

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Southington Care Facility	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
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 checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider 07-5336
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Medicaid Provider Numbers:	CCNH 2060-2	RHNS	ICF-IID
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**For Department Use Only**

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

### General Information

Name of Facility (as licensed) Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Southington Care Facility [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Southington Care Facility	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Dorothy Robinson	Phone Number 860-696-6438	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 860-621-9559		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Southington Care Facility		Address (No. & Street, City, State, Zip ) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator William Kowalewski		Nursing Home Administrator's License No.:	001813	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









**General Information and Questionnaire  
 Related Parties\***

Name of Facility Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	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	%**				
See attached listing		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	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.

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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.

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Southington Care Facility		License No. 2060-C		Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
short term leases only	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>								

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 SGF Accounting LLC 2 Blum Shapiro 3 4	Address (No. & Street, City, State, Zip Code) PO Box 7, Indian Valley, VA 24105 PO Box 27200, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Consulting - Medicaid Cost Report	\$ 156
2 Medicare Cost Report preparation	\$ 5,860
3	\$
4	\$
	Charge for Services Provided
	\$ 6,016

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

- Yes     No    Page 15 line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Michalik, Bauer, Silva & Ciccarillo LLP 2 American Adjustment Bureau 3 4 5	Telephone Number 860-225-8403 203-574-4200
--	--

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

- 1 35 Pearl St. Suite 300, New Britain, CT 06051  
 2 PO Box 2758, Waterbury, CT 06723  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Collections - disallowed	\$ 2,675
2 Collections - disallowed	\$ 158
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,833

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

- Yes     No    Page 15 line 1e

**Schedule of Resident Statistics**

Name of Facility Southington Care Facility		License No. 2060-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	124	124			124	124			121	121			
B. As of midnight of THIS report period	123	123			121	121			123	123			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,190	7,190			5,508	5,508			1,682	1,682			
B. Medicaid (Conn.)	23,989	23,989			18,020	18,020			5,969	5,969			
C. Medicaid (other states)													
D. Private Pay	8,713	8,713			6,648	6,648			2,065	2,065			
E. State SSI for RCH													
F. Other (Specify) Managed Care, Managed Medi	5,170	5,170			3,589	3,589			1,581	1,581			
G. Total Care Days During Period (3A thru F)	45,062	45,062			33,765	33,765			11,297	11,297			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	50	50			37	37			13	13			
B. Other Bed Reserve Days	112	112			86	86			26	26			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,224	45,224			33,888	33,888			11,336	11,336			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Southington Care Facility			License No. 2060-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	18		65		40								
Per Diem Rate													
a. One bed rm.	Rugs		246.64		540.00								
b. Two bed rms.					504.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									8,953	1,643		7,310	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									39,774	32,224		7,550	
D. <b>Total Physical Therapy Treatments</b>									48,727	33,867		14,860	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									341	303		38	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									951	924		27	
D. <b>Total Speech Therapy Treatments</b>									1,292	1,227		65	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,096	1,181		915	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									2	2			
C. Other									31,253	30,538		715	
D. <b>Total Occupational Therapy Treatments</b>									33,351	31,721		1,630	

**Annual Report of Long-Term Care Facility**

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Facility	2060-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	166,174	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	769,582	36,202			11,947	598
5. Dietary Service						
a. Head Dietitian	72,563	1,693				
b. Food Service Supervisor						
c. Dietary Workers	445,927	29,970				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	234,926	17,939			33,123	2,529
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,991	1,281			8,176	181
b. Other Maintenance Workers	85,405	4,515			12,042	637
8. Laundry Service						
a. Supervisor	28,241	624				
b. Other Laundry Workers	98,170	7,414				
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	210,615	4,171				
b. RN						
1. Direct Care	732,866	20,939				
2. Administrative**	300,341	6,915				
c. LPN						
1. Direct Care	1,791,730	55,847				
2. Administrative**	89,587	2,306				
d. Aides and Attendants	2,388,177	143,166				
e. Physical Therapists	680,818	18,208			298,726	7,989
f. Speech Therapists	38,498	952			2,039	50
g. Occupational Therapists	512,975	14,313			26,359	735
h. Recreation Workers	176,845	7,764				
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	213,583	6,366				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	66,003	2,858			1,022,372	13,019
<i>A-13. Total Salary Expenditures</i>	9,161,017	385,523			1,414,784	25,738

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
o. Other						
SALARY AND WAGES PA ADMINISTRATION	\$ 94,100	4,040			\$ -	
SALARY AND WAGES SCC MGMT GRP - DISALLOW					\$ 792,935	7,476
SALARY AND WAGES COMMUNITY NETWORK ADMIN - DISALLOW	\$ -				\$ 108,619	1,555
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION					\$ 125,157	4,067
PTO & HOLIDAY ACCRUALS	\$ (28,097)	(1,182)			\$ (4,339)	(79)
<b>Total</b>	\$ 66,003	2,858	\$ -	-	\$ 1,022,372	13,019

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
CT REHAB AND SPASTICITY - DISALLOWED	\$ 10,500	42			\$ -	-
<b>Total</b>	\$ 10,500	42	\$ -	-	\$ -	-



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

Name of Facility				License No.	Report for Year Ended				Page	of
Southington Care Facility				2060-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Southington Care Facility				2060-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
William Kowalewski	166,174			Non-discriminatory	Administrator - Management of facility	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Southington Care Facility	2060-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	8,532	96				
3. Pharmacist	7,519	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	31,706	473			13,912	208
b. Other						
6. Social Worker						
7. Recreation Worker	24,463	883				
8. Physicians						
a. Medical Director (entire facility)	49,800	500				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	5,470	23			290	1
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	10,500	42				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>137,990</b>	<b>2,209</b>			<b>14,202</b>	<b>209</b>

