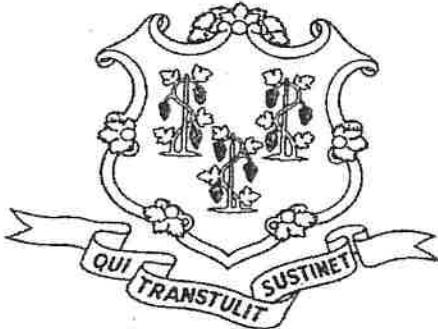


## State of Connecticut



# Annual Report of Long-Term Care Facility

## Cost Year 2022

Name of Facility (as licensed) <u>Hughes Health &amp; Rehabilitation, Inc.</u>		
Address (No. & Street, City, State, Zip Code) 29 Highland Street, West Hartford, CT 06119		
Type of Facility		
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider 07-5082
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2089	RHNS	ICF-IID
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**For Department Use Only**

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

### General Information

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 1	of 37
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### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying, Cost Report and supporting schedules prepared for Hughes Health & Rehabilitation, Inc. [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Denise Kelly-Bryan			Printed Name (Owner) The Eugene R. Flaxman Revocable Trust Agreement Dated	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

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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 Hughes Health & Rehabilitation, Inc.	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 29 Highland Street, West Hartford, CT 06119				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/12/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

State of Connecticut

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

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**General Information and Questionnaire**

**Type of Facility - Organization Structure**

Phone No. of Facility 860-236-5623	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Hughes Health & Rehabilitation, Inc.		Address (No. & Street, City, State, Zip) 29 Highland Street, West Hartford, CT 06119	
License Numbers: 208-C	CCNH 208-C	RHNS (Specify)	Medicare Provider No. 07-5082
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box) <input checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust		Date Opened	Date Closed
If this facility opened or closed during report year provide:			
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. N/A
<b>Administrator</b>			
Name of Administrator Lina Dureza		Nursing Home Administrator's License No.: 001763	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

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## Annual Report of Long-Term Care Facility

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## **General Information and Questionnaire Partners/Members**

State of Connecticut

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

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**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 3A of 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Hughes Health & Rehabilitation, Inc.	29 Highland Street, West Hartford, CT 06119	Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
The Eugene R. Flaxman Revocable Trust Agr	29 Highland Street, West Hartford, CT 06119	Owner	100
Sandra Flaxman	29 Highland Street, West Hartford, CT 06119	President & Director	
Lina Dureza	29 Highland Street, West Hartford, CT 06119	President & Director	
Krista Magura	29 Highland Street, West Hartford, CT 06119	Treasurer	
Names of Stockholders Owning at Least 10% of Shares			
The Eugene R. Flaxman Revocable Trust Agr	29 Highland Street, West Hartford, CT 06119	Owner	100

State of Connecticut

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

CSP-3B Rev. 10/2005

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

State of Connecticut

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	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	%**				
Twenty-Nine Realty, LLC	29 Highland Street, West Hartford, CT 06119	<input type="radio"/>	<input checked="" type="radio"/>		Leases Building to Corporation	Page 22/ Line 9	119,686	
Eugene R Flaxman & Family		<input type="radio"/>	<input checked="" type="radio"/>		Note/Rent due to related party	Page 33/34		
		<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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	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  Yes  No If "No," explain fully why such allocation was not made.

N/A

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

N/A

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

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

N/A

## 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 \*\*\*

17.642

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases

\*\*\* Amount should agree to Page 22, Line 6e

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

---

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Gitlin Campise Pendergast, LLC	836 Farmington Ave, West Hartford, CT 06119
2 Carney Roy & Gerrol PC	35 Cold Spring Rd, Rocky Hill, CT 06067
3 Marcum LLP	185 Asylum St, 17th Floor, Hartford, CT 06103
4	

Services Provided by This Firm (*describe fully*)

1	401K Plan Audit	\$ 9,90
2	Year End Financials, Tax Filings	\$ 22,48
3	Preparation of Medicaid & Medicare Cost Reports, Audit	\$ 38,21
4		\$

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

Yes  No | Page 15, Line 1d

### Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina LLP	860-240-6000
2 Robert Haber	860-561-7940
3 Treasurer for State of CT	860-561-7940
4 Jackson Lewis, P.C.	914-872-8060
5	

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

Address (10. & SW 34, City, State, Zip):  
1 280 Trumbull St, 12th Floor, Hartford, CT 06103  
2 50 South Main St, Rm 318, West Hartford, CT 06107  
3 West Hartford Probate Court, 50 So. Main St, West Hartford, CT 06107  
4 44 South Broadway, 14th Floor, White Plains, NY 10601

