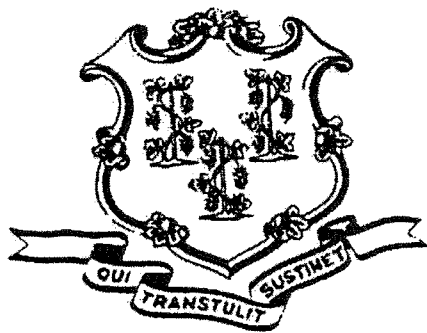


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) AVERY HEIGHTS	
Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 750-C	RHNS 79RH	(Specify)	Medicare Provider 07-5063
------------------	---------------	--------------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 7500	RHNS 90795	ICF-MR
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For Department Use Only

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

Michelle L. Pascetta

From: Karen Coulombe <kcoulombe@MSLC.COM>
Sent: Friday, January 19, 2018 12:08 PM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2017

Approved.

>>> "Michelle L. Pascetta" <MPascetta@churchhomes.org> 1/19/2018 12:07 PM >>>

Karen...it is my understanding that there are no changes to the cost reporting format for the FYE 2017 Medicaid cost report. I will be completing the 2017 Medicaid cost reports using the same cost report software that I have used for the last 10+ years. At your earliest convenience, please e-mail me your approval.

Thanks!

Michelle Pascetta
Church Homes, Inc.
(866) 527-9126 x518

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2017	1	37


Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for AVERY HEIGHTS [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
		2-15-18			
Printed Name (Administrator)			Printed Name (Owner)		
WILLIAM THOMPSON					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
MARJORIE K. JESSMAN	CT	2-15-18	Marjorie K. Jessman	5/31/2020	
Address of Notary Public					
56 SHERWOOD ROAD, BRISTOL, CT 06010					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility AVERY HEIGHTS	Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106			
Report Prepared By MICHELLE PASCETTA	Phone Number (860) 527-9126 x518	Date 2/15/2018	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid..... \$			
2. Laundry wages paid..... \$			
3. Housekeeping wages paid..... \$			
4. Nursing wages paid..... \$			
5. All other wages paid..... \$			
6. Total Wages Paid \$			
7. Total salaries paid..... \$			
8. Total Wages and Salaries Paid (As per page 10 of Report) \$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 527-9126	Report for Year Ended 09/30/17	Page 2	of 37
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Name of Facility (as shown on license) AVERY HEIGHTS	Address (No. & Street, City, State, Zip) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106
---	--

License Numbers:	CCNH 750-C	RHNS 79RH	(Specify)	Medicare Provider 07-5063
------------------	---------------	--------------	-----------	------------------------------

Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)						
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Profit Corp.	<input checked="" type="checkbox"/> Non-Profit Corp.	<input type="checkbox"/> Government	<input type="checkbox"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
---	------------------------------	--	--------------------------

Administrator		
Name of Administrator WILLIAM THOMPSON	Nursing Home Administrator's License No.:	001347

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:



BOARD OF DIRECTORS AND OFFICERS
2016 - 2017

OFFICERS AND DIRECTORS

David E. Canuel, Chairman
Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109

Henry B. McNulty, Vice Chairman
Res: 75 Bellamy Road (October-April)
Cheshire, CT 06410-3038 (203) 271-1377
14 Seacrest Road (May-Sept)
Old Saybrook, CT 06475-2920 860
(860) 395-0442

Patrick J. Gilland, President/CEO
Bus: Church Homes, Inc. (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 235 Carriage Drive (203) 598-7684
Middlebury, CT 06762

DIRECTORS

Gerard J. Baldwin
Bus: Retired
Res: 181 Main Street (860) 435-9996
Lakeville, CT 06039

Joseph C. Black, Jr.
Bus: Retired
Res: 18 High Farm Road (860) 844-8538
East Granby, CT 06026

Robert S. Dicks, MD, FACP
Bus: Chief, Div. of Geriatric Medicine & Gerontology
Hartford Hospital (860) 545-7043
80 Seymour Street
Hartford, CT 06102
FAX: (860) 545-7220
Res: 243 West Mountain Road (860) 622-1999
West Simsbury, CT 06092

DIRECTORS - continued

Patrick S. Gilligan
Bus: Vice President, Portfolio Manager
TD Bank
2461 Main Street
Glastonbury, CT 06033 (860) 652-6571
FAX: (860) 652-7998
Res: 49 Whittlesey Road (203) 263-6707
Woodbury, CT 06798

Peter L. Holland
Bus: Senior Vice President
Goman+York Property Advisors, LLC
800 Connecticut Boulevard
East Hartford, CT 06108 (860) 280-8327
FAX: (860) 525-5700
Res: 34 Musker Trail (860) 651-9933
Simsbury, CT 06070
FAX: (860) 651-5021

Thomas P. Kelley
Res: 114 Steele Road (860) 306-2388
West Hartford, CT 06119

Mercedese E. Large
Res: 17 Stuart Drive (860) 232-3025
Bloomfield, CT 06002
FAX: (860) 232-3026

Peter B. Matthews
Bus:
Res: 75 Rockwood Drive (860) 620-0322
Southington, CT 06489

Patrick Y. Yung
Bus: Bain Capital Ventures
Res: 5215 88th Avenue SE (860) 983-8809
Mercer Island, WA 98040

DIRECTORS AND OFFICERS 2016 - 2017 (cont'd)

OFFICERS

Raymond A. Gasperini

Bus: Vice President and Chief
Financial Officer, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 100 Hollister Drive (860) 404-2064
Avon, CT 06001

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
FAX: (860) 435-0636
Res: 179 Under Mountain Road (860) 543-2102
Salisbury, CT 06068

William Thompson

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106
FAX: (860) 525-2090
Res: 133 DiRienzo Heights (860) 418-9332
Derby, CT 06418

Marjorie K. Tessman

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 56 Sherwood Road (860) 582-7880
Bristol, CT 06010

General Information and Questionnaire Related Parties*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 4 of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Church Homes, Inc. Congregational 705A New Britain Avenue Hartford, CT 06106	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management Services - See Page 17	Pg. 16, Line m12	1,093,008	1,112,886
Alliance Rehabilitation of CT, LLC	Hartford, CT 06106	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	Pg. 13 Lines B5a, B9a, B10a and B12	901,974	See Page 4a
The Heights	550 New Britain Avenue Hartford, CT 06106	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Receptionist Services	Pg. 16, Line m12	69,028	69,028
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

Symbria Rehab, a CALTC Health Venture Partner ("Symbria Rehab of CT") is a joint venture of CALTC Ventures, LLC and Symbria (based in Oakbrook, IL). CALTC Ventures, LLC and Symbria have a 40% and 60% owner interest in Symbria Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Symbria Rehab of CT currently services 7 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of rehab to Symbria Rehab of CT. Furthermore, Noble Horizons did not receive profit-sharing or revenue of any kind from its relationship with Symbria Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. Noble Horizons pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) West Hartford, CT
---	--

Services Provided by This Firm (*describe fully*)

1 Financial audit and other accounting related services. Costs are included in the administrative management fee.	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