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

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

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

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

Name of Facility Southington Care Facility		License No. 2060-C		Report for Year Ended 9/30/2018		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
United Dental Resources	dental consulting	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Dental Group	dental consulting	<input type="radio"/>	<input checked="" type="radio"/>						
Omnicare	pharmacy consulting	<input type="radio"/>	<input checked="" type="radio"/>						
Hartford Healthcare Rehab Network	physical therapy	<input checked="" type="radio"/>	<input type="radio"/>						
Christopher Caton	recreation - pastoral care	<input type="radio"/>	<input checked="" type="radio"/>						
Victoria Triano	recreation - pastoral care	<input type="radio"/>	<input checked="" type="radio"/>						
Brian Colbath	recreation - art classes	<input type="radio"/>	<input checked="" type="radio"/>						
Diane Anelli	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Tom Alvord	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Gary Endreadis	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Douglas Mulcahy	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Joseph Cadena	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Joel Blumert	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
James Harkins	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Ann and Frank Difiglia	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Dan Gardella	recreation - music	<input type="radio"/>	<input checked="" type="radio"/>						
Karen Kurowski	recreation - strolling	<input type="radio"/>	<input checked="" type="radio"/>						
Dr. Craig Bogdanski	medical director	<input type="radio"/>	<input checked="" type="radio"/>						
Dr. Joseph Babiarz - Prohealth Physicians	medical director	<input type="radio"/>	<input checked="" type="radio"/>						
Swallowing Diagnostics	swallowing testing	<input type="radio"/>	<input checked="" type="radio"/>						
Dysphagia Experts	swallowing testing	<input type="radio"/>	<input checked="" type="radio"/>						
CT Rehabilitation and Spasticity	physiatrist	<input type="radio"/>	<input checked="" type="radio"/>						

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Facility	2060-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 247,940	214,772		33,168
2. Disability Insurance	\$ 15,866	13,744		2,122
3. Unemployment Insurance	\$ 2,688	2,328		360
4. Social Security (F.I.C.A.)	\$ 737,717	639,028		98,689
5. Health Insurance	\$ 1,814,593	1,508,499		306,094
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 28,680	24,843		3,837
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 276,733	239,713		37,020
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 65,961	25,724		40,237
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 25,974	25,974		
d. Accounting and Auditing	\$ 6,016	6,016		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,833	2,833		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 38,746	32,428		6,318
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,359	13,650		4,709
2. Cellular Phones	\$ 1,918	1,097		821
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	\$ 711,779	711,779		
<b>Subtotal</b>	\$ 3,995,803	3,462,428		533,375

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Facility	2060-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<b>Subtotals Brought Forward:</b>	3,995,803	3,462,428		533,375	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,274	5,274		
3. Gifts to Staff and Residents	\$	6,615	6,324	291	
4. Employee Travel	\$	11,068	4,207	6,861	
5. Education Expenses Related to Seminars and Conventions	\$	6,934	6,004	930	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	1,501	1,459	42	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	105		105	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	11,043		11,043	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	11,692	11,573	119	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	14,626	14,541	85	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	4,619	4,419	200	
10. Contributions*** See Attached Schedule	\$	100	100		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	46,477	46,402	75	
12. Administrative Management Services**	\$	4,317,008	4,317,008		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	416,135	118,991	297,144	
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>8,849,000</b>	<b>7,998,730</b>	<b>850,270</b>	

\* 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	Other
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	Other
ADVERTISING- SC MGMT GRP - DISALLOWED	\$ -		\$ 955
ADVERTISING MARKETING & ADVERTISING - DISALLOWED	\$ -		\$ 8,750
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING - DISALLOWED	\$ -		\$ 20
PURCHASED SERVICE OUTSOURCE SCC MGMT GRP - DISALLOWED	\$ -		\$ 701
DIGITAL PRINT CHARGES ADMIN & GENERAL - DISALLOWED			\$ 575
DIGITAL PRINT CHARGES SCC MGMT GRP - DISALLOWED			\$ 42
<b>Total Other Advertising</b>	\$ -	\$ -	\$ 11,043

**Schedule of Dues**

Description	CCNH	RHNS	Other
	\$ -		\$ -
ALTCFM	\$ 510		\$ 85
CALTC	\$ 600		
LEADING AGE	\$ 12,335		
PLAINVILLE SOUTHINGTON REGIONAL HEALTH DISTRICT	\$ 100		
CAHCF	\$ 350		
PLAINVILLE SOUTHINGTON REGIONAL HEALTH DISTRICT	\$ 300		
CLIA LABORATORY PROGRAM CERTIFICATE FEE	\$ 150		
COSTCO MEMBERSHIP	\$ 60		
MOTION PICTURE LICENSING CORPORATION	\$ 136		
<b>Total Dues</b>	\$ 14,541	\$ -	\$ 85