**Services Provided by This Firm (describe fully )**

1	Legal Counsel	\$ 1,7
2	Sheriff, serves Probate Court paperwork(Disallowed on Page 28)	\$ 1
3	Conservatorship filing fees(Disallowed on Page 28)	\$ 2
4	General labor and Employment Advice	\$ 4,0

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

Page 15, Line 1e

Yes  No

### Schedule of Resident Statistics

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2022				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	170	170			170	170						
B. On last day of THIS report period	170	170							170	170		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	108	108			108	108						
B. As of midnight of THIS report period	91	91							91	91		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,866	1,866			1,333	1,333			533	533		
B. Medicaid (Conn.)	21,256	21,256			16,543	16,543			4,713	4,713		
C. Medicaid (other states)												
D. Private Pay	5,658	5,658			3,999	3,999			1,659	1,659		
E. State SSI for RCH												
F. Other (Specify) Managed Care/Other	6,603	6,603			4,891	4,891			1,712	1,712		
G. Total Care Days During Period (3A thru F)	35,383	35,383			26,766	26,766			8,617	8,617		
Total Number of Days Not Included in Figures in												
4. 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	87	87			79	79			8	8		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>35,470</b>	<b>35,470</b>			<b>26,845</b>	<b>26,845</b>			<b>8,625</b>	<b>8,625</b>		

State of Connecticut

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2022			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? If "YES", provide the following information:													
Date of Change	Place of Change CCNH RHNS (Specify) (1) (2) (3)			Change in Beds Lost Gained (1) (2) (3) (1) (2) (3)			Capacity After Change CCNH RHNS (Specify)			Reason for Change			
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare CCNH		Medicaid CCNH RHNS		Self-Pay CCNH RHNS			Other State Assisted (Specify) R.C.H. ICF-MR					
No. of Residents	4	49			38								
Per Diem Rate													
a. One bed rm.	Var	286.34			454.00								
b. Two bed rms.	Var	286.34			401.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										4,221	4,221		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										7	7		
2. Restorative Treatments													
C. Other										6,061	6,061		
D. <b>Total Physical Therapy Treatments</b>										10,289	10,289		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										689	689		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										19	19		
2. Restorative Treatments													
C. Other										1,144	1,144		
D. <b>Total Speech Therapy Treatments</b>										1,852	1,852		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										5,390	5,390		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										36	36		
2. Restorative Treatments													
C. Other										5,878	5,878		
D. <b>Total Occupational Therapy Treatments</b>										11,304	11,304		

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page 10	of 37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes	<input type="radio"/> No		
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	220,812	2,312			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	478,337	19,893			
5. Dietary Service					
a. Head Dietitian	96,478	2,164			
b. Food Service Supervisor					
c. Dietary Workers					
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	150,572	8,680			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	82,350	2,326			
b. Other Maintenance Workers	111,047	5,778			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	21,492	1,200			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant	109,216	2,216			
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	160,457	2,296			
b. RN					
1. Direct Care	1,260,177	28,713			
2. Administrative**	505,225	11,320			
c. LPN					
1. Direct Care	1,289,596	40,308			
2. Administrative**					
d. Aides and Attendants	2,177,754	109,213			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	158,934	6,418			
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	158,383	4,219			
n. Marketing					
o. Other (Specify) See Attached Schedule	135,170	4,299			
<b>A-13. Total Salary Expenditures</b>	<b>7,116,000</b>	<b>251,355</b>			

\* 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 Hughes Health & Rehabilitation, Inc.				License No. 208-C		Report for Year Ended 9/30/2022			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	(Specify)							
<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.

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
Hughes Health & Rehabilitation, Inc.				208-C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Lina Dureza	220,812			10/1/2021 - 9/30/2022	Administrator	2,312	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.

State of Connecticut

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

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees**

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page 13	of 37	
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	8,742	480				
3. Pharmacist	12,386	163				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	306,877	5,286				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	118				
b. Utilization Review (Title 18 and 19 only) monthly meeting	500	2				
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	83,305	1,665				
b. Other						
10. Occupational Therapist						
a. Resident Care	394,028	7,152				
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						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>841,838</b>	<b>14,866</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\***

\* Use additional sheets if necessary.