Yes No Page 16, Line m12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached Analysis - Page 7A 2 3 4 5	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Total Allowable Legal Fees Per Page 7A	\$	540
2 Legal Fees - Disallowed Per Page 7A	\$	25,287
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	25,287

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

Yes No Page 15, Line 1e

AVERY HEIGHTS
9/30/2017

Attachment Page 7

Murtha, Cullina, LLP - Hartford, CT - (860) 240-6000

General Business - Not Specific to a Case	540	A
Department of Housing Grant	4,939	D
Collections	<u>18,544</u>	D
Sub Total	<u>24,023</u>	

Wiggin & Dana - New Haven, CT - (203) 498-4380

Collections	<u>1,804</u>	D
Sub Total	<u>1,804</u>	

Total Legal Fees

25,827

A	Allowable	540
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	25,287

Schedule of Resident Statistics

Name of Facility AVERY HEIGHTS			License No. 750-C		Report for Year Ended 09/30/17				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	199	130	69									
B. On last day of THIS report period	199	130	69									
2. Number of Residents												
A. As of midnight of PREVIOUS report period	162	111	51									
B. As of midnight of THIS report period	170	123	47									
3. Total Number of Days Care Provided During Period												
A. Medicare	5,846	570	5,276		4,447	391	4,056		1,399	179	1,220	
B. Medicaid (Conn.)	43,115	38,849	4,266		32,052	29,056	2,996		11,063	9,793	1,270	
C. Medicaid (other states)												
D. Private Pay	5,783	4,689	1,094		4,198	3,427	771		1,585	1,262	323	
E. State SSI for RCH												
F. Other (Specify) Managed Care/Commercial	3,141	387	2,754		2,219	314	1,905		922	73	849	
G. Total Care Days During Period (3A thru F)	57,885	44,495	13,390		42,916	33,188	9,728		14,969	11,307	3,662	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	27	18	9		23	14	9		4	4		
5. Total Resident Days (3G + 4A + 4B)	57,912	44,513	13,399		42,939	33,202	9,737		14,973	11,311	3,662	

Schedule of Resident Statistics (Cont'd)

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	104	16	15	19			
Per Diem Rate								
a. One bed rm.	555.64	247.69	189.51	See Pg 9A	See Pg 9A	n/a	n/a	n/a
b. Two bed rms.	555.64	247.69	189.51	See Pg 9A	See Pg 9A	n/a	n/a	n/a
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,820	2,168	652	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	107	82	25	
C. Other	18,925	14,546	4,379	
D. Total Physical Therapy Treatments	21,852	16,796	5,056	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	528	406	122	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	10	8	2	
C. Other	2,187	1,681	506	
D. Total Speech Therapy Treatments	2,725	2,095	630	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,623	2,016	607	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	79	61	18	
C. Other	21,147	16,254	4,893	
D. Total Occupational Therapy Treatments	23,849	18,331	5,518	

AVERY HEIGHTS
9/30/2017

Attachment 9A

Self Pay Rates as of 9/30/2017

CCH One Bedroom:

475.00
459.00
270.00

CCH Two Bedroom:

428.00
260.00

RHNS One Bedroom:

510.00
475.00
459.00
270.00

RHNS Two Bedroom:

475.00
428.00
260.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	-	-	-	-	-	-
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,294	1,604	43,736	483	-	-
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	213,901	9,237	64,387	2,782	-	-
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	-	-	-	-	-	-
c. Dietary Workers	-	-	-	-	-	-
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	-	-	-	-	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,389	1,599	19,660	481	-	-
b. Other Maintenance Workers	140,384	6,494	42,207	1,952	-	-
8. Laundry Service						
a. Supervisor	-	-	-	-	-	-
b. Other Laundry Workers	-	-	-	-	-	-
9. Barber and Beautician Services	-	-	-	-	-	-
10. Protective Services	-	-	-	-	-	-
11. Accounting Services						
a. Head Accountant	-	-	-	-	-	-
b. Other Accountants	-	-	-	-	-	-
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	153,678	3,169	46,259	953	-	-
b. RN						
1. Direct Care	841,553	22,498	341,566	9,131	-	-
2. Administrative**	104,685	2,872	42,490	1,166	-	-
c. LPN						
1. Direct Care	1,142,512	37,788	463,716	15,338	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	2,172,302	115,751	516,944	27,546	-	-
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	191,452	8,389	57,629	2,525	-	-
i. Physicians						
1. Medical Director	-	-	-	-	-	-
2. Utilization Review	-	-	-	-	-	-
3. Resident Care***	-	-	-	-	-	-
4. Other (Specify)	-	-	-	-	-	-
j. Dentists	-	-	-	-	-	-
k. Pharmacists	-	-	-	-	-	-
l. Podiatrists	-	-	-	-	-	-
m. Social Workers/Case Management	124,667	4,726	37,527	1,422	-	-
n. Marketing	58,710	1,316	17,672	396	-	-
o. Other (Specify)						
See Attached Schedule	-	-	-	-	-	-
<i>A-13. Total Salary Expenditures</i>	5,354,527	215,443	1,693,793	64,175	-	-

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	(Specify)	(Specify)
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	36,378	570	10,950	172	-	-
Total	\$ 36,378	570	\$ 10,950	172	\$ -	-

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2017		Page 11	of 37			
Name	CCNH	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2017		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
William Thompson	145,294	43,736	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	2,087 A.2.				
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
AVERY HEIGHTS	750-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	-	-	-	-	-	-
2. Dentist	307	18	93	6	-	-
3. Pharmacist	9,068	185	2,729	56	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	269,320	6,014	81,072	1,810	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	23,059	100	6,941	30	-	-
b. Utilization Review (Title 18 and 19 only) monthly meeting	-	-	-	-	-	-
c. Resident Care**	2,497	17	751	5	-	-
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	-	-	-	-	-	-
2. Pharmaceutical Committee (Quarterly meetings)	-	-	-	-	-	-
3. Staff Development Committee (Once annually)	-	-	-	-	-	-
e. Other (Specify) Medical Adv Board / Cardiologist Consultant	12,951	56	3,899	17	-	-
9. Speech Therapist						
a. Resident Care	89,866	1,482	27,024	446	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	297,739	6,106	89,625	1,838	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,223	13	902	5	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	130,711	3,527	53,052	1,432	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	-	-	-	-	-	-
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	36,378	570	10,950	172	-	-
B-13 Total Fees Paid in Lieu of Salaries	874,119	18,088	277,038	5,817	-	-