**Schedule of Contributions**

Description	CCNH	RHNS	Other
			\$ -
TRINITY HEALTH OF NEW ENGLAND - DISALLOW	\$ 50		
CYSTIC FIBROSIS FOUNDATION - DISALLOW	\$ 50		
<b>Total Contributions</b>	\$ 100	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Other
CONSULTING NURSING DIRECT MGMT	\$ 731		\$ -
LEASED - OFFICE EQUIPMENT ADMIN & GENERAL	\$ 54,133		\$ -
LEASED - OFFICE EQUIPMENT SCC MGMT GRP - DISALLOWED	\$ -		\$ 1,297
LEASED - OFFICE EQUIPMENT NURSING CERTIFIED NURSING ASST	\$ 760		\$ -
MINOR EQUIPMENT AND FURNISHING ADMIN & GENERAL	\$ 131		\$ -
MERCHANT FEES - DISALLOWED	\$ -		\$ 57,131
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (6)		\$ -
REBATES SUPPLY CHAIN MGMT	\$ (22)		\$ -
LATE FEES ADMIN & GENERAL - DISALLOWED	\$ -		\$ 65
LATE FEES SCC MGMT GROUP - DISALLOWED	\$ -		\$ 100
LATE FEES FINANCE ADMINISTRATION - DISALLOWED	\$ -		\$ 20
LATE FEES INSURANCE - DISALLOWED	\$ -		\$ 26
WIFI INTERNET	\$ 1,845		
MISCELLANEOUS EXPENSE SCC MGMT GRP - DISALLOWED	\$ -		\$ 42,258
MISCELLANEOUS EXPENSE FUND DEPT - DISALLOWED	\$ -		\$ 3,508
MISCELLANEOUS EXPENSE ADMIN & GENERAL - DISALLOWED	\$ -		\$ 128,107
BOND FEES ADMIN & GENERAL	\$ -		\$ 63,964
MISCELLANEOUS EXPENSE FRINGE BENEFITS	\$ -		\$ (1,414)
STORAGE RENT/LEASE ADMIN & GENERAL	\$ 7,117		\$ -
PURCHASED SERVICES - OTHER ADMIN & GENERAL - DISALLOWED	\$ 2,000		\$ -
PENALTIES - DISALLOWED	\$ 25,759		\$ -
PARKING SCC MGMT GRP - DISALLOWED	\$ -		\$ 12
CABLE AND TV RECREATIONAL THERAPY - DISALLOWED	\$ 6,375		\$ -
CABLE AND TV SCC MGMT GRP - DISALLOWED	\$ -		\$ 2,070
REPLACE RESIDENT BELONGINGS - DISALLOWED	\$ 4,479		\$ -
PROBATE FEE	\$ 290		
ABILITY NETWORK CHARGES - DISALLOWED	\$ 15,399		
	\$ -		
<b>Total Other Administrative and General</b>	\$ 118,991	\$ -	\$ 297,144





**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Facility	2060-C	9/30/2018	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare	4,317,008	Contracting & Management	p. 16 line 1m12
Morrison Community Living	465,081	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1, 2 & 3b
Crothall Healthcare	114,421	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a1 & 4b

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Southington Care Facility		2060-C	9/30/2018	18	37
Item		Total	CCNH	RHNS	Other
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	306,123	306,123		
2. Non-Food Supplies	\$	73,977	73,977		
3. Other ( <i>Specify</i> ) _____ In House food for depts - disallowed except for recreation department for residents	\$	35,603	34,359		1,244
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
c. Other ( <i>Specify</i> ) _____ Food prepared by affiliate Jefferson House	\$	2,629	2,629		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 473,561	472,317		1,244
<b>2F. Dietary Questionnaire</b>					
<b>G. Resident Meals:</b> Total no. of meals served per day:*		370	370		
<b>H. Is cost of employee meals included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>I. Did you receive revenue from employees?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.                      \$1,842					
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b> p. 30 IV1					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify cost.					
<b>L. Is any revenue collected from these people?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.                      \$14,664					
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b> p 18 a3					
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify cost.					
<b>O. Is any revenue collected from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Facility		2060-C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	8,549	8,549		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Laundry Supplies		\$	10,066	10,066		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	18,615	18,615		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\*\* 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
Southington Care Facility		2060-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	63,454	55,227		8,227
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
		Amt. \$	55,744	48,856		6,888
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	119,198	104,083		15,115
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	414,724	414,724		
b.	Medicine Cabinet Drugs	\$	28,992	28,992		
c.	Medical and Therapeutic Supplies	\$	190,232	190,232		
d.	Ambulance/Limousine***	\$	2,328	2,328		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	39,018	39,018		
f.	X-rays and Related Radiological Procedures***	\$	40,180	40,180		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	46,057	46,057		
i.	Recreation	\$	4,609	4,609		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	32,727	5,932		26,795
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	798,867	772,072		26,795

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

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
MEDICAL SUPPLY PHYSICAL THERAPY - DISALLOWED	\$ 33		\$ 14
PATIENT RELATED SUPPLIES PHYSICAL THERAPY - DISALLOWED	\$ 3,485		\$ 1,529
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH - DISALLOWED	\$ 2,414		\$ 124
PT OPTIMA SOFTWARE FEES - DISALLOWED			\$ 4,128
HHCNRN PT Mgmt fees - DISALLOWED	\$ -		\$ 21,000
<b>Total Other Resident Care</b>	<b>\$ 5,932</b>	<b>\$ -</b>	<b>\$ 26,795</b>



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

Name of Facility Southington Care Facility			License No. 2060-C		Report for Year Ended 9/30/2018			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	Other	Pg	Line
See attached list		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* 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
Southington Care Facility	2060-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 151,499	132,778		18,721		
b. Heat	\$ 88,337	76,708		11,629		
c. Light & Power	\$ 92,903	79,063		13,840		
d. Water	\$ 50,062	43,876		6,186		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 49,453	43,342		6,111		
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 432,254</b>	<b>375,767</b>		<b>56,487</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 36,735	32,196		4,539		
b. Building & Building Improvements	\$ 272,878	239,158		33,720		
c. Non-Movable Equipment	\$ 3,552	3,113		439		
d. Movable Equipment	\$ 127,432	107,877		19,555		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 440,597</b>	<b>382,344</b>		<b>58,253</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,124	1,862		262		
c. Leasehold Improvements	\$ 23,776			23,776		
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 25,900</b>	<b>1,862</b>		<b>24,038</b>		
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	\$ 80,396	70,461		9,935		
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 35,394	31,020		4,374		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 582,287</b>	<b>485,687</b>		<b>96,600</b>		