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

State of Connecticut

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

CSP-15 Rev. 9/2018

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 137,368	137,368			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 532,389	532,389			
5. Health Insurance	\$ 659,553	659,553			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 29,771	29,771			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 7,562	7,562			
9. Other (Specify) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 35,655	35,655			
d. Accounting and Auditing	\$ 70,598	70,598			
e. Legal (Services should be fully described on Page 7)	\$ 6,217	6,217			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 17,901	17,901			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 65,456	65,456			
2. Cellular Phones	\$ 1,271	1,271			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 668,801	668,801			
<b>Subtotal</b>	\$ 2,232,542	2,232,542			

\* 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**

Attachment Page 15

### **Schedule of Other Employee Benefits**

### Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
	\$ -		
Total	\$ -	\$ -	\$ -

State of Connecticut

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
	208-C	9/30/2022		16	37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	2,232,542	2,232,542		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	32,147	32,147		
4. Employee Travel	\$	2,339	2,339		
5. Education Expenses Related to Seminars and Conventions	\$	3,062	3,062		
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> )	\$	11,791	11,791		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	17,253	17,253		
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	\$	3,809	3,809		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	13,707	13,707		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
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>	\$	154,316	154,316		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	8,591	8,591		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	<b>2,479,557</b>	<b>2,479,557</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	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations(Disallowed on page 28)	0		
	\$ 17,253		
<b>Total Other Advertising</b>	<b>\$ 17,253</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 12,547		
ALTCFM	\$ 340		
AHCA Media Campaign	\$ 250		
ACHCA Renewal	\$ 310		
NADONA	\$ 210		
InsPAC	\$ 50		
<b>Total Dues</b>	<b>\$ 13,707</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	0		
Miscellaneous Expenses(Disallowed on Page 28a)	\$ 1,185		
Bank Charges	\$ 2,552		
American Express Renewal(Disallowed on Page 28a)	\$ 4,644		
<b>Total Other Administrative and General</b>	<b>\$ 8,591</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 17   37 of
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page of 18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 14,165	14,165		
2. Non-Food Supplies	\$ 1,035	1,035		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,365,851	1,365,851		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 1,381,051	1,381,051		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. 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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	109,204	109,204		
c. Other (Specify)	\$	849	849		
3D. Total Laundry Expenditures (3a + b + c )	\$	110,053	110,053		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

\*\*\* 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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 16,589	16,589		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 369,329	369,329		
C. Other (Specify)					
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 385,918	385,918		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy					
2. Purchased from		\$ 284,191	284,191		
b. Medicine Cabinet Drugs		\$ 58,932	58,932		
c. Medical and Therapeutic Supplies		\$ 254,015	254,015		
d. Ambulance/Limousine***		\$ 2,213	2,213		
e. Oxygen					
1. For Emergency Use					
2. Other***		\$ 19,584	19,584		
f. X-rays and Related Radiological Procedures***		\$ 7,975	7,975		
g. Dental ( <i>Not dentists who should be included under         salaries or fees</i> )					
h. Laboratory***		\$ 33,463	33,463		
i. Recreation		\$ 75,907	75,907		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (Specify)****		\$ 72,282	72,282		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 808,562	808,562		

\* 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**

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

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2022				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
MatrixCare	P.O. Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R Software	66,152				16 m11
M&G Landscaping	P.O. Box 310453 Newington, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lawn Maintenance & Snow Removal	11,858				22 6f
IT Direct	P.O. Box 844769, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Support	81,132				16 m11
American Data	P.O. Box 640, Sauk City, WI 53583	<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R Software	21,466				16 m11
Unidine	#510, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Services	1,365,851				18 2b
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage Pick up	41,793				22 6f
Unitex Textile Rental Services	Pkwy, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Service	109,204				19 3b
Coreworks	P.O. Box 102289, Atlanta, GA 30368	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping Services	325,175				20 4b
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<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).

State of Connecticut

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

CSP-22 Rev. 6/95

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	100,410	100,410			
b. Heat	\$	67,111	67,111			
c. Light & Power	\$	92,487	92,487			
d. Water	\$	52,018	52,018			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	17,642	17,642			
f. Other <i>(itemize)</i>	\$	138,308	138,308			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	467,976	467,976			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	60,307	60,307			
c. Non-Movable Equipment	\$	33,373	33,373			
d. Movable Equipment	\$	12,694	12,694			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	106,374	106,374			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	119,686	119,686			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	77,177	77,177			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	13,890	13,890			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	317,127	317,127			

\* 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**

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

## Depreciation Schedule

**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**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

\*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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
Var	See Attached	Administrative	\$ 71,355	Var	\$ 13,262
		Administrative			
		Administrative			
		Administrative			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			<b>\$ 71,355</b>		<b>\$ 13,262</b>
Deletions:					
Var	See Attached		\$ (21,803)	Var	\$ -
<b>Total deletions for Movable Equipment</b>			<b>\$ (21,803)</b>		<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
<b>Total additions for Leasehold Improvem</b>		<b>\$ -</b>		<b>\$ -</b>
Deletions:				
<b>Total deletions for Leasehold Improvem</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

## Amortization Schedule\*

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C	Report for Year Ended 9/30/2022			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.