* 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 AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2017		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Martha A. Kurilec, DMD	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Value Health Care Services, Inc.	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
		<input type="checkbox"/>	<input type="checkbox"/>			
Starling Physicians, PC	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
HHC Physicians Care, Inc., Starling Physicians, Cottage Grove Cardiology	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Doris Jean Phillips	Medical Advancement	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Starling Physicians	Cardiology Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
Alliance Rehabilitation of CT	Occupational Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
Value Health Care Services	Temporary Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Harborside, Nursefinders, Caring Nurses	Temporary Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Respiratory Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 221,692	168,417	53,275	-
2. Disability Insurance	\$ 38,716	29,412	9,304	-
3. Unemployment Insurance	\$ 2,938	2,232	706	-
4. Social Security (F.I.C.A.)	\$ 527,343	400,616	126,727	-
5. Health Insurance	\$ 1,226,738	931,939	294,799	-
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,388	4,853	1,535	-
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 517,297	392,985	124,312	-
8. Uniform Allowance	\$ -	-	-	-
9. Other (<i>Specify</i>) See Attached Schedule	\$ 21,450	16,296	5,154	-
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 56,657	43,548	13,109	-
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 25,827	19,851	5,976	-
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 25,441	19,556	5,885	-
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 29,007	22,296	6,711	-
2. Cellular Phones	\$ 16,298	12,528	3,770	-
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$ -	-	-	-
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ -	-	-	-
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ -	-	-	-
2. Other (<i>Specify</i>) See Attached Schedule	\$ -	-	-	-
3. Resident Day User Fee	\$ 1,041,541	800,561	240,980	-
Subtotal	\$ 3,757,333	2,865,090	892,243	-

* 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**

AVERY HEIGHTS
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Assistance Program	513	162	-
Personal Time Accrued	(3,257)	(1,030)	-
Training Fund - Union	20,863	6,599	-
Capitalized Benefits	(1,823)	(577)	-
Total	\$ 16,296	\$ 5,154	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS	750-C	9/30/2017	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,757,333	2,865,090	892,243	-
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	-	-	-	-
2. Holiday Parties for Staff	\$	1,149	883	266	-
3. Gifts to Staff and Residents	\$	2,337	1,796	541	-
4. Employee Travel	\$	500	384	116	-
5. Education Expenses Related to Seminars and Conventions	\$	2,056	1,581	475	-
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	19,300	14,835	4,465	-
7. Other (<i>Specify</i>) See Attached Schedule	\$	-	-	-	-
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	(159)	(122)	(37)	-
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	-	-	-	-
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	16,012	12,307	3,705	-
4. Fund-Raising***	\$	13,677	10,512	3,165	-
5. Medical Records	\$	-	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	-	-	-	-
7. Postage	\$	1,888	1,451	437	-
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	19,657	15,109	4,548	-
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	-	-	-	-
9. Subscriptions	\$	1,206	927	279	-
10. Contributions*** See Attached Schedule	\$	-	-	-	-
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	127,245	97,804	29,441	-
12. Administrative Management Services**	\$	1,093,008	840,121	252,887	-
13. Other (<i>Specify</i>) See Attached Schedule	\$	11,890	9,284	2,606	-
C-14 Total Administrative & General Expenditures	\$	5,067,099	3,871,962	1,195,137	-

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Administration/Admissions Advertising	367	110	-
All Marketing Non-Salary Expenses	11,940	3,595	-
Total Other Advertising	\$ 12,307	\$ 3,705	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	15,025	4,523	-
US Bank - Credit Card Membership	8	2	-
Amazon Prime	76	23	-
Total Dues	\$ 15,109	\$ 4,548	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CHEFA Admin Fee	3,057	732	-
Licenses	2,654	799	-
Meetings	334	100	-
Pre-Employment Services	3,239	975	-
Total Other Administrative and General	\$ 9,284	\$ 2,606	\$ -

Licenses:

Department of Energy and Environmental Protection	\$ 410
Department of Public Health	\$ 1,875
DAS - Boiler Bureau	\$ 560
Emergency Services & Telecommunications	\$ 108
Department of Health	\$ 50
State of CT - Notary	\$ 50
CTLTCMAP	\$ 350
BJs	\$ 50
Sub Total	\$ 3,453
Less: Portion Allocated to Cottages	\$ -
Total Licenses	\$ 3,453

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Schedule C-1 - Management Services*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	1,093,008	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
EVERY HEIGHTS	750-C	9/30/2017		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 15,806	12,149	3,657		-
2. Non-Food Supplies	\$ 1,276	981	295		-
3. Other (Specify) _____	\$ -	-	-		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,800,948	1,384,266	416,682		-
c. Management Services**	\$ -	-	-		-
d. Other (Specify) _____	\$ -	-	-		-
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 1,818,030	1,397,396	420,634		-
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	476	366	110		
H. Is cost of employee meals included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify cost. \$1,021
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify amt. \$1,021
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Page 30, Line IV, 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2017		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*	Lbs.	838,451	644,460	193,991		-
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	144	111	33		-
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.	-	-	-		-
	Amt. \$	-	-	-		-
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.	-	-	-		-
	Amt. \$	-	-	-		-
4. Repair and/or purchase of linens.***	Lbs.	838,451	644,460	193,991		-
	Amt. \$	27,837	21,396	6,441		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	309,002	237,509	71,493		-
c. Management Services**	\$	-	-	-		-
d. Other (Specify)	\$	-	-	-		-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	336,983	259,016	77,967		-
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.			
H.	Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.			
I.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.			
K.	Did you receive revenue from these people? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.			
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS	750-C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Served	135,056	103,808	31,248	-
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	38,424	29,534	8,890	-
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served	135,056	103,808	31,248	-
	by Personnel				
	Amt. \$	807,533	620,694	186,839	-
c. Management Services*		\$ -	-	-	-
d. Other (<i>Specify</i>)		\$ -	-	-	-
4E. Total Housekeeping Expenditures (4a + b + c + d)....		\$ 845,957	650,228	195,729	-
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	-	-	-	-
2. Purchased from Value Health Care Service, Inc.	\$	308,737	237,305	71,432	-
b. Medicine Cabinet Drugs	\$	36,516	28,067	8,449	-
c. Medical and Therapeutic Supplies	\$	265,717	204,238	61,479	-
d. Ambulance/Limousine***	\$	619	476	143	-
e. Oxygen					
1. For Emergency Use	\$	-	-	-	-
2. Other***	\$	7,766	5,969	1,797	-
f. X-rays and Related Radiological Procedures***	\$	18,767	14,425	4,342	-
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	-	-	-	-
h. Laboratory***	\$	42,817	32,911	9,906	-
i. Recreation	\$	43,243	33,237	10,006	-
j. Other (Specify)**** See Attached Schedule	\$	37,516	28,836	8,680	-
5K. Total Resident Care Expenditures (5a - 5j)		\$ 761,698	585,464	176,234	-

* 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.

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	(Specify)
Equipment Rental - Month-to-Month - Oxygen & Bed Rental	\$ 15,923	\$ 4,793	\$ -
Medical and Therapeutic Supplies	\$ 111,347	\$ 33,517	\$ -
Disposable Incontinent Supplies	\$ 54,279	\$ 16,339	\$ -
Nursing Minor Equipment *	\$ 10,773	\$ 3,243	\$ -
Nutritional Supplements	\$ 6,005	\$ 1,808	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 4,051	\$ 1,219	\$ -
Resident Vaccinations - Disallowed	\$ 1,860	\$ 560	\$ -
Total Other Resident Care	\$ 204,238	\$ 61,479	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Pastoral Care	\$ 40	\$ 12	\$ -
Physical Therapy Supplies/Equipment Rental - Month-to-Month	\$ 28,796	\$ 8,668	\$ -
Total Other Resident Care	\$ 28,836	\$ 8,680	\$ -

* Minor Equipment and Furniture - This account represents those medical supplies that have a useful life but do not qualify to be capitalized. None of the items in this account relate to a specific patient. Examples of minor equipment include - humidifiers, small storage cabinet, oral probe, seat cushions and finger probes.

