,865.96)
AEGIS	(4,865.96)
AT RISK ACCRUAL	162,857.15
AT RISK ACCRUAL	162,857.15
CRABAPPLE NEIGHBORHOOD	406.19
LILY LANE NEIGHBORHOOD	809.28
MAGNOLIA NEIGHBORHOOD	900.08
SUNFLOWER NEIGHBORHOOD	608.59
NORTH STAR NEIGHBORHOOD	312.06
NEIGHBORHOOD BALANCES	3,036.20
MARIE PUGLIESE	541.01
NICK GIORDANO	304.20
SUE VINAL	1,326.63
AUDREY VINCI	1,406.62
REVERSING PAYROLL ACCRUALS	3,578.46
ACCRUE ELECTRICITY	12,500.00
ACCRUE GAS AND PROPANE	4,900.00
PHARMACY	38,756.29
REVERSING ACCRUALS	56,156,29
PULL FROM HHC IN OCT - PENSION FUNDING	120,842.78
SEPT WORKERS COMP CLAIMS	116,019.00
MISC ACCRUALS	236,861.78
SEWERS AND WATER ACCRUAL	14,143.36
SEWER AND WATER ACCRUAL	14,143.36
OCITEI AND WATER AGONOAL	11/11/10/00

472,370.49 472,370.49 GL 0.00

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Ended	Page		of
Southington Care Center	2060-C 9/30/2016			34		37
A	Account			Aı	mount	
		Total Broug	ht Forward:		2,851	,586
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipment	(itemize)		\$			
Name of Lender	Purpose	Amount	Date Due	DIS TOP	MARKET	
			18			ine al
						S Ink
						A 1837
			li iii			a die g
			8		Value of the same	1977
2. Mortgages Payable			\$			
3. Loans from Owners or Rela	ated Parties (itemize)		\$		7,031	1,283
Name and Address of Lender	Amount	Loan D	ate			
						100
			3			
Hartford HealthCare	7,031,283					
			5			
			10			
			8			
			100			
4. Other Long-Term Liabilitie	es (itemize)		\$		769	9,821
Workers Compensation	75 (<i>memize</i>)	769,821		TEST STORY	St TG THE	
Workers Compensation		700,021			77 GC 30	
1						
					1383.25	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		7.80	1,104
C. Total All Liabilities (Lines A-	13 + B-5)		\$		10,652	

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Sou	thington Care Center	2060-C Account	9/30/2016		35	37
			Amount			
A.	Reserves					
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation value	ue of leased buildir	igs and appurte	nances		
	to be amortized				\$	
	3. Reserve for depreciation value	ue of leased person	al property (<i>Eq</i>	uity)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental value	e is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	326,499
	6. Total Reserves				\$	326,499
B.	Net Worth					
	1. Owner's Capital				\$	3,794,964
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/201	5 thru	9/30/2016	\$	196,774
	7. Total Net Worth				\$	3,991,738
C.	Total Reserves and Net Worth				\$	4,318,237
D.	Total Liabilities, Reserves, and	Net Worth			\$	14,970,927

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year I	Ended	Page	of
Sout	hington Care Center	2060-C	9/30/2016		36	37
		Account			A	mount
A.	Balance at End of Prior Period as s	hown on Report of	09/30/2015	\$	3	4,183,085
B.	Total Revenue (From Statement of	Revenue Page 30)		9		21,330,935
C.	Total Expenditures (From Stateme	nt of Expenditures I	Page 27)	9	3	21,134,161
D.	Net Income or Deficit			9	S	196,774
E.	Balance			9	S	4,379,859
F.	Additions 1. Additional Capital Contributed Adjustment for SCC YTD	,	71,474			
	2. Other (itemize) Released of Restricted fund	ds	(133,096)			
F-3.	Total Additions			9	8	(61,622)
G.	Deductions					
	1. Drawings of Owners/Operators/Partners (Specify)				S	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)					
	Purpose		Amount		THE REAL PROPERTY.	
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30/	16		\$	4,318,237

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of					
Southington Care Center	2060-C	9/30/2016	37 37					
Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Other						
Preparer/Reviewer Certification								
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	Title	Date Signed						
Dorothy Robinson	Sr. Financial Analy	1st 2/14/17						
Printed Name of Preparer								
Dorothy Robinson								
Addres Address		Phone Number						
and the second		0.00 270 0022						
80 Meriden Ave., Southington, CT 06489		860-378-8022						