**Hughes Health & Rehabilitation**  
**Depreciation Schedule**  
**September 30, 2022**

Asset	Property Description	Date In Service	Cost Basis	9/30/2021 Depreciation	9/30/2021 Accumulated Depreciation	9/30/2022 Depreciation	9/30/2022 Accumulated Depreciation
<b><u>Building and Building Improvements</u></b>							
305	L/H IMPROVEMENTS THRU 6/30/84	6/30/84	131,265 S/L	10.00	131,265	-	131,265
306	L/H IMP	4/01/63	7,924 S/L	15.00	7,924	-	7,924
307	L/H IMP	6/30/83	32,041 S/L	10.00	32,041	-	32,041
310	UPSTAIRS BATH	2/20/86	2,075 S/L	10.00	2,075	-	2,075
311	NEW DESK AND OFFICE	8/01/86	28,883 S/L	10.00	28,883	-	28,883
312	OFFICE ADDITION	12/31/86	3,625 S/L	10.00	3,625	-	3,625
313	CLASSROOM	9/01/87	96,805 S/L	31.50	96,804	-	96,804
314	OTHER IMPROVEMENTS	9/01/87	11,720 S/L	31.50	11,720	-	11,720
316	PANEL FOLD DOORS INC	10/21/87	2,723 S/L	31.50	2,723	-	2,723
317	METCALF GLASS CO. WINDOW	11/02/87	5,564 S/L	31.50	5,563	-	5,563
318	MISC FOR BATH	3/18/88	7,782 S/L	31.50	7,783	-	7,783
319	TRANSFORMER PAD	12/28/88	839 S/L	31.50	838	-	838
320	1000 AMP INSTALLED FRM ST	12/28/88	2,552 S/L	31.50	2,552	-	2,552
321	600 AMPS TO 1000 AMPS	2/28/89	36,789 S/L	31.50	36,789	-	36,789
322	COMPLETION OF AMP SERVICE	4/17/89	25,363 S/L	31.50	25,364	34	25,398
323	INSTALL & FURNISH UNIV.	9/25/89	4,135 S/L	31.50	61	4,135	61
324	2 WALL HOLES 16" CON WALL	11/04/89	880 S/L	31.50	880	-	880
325	INLAID LINOLEUM	11/18/89	5,050 S/L	31.50	101	5,050	101
326	NEW OFFICE #1	12/15/89	55,918 S/L	31.5	1,257	55,918	1,257
327	LINOLEUM RMC-1	12/20/89	1,118 S/L	31.50	27	1,118	27
328	NEW OFFICE #2	3/26/90	91,920 S/L	31.50	2,795	91,920	2,795
329	AUTO COMFORT NEW BOILER	4/30/90	5,450 S/L	31.50	173	5,443	173
330	LANOU PAVING DRIVEWAY	5/31/90	1,957 S/L	31.50	62	1,948	62
331	NEW WIRING	8/22/90	31,706 S/L	31.50	1,007	31,331	1,007
332	RUG ADM OFFICE	8/31/90	530 S/L	31.50	17	525	17
333	NEW CHIMNEY	5/31/91	6,528 S/L	31.50	207	6,294	207
335	NEW CHIMNEY	7/08/91	8,900 S/L	31.50	283	8,537	283
337	NEW CHIMNEY	8/02/91	8,900 S/L	31.5	283	8,514	283
338	NEW CHIMNEY-FINAL PMT	8/14/91	8,900 S/L	31.50	283	8,514	283
339	200 GAL HOT WATER TK	9/25/91	3,605 S/L	31.50	-	3,322	3,322
340	SOLO MACHINE FURN	10/31/91	3,645 S/L	31.50	116	3,468	116
341	PLUM NEW BATHRM	2/24/92	825 S/L	31.50	26	775	26
342	KITCHEN A/C SANYO UTS	4/01/92	14,486 S/L	31.50	460	13,548	460
343	DINING RM A/C TOSHIBA	4/10/92	3,371 S/L	31.50	107	3,153	107
344	ELE WIRING-NEW A/C	4/13/92	1,950 S/L	31.50	62	1,824	62
345	DINING RM A/C TOSHIBA	5/07/92	2,468 S/L	31.50	78	2,300	78
346	WIRING OF NEW FEED TO SE	5/28/92	8,500 S/L	31.50	270	7,927	270
347	5000 GAL OIL TANK	6/30/92	7,000 S/L	31.50	222	6,508	222
348	5000 GAL OIL TANK	7/31/92	11,560 S/L	31.5	367	10,719	367
349	IMPRV CONN TO GENERATOR	7/31/92	15,016 S/L	31.50	-	13,448	-
350	4 MIRRORS & 12 OVERLAYS	7/31/92	3,070 S/L	31.50	97	2,845	97
351	2 OIL BURNERS & BOILERS	11/01/94	20,000 S/L	39.00	513	13,799	513
352	2 OIL BURNERS & 2 BOILERS	12/15/94	13,920 S/L	39.00	357	9,564	357
353	HOT WATER HEATER	1/06/95	3,455 S/L	39.00	89	2,372	89
354	KITCHEN FLOOR	1/17/95	25,350 S/L	39.00	650	17,960	650
355	SOLO-REMOVE OLD INSTALL	7/08/96	6,940 S/L	39.00	178	4,486	178
356	SOLO-A/C STHEAST	7/15/96	8,500 S/L	39.0	218	5,494	218
357	HANDICAP RAMP N. LNGE	7/25/96	157,808 S/L	39.00	4,046	102,001	4,046
358	SOLO-ROOF TOP FANS N. WING	8/14/96	5,350 S/L	39.00	137	3,446	137
359	HOLMES-WIRING COMP. THA	9/12/96	6,842 S/L	39.00	175	4,391	175
360	SOLO-REPLACE DUCTWK S/E	1/15/97	7,406 S/L	39.00	190	4,693	190
361	SOLO MECHANICAL-REPLCD	10/01/97	2,314 S/L	39.0	59	1,393	59
362	SOLO MECHANICAL-MOUNT	10/06/97	2,972 S/L	39.0	76	1,791	76
363	SOLO MECHANICAL-MIXING V	3/05/98	5,479 S/L	39.0	140	3,243	140
364	INSTALL ROOF EXHAUST	11/30/98	1,527 S/L	39.0	39	895	934