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2017		Page of 21 37							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***							
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line			
MDI Achieve	Minneapolis, MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Computer Software Contract	35,059	10,553			16	m11		
The Heights	Hartford, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4	Receptionist Services	53,057	15,971				16	m11	
A&G Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Maintenance/Data Processing/Computer	9,688	2,917				16	m11	
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Dietary Purchased Services - Personnel and Food	1,384,266	416,682					18	2b
H & H Linen Service	New Britain, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Contract - Linens, etc.	81,429	24,511					19	3b
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Purchased Services - Personnel	155,795	46,896					19	3b
Laundry Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Contract - Linens, etc.	285	86					19	3b
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Housekeeping Purchased Services	620,694	186,839					20	4b
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										
		<input type="checkbox"/>	<input type="checkbox"/>										

* 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).

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2017	Page of 21a 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided* Contract	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS (Specify)	Pg Line		
Stand-By Power	Bloomfield, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment Maintenance Contract	8,637	2,597		22	6.f
Baystate Elevator Company	Dalton, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Elevator Service Contract	20,982	6,308		22	6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Grounds Service	21,641	6,507		22	6.f
CT Temperature Controls	Cromwell, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		HVAC	17,883	5,377		22	6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plowing and Sanding	8,778	2,639		22	6.f
USA Town & Country Hauling	East Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Refuse Removal	58,617	17,623		22	6.f
Security Services of CT, Inc.	Bridgeport, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Security Contract	56,517	16,993		22	6.f
Maintenance Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		General Maintenance Services	42,806	12,873		22	6.f
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page of
EVERY HEIGHTS	750-C	9/30/2017			22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 41,583	31,969	9,614	-	
b. Heat	\$ 111,315	85,584	25,731	-	
c. Light & Power	\$ 236,207	181,606	54,601	-	
d. Water	\$ 250,781	192,811	57,970	-	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ -	-	-	-	
f. Other (<i>itemize</i>)	\$ 306,778	235,861	70,917	-	
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 946,664	727,831	218,833	-	
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 17,465	11,536	5,929	-	
b. Building & Building Improvements	\$ 334,417	229,715	104,702	-	
c. Non-Movable Equipment	\$ 180,002	110,363	69,639	-	
d. Movable Equipment	\$ 187,597	99,889	87,708	-	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 719,481	451,503	267,978	-	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$ -	-	-	-	
b. Mortgage Expense	\$ 2,904	2,343	561	-	
c. Leasehold Improvements	\$ -	-	-	-	
d. Other (<i>Specify</i>) Deferred Marketing	\$ 664	536	128	-	
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,568	2,879	689	-	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ -	-	-	-	
10. Property Taxes					
a. Real estate taxes paid by owner	\$ -	-	-	-	
b. Real estate taxes paid by lessor	\$ -	-	-	-	
c. Personal property taxes	\$ -	-	-	-	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 723,049	454,382	268,667	-	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment Maintenance Contract	21,016	6,321	-
Refuse Removal	69,154	20,792	-
Fire Protection Services	923	277	-
Carpet/Flooring Service	192	58	-
Electrician Services	3,349	1,007	-
Elevator Service Contract	20,982	6,308	-
Exterminator Service	6,407	1,926	-
Grounds Service	21,641	6,507	-
Heating/Air Conditioning Service	24,742	7,439	-
Painting Service	2,160	650	-
Plowing & Sanding	8,778	2,639	-
Security Contract	56,517	16,993	-
Total Other Repairs and Maintenance	\$ 235,861	\$ 70,917	\$ -

AVERY HEIGHTS
9/30/2017

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2017 Total Depreciation</u>	<u>2017 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	31,177	0	0	0	0	0	0
- Non-CON	<u>1,137,662</u>	<u>17,465</u>	<u>17,465</u>	<u>11,536</u>	<u>5,929</u>	<u>0</u>	<u>0</u>
Totals	<u>1,168,839</u>	<u>17,465</u>	<u>17,465</u>	<u>11,536</u>	<u>5,929</u>	<u>0</u>	<u>0</u>
Building & Improvements:							
- CON	5,416,174	134,394	134,394	106,774	27,620	0	0
- Non-CON	<u>5,912,876</u>	<u>200,023</u>	<u>200,023</u>	<u>122,941</u>	<u>77,082</u>	<u>0</u>	<u>0</u>
Totals	<u>11,329,050</u>	<u>334,417</u>	<u>334,417</u>	<u>229,715</u>	<u>104,702</u>	<u>0</u>	<u>0</u>
Fixed Equipment:							
- CON	2,323,161	5,778	5,778	4,576	1,202	0	0
- Non-CON	<u>3,497,663</u>	<u>174,224</u>	<u>174,224</u>	<u>105,787</u>	<u>68,437</u>	<u>0</u>	<u>0</u>
Totals	<u>5,820,824</u>	<u>180,002</u>	<u>180,002</u>	<u>110,363</u>	<u>69,639</u>	<u>0</u>	<u>0</u>
Moveable Equipment:							
- CON	616,554	0	0	0	0	0	0
- Non-CON	<u>3,047,038</u>	<u>187,597</u>	<u>187,597</u>	<u>99,889</u>	<u>87,708</u>	<u>0</u>	<u>0</u>
Totals	<u>3,663,591</u>	<u>187,597</u>	<u>187,597</u>	<u>99,889</u>	<u>87,708</u>	<u>0</u>	<u>0</u>

Depreciation Schedule

Name of Facility AVERY HEIGHTS		License No. 750-C			Report for Year Ended 9/30/2017			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		1,506,216	-	1,041,258	856,590	S/L	Various	17,465					
2. Disposals (attach schedule)		(337,378)	-	(337,378)	-	-	-	-					
3. Acquired during this report period (attach schedule)		-	-	-	-	S/L	Various	-					
A-4. Subtotal									17,465				
B. Building and Building Improvements													
1. Acquired prior to this report period		16,423,291	-	11,265,692	8,917,294	S/L	Various	334,100					
2. Disposals (attach schedule)		(5,115,959)	-	(5,115,959)	-	-	-	-					
3. Acquired during this report period (attach schedule)		21,719	-	21,719	-	S/L	Various	317					
B-4. Subtotal									334,417				
C. Non-Movable Equipment													
1. Acquired prior to this report period		7,088,108	-	5,749,137	4,556,493	S/L	Various	178,729					
2. Disposals (attach schedule)		(1,288,116)	-	(1,288,116)	-	-	-	-					
3. Acquired during this report period (attach schedule)		20,832	-	20,832	-	S/L	Various	1,273					
C-4. Subtotal									180,002				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Various		X		Var	Var	217,579	-	103,631	381,102	S/L	Various	-	
b.						-	-	-	-	S/L	-	-	
c.						-	-	-	-	S/L	-	-	
d.						-	-	-	-	S/L	-	-	
2. Movable Equipment													
a. Acquired prior to this report period						3,502,585	-	4,164,294	3,618,082	S/L	Various	184,206	
b. Disposals (attach schedule)						(122,607)	-	-	-	S/L	-	-	
c. Acquired during this report period (attach schedule)						66,034	-	66,034	-	-	-	3,391	
D-3. Subtotal													187,597
E. Total Depreciation													719,481

The accumulated depreciation expense reported on Page 23 is calculated on that portion of the fixed assets specifically allocated to nursing units. The accumulated depreciation expense reported on Page 31 is calculated on the entire fixed asset. Please refer to your prior year workpapers for further explanation.