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





Southington Care Facility  
9/30/2018

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2017	FRONT PATIO PROJECT	61,000	15	\$ 2,033
<b>Total additions for Land Improvement:</b>		61,000		\$ 2,033 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement:</b>		0		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2017	2ND FLOOR RENOVATION	190,055	10	\$ 9,503
2/26/2018	FIRE DOOR REPLACEMENT	4,796	10	\$ 374
<b>Total additions for Building Improvement:</b>		194,851		\$ 9,877 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement:</b>		0		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				

<b>Total additions for Non-Movable Equipment</b>		0		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		0		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2017	PERFORMA LIFT ASSIST	5,589	5	\$ 301
<b>Total additions for Movable Equipment</b>		5,589		\$ 301 *
<b>Deletions:</b>				
11/30/2010	HARD DRIVE/DOMAIN CONTROLLER	-657	3	
12/10/2010	VMWARE INSTALL	-8,798	3	
1/13/2011	REHAB AT sec	-1,710	3	
12/17/2010	COMPUTERS	-3,632	3	
5/18/2011	NEW COMPUTERS	-6,100	3	
7/18/2011	KIOSK	-2,150	3	
9/7/2011	2 COMPUTERS	-1,498	3	
9/30/2011	IPAD	-770	3	
10/18/2011	CRM CUSTOMIZATION	-8,528	5	
10/1/2011	KIOSK	-2,150	5	
11/16/2011	DESKTOP COMPUTERS	-7,490	3	
11/10/2011	LAPTOP - JESSICA DEEB	-1,492	3	
12/6/2011	LAPTOPS & CARTS FOR THERAPY 1	-6,765	3	
12/29/2011	SYMANTEC WEB GATEWAY SETUP	-6,265	3	
1/31/2012	WIRELESS ACCESS POINTS	-9,188	3	
2/9/2012	IMAGING SERVER	-572	3	
2/27/2012	FIRST FLOOR FAX FOR NURSES STATION	-800	3	
4/24/2012	COMPUTER ERIKA COPE	-1,758	3	
3/30/2012	SYMANTEC ENTERPRISE VAULT	-9,634	3	
8/2/2012	LAPTOP FOR JAMES H.	-770	3	
7/30/2012	KVM SWITCH	-342	3	
8/1/2012	VAULT INSTALL	-3,103	3	
8/30/2012	GREAT PLAINS UPGRADE	-1,526	3	
9/28/2012	LAPTOP-JANE HOLLMAN	-1,480	3	
12/11/2012	SERVER RACK INSTALL	-3,625	3	
2/4/2013	WAP CONTROLLER	-8,195	3	
3/7/2013	FIREWALL	-1,484	3	
4/11/2013	CISCO SWITCH INSTALL	-5,980	3	
3/13/2013	WIRELESS ACCESS POINTS	-3,154	3	
10/28/2013	NETWORK SERVICES CITRIX PROJECT	-51	3	
10/28/2013	WINDOWS REMOTE DESKTOP	-340	3	
4/1/2011	VCTV SYSTEM	-15,110	5	



**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Southington Care Facility			2060-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Series B	9	2011	38 years	70,219	11,790			2,124	
2. Series C				10,290	929				
3.									
B-4. Subtotal									2,124
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	1	2014	5 years	119,019	79,441			23,776	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									23,776
<b>D. Total Amortization</b>									25,900

\* 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 Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		variable		
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year		variable		
d. Term of Mortgage (number of years)		40		
e. Amount of Principal Borrowed		7,031,283		
f. Principal balance outstanding as of 9/30/18		7,031,283		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Southington Care Facility		2060-C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 98,207	86,072			12,135	
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 98,207	86,072			12,135	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington Care Facility	2060-C	9/30/2018	27	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		98,207	86,072		12,135
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	98,207	86,072		12,135
14. Insurance					
a. Insurance on Property (buildings only)	\$	4,377	3,836		541
b. Insurance on Automobiles	\$	3,640	3,640		
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	55,106	55,106		
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	63,123	62,582		541
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	22,163,105	19,674,932		2,488,173

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Facility				2060-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.	10	A12e	Outpatient Service Costs	\$ 300,765			300,765
2.	10	A4,6,	Salaries not related to Resident Care	\$ 65,288			65,288
3.	10	A12g	Occupational Therapy	\$ 539,334	512,975		26,359
4.			Other - See attached Schedule	\$ 1,022,372			1,022,372
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 70,410	56,208		14,202
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 25,974	25,974		
10.	15	1d	Accounting	\$			
10a.	15	1e	Legal	\$ 2,833	2,833		
11.	15	1h1	Telephone	\$ 4,709			4,709
12.	15	1h2	Cellular Telephone	\$ 821			821
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 930			930
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.	15	1L6	Automobile Expense (e.g. personal use)	\$ 42			42
18.	16	1m3,	Unallowable Advertising *	\$ 11,148			11,148
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 100	100		
21.	16	1m12	Unallowable Management Fees	\$ 4,317,008	4,317,008		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 931,258	107,018		824,240
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 35,072	33,828		1,244
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 7,328,064	5,055,944		2,272,120

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
10	A12o	SALARY AND WAGES SCC MGMT GRP			\$ 792,935	\$ 792,935
10	A12o	SALARY AND WAGES COMMUNITY NETWORK			\$ 108,619	\$ 108,619
10	A12o	SALARY AND WAGES GEN SYSTEM ALLOCATION			\$ 125,157	\$ 125,157
10	A12o	PTO ACCRUAL OUTPATIENT			\$ (8,512)	\$ (8,512)
10	A12o	HOLIDAY ACCRUAL OUTPATIENT			\$ 4,173	\$ 4,173
						\$ -
						\$ -
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 1,022,372	\$ 1,022,372