365	PAVE PARKING AREA	12/31/98	2,133 S/L	39.0	55	1,248	55	1,303
366	BASEBOARD HEAT-REHAB R	9/30/99	2,074 S/L	39.0	53	1,171	53	1,224
367	CONSTRUC-REHAB ROOM	8/31/99	9,695 S/L	39.0	249	5,502	249	5,751
368	INSTALL FLOOR-REHAB RM	8/31/99	4,189 S/L	39.0	107	2,374	107	2,481
406	Addition and relocation of phones	10/31/99	1,078 S/L	39.00	28	608	28	636
407	Installation of controlled unit a/c	11/30/99	3,604 S/L	39.00	92	2,016	92	2,108
408	Cut/patch roof for a/c	7/31/00	680 S/L	39.00	17	367	17	384
409	New a/c unit	7/31/00	5,514 S/L	39.00	141	2,991	141	3,132
410	Duct work	9/30/00	1,753 S/L	39.00	45	944	45	989
411	Flooring	9/30/00	7,950 S/L	39.00	204	4,282	204	4,486
412	Electrical work	9/30/00	795 S/L	39.00	20	426	20	446
413	AIR CONDITIONING - BACK CENTER HALLWAY	7/05/01	5,334 S/L	39.00	137	2,771	137	2,908
471	Southwest roof project	3/31/05	95,788 S/L	39.00	2,456	40,525	2,456	42,981
472	Back-center roof project	6/06/05	25,349 S/L	39.00	650	10,616	650	11,266
473	7 Back-center patient room fire doors	5/13/05	5,192 S/L	39.00	133	2,185	133	2,318
479	Kitchen floor	1/31/06	7,683 S/L	39.0	197	3,094	197	3,291
480	Electric work	3/15/06	10,500 S/L	39.0	269	4,183	269	4,452
481	Cieling tiles	5/25/06	4,000 S/L	39.0	103	1,579	103	1,682
482	Asbestos removal	6/30/06	124,110 S/L	39.0	3,182	48,661	3,182	51,843
483	Asbestos OSHA survey	3/31/06	2,650 S/L	39.0	68	1,056	68	1,124
492	Cieling tiles	10/01/06	3,950 S/L	39.0	101	1,514	101	1,615
493	Carpeting - o/s bus office	11/01/06	1,807 200DB	7.0	-	1,807	-	1,807
495	Southeast roof	1/05/07	69,250 S/L	39.0	1,776	26,119	1,776	27,895
496	10 firedoors	12/05/06	2,591 S/L	39.0	66	980	66	1,046
497	Carpet - business office	6/30/07	8,607 200DB	7.0	-	8,607	-	8,607
498	Center deck	7/30/08	60,261 S/L	39.0	1,545	20,408	1,545	21,953
499	Sprinkler system	7/30/08	449,447 S/L	39.0	11,524	152,215	11,524	163,739
500	Roof	10/01/07	64,750 S/L	39.0	1,660	23,173	1,660	24,833
502	Air exchange/recovery for smoking room	10/10/08	9,744 S/L	39.0	250	3,238	250	3,488
503	Surveillance system	11/20/08	15,929 S/L	39.0	408	5,256	408	5,664
504	Recirculating line (1/2")	12/05/08	7,339 S/L	39.0	188	2,406	188	2,594
505	Flooring - family room	12/31/08	18,733 S/L	39.0	480	6,143	480	6,623
506	Paint - family room	12/31/08	4,865 S/L	39.0	125	1,597	125	1,722
507	Window treatments - family room	12/31/08	12,900 S/L	39.0	331	4,232	331	4,563
508	Door monitor system	5/15/09	4,558 S/L	39.0	117	1,447	117	1,564
509	5 ton rooftop unit (a/c)	7/30/09	9,858 S/L	39.0	253	3,087	253	3,340
528	Electrical upgrades	3/16/10	21,211 S/L	39.0	544	6,278	544	6,822
529	A/C on southeast	6/30/10	12,094 S/L	39.0	310	3,501	310	3,811
530	Pump control & drive for main heat pump	11/30/09	4,622 S/L	39.0	119	1,410	119	1,529
532	Roof tethers system	8/31/11	23,900 S/L	39.0	613	6,206	613	6,819
542	Vinyl Tiles - Center Hallway	12/31/11	13,054 S/L	39.0	335	3,279	335	3,614
543	Flooring - Rehab Room	5/31/12	5,131 S/L	39.0	132	1,236	132	1,368
544	16 Monitor Modules	5/31/12	6,210 S/L	39.0	159	1,492	159	1,651
545	Paving - Parking Garage	7/31/12	4,420 S/L	39.0	113	1,042	113	1,155
546	80' Stockade Fence	12/31/11	3,734 S/L	39.0	96	939	96	1,035
551	Dishroom Floor	6/24/13	8,515 S/L	39.0	218	1,809	218	2,027
560	Water Heater Installation	1/08/14	3,030 S/L	39.0	78	600	78	678
561	34,000 Watt Wall Heaters and Install	1/21/14	4,219 S/L	39.0	108	833	108	941
562	Therapy Room Project	5/27/14	116,884 S/L	39.0	2,997	22,103	2,997	25,100
563	Fire Alarm System	6/30/14	10,228 S/L	39.0	262	1,911	262	2,173
	Prior Year Variances		130,004		*	538,449	-	538,449
	Total Assets Added before 9/30/15		2,403,118		48,376	1,860,757	48,376	1,909,133
	9/30/2015 Additions							
567	200 amp line	1/26/15	10,088 S/L	39.0	259	1,737	259	1,996
568	21 electric baseboard heaters installed	1/26/15	11,053 S/L	39.0	283	1,899	283	2,182
569	Window replacement	2/12/15	3,460 S/L	39.0	89	589	89	678
570	Social Services office renovation	8/18/15	40,407 S/L	39.0	1,036	6,346	1,036	7,382
	Total 9/30/2015 Additions		65,008		1,667	10,571	1,667	12,238
	9/30/2016 Additions							
	One Bedroom Renovations	12/31/15	45,469 S/L	30.0	1,516	8,503	1,516	10,019
	Renovate Patient Room to Office	12/31/15	42,860 S/L	30.0	1,429	8,015	1,429	9,444
	Conference Room/Bathroom Ren	7/22/16	23,955 S/L	30.0	799	4,123	799	4,922
	Fuel Tank Project	9/23/16	69,917 S/L	30.0	2,331	11,730	2,331	14,061
	Total 9/30/2016 Additions		182,201		6,075	32,371	6,075	38,446