In addition, Avery Heights removed the independent living component of its campus from the long term care operations. This change is reflected in the deletions portion of Page 23.

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
Total additions for Land Improvements		\$ -	\$ -		\$ - *
Deletions:					
	Remove non-LTC Assets	(337,378)		Various	
Total deletions for Land Improvements		\$ (337,378)	\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
8/31/2017	Physician Office Renovations - Not seeking reimbursement	8,119	8,119	15	90
9/30/2017	Paint Physician Office - Not seeking reimbursement	13,600	13,600	5	227
Total additions for Building Improvements		\$ 21,719	\$ 21,719		\$ 317 *
Deletions:					
	Remove non-LTC Assets	(5,115,959)		Various	
Total deletions for Building Improvements		\$(5,115,959)	\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
11/30/2016	Shower room renovation	20,832	20,832	15	1,273
Total additions for Non-Movable Equipment		\$ 20,832	\$ 20,832		\$ 1,273 *
Deletions:					
Var	Remove non-LTC Assets	(1,288,116)		Various	
Total deletions for Non-Movable Equipment		\$(1,288,116)	\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
11/30/2016	Striper machine and stencil	1,954	1,954	10	179
11/30/2016	Electric beds and mattresses (12)	11,878	11,878	12	908
3/31/2017	Washing Machine	12,422	12,422	10	725
4/30/2017	Cleveland Steamer	9,254	9,254	10	463
4/30/2017	Lateral Rotation Mattress	3,168	3,168	10	159
6/30/2017	Panacea mattresses	2,400	2,400	10	80
7/31/2017	Wheelchairs (22)	4,297	4,297	5	215
7/31/2017	5 Low air mattresses w pump	3,395	3,395	10	85
10/1/2016	Shades, Drapes, Bedspreads	2,971	2,971	10	297
9/30/2017	Computer w/license	1,672	1,672	3	46
9/30/2017	Computer w/license	1,672	1,672	3	46
9/30/2017	Computer w/license	1,672	1,672	3	46
9/30/2017	Computer w/license	1,672	1,672	3	46
9/30/2017	Computer w/license	1,672	1,672	3	46
9/1/2017	Recliners/Cushions/Spotter	5,935	5,935	10	50
Total additions for Movable Equipment		\$ 66,034	\$ 66,034		\$ 3,391 *
Deletions:					
	Remove non-LTC Assets	(122,607)		Various	
Total deletions for Movable Equipment		\$ (122,607)	\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
AVERY HEIGHTS			750-C		9/30/2017			24	37
Item	Date of Acquisition		Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.				-	-	-	-	-	
2.				-	-	-	-	-	
3.				-	-	-	-	-	
A-4. Subtotal									-
B. Mortgage Expense									
1. Bond Issuance Costs	12	2015		51,767	2,426	S/L	Var	2,904	
2. Bond Issuance Costs - Remove non-L				(9,357)	-	-	-	-	
3.				-	-	-	-	-	
B-4. Subtotal									2,904
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				-	-	-	-	-	
2. Disposals (attach schedule)				-	-	-	-	-	
3. Acquired during this report period (attach schedule) - Deferred Marketing	9	2017	5 Years	39,427	-	39,427	-	664	
C-4. Subtotal									664
D. Total Amortization									3,568

* 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 AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes No

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

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

Description	Total			
1. Date Land Purchased	1961			
2. Date Structure Completed	1961			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	10/01/61			
5. Total Licensed Bed Capacity	199			
6. Square Footage	135,056			
7. Acquisition Cost				
a. Land	72,000			
b. Building	341,918			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	11/18/15			
c. Interest Rate for the Cost Year	2.58%			
d. Term of Mortgage (number of years)	15			
e. Amount of Principal Borrowed	5,423,429			
f. Principal balance outstanding as of 09/30/2017	4,084,853			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.	Report for Year Ended			Page	of
AVERY HEIGHTS		750-C	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 109,907	88,684	21,223	-		
Name of Lender		Rate					
Salisbury Bank and Trust		2.58%					
Address of Lender							
5 Bissell Street, Lakeville, CT 06039							
2. Second Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ -					
2. Loan Origination Date		-					
3. Interest Rate %		-					
4. Term		-					
5. CHEFA Interest Expense		-	-	-	-		
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 109,907	88,684	21,223	-		

(Carry Subtotals forward to next page)

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2017			Page of 27 37	
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				109,907	88,684	21,223		
12. C. Movable Equipment								
1. Automotive Equipment				\$ -	-	-	-	
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$ -	-	-	-	
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ -	-	-	-	
12. D. Other Interest Expense (Specify)				\$ -	-	-	-	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 109,907	88,684	21,223	-	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 117,404	90,265	27,139	-	
b. Insurance on Automobiles				\$ 13,052	10,035	3,017	-	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 22,572	17,354	5,218	-	
2. Fire and Extended Coverage				\$ -	-	-	-	
3. Other (Specify) See Page 27A				\$ 2,441	1,877	564	-	
14d. Total Insurance Expenditures (14a + b + c)				\$ 155,469	119,531	35,938	-	
15. Total All Expenditures (A-13 thru C-14)				\$ 18,964,333	14,383,140	4,581,193	-	

Schedule of Other Insurance

Description	CCNH	RHNS	(Specify)
Crime	971	292	-
Insurance Claim - CHRO Complaint Defense Deductible	906	272	-
Total Other Insurance	\$ 1,877	\$ 564	\$ -

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
AVERY HEIGHTS				750-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$ -	-	-	-
2.	10	12.n	Salaries not related to Resident Care	\$ 76,382	58,710	17,672	-
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ 15,654	12,032	3,622	-
Page 13 - Professional Fees							
5.	13	B.8.c	Resident Care Physicians **	\$ 3,248	2,497	751	-
6.	13	B.10.	Occupational Therapy	\$ 387,364	297,739	89,625	-
7.			Other - See attached Schedule	\$ 47,328	36,378	10,950	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 56,657	43,548	13,109	-
10.	15	1.e	Accounting & Legal	\$ 25,287	19,436	5,851	-
11.	30	IV.3	Telephone	\$ 320	246	74	-
12.	15	1.h.2	Cellular Telephone	\$ 14,498	11,144	3,354	-
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.3	Gifts, flowers and coffee shops	\$ 2,337	1,796	541	-
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ -	-	-	-
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ -	-	-	-
17.	28b		Automobile Expense (e.g. personal use)	\$ 16,254	12,493	3,761	-
18.	16	m.3	Unallowable Advertising *	\$ 16,012	12,307	3,705	-
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 13,677	10,512	3,165	-
21.	16	m.12	Unallowable Management Fees	\$ (14,832)	(11,400)	(3,432)	-
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 4,233	3,399	834	-
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 1,021	785	236	-
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$ -	-	-	-
Page 20 - Housekeeping Expenditures							
26.	29b		Housekeeping services to employees and others who are not residents	\$ 578	444	134	-
Subtotal (Items 1 - 26)				\$ 666,018	512,066	153,952	-