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
13	b2	PROFESSIONAL FEES/CONTRACT LABOR DENTAL	\$ 8,532			\$ 8,532
13	b5a	CONTRACT LABOR - NON CLINICAL PHYSICAL THERAPY & PURCHASED SERVICES - AFFILIATE PHYSICAL THERAPY	\$ 31,706		\$ 13,912	\$ 45,618
13	b9a	PROFESSIONAL FEES & CONTRACT LABOR SPEECH THERAPY	\$ 5,470		\$ 290	\$ 5,760
13	b12	CONTRACT LABOR-CLINICAL - NURSING DIRECT MGMT - CT REHAB & SPASTICITY	\$ 10,500			\$ 10,500
						\$ -
						\$ -
						\$ -
						\$ -
<b>Total Other Fees Adjustments</b>			\$ 56,208	\$ -	\$ 14,202	\$ 70,410

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 33,168	\$ 33,168
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance			\$ 2,122	\$ 2,122
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance			\$ 360	\$ 360
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$ 98,689	\$ 98,689
15	1a5	Benefits related to Outpatient Therapy - Health Insurance & Dental			\$ 224,585	\$ 224,585
15	1a5	Management Company Fringe Benefits			\$ 73,129	\$ 73,129
15	1a6	Benefits related to Outpatient Therapy - Life Insurance			\$ 3,837	\$ 3,837
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 37,020	\$ 37,020
15	1a9	Background Verification Background Cks Outpatient portion			\$ 671	\$ 671
15	1a9	Background Verification Fringe Benefits - Employee Physicals	\$ 8,775		\$ 1,355	\$ 10,130
15	1a9	Background Verification Admin & General - Background Cks Outpatient			\$ 183	\$ 183
15	1a9	Employee Assistance Program Fringe Benefits	\$ 217		\$ 34	\$ 251
15	1a9	Other Employee Benefits related to Outpatient Therapy			\$ 427	\$ 427
15	1a9	Other Employee Benefits Fund Dept			\$ 420	\$ 420
15	1a9	Other Employee Benefits SCC Mgmt Grp			\$ 237	\$ 237
15	1a9	Benefits related to System Fee Direct Payroll Fringe Benefits	\$ -		\$ 35,180	\$ 35,180
15	1a9	Purchased Services Other Employee Health - Physicals	\$ 11,203		\$ 1,730	\$ 12,933
15	1G	Management Company Office Supplies			\$ 6,278	\$ 6,278

15	1G	Other Minor Equipment SCC Mgmt Grp			\$ 40	\$ 40
15	1G	2 TVs and speakers for the TVs for residents rooms	\$ 423			\$ 423
16	1L2	Employee Relations - Parties for Staff in excess of 1 party	\$ 1,418			\$ 1,418
16	1L3	Employee Relations - Gifts in excess of \$25 or discriminatory in nature	\$ 6,324		\$ 291	\$ 6,615
16	1L4	Employee Travel - SCC Mgmt Grp			\$ 6,861	\$ 6,861
16	1M7	Postage - SCC Mgmt Grp			\$ 119	\$ 119
16	1m8	ALTCFM Dues - SCC Mgmt Grp			\$ 85	\$ 85
16	1m9	Subscriptions - Portals of Prayer - FY 19	\$ 138			\$ 138
16	1m9	Subscriptions - Fund Dept			\$ 200	\$ 200
16	1m11	MAINT & REPAIR - EQUIPMENT SCC MGMT GRP			\$ 75	\$ 75
16	1m11	A&G Consultant Fees - Celtic Consulting	\$ 24,508			\$ 24,508
16	1m13	LEASED - OFFICE EQUIPMENT SCC MGMT GRP - DISALLOWED			\$ 1,297	\$ 1,297
16	1m13	MERCHANT FEES - DISALLOWED			\$ 57,131	\$ 57,131
16	1m13	LATE FEES ADMIN & GENERAL - DISALLOWED			\$ 65	\$ 65
16	1m13	LATE FEES SCC MGMT GROUP - DISALLOWED			\$ 100	\$ 100
16	1m13	LATE FEES FINANCE ADMINISTRATION - DISALLOWED			\$ 20	\$ 20
16	1m13	LATE FEES INSURANCE - DISALLOWED			\$ 26	\$ 26
16	1m13	MISCELLANEOUS EXPENSE SCC MGMT GRP - DISALLOWED			\$ 42,258	\$ 42,258
16	1m13	MISCELLANEOUS EXPENSE FUND DEPT - DISALLOWED			\$ 3,508	\$ 3,508
16	1m13	MISCELLANEOUS EXPENSE ADMIN & GENERAL - DISALLOW			\$ 128,107	
16	1m13	BOND FEES ADMIN & GENERAL DISALLOWED			\$ 63,964	\$ 63,964
16	1m13	MISCELLANEOUS EXPENSE FRINGE BENEFITS			\$ (1,414)	\$ (1,414)
16	1m13	Ability Network	\$ 15,399			\$ 15,399
16	1m13	PURCHASED SERVICES OTHER - ADMIN & GENERAL LTC SURVEY - DISALLOWED	\$ 2,000		\$ -	\$ 2,000
16	1m13	PENALTIES - DISALLOWED	\$ 25,759		\$ -	\$ 25,759
16	1m13	PARKING SCC MGMT GRP - DISALLOWED			\$ 12	\$ 12
16	1m13	CABLE AND TV RECREATIONAL THERAPY - DISALLOWED	\$ 6,375		\$ -	\$ 6,375
16	1m13	CABLE AND TV SCC MGMT GRP - DISALLOWED			\$ 2,070	\$ 2,070
16	1m13	REPLACE RESIDENT BELONGINGS - DISALLOWED	4,479			\$ 4,479
						\$ -
						\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ 107,018	\$ -	\$ 824,240	\$ 931,258