9/30/2016 Disposals								
347	5000 GAL OIL TANK	6/30/92	(7,000) S/L	31.50	(222)	(6,508)	(222)	(6,730)
348	5000 GAL OIL TANK	7/31/92	(11,560) S/L (18,560)	31.5	(367)	(10,719)	(367)	(11,086)
9/30/2017 Additions								
590	Rail Fence - Center Patio	8/2/2017	4,624 S/L 4,624	39.0	119	491	119	610
Total 9/30/2017 Additions								
9/30/2018 Additions								
1	Overhead Door	10/31/2017	3,165 S/L	10	317	1,268	317	1,585
	Roof and deck repairs	11/28/2017	10,770 S/L	10	1,077	4,308	1,077	5,385
	Surveillance camera system	2/7/2018	4,063 S/L	5	813	3,252	811	4,063
	Pavement repair	5/25/2018	5,650 S/L	8	706	2,824	706	3,530
	Air conditioner unit in the kitchen	6/13/2018	9,570 S/L	10	957	3,828	957	4,785
			33,218		3,870	15,480	3,868	19,348
9/30/2019 Additions								
	Various Building Improvement additions	Various	10,277 S/L	15	685	2,055	685	2,740
9/30/2020 Additions								
	Fire Door and Frame	3/10/2020	4,148 S/L 4,148	39	106	212	106	318
					106	212	106	318
9/30/2021 Disposals								
	200 GAL HOT WATER TK	9/25/1991	(3,605)			(3,322)		(3,322)
	IMPRV CONN TO GENERATOR	7/31/1992	(15,016)			(13,448)		(13,448)
			(18,621)			(16,770)		(16,770)
Total Building and Building Improvements			2,665,412		60,309	1,887,939	60,307	1,948,246