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Recreation Salaries Reimbursed by Restricted Funds	12,032	3,622	-
Total Other Salaries Adjustment			\$ 12,032	\$ 3,622	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.12	Respiratory Therapy	36,378	10,950	-
Total Other Fees Adjustments			\$ 36,378	\$ 10,950	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Returned Check Fee	8	2	-
16	m.13	CHEFA Administration Fee	3,057	732	-
16	m.13	Meetings	334	100	-
Total Other A&G Adjustments			\$ 3,399	\$ 834	\$ -

AVERY HEIGHTS

9/30/2017

Transportation Disallowance Calculation

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Balance</u>	<u>Allowance</u>	<u>Potentially Allowable</u>
85007400	Interdepartmental Costs	(48,877)	0%	-
85007420	Interdepartmental Charges	25,185	100%	25,185
85008070	Employee Meals - Page 16	-	100%	-
85008125	Gas/Diesel - Page 16	16,411	100%	16,411
85008145	Licenses - Page 16	130	100%	130
85008330	Vehicle Repair/Maint - Page 16	26,451	100%	26,451
85008693	Pre-Employment Services - Page 16	-	100%	-
	Auto Insurance - Page 27	13,052	100%	13,052
	Depreciation - Page 22	-	100%	-
	Totals	32,352		81,229
	Allocated To Other Entities - Auto	-		
	Allocated To Other Entities - Deprec	-		
	Allocated To Other Entities - Insur	-		
	Net Claimed	32,352		
	Potentially Allowable			81,229
	Less: Insurance Claim Recovery - Disallowed			-
	Subtotal			81,229
	LTC Utilization			19.82%
	Net Allowable			16,098
	Claimed			32,352
	Disallowance			<u>(16,254)</u>

Transportation Log Analysis - June 2017:

<u>Bus #</u>	<u>Starting Mileage</u>	<u>Ending Mileage</u>	<u>Total Miles</u>	<u>"Common" Miles</u>	<u>LTC Miles</u>
Mini	33,067	33,796	729	25	48
6	137,093	137,999	906	65	262
7	121,407	122,104	697	56	63
8	117,909	118,854	945	43	239
	Totals		3,277	189	612
	Total Miles		3,277		
	Less: Common Miles		(189)		
	Total Resident Miles		3,088		
	LTC Miles		612		
	% of LTC Miles		19.82%		

Per Mark McKenn, the Provider is allowed to analyze the month of June to determine the LTC percentage of miles.

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility				License No.	Report for Year Ended	Page	of
AVERY HEIGHTS				750-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 666,018	512,066	153,952	-
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 308,737	237,305	71,432	-
28.	20	5.d	Ambulance/Limousine	\$ 619	476	143	-
29.	20	5.f	X-rays, etc	\$ 18,767	14,425	4,342	-
30.	20	5.h	Laboratory	\$ 42,817	32,911	9,906	-
31.	20	5.c	Medical Supplies	\$ 2,420	1,860	560	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 7,766	5,969	1,797	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 65,648	50,459	15,189	-
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ -	-	-	-
36.			Depreciation on Unallowable Motor Vehicles	\$ -	-	-	-
37.			Unallowable Property and Real Estate Taxes	\$ -	-	-	-
38.	30	IV.2	Rental of Building Space or Rooms	\$ 5,400	4,151	1,249	-
39.			Other - See Attached Schedule	\$ 3,435	2,666	769	-
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b/d		Property Insurance	\$ 427	329	98	-
Other - Miscellaneous							
42.			Research or Experimental Activities	\$ -	-	-	-
43.			Radio and Television Revenue	\$ -	-	-	-
44.			Vending Machine Revenue	\$ -	-	-	-
45.			Purchase Discounts and Allowances	\$ -	-	-	-
46.			Duplications of functions or services	\$ -	-	-	-
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$ -	-	-	-
48.			Interest Income on Accounts Rec	\$ -	-	-	-
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 231	178	53	-
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,334	1,026	308	-
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,123,619	863,821	259,798	-

*** 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.

AVERY HEIGHTS
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.i	Cable Television	\$ 21,663	\$ 6,521	\$ -
20	5.j	Physical Therapy Supplies	\$ 28,796	\$ 8,668	\$ -
Total Other Ancillary Costs			\$ 50,459	\$ 15,189	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
29b		Outpatient Therapy Allocation	\$ 406	\$ 122	\$ -
29d		Physician Office Allocation	\$ 747	\$ 225	\$ -
29c		Security Allocation Reconciliation	\$ 324	\$ 97	\$ -
22	8d	Deferred Marketing Expense	\$ 536	\$ 128	\$ -
30	IV.8	IORA Construction Management Fee	\$ 653	\$ 197	\$ -
Total Other Property Adjustments			\$ 2,666	\$ 769	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Finance Charges - Resident	\$ 178	\$ 53	\$ -
Total Other Adjustments			\$ 178	\$ 53	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
29b		Outpatient Therapy Allocation	\$ 234	\$ 70	\$ -
29d		Physican Office Allocation	\$ 792	\$ 238	\$ -
Total Unallowable Building Interest			\$ 1,026	\$ 308	\$ -

AVERY HEIGHTS
9/30/2017

Outpatient Therapy Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation of Outpatient Allocation

Total Square Footage	179,198
Square Footage of Therapy Space	5,969
Therapy Space as a % of Total Space	<u>3.3307%</u>
Total Therapy Treatments	48,426
Outpatient Therapy Treatments	994
Outpatient Therapy Treatments as a % of Total Treatments	<u>2.0526%</u>
Outpatient Allocation of Therapy Space	<u><u>0.0684%</u></u>

Expense Items

A & G	Repairs and Maintenance	\$41,583
	Interdepartmental Maintenance	76,770
	Other Maintenance	306,778
	Heat	111,315
	Light & Power	236,207
	Total	<u>\$ 772,653</u>
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$528</u>
House-keeping	Supplies	\$ 38,424
	Purchased Services	807,533
	Total	<u>\$ 845,957</u>
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$578</u>
Capital	Property Tax	-
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$0</u>
Insurance	Property Insurance (Not Including Auto)	\$ 142,417
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$97</u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$726,228
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$496</u>
Deprec & Interest	Building Depreciation	\$ 334,417
	Building Interest	109,907
	Total	<u>\$ 444,324</u>
	Outpatient Allocation	<u>0.0684%</u>
	Unallowable Amount	<u>\$304</u>

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&S needs to recalculate this disallowance to include the FYE 2016 and 2017 Fair Rent additions.