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Facility				2060-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 7,328,064	5,055,944		2,272,120
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 414,724	414,724		
28.	20	5d	Ambulance/Limousine	\$ 2,328	2,328		
29.	20	5f	X-rays, etc	\$ 40,180	40,180		
30.	20	5h	Laboratory	\$ 46,057	46,057		
31.	20	5c	Medical Supplies	\$ 4,206	4,206		
32.	20	5e2	Oxygen (non emergency)	\$ 39,018	39,018		
33.	20	5L	Occupational Therapy	\$ 2,538	2,414		124
34.	20	4a,b,5	Other - See Attached Schedule	\$ 49,510	7,724		41,786
<b>Page 22 - Maintenance and Property</b>							
35.	22	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 22,585	3,030		19,555
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10 a,c	Unallowable Property and Real Estate Taxes	\$ 14,309			14,309
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 85,064			85,064
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14A	Property Insurance	\$ 541			541
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.	30	IV8	Other - Direct	\$ 3,069,196	413,828		2,655,368
<b>Not For Profit Providers Only</b>							
48.	22	7b,c	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 34,159			34,159
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 11,152,479	6,029,453		5,123,026

\*\*\* 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.





	22 6f	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 9
	22 7a	DEP EXP - LAND IMPROVEMENTS			\$ 4,539
	22 8b	AMTZ - BOND ADMIN & GENERAL			\$ 262
	22 8c	DEP EXP - LEASHOLD IMPRV SCC MGMT GRP			\$ 23,776
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 85,064

Attachment Page 29  
 \$ 4,539  
 \$ 262  
 \$ 23,776  
 \$ -  
 \$ -  
 \$ -  
 \$ -  
 \$ -  
 \$ 85,064

**Schedule of Other Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
	30 IV8	TRANSPORTATION REVENUE CLIENT/FACILITY	\$ 20,809		
	30 IV8	SERVICES TO AFFILIATES CLIENT/FACILITY			\$ 2,289,100
	30 IV8	MISC OTHER OPERATING INCOME CLIENT/FACILITY	\$ 341,259		
	30 IV8	RENTAL AFFILIATE CLIENT/FACILITY			\$ 22,800
	30 IV8	GRANT INCOME RELEASED			\$ 47,871
	30 IV8	INCOME FROM RESTRICTED FUNDS CLIENT FACILITY	\$ 47,529		
	30 IV8	INVESTMENT INC - OPERATIONAL			\$ 273,277
	30 IV8	DIVIDEND INCOME			\$ 1
	30 IV8	INCENTIVE INCOME	\$ 4,231		
	30 IV8	INVESTMENT INC - ENDOWMENT LLC SENIOR SERVICES REVENUE			\$ 22,319
					\$ -
					\$ -
					\$ -
<b>Total Other Adjustments</b>			\$ 413,828	\$ -	\$ 2,655,368

\$ 20,809  
 \$ 2,289,100  
 \$ 341,259  
 \$ 22,800  
 \$ 47,871  
 \$ 47,529  
 \$ 273,277  
 \$ 1  
 \$ 4,231  
 \$ 22,319  
 \$ -  
 \$ -  
 \$ -  
 \$ 3,069,196

**Schedule of Unallowable Building Interest**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
	22 7b	DEP EXP - BUILDING ADMIN & GENERAL			\$ 24,911
	22 7b	DEP EXP - BUILDING HHC FOOD & NUTRITION			\$ 1,163
	22 7b	DEP EXP - BUILDING PA ADMINISTRATION			\$ 12
	22 7b	DEP EXP - BUILDING LAUNDRY GENERAL			\$ 22
	22 7b	DEP EXP - BUILDING OPERATION OF PLANT			\$ 7,612
	22 7c	DEP EXP - NON-MOVABLE EQUIPMENT			\$ 439
					\$ -
					\$ -
					\$ -
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ 34,159

## Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Facility	2060-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,076,606	12,076,606				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,168,949)	(6,168,949)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,727,100	3,727,100				
b. Medicare Room and Board Contractual Allowance **	\$ 292,573	292,573				
4. a. Private-Pay Residents and Other	\$ 7,362,859	7,362,859				
b. Private-Pay Room and Board Contractual Allowance **	\$ 43,172	43,172				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 226,909	226,909				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (226,909)	(226,909)				
c. Prescription Drugs - Non-Medicare	\$ 170,992	170,992				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (170,867)	(170,867)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 987,657	763,687		223,970		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (761,526)	(728,777)		(32,749)		
c. Physical Therapy - Non-Medicare	\$ 778,876	521,086		257,790		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (524,491)	(502,707)		(21,784)		
4. a. Speech Therapy - Medicare	\$ 67,083	64,759		2,324		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (54,692)	(54,673)		(19)		
c. Speech Therapy - Non-Medicare	\$ 32,410	29,852		2,558		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,719)	(27,987)		(732)		
5. a. Occupational Therapy - Medicare	\$ 795,950	769,958		25,992		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (747,312)	(742,348)		(4,964)		
c. Occupational Therapy - Non-Medicare	\$ 519,736	491,912		27,824		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (530,757)	(486,173)		(44,584)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 12,580	12,580				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 2,021			2,021		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 17,882,302	17,444,655		437,647		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 1,842	1,842				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 3,072,631	417,263		2,655,368		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 3,074,473	419,105		2,655,368		
<b>VI. Total All Revenue</b> (III +V)	\$ 20,956,775	17,863,760		3,093,015		

