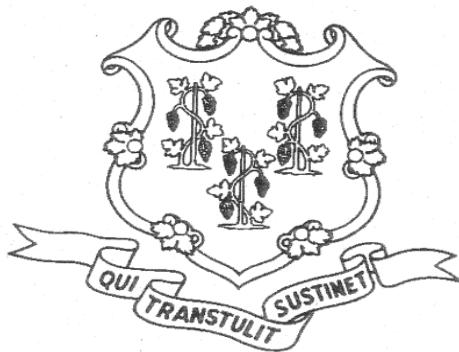


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Miller Memorial Community	
Address (No. & Street, City, State, Zip Code) 360 Broad St. Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 992-C	RHNS	Other	Medicare Provider 07-5295
------------------	---------------	------	-------	------------------------------

Medicaid Provider Numbers:	CCNH 209928	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) Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	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 Miller Memorial Community [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Edward Baker		Printed Name (Owner) James W. Batten, President		
Subscribed and Sworn to before me:	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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Miller Memorial Community	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 360 Broad St. Meriden, CT 06450				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 7/1/2020		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-237-5302	9/30/2019	2	37

Name of Facility (as shown on license) Miller Memorial Community		Address (No. & Street, City, State, Zip) 360 Broad St. Meriden, CT 06450		
License Numbers:	CCNH 992-C	RHNS	Other	Medicare Provider No. 07-5295
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> 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.

Administrator		
Name of Administrator Edward Baker	Nursing Home Administrator's License No.:	1721
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input type="radio"/> Yes <input checked="" type="radio"/> 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?			<input checked="" type="radio"/> Yes <input type="radio"/> 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	%**				
Presidents Office	360 Broad St, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		James Batten, President	16/m12	112,200	112,200
Clifford Dreschler, Martell, MD	360 Broad St, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director	13/B8a	26,400	26,400
Edward C Miller Memorial Trust	360 Broad St, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Loaning of Funds	34/B4	1,404,000	1,404,000
Edward C Miller Memorial Trust	360 Broad St, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Donations	30/IV8	20,785	20,785
		<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 Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	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.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

* 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 Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	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 CJLC LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, CT 06108
--	---

Services Provided by This Firm (*describe fully*)

1 Audit, Tax, Cost Report Services	\$ 14,550
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 14,550

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

Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Shipman & Goodwin LLP 2 Michalik, Bauer, Silvia & Ciccarillo 3 4 5	Telephone Number
--	------------------

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

1 One Constitution Plaza, Hartford, CT 2 35 Pearl St, New Britain, CT 3 4 5	
---	--

Services Provided by This Firm (*describe fully*)

1 General Legal Matters	\$ 4,937
2 AR Collections - Disallowed	\$ 737
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 5,673

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

Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility Miller Memorial Community			License No. 992-C				Report for Year Ended 9/30/2019				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	90	85	5		90	85	5		90	85	5	
B. On last day of THIS report period	90	85	5		90	85	5		90	85	5	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	73	73			73	73			67	67		
B. As of midnight of THIS report period	68	68			67	67			68	68		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,076	2,076			1,633	1,633			443	443		
B. Medicaid (Conn.)	20,723	20,723			15,737	15,737			4,986	4,986		
C. Medicaid (other states)												
D. Private Pay	2,754	2,754			1,938	1,938			816	816		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	25,553	25,553			19,308	19,308			6,245	6,245		
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												
5. Total Resident Days (3G + 4A + 4B)	25,553	25,553			19,308	19,308			6,245	6,245		

Schedule of Resident Statistics (Cont'd)

Name of Facility Miller Memorial Community			License No. 992-C			Report for Year Ended 9/30/2019			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:											
Date of Change	Place of Change			Change in Beds				Capacity After Change			Reason for Change
	CCNH	RHNS	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	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR		
No. of Residents	3	56		9							
Per Diem Rate											
a. One bed rm.		243.11		455.00							
b. Two bed rms.				420.00							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments											
A. Medicare - Part B						TOTAL	CCNH	RHNS	Other		
						10,151	10,151				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other											
D. Total Physical Therapy Treatments						10,151	10,151				
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B						703	703				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other											
D. Total Speech Therapy Treatments						703	703				
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B						9,520	9,520				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments											
C. Other											
D. Total Occupational Therapy Treatments						9,520	9,520				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		992-C	9/30/2019		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	
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,543	2,043			1,935	37	
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	309,681	15,386			4,917	244	
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers	399,027	27,370			33	54	
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	216,590	17,567			274	22	
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance							
b. Other Maintenance Workers	51,129	2,080					
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	99,579	2,080					
b. RN							
1. Direct Care	606,712	13,589					
2. Administrative**	176,475	6,161					
c. LPN							
1. Direct Care	649,800	22,885					
2. Administrative**							
d. Aides and Attendants	1,312,799	78,473					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	109,115	6,317					
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	67,379	2,341					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	55,548	2,080					
A-13. Total Salary Expenditures	4,161,376	198,372			7,158	357	