CHI
 AVERY HEIGHTS
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2017

Cost Center	Totals	Subtotal SNF	SNF Station 1	SNF Station 2	SNF Station 3	Subtotal ICF	ICF	Noble Connector	RCH
3.00 Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.01 Admin. & General	4,576.0	3,231.5	1,922.5	0.0	1,309.0	754.5	0.0	754.5	590.0
4.02 Admin. & General	789.5	94.0	0.0	0.0	94.0	695.5	0.0	0.0	0.0
5.00 Maintenance & Repairs	4,317.5	2,488.0	2,488.0	0.0	0.0	0.0	0.0	0.0	1,829.5
5.01 Plant Operations	6,131.0	3,216.5	1,293.5	737.0	1,186.0	2,088.0	1,668.0	420.0	826.5
6.00 Laundry	2,488.5	2,000.0	1,365.0	357.5	277.5	413.0	413.0	0.0	75.5
7.00 Housekeeping	2,567.5	426.0	137.5	47.0	241.5	145.0	121.0	24.0	1,996.5
8.00 Dietary	11,082.5	3,110.5	1,742.0	0.0	1,368.5	2,711.0	2,711.0	0.0	5,261.0
9.00 Nursing Admin.	4,634.5	3,768.5	2,888.0	193.0	687.5	866.0	866.0	0.0	0.0
12.00 Medical Records	1,186.1	1,186.1	0.0	0.0	1,186.1	0.0	0.0	0.0	0.0
13.00 Social Services	346.0	177.0	0.0	0.0	177.0	169.0	0.0	169.0	0.0
16.00 SNF - Participating	34,959.0	22,445.0	6,685.5	7,845.0	7,914.5	12,514.0	12,514.0	0.0	0.0
17.00 NF - Non-Participating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18.00 Other Long Term Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.00 Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.00 Physical Therapy	3,636.0	3,006.0	0.0	0.0	3,006.0	630.0	0.0	630.0	0.0
26.00 Occupational Therapy	2,044.5	2,044.5	0.0	0.0	2,044.5	0.0	0.0	0.0	0.0
27.00 Speech Pathology	288.0	288.0	0.0	0.0	288.0	0.0	0.0	0.0	0.0
29.00 Medical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30.00 Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37.00 Home Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.00 Dentist	77.5	77.5	66.0	0.0	11.5	0.0	0.0	0.0	0.0
63.01 Physicians Offices	5,048.4	5,048.4	0.0	0.0	5,048.4	0.0	0.0	0.0	0.0
63.04 Physicians Offices - Rented	415.6	415.6	0.0	0.0	415.6	0.0	0.0	0.0	0.0
63.02 Pool	4,638.0	0.0	0.0	0.0	0.0	4,638.0	0.0	4,638.0	0.0
63.03 Resident Cottages	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub Total	89,226.1	53,023.1	18,588.0	9,179.5	25,255.6	25,624.0	18,988.5	6,635.5	10,579.0
Common Area	89,972.2	33,228.2	20,211.5	212.0	12,804.7	31,015.0	17,357.5	13,657.5	25,729.0
Total Square Footage	179,198.2	86,251.3	38,799.5	9,391.5	38,060.3	56,639.0	36,346.0	20,293.0	36,308.0
	179,198.2						Pool >>>>>	(7,834.0)	
							For C/R	12,459.0	

Total Square Footage	179,198
Less: Cottages	0
Less: Pool	(7,834)
Facility Square Footage	171,364
PT Square Footage	3,636
OT Square Footage	2,045
ST Square Footage	288
Therapy Square Footage	5,969

CHI
 AVERY HEIGHTS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2017
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032003200	0.00	0.00	0.00	0.00	0.00	
Medicaid	107		3,729.41	1101032003210	3,729.41	0.00	0.00	3,729.41	0.00	
Medicare A	12,457		443,524.61	1101032003230	443,524.61	0.00	0.00	443,524.61	0.00	
Medicare B	2,820		101,955.37	1101032003240	102,615.67	(660.30)	0.00	101,955.37	0.00	
HMO - MA	4,379		156,645.96	1101032003260	157,739.98	(1,094.02)	0.00	156,645.96	0.00	
HMO - COMM	2,089		75,117.51	1101032003265	73,364.05	1,753.46	0.00	75,117.51	0.00	
Total P/T	21,852		780,972.86		780,973.72	(0.86)	0.00	780,972.86	0.00	

Occupational Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032013200	0.00	0.00	0.00	0.00	0.00	
Medicaid	79		3,117.94	1101032013210	3,117.94	0.00	0.00	3,117.94	0.00	
Medicare A	14,428		542,791.13	1101032013230	542,791.13	0.00	0.00	542,791.13	0.00	
Medicare B	2,623		99,557.75	1101032013240	100,016.49	(458.74)	0.00	99,557.75	0.00	
HMO - MA	4,917		188,723.94	1101032013260	189,805.41	(1,081.47)	0.00	188,723.94	0.00	
HMO - COMM	1,802		69,945.09	1101032013265	68,405.34	1,539.75	0.00	69,945.09	0.00	
Total O/T	23,849		904,135.85		904,136.31	(0.46)	0.00	904,135.85	0.00	

Speech Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	10		931.56	1101032023210	931.56	0.00	0.00	931.56	0.00	
Medicare A	1,582		148,702.30	1101032023230	148,702.30	0.00	0.00	148,702.30	0.00	
Medicare B	528		49,321.34	1101032023240	49,114.46	206.88	0.00	49,321.34	0.00	
HMO - MA	415		39,356.19	1101032023260	40,068.64	(712.45)	0.00	39,356.19	0.00	
HMO - COMM	190		17,924.23	1101032023265	17,211.78	712.45	0.00	17,924.23	0.00	
Total S/T	2,725		256,235.62		256,028.74	206.88	0.00	256,235.62	0.00	

AVERY HEIGHTS
9/30/2017

Security Disallowance:

Avery Heights "charges" The Heights for security services based on full-time equivalents and residents. Per 2007 Medicaid audit, a more accurate reflection of costs is beds. The following calculation determines the disallowance:

Security Contract - Account #83008710	144,702
Total Security Costs to be Allocated	<u>144,702</u>
Bed Allocation:	
CCH	130
RHNS	69
RCH	<u>0</u>
	199
Independent Living Cottages	58
Independent Living Apartments	<u>137</u>
Total Beds	<u>394</u>
Independent Living Apartments & Cottages	195
Total Avery Heights Beds	394
Percentage of Total ILA to Total Beds	49.49%
Total Security Costs to be Allocated	144,702
% for The Heights based on beds	<u>49.49%</u>
Allocation to The Heights	71,613
Facility Allocation	<u>(71,192)</u>
Additional Allocation to The Heights	<u>421</u>

AVERY HEIGHTS
9/30/2017

Physician Office Space Overhead

The physician office space is being rented effective September 1, 2017. It should be noted, the area of the building allocated to physician offices is already excluded from the fair rent schedule. The following overhead costs associated with the physician office, based on the lease language calculated as follows:

Calculation of Physician Office Space Allocation

Total Square Footage	179,198
Square Footage of Physician Office Space - 4,987 square feet / 12 (1 month)	416
Physician Office Space as a % of Total Space	<u>0.2319%</u>
Physician Office Space	<u><u>0.2319%</u></u>