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Other	
p30 II6a	IP LAB SERVICES MEDICARE B	\$ 12,900		\$ -	\$ 12,900
p30 II6a	IP LAB SERVICES MEDICARE	\$ 2,899		\$ -	\$ 2,899
p30 II6a	IP LAB SERVICES PROF CA MEDICARE B	\$ (320)		\$ -	\$ (320)
p30 II6a	IP LAB SERVICES PROF CA MEDICARE	\$ (2,899)		\$ -	\$ (2,899)
p30 II6a	IP RADIOLOGY SERVICES MEDICARE	\$ 7,954		\$ -	\$ 7,954
p30 II6a	IP RADIOLOGY SERV PROF CA MEDICARE	\$ (7,954)		\$ -	\$ (7,954)
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 12,580</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,580</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Other	
p30 II6b	IP LAB SERVICES MGD MEDICARE	\$ 1,888		\$ -	\$ 1,888
p30 II6b	IP LAB SERVICES AETNA	\$ 1,284		\$ -	\$ 1,284
p30 II6b	IP LAB SERVICES ANTHEM	\$ 165		\$ -	\$ 165
p30 II6b	IP LAB SERVICES CIGNA	\$ 90		\$ -	\$ 90
p30 II6b	IP OTHER SERVICES OTHER MANAGED CARE	\$ 1,513		\$ -	\$ 1,513
p30 II6b	IP RADIOLOGY SERVICES AETNA	\$ 2,689		\$ -	\$ 2,689
p30 II6b	IP RADIOLOGY SERVICES OTHER MANAGED CARE	\$ 3,205		\$ -	\$ 3,205
p30 II6b	IP LAB SERVICES PROF CA MANAGED MEDICARE	\$ (3,427)		\$ -	\$ (3,427)
p30 II6b	IP OTHER SERV PROF CA OTHER MANAGED CARE	\$ (1,513)		\$ -	\$ (1,513)
p30 II6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	\$ (5,894)		\$ -	\$ (5,894)
p30 II6b	OP OTHER SERVICES SELF PAY FITNESS CENTER	\$ -		\$ 2,021	\$ 2,021
<b>Total Other Resident Revenue</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,021</b>	<b>\$ 2,021</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
			\$ -		\$ -
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Other	
p 30 IV8	TRANSPORTATION REVENUE CLIENT/FACILITY - DISALLOWED	\$ 20,809		\$ -	\$ 20,809
p 30 IV8	CONTRIBUTIONS OPERATIONAL CLIENT/FACILITY	\$ 3,435		\$ -	\$ 3,435
p 30 IV8	SERVICES TO AFFILIATES CLIENT/FACILITY - DISALLOWED	\$ -		\$ 2,289,100	\$ 2,289,100
p 30 IV8	MISC OTHER OPERATING INCOME CLIENT/FACILITY - DISALLOWED	\$ 341,259		\$ -	\$ 341,259
p 30 IV8	RENTAL AFFILIATE CLIENT/FACILITY - DISALLOWED	\$ -		\$ 22,800	\$ 22,800
p 30 IV8	GRANT INCOME RELEASED - DISALLOWED	\$ -		\$ 47,871	\$ 47,871
p 30 IV8	INCOME FROM RESTRICTED FUNDS CLIENT FACILITY - DISALLOWED	\$ 47,529		\$ -	\$ 47,529

p 30 IV8	DIVIDEND INCOME SENIOR SERVICES REVENUE - DISALLOWED	\$ -		\$ 25,617	\$ 25,617
p 30 IV8	DIVIDEND INCOME ADMIN & GENERAL - DISALLOWED	\$ -		\$ (27,473)	\$ (27,473)
p 30 IV8	DIVIDEND INCOME FINANCE CORP TREASURY - DISALLOWED	\$ -		\$ 1,857	\$ 1,857
p 30 IV8	GAIN/LOSS SALE OF INVESTMENTS ADMIN & GENERAL - DISALLOWED	\$ -		\$ (239,399)	\$ (239,399)
p 30 IV8	GAIN/LOSS SALE OF INVESTMENTS SENIOR SERVICES REVENUE - DISALLOWED	\$ -		\$ 239,399	\$ 239,399
p 30 IV8	TRADING MKT VALUE INC/DEC ADMIN & GENERAL - DISALLOWED	\$ -		\$ (29,841)	\$ (29,841)
p 30 IV8	TRADING MKT VALUE INC/DEC SENIOR SERVICES REVENUE - DISALLOWED	\$ -		\$ 29,841	\$ 29,841
p 30 IV8	INVESTMENT INC - OPERATIONAL - DISALLOWED	\$ -		\$ 273,277	\$ 273,277
p 30 IV8	INCENTIVE INCOME - DISALLOWED	\$ 4,231		\$ -	\$ 4,231
p 30 IV8	INVESTMENT INC - ENDOWMENT LLC SENIOR SERVICES REVENUE - DISALLOWED			\$ 22,319	\$ 22,319
					\$ -
<b>Total Other Revenue</b>		\$ 417,263	\$ -	\$ 2,655,368	\$ 3,072,631

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### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Facility	2060-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,260,065
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,550,389
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	48,362
4. Inventories			\$	42,472
5. Prepaid Expenses			\$	62,859
a. PREPAID - GENERAL	41,470			
b. PREPAID-INSURANCE	569			
c. PREPAID-TAXES	20,820			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	731,707
_____				
_____				
DUE AFFILIATES	731,707			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,695,854</b>
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	427,370	\$	170,901
	Accum. Depreciation	256,469		Net
3. Buildings	*Historical Cost	5,131,574	\$	3,204,714
	Accum. Depreciation	1,926,860		Net
4. Leasehold Improvements	*Historical Cost	119,019	\$	15,802
	Accum. Depreciation	103,217		Net
5. Non-Movable Equipment	*Historical Cost	54,669	\$	8,883
	Accum. Depreciation	45,786		Net
6. Movable Equipment	*Historical Cost	930,609	\$	144,450
	Accum. Depreciation	786,159		Net
7. Motor Vehicles	*Historical Cost	42,230	\$	
	Accum. Depreciation	42,230		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	18,805
CONSTRUCTION IN PROCESS				
		18,805		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>4,373,555</b>