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Miller Memorial Community			License No. 992-C		Report for Year Ended 9/30/2019			Page 11	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	Other							
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
Miller Memorial Community			992-C		9/30/2019			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							
Section III - Administrators***										
Edward Baker	107,543		1,935	standard		2,080	10/a2			
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 Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019		Page 13	of 37	
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	10,749	269			1	1
2. Dentist						
3. Pharmacist	5,445	Flat Fee				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	182,609	2,590				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,400	418				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	19	0				
9. Speech Therapist						
a. Resident Care	37,485	331				
b. Other						
10. Occupational Therapist						
a. Resident Care	173,235	2,461				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	5,124	70				
2. Administrative***						
b. LPN						
1. Direct Care	8,677	175				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	449,744	6,314			1	1

* 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 Miller Memorial Community		License No. 992-C	Report for Year Ended 9/30/2019		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Clifford R. Dreschsler-Martell, MD 324 Ridge Rd, Middletown, CT 06457	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Member of Board of Directors		
David Taraskevich, MD 237 Liberty St, Meriden, CT 06450	Medical Staff Meeting	<input type="radio"/>	<input checked="" type="radio"/>			
Audrey Lefkowitz, MD 469 E Main St, Meriden, CT 06450	Medical Staff Meeting	<input type="radio"/>	<input checked="" type="radio"/>			
Neil Scollan, MD 469 E Main St, Meriden, CT 06450	Medical Staff Meeting	<input type="radio"/>	<input checked="" type="radio"/>			
The Nures Network, Inc. 653 Main St, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse Staffing Services 360 Bloomfield Ave #303, Windsor, CT 06095	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Keep Me Home 1340 Worthington Rd., Berlin, CT 06037	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Nursefinders Hartford, CT	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics LLC 21 Waterville Rd, Avon, CT 06001	ST Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare of Connecticut 525 Knotter Dr, Cheshire, CT 06410	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy Solutions 850 Silas Deane Hwy #2, Wethersfield, CT 06109	Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy Solutions 850 Silas Deane Hwy #2, Wethersfield, CT 06109	Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>			
Mitchelle Lipka, MS, RD	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Louise Kovacik	Dietician	<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.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 15	of 37	
Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	158,987	158,714		273
2. Disability Insurance	\$	7,635	7,622		13
3. Unemployment Insurance	\$	6,905	6,893		12
4. Social Security (F.I.C.A.)	\$	322,180	321,627		553
5. Health Insurance	\$	591,660	590,644		1,016
6. Life Insurance (employees only) (not-owners and not-operators)	\$	3,899	3,892		7
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	14,451	14,426		25
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$	10,827	10,827		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	36,000	36,000		
d. Accounting and Auditing	\$	14,550	14,293		257
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	5,673	5,573		100
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$	17,187	16,888		299
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	23,892	23,470		422
2. Cellular Phones	\$	914	898		16
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	\$	129	129		
3. Resident Day User Fee	\$	481,106	481,106		
Subtotal	\$	1,695,995	1,693,002		2,993

* 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**

Miller Memorial Community
9/30/2019

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
EAP	\$ 885		
Pre-Employment Services	\$ 9,942		
Total	\$ 10,827	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Federal Excise Tax	\$ 129		
Total	\$ 129	\$ -	\$ -