Expense Items

A & G	Repairs and Maintenance - IORA is responsible	\$0
	Other Maintenance - Groundskeeping	28,148
	Other Maintenance - Plowing & Sanding	11,417
	Other Maintenance - HVAC	32,181
	Other Maintenance - Remainder - IORA is responsible	0
	Heat	111,315
	Light & Power	236,207
	Total	<u>\$ 419,268</u>
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$972</u></u>
House-keeping	Supplies - IORA is responsible	\$ -
	Purchased Services - IORA is responsible	0
	Total	\$ -
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$0</u></u>
Capital	Property Tax	-
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	\$ 142,417
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$330</u></u>
Fair Rent	Real Property - Physician Space is already excluded from fair rent	\$0
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$0</u></u>
Deprec & Interest	Building Depreciation	\$ 334,417
	Building Interest	109,907
	Total	<u>\$ 444,324</u>
	Physician Office Allocation	<u>0.2319%</u>
	Unallowable Amount	<u><u>\$1,030</u></u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
AVERY HEIGHTS	750-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents <i>(CT only)</i>	\$ 17,141,761	15,859,986	1,281,775			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,719,747)	(6,239,468)	(480,279)			
2. a. Medicaid <i>(All other states)</i>	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 2,714,989	243,204	2,471,785			
b. Medicare Room and Board Contractual Allowance **	\$ 476,539	(14,120)	490,659			
4. a. Private-Pay Residents and Other	\$ 4,058,214	2,349,192	1,709,022			
b. Private-Pay Room and Board Contractual Allowance **	\$ (173,229)	(25,775)	(147,454)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 303,702	233,435	70,267			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (303,702)	(233,435)	(70,267)			
c. Prescription Drugs - Non-Medicare	\$ 170,743	131,238	39,505			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (170,743)	(131,238)	(39,505)			
2. a. Medical Supplies - Medicare	\$ 338	260	78			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (338)	(260)	(78)			
c. Medical Supplies - Non-Medicare	\$ 37	28	9			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (37)	(28)	(9)			
3. a. Physical Therapy - Medicare	\$ 546,140	419,777	126,363			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (465,656)	(357,915)	(107,741)			
c. Physical Therapy - Non-Medicare	\$ 234,834	180,499	54,335			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (219,704)	(168,870)	(50,834)			
4. a. Speech Therapy - Medicare	\$ 197,817	152,083	45,734			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (148,870)	(114,452)	(34,418)			
c. Speech Therapy - Non-Medicare	\$ 58,212	44,754	13,458			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (47,847)	(36,785)	(11,062)			
5. a. Occupational Therapy - Medicare	\$ 642,807	494,079	148,728			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (562,132)	(432,070)	(130,062)			
c. Occupational Therapy - Non-Medicare	\$ 261,329	200,865	60,464			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (244,606)	(188,011)	(56,595)			
6. a. Other <i>(Specify)</i> - Medicare	\$					
b. Other <i>(Specify)</i> - Non-Medicare	\$ 1,110	853	257			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,751,961	12,367,826	5,384,135			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,021	785	236			
2. Rental of rooms to non-residents	\$ 5,400	4,151	1,249			
3. Telephone and Telegraph	\$ 320	246	74			
4. Rental of Television and Cable Services	\$ 7,550	5,803	1,747			
5. Interest Income <i>(Specify)</i>	\$ 131	106	25			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other <i>(Specify)</i>	\$ 55,725	42,832	12,893			
V. Total Other Revenue (1 thru 8)	\$ 70,147	53,923	16,224			
VI. Total All Revenue (III + V)	\$ 17,822,108	12,421,749	5,400,359			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 13	Respiratory Therapy - Private	\$ 853	\$ 257	\$ -
Total Other Resident Revenue		\$ 853	\$ 257	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg. 31 A.8	Accounts Receivable		106	25	-
Total Interest Income			\$ 106	\$ 25	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 30 I.8	Finance Charges - Resident	\$ 178	\$ 53	\$ -
Pg. 30 I.8	IORA Construction Management Fee	\$ 653	\$ 197	\$ -
Pg. 30 I.8	United Health Care - Efficiency Program	\$ 6,231	\$ 1,876	\$ -
Pg. 30 I.8	Returned Check Income	\$ 8	\$ 2	\$ -
Pg. 30 I.8	Flu Vaccine Revenue - Expense already disallowed	\$ 3,336	\$ 1,004	\$ -
Pg. 30 I.8	Endowment Income - Unrestricted	\$ 10,024	\$ 3,018	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Recreation	\$ 12,032	\$ 3,622	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Fundraising - Already Disallowed	\$ 10,370	\$ 3,121	\$ -
Total Other Revenue		\$ 42,832	\$ 12,893	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(2,896,822)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,907,452
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(30,432)
4. Inventories			\$	76,117
5. Prepaid Expenses			\$	16,083
a. <u>Prepaid Other</u>	16,083			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	(927,602)
B. Fixed Assets				
1. Land			\$	72,000
2. Land Improvements	*Historical Cost	1,168,838	\$	96,861
	Accum. Depreciation	1,071,977		Net
3. Buildings	*Historical Cost	11,329,051	\$	2,060,989
	Accum. Depreciation	9,268,062		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	5,820,824	\$	1,109,713
	Accum. Depreciation	4,711,111		Net
6. Movable Equipment	*Historical Cost	3,446,012	\$	1,009,047
	Accum. Depreciation	2,436,965		Net
7. Motor Vehicles	*Historical Cost	217,579	\$	
	Accum. Depreciation	217,579		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,406
<u>Projects In Progress</u>	10,406			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,359,016

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,431,414
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
75,843				
Bond Issuance Costs (Net)			37,080	
Deferred Marketing (Net)			38,763	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
75,843				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$				
3,507,257				

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
AVERY HEIGHTS		750-C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	280,950
2. Notes Payable (<i>itemize</i>)				\$	4,627
Notes Payable - Shortterm					4,627
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	357,689
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	9,506
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	255,969
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	26,933
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	458,163
Accrued Expenses		62,289	Resident Deposits	54,224	
Nursing Home Tax		269,371			
Suspense		329			
Resident Personal Funds		71,950			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,393,837

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,393,837	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 3,828,884
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,828,884
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,222,721

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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(573,239)
6. Gain or Loss for Period			\$	(1,142,225)
				10/1/2016 thru 9/30/2017
7. Total Net Worth			\$	(1,715,464)
C. Total Reserves and Net Worth			\$	(1,715,464)
D. Total Liabilities, Reserves, and Net Worth			\$	3,507,257

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,878,588
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,822,108
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	18,964,333
D. Net Income or Deficit			\$	(1,142,225)
E. Balance			\$	736,363
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Transfers to Operating Fund		1,830,945		
Transfer to Restricted Fund		27,904		
Removal of Cottages from LTC reporting		(4,310,676)		
F-3. Total Additions			\$	(2,451,827)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>		09/30/17	\$	(1,715,464)

I. Preparer's/Reviewer's Certification

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting & Reimbursement	Date Signed <i>2/15/2018</i>		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		