#### Non-Movable Equipment

3	EXE, NEW CARE/COM SYS	2/12/88	5,645 200DB	7.0	+	5,645	+	5,645
4	JR. EXE DEP CARE/COM SYS	2/28/88	2,289 200DB	7.0	+	2,289	+	2,289
5	EXE BAL ON NEW/CARE COM	5/19/88	10,373 200DB	7.0	+	10,373	+	10,373
6	EXE SYS DEP N/WING	6/30/88	3,578 200DB	7.0	+	3,578	+	3,578
13	BLINDS AND CURTAINS	2/20/91	7,122 200DB	7.0	+	7,122	+	7,122
14	BLINDS AND CURTAINS	6/17/91	5,800 200DB	7.0	+	5,800	+	5,800
15	BLINDS/VALANCS/WNDW SYS	9/30/91	9,200 200DB	7.0	+	9,200	+	9,200
16	MERCURY REST CABINET	10/31/91	1,200 200DB	7.0	+	1,200	+	1,200
17	MERCURY REST CAB. RECLASS	11/30/91	1,176 200DB	7.0	+	1,176	+	1,176
18	CUBICLE CURT & TRACKS	11/30/91	4,081 200DB	7.0	+	4,081	+	4,081
19	CUBICLE CURT & TRACKS	11/30/91	2,131 200DB	7.0	+	2,131	+	2,131
21	MERCURY RES/ EQUIPT 1 3BA	2/05/96	2,221 200DB	7.0	+	2,221	+	2,221
24	MERCURY -1 CUSTOM KIT SINK	1/21/97	981 200DB	7.0	+	981	+	981
28	TCI COMMUNICATIONS SW C	5/18/98	3,433 200DB	7.0	+	3,433	+	3,433
30	TCI COMMUNICATIONS SW B	9/16/98	14,760 200DB	7.0	+	14,760	+	14,760
31	EXHAUST HOODS W/FANS	7/31/99	9,350 200DB	7.0	+	9,350	+	9,350
400	5-sixteen button phones-deposit	4/30/00	1,961 200DB	7.0	+	1,961	+	1,961
401	5-sixteen button phones-balance	5/31/00	1,961 200DB	7.0	+	1,961	+	1,961
404	Cabling	7/31/00	1,011 200DB	7.0	+	1,011	+	1,011
445	Telephone system	2/02/02	20,599 200DB	7.0	+	20,599	+	20,599
446	Telephone System Software and Install	2/02/02	21,834 200DB	7.0	+	21,834	+	21,834
447	Compressor for freezer	12/12/01	4,973 200DB	7.0	+	4,973	+	4,973
451	11 six tier lockers	2/07/02	4,173 200DB	7.0	+	4,173	+	4,173
452	Voice Mail System	12/10/01	5,655 200DB	7.0	+	5,655	+	5,655
453	2 Oil Boilers - Remove and Replace	9/30/02	40,810 200DB	7.0	+	40,810	+	40,810
456	TELEPHONE SYSTEM	2/28/03	12,844 200DB	7.0	+	12,844	+	12,844
460	1 small boiler	2/12/04	6,901 200DB	7.0	+	6,901	+	6,901
461	Computer system a/p, g/l	3/31/04	8,021 200DB	7.0	+	8,021	+	8,021
462	Furnish and install cooling unit	5/26/04	9,677 200DB	7.0	+	9,677	+	9,677
463	Cooling Unit	5/26/04	12,000 200DB	7.0	+	12,000	+	12,000
470	Dishwasher, plumbing and installation	9/08/05	10,880 200DB	7.0	+	10,880	+	10,880
485	100amp 3phase line	8/16/07	4,714 200DB	7.0	+	4,714	+	4,714
519	Compressor for freezer	4/19/09	3,324 200DB	7.0	+	3,324	+	3,324
521	Boiler pressure control	9/01/09	4,622 200DB	7.0	+	4,622	+	4,622