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

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	Other
	<i>Subtotals Brought Forward:</i>	1,695,995	1,693,002		2,993
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	241	241		
3. Gifts to Staff and Residents	\$	7,094	7,090		3
4. Employee Travel	\$	96	94		2
5. Education Expenses Related to Seminars and Conventions	\$	989	972		17
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	2,925	2,873		52
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	13,353	13,353		
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	\$	4,185	4,111		74
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	528	528		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	650	639		11
9. Subscriptions	\$				
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>)	\$	52,332	51,421		911
12. Administrative Management Services**	\$	112,200	110,217		1,983
13. Other (<i>Specify</i>) See Attached Schedule	\$	18,212	14,389		3,824
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,908,798	1,898,928		9,870

* 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Marketing	\$ 13,353		
Total Other Advertising	\$ 13,353	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF	\$ 350		
ALTCFM	\$ 178		
Total Dues	\$ 528	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Bank Charges-Admin	\$ 9,357		
Licenses & Fees	\$ 445		
RTA Fund	\$ 74		
Fines and Penalties	\$ 50		
Licenses - Dining Services	\$ 125		
Allscripts/Navihealth	\$ 2,826		
Licenses - Nursing Admin	\$ 1,512		
Equipment Rental - Rlc			\$ 3,794
Specific Fun/Events/Programs -			\$ 29
Total Other Administrative and General	\$ 14,389	\$ -	\$ 3,824

Schedule C-1 - Management Services*

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	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 #
Miller Memorial Community, Presidents Office, James Batten	112,200	Management, Oversight of Operations, President, Legal, Counsel, VP Compliance	16/m12

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

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

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019		Page 18 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 217,464	217,446		18
2. Non-Food Supplies	\$ 28,050	28,047		2
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 245,514	245,493		21
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$74
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30/IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry	Lbs.				
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	51,886	51,886		
c. Other (Specify)	\$	398	398		
3D. Total Laundry Expenditures (3a + b + c)	\$	52,284	52,284		
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 Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 27,447	27,412		35
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
Amt.	\$				
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	27,447	27,412		35
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	142,975	142,975		
b. Medicine Cabinet Drugs	\$	16,776	16,776		
c. Medical and Therapeutic Supplies	\$	131,779	131,779		
d. Ambulance/Limousine***	\$	25,795	25,795		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	31,146	31,146		
f. X-rays and Related Radiological Procedures***	\$	5,209	5,209		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	10,100	10,100		
h. Laboratory***	\$	9,515	9,515		
i. Recreation	\$	13,509	13,509		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	46,490	46,490		
5M. Total Resident Care Expenditures (5a - 5j)	\$	433,294	433,294		

* 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.

Miller Memorial Community

Attachment Page 20

Schedule of Other Resident Care

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

* 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 Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	70,651	55,582	2,279		12,790
b. Heat	\$	114,652	114,044	22		586
c. Light & Power	\$	165,352	140,530	473		24,349
d. Water	\$	37,119	24,401	464		12,254
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	150,757	136,111	2,219		12,427
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	538,531	470,668	5,457		62,406
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	1,435	(2,350)	573		3,212
b. Building & Building Improvements	\$	209,683	148,814	8,754		52,116
c. Non-Movable Equipment	\$	31,927	29,688	1,746		493
d. Movable Equipment	\$	35,250	30,404	1,788		3,057
*7e. Total Depreciation Costs (7a + b + c + d)	\$	278,295	206,556	12,862		58,877
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	98	97			2
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	278,393	206,652	12,862		58,879

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
Exterminator Serv-Dining Serv	\$ 2,172		
Fire Prot. Maint Simplex	\$ 4,210		
Elevator Service Baystate	\$ 10,151		
Exterminator Service - Maint	\$ 1,506		
Grounds Service	\$ 24,866	\$ 1,463	\$ 8,191
Hvac Service	\$ 44,321		
Plowing & Sanding	\$ 12,858	\$ 756	\$ 4,236
Refuse Removal	\$ 18,915		
Medical Waste Removal - Nursing	\$ 2,894		
Cable Tv - Plant Operations	\$ 12,858		
GENERATOR SERVICE /STAND BY PWR	\$ 1,360		
Total Other Repairs and Maintenance	\$ 136,111	\$ 2,219	\$ 12,427