\* 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
Southington Care Facility	2060-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	8,069,409
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
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> )			\$ 3,835,775	
_____				
See Schedule			3,835,775	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 3,835,775</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 11,905,184</b>	

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

**Schedule of Prepaid Expenses Page 31 Line A5**

Page Ref	Line Ref	Description	
31	A5	PREPAID - GENERAL	\$ 41,470
31	A5	PREPAID-INSURANCE	\$ 569
31	A5	PREPAID-TAXES	\$ 20,820
<b>Total Prepaid Expenses</b>			<b>\$ 62,859</b>

**Schedule of Other Current Assets (itemized) Page 31 Line A8**

Page Ref	Line Ref	Description	
31	A8	DUE AFFILIATE GENERAL CONTROL	\$ (482,489)
31	A8	DUE AFFILIATE ACCTS PAYABLE CONTROL	\$ 686
31	A8	DUE AFFILIATE PAYROLL CONTROL	\$ (24,449)
31	A8	DUE AFFILIATE BOND BILLING CONTROL	\$ (15,743)
31	A8	DUE AFFILIATE SYSTEM ALLOCATION CONTROL	\$ (246,285)
31	A8	DUE AFFILIATE INVENTORY CONTROL	\$ (13)
31	A8	ST LOAN RECEIVABLE - AFFILIATE	\$ 1,500,000
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 731,707</b>

**Schedule of Other Fixed Assets (Itemize) Page 31 Line B9**

Page Ref	Line Ref	Description	
31	B9	CONSTRUCTION IN PROCESS	\$ 18,805
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 18,805</b>

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
32	D7	LT UNREST INT IN ENDOWMENT LLC	\$ 3,751,207
32	D7	ASSETS HELD IN TRUST BY OTHERS	\$ 5,193
32	D7	LT WORKERS COMP GROSS UP	\$ 79,375
<b>Total Other Assets</b>			<b>\$ 3,835,775</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref Line Ref Description

Page Ref	Line Ref	Description	
33	B12	DEFERRED REVENUES	\$ 65,967
33	B12	ACCRUED REAL ESTATE TAXES	\$ 26,244
33	B12	ACCRUED PERSONAL PROPERTY TAX	\$ 11,210
33	B12	UNCLAIMED CHECKS	\$ 718
33	B12	DEFERRED GRANTS	\$ 393,776
33	B12	ACCRUED EXPENSES	\$ 614,623
33	B12	ACCRUED STATE PROVIDER TAX	\$ 175,202
33	B12	GENERAL RESERVE	\$ 76,136
33	B12	FLEX SPENDING ACCOUNT (FSA)	\$ (722)
33	B12	PENSION TRANSITION	\$ 143
33	B12	ER 401K MATCH TRUE UP	\$ 1,302
33	B12	ER 401K MATCH STATIC ACCRUAL	\$ 10,379
33	B12	RETIREMENT FORFEITURES	\$ (13,835)
33	B12	CP WC IBNR	\$ 52
33	B12	EE GARNISHMENT WITHHOLDINGS	\$ 113,060
<b>Total Other Current Liabilities (Itemize)</b>			\$ 1,474,255

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref Line Ref Description

Page Ref	Line Ref	Description	
34	B4	LT PORTION - WORKERS COMP LIAB	\$ 79,375
34	B4	LT WC IBNR	\$ 122,481
34	B4	ACCRUED DEFINED CONTRIBUTION	\$ (160)
<b>Total Other Current Liabilities (Itemize)</b>			\$ 201,696



**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Southington Care Facility		2060-C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	96,819
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
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> )				\$	682,816
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(4,544)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,474,255
_____					
_____					
_____					
See Schedule				1,474,255	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,249,346

\* 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 Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,249,346	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
			\$	6,897
Name of Lender	Purpose	Amount	Date Due	
Morrison Community Living	Dietary Equipment	6,897		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 6,965,616
Name and Address of Lender	Amount	Loan Date		
Hartford HealthCare	6,965,616			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 201,696
_____				
_____				
See Schedule				201,696
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,174,209
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,423,555

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Facility	2060-C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
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			\$	163,663
6. Total Reserves			\$	163,663
<b>B. Net Worth</b>				
1. Owner's Capital			\$	3,524,296
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(1,206,330)
7. Total Net Worth			\$	2,317,966
<b>C. Total Reserves and Net Worth</b>			\$	2,481,629
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	11,905,184

### H. Changes in Total Net Worth

Name of Facility Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	4,328,842
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	20,956,775
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	22,163,105
D. Net Income or Deficit			\$	(1,206,330)
E. Balance			\$	3,122,512
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
UR TRANSFERS FROM AFFILIATES			(236,282)	
TR NA RELEASE FR, REST - OPS			(47,529)	
TR CONTRIBUTIONS			(357,071)	
ROUNDING			(1)	
F-3. Total Additions			\$	(640,883)
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. <b>Balance at End of Period</b>			\$	2,481,629
				09/30/18

### I. Preparer's/Reviewer's Certification

Name of Facility Southington Care Facility	License No. 2060-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address Address			Phone Number	
HHC SSO Office 181 Patricia M. Genova Dr., 5th fl. Newington, CT 06111			860-696-6438	
Annual Report Contact			Phone Number	
Dorothy Robinson			860-696-6438	
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