Depreciation Schedule

Name of Facility Miller Memorial Community				License No. 992-C			Report for Year Ended 9/30/2019				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				1,459,099		1,459,099	1,446,159	SL	VAR	1,435		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal											1,435	
B. Building and Building Improvements												
1. Acquired prior to this report period				8,325,407		8,325,407	6,700,103	SL	VAR	209,585		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				1,967						98		
B-4. Subtotal											209,683	
C. Non-Movable Equipment												
1. Acquired prior to this report period				1,238,404		1,238,404	1,076,851	SL	Var	30,251		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				18,454						1,676		
C-4. Subtotal											31,927	
	Is a mileage logbook maintained?		Date of Acquisition									
	Yes	No	Month	Year	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	
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Fully Depreciated Vehicles	x	Var			146,817		146,817	146,817				
b. 2001 Dodge Ram	x		9	2017	2,000		2,000	723			667	
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					795						265	
D-3. Subtotal											35,250	
E. Total Depreciation											278,295	

Miller Memorial Community
9/30/2019

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/1/2019	Phils Lockshop Fire Door	\$ 1,967	10	\$ 98
Total additions for Building Improvements		\$ 1,967		\$ 98 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - *

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/18/2018	Grainger Water Pump	\$ 1,379	10	\$ 138
11/5/2018	Grainger Water Pump	\$ 892	10	\$ 89
11/12/2018	Grainger Water Pump	\$ 1,289	10	\$ 129
12/19/2018	Saucier - Walk In Cooler Condensing Unit	\$ 7,500	10	\$ 750
11/12/2018	Industrial Steel - Boiler Tubes	\$ 3,499	10	\$ 350
1/25/2019	Grainger Water Pump	\$ 504	10	\$ 50
6/20/2019	Wildco Veeder Root Console	\$ 3,391	10	\$ 170
Total additions for Non-Movable Equipment		\$ 18,454		\$ 1,676 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - *

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Miller Memorial Community			License No. 992-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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		Prior to 1844			
2. Date Structure Completed		10/01/76			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/01/76			
5. Total Licensed Bed Capacity		90			
6. Square Footage		53,896			
7. Acquisition Cost					
a. Land		Unknown			
b. Building		Unknown			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2019			27	37
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	6,347	6,347		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	6,347	6,347		
14. Insurance						
a. Insurance on Property (buildings only)		\$	40,815	40,094		721
b. Insurance on Automobiles		\$	6,503	6,388		115
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	4,804	4,719		85
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	121,725	119,574		2,151
14d. Total Insurance Expenditures (14a + b + c)		\$	173,847	170,775		3,072
15. Total All Expenditures (A-13 thru C-14)		\$	8,282,736	8,122,974	18,319	141,442

D. Adjustments to Statement of Expenditures

Name of Facility Miller Memorial Community				License No. 992-C	Report for Year Ended 9/30/2019		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$	173,235	173,235	
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	36,000	36,000	
10.			Accounting	\$			
10a.			Legal	\$	737	724	13
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
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.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$	13,353	13,353	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	700	689	11
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$	74	74	
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 224,098	224,074		24

* 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
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m8a	Chamber of Commerce	\$ 639		\$ 11
16	m13	Fines & Penalties	\$ 50		
Total Other A&G Adjustments			\$ 689	\$ -	\$ 11

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility Miller Memorial Community				License No. 992-C	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other	
Subtotals Brought Forward				\$ 224,098	224,074		24	
Page 20 - Resident Care Supplies***								
27.	20	5a2	Prescription Drugs	\$ 142,975	142,975			
28.	20	5d	Ambulance/Limousine	\$ 25,795	25,795			
29.	20	5f	X-rays, etc	\$ 5,209	5,209			
30.	20	5h	Laboratory	\$ 9,515	9,515			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 31,146	31,146			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$				
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.	27	14b	Property Insurance	\$ 6,503	6,388		115	
Other - Miscellaneous								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.	30	IV4	Other - Miscellaneous Administrative	\$ 1,626	1,626			
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49. Total Amount of Decrease (Items 1 - 48)				\$ 446,867	446,728		139	

*** 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.

Miller Memorial Community
9/30/2019

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019			Page 30	of 37
Item		Total	CCNH	RHNS	Other	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,872,958	8,872,958				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,866,092)	(3,866,092)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 919,236	919,236				
b. Medicare Room and Board Contractual Allowance **	\$ 263,510	263,510				
4. a. Private-Pay Residents and Other	\$ 1,572,865	1,377,282			195,583	
b. Private-Pay Room and Board Contractual Allowance **	\$ (49,290)	(49,290)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 76,726	76,726				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (90,583)	(90,583)				
c. Prescription Drugs - Non-Medicare	\$ 32,632	32,632				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (17,053)	(17,053)				
2. a. Medical Supplies - Medicare	\$ 4,313	4,313				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (5,112)	(5,112)				
c. Medical Supplies - Non-Medicare	\$ 1,662	1,662				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,283)	(1,283)				
3. a. Physical Therapy - Medicare	\$ 286,563	286,563				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (198,483)	(198,483)				
c. Physical Therapy - Non-Medicare	\$ 61,652	61,652				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (59,642)	(59,642)				
4. a. Speech Therapy - Medicare	\$ 50,450	50,450				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (16,236)	(16,236)				
c. Speech Therapy - Non-Medicare	\$ 12,095	12,095				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,484)	(11,484)				
5. a. Occupational Therapy - Medicare	\$ 280,855	280,855				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (215,124)	(215,124)				
c. Occupational Therapy - Non-Medicare	\$ 62,951	62,951				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (57,038)	(57,038)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 284	284				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 531	531				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,911,862	7,716,279			195,583	
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 74	74				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 1,626	1,626				
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 21,389	21,389				
V. Total Other Revenue (1 thru 8)	\$ 23,089	23,089				
VI. Total All Revenue (III +V)	\$ 7,934,951	7,739,368			195,583	

* 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
	Lab Med A	\$ 284		
	Total Other Resident Revenue - Medicare	\$ 284	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab Mgd Care	\$ 531		
	Total Other Resident Revenue	\$ 531	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	CONTRIB-UNRESTRICTED	\$ 20,785		
	OTHER INCOME	\$ 605		
	Total Other Revenue	\$ 21,389	\$ -	\$ -

G. Balance Sheet

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 115,520	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,411,844	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 16,392	
4. Inventories			\$	
5. Prepaid Expenses			\$ 233,276	
a. _____				
b. _____				
c. _____				
d. See Schedule		233,276		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,777,031	
B. Fixed Assets				
1. Land			\$ 301,065	
2. Land Improvements	*Historical Cost	1,459,099	\$ 11,503	
	Accum. Depreciation	1,447,596	Net	
3. Buildings	*Historical Cost	8,327,372	\$ 1,417,586	
	Accum. Depreciation	6,909,786	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	1,256,857	\$ 148,079	
	Accum. Depreciation	1,108,778	Net	
6. Movable Equipment	*Historical Cost	1,998,300	\$ 98,403	
	Accum. Depreciation	1,899,897	Net	
7. Motor Vehicles	*Historical Cost	148,817	\$ 611	
	Accum. Depreciation	148,206	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ (402,668)	
See Schedule		(402,668)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 1,574,579	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
		Lease Payable	\$ 13,472
		Accrued Pension	\$ 30,765
		Due to Resident Trust Fund	\$ 31,897
		Accrued accounting fees	10500
Total Other Current Liabilities (Itemize)			\$ 86,634

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

Page Ref	Line Ref	Description	
		Note Payable - E. Miller Memorial Trust	\$ 1,404,000
Total Other Current Liabilities (Itemize)			\$ 1,404,000

G. Balance Sheet (cont'd)

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 3,351,610
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>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,351,610

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

G. Balance Sheet (cont'd)

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	921,906
2. Notes Payable (<i>itemize</i>)			\$	23,261
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>)			\$	102,496
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	56,749
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>)			\$	86,634
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,191,046

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

G. Balance Sheet (cont'd)

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,191,046	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$ 1,404,000	
See Schedule			1,404,000	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 1,404,000	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 2,595,046	

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 35	of 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			\$	4,445,353
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,341,005)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (347,784)
7. Total Net Worth			\$	756,564
C. Total Reserves and Net Worth			\$	756,564
D. Total Liabilities, Reserves, and Net Worth			\$	3,351,611

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Miller Memorial Community	992-C	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 1,501,766
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 7,934,951
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 8,282,736
D. Net Income or Deficit				\$ (347,784)
E. Balance				\$ 1,153,982
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ 1,153,982

I. Preparer's/Reviewer's Certification

Name of Facility Miller Memorial Community	License No. 992-C	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other
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Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer

CJLC LLC

Address	Phone Number
225 Pitkin Street, East Hartford, CT 06108	860-610-9009

Annual Report Contact

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