524	Day pump, tank - oil tank	2/10/10	2,702 200DB	7.0		2,702		2,702
525	Walk-in freezer - basement	2/25/10	11,112 200DB	7.0		11,112		11,112
526	Wireless internet service for facility	7/28/10	10,422 200DB	5.0		10,422		10,422
531	Cogeneration equipment (capital lease)	10/27/09	289,247 200DB	7.0		289,247		289,247
535	Healthcare communication system	3/07/11	22,585 200DB	7.0		22,585		22,585
536	Basement freezer door	7/27/11	3,084 200DB	7.0		3,084		3,084
547	Video Door intercom	10/01/12	3,031 S/L	39.0	78	693	78	771
548	Power unit for elevator	10/01/12	13,294 S/L	39.0	341	3,054	341	3,395
549	Generator	4/02/13	184,500 150DB	15.0	12,300	116,702	12,300	131,002
	Total Assets Added before 9/30/15		799,277		12,719	720,901	12,719	733,620
	9/30/2016 Additions							
589	Dalkin 2 Ton Skyair Ceiling Unit	9/22/16	7,684 S/L	30.0	256	4,105	256	4,363
	Total 9/30/2016 Additions		7,684		256	4,105	256	4,363
	9/30/2018 Additions							
596	22 Window Blinds	9/01/18	20,238 S/L	7.0	2,891	11,564	2,891	14,455
	Total 9/30/2018 Additions		20,238		2,891	11,564	2,891	14,455
	9/30/2020 Additions							
	Window Blinds	9/15/2020	30,695 S/L	5	6,139	12,278	6,139	18,417
	Total 9/30/2020 Additions		30,695		6,139	12,278	6,139	18,417
	9/30/2021 Additions							
	A/C Compressor	9/28/2021	11,486 S/L	7	1,641	1,641	1,641	3,282
	Washers and Dryers	Var	6,406	7	915	915	915	1,830
	Total 9/30/2021 Additions		17,892		2,556	2,556	2,556	5,112
	9/30/2022 Additions							
	NEC SV9100 Phone System	7/17/22	61,683 S/L	7.0	-	-	8,812	8,812
	Total 9/30/2022 Additions		61,683		-	-	8,812	8,812
	9/30/2022 Disposals							
	5 Sixteen button phones	4/30/00	(1,961)	0.0	-	-		(1,961)
	5 Sixteen button phones	5/31/00	(1,961)	0.0	-	-		(1,961)
	Telephone System	2/02/00	(20,599)	0.0	-	-		(20,599)
	Telephone System	2/02/00	(21,834)	0.0	-	-		(21,834)
	Telephone System	2/28/03	(12,844)	0.0	-	-		(12,844)
	UniMac Dryer	4/01/20	(877)		-	-		(417)
			(60,076)		-	-		(59,616)
	<b>Total Non-Moveable Equipment</b>		<b>877,393</b>		<b>24,561</b>	<b>751,404</b>	<b>33,373</b>	<b>725,161</b>
	<b>Moveable Equipment</b>							
34	TEN PAINTINGS	2/08/79	500 S/L	10.00	-	500	-	500
46	EPCP S/S WORKTABLES	9/30/80	1,463 S/L	10.00	-	1,463	-	1,463
48	SIX MAPLE CHAIRS	11/13/80	323 S/L	10.00	-	323	-	323
53	GENDRON STRETCHER	8/31/83	409 150DB	5.00	-	409	-	409
55	MIRRORS	12/23/83	691 150DB	5.00	-	691	-	691
57	PAINTINGS	3/30/84	300 150DB	5.00	-	300	-	300
58	CUBICLE CURTAIN SYSTEM	3/31/84	4,578 150DB	5.00	-	4,578	-	4,578
66	2 PATIO CHAIRS	6/22/85	460 150DB	5.00	-	460	-	460
71	PICTURE	12/06/85	100 150DB	5.00	-	100	-	100
78	PAINTING	1/24/86	230 150DB	5.00	-	230	-	230
80	MIRRORS	4/29/86	640 200DB	5.00	-	640	-	640
85	2 GAS GRILLS	6/17/86	645 150DB	5.00	-	645	-	645
104	FURNITURE & EQUIPMENT	9/30/87	2,193 200DB	7.0	-	2,193	-	2,193
113	METCALFE GLASS CO NEW R	5/05/88	1,265 200DB	7.0	-	1,265	-	1,265
123	ROLL IN RACK W/ALUM TRA	12/08/88	569 200DB	7.0	-	569	-	569
129	2 LOUIS XV ARM CHAIRS	6/09/89	1,117 200DB	7.0	-	1,117	-	1,117
138	1 CONF TABLE/2 CHAIRS	11/30/89	1,675 200DB	7.0	-	1,675	-	1,675
139	13 CHAIRS & 3 DESKS	12/07/89	4,071 200DB	7.0	-	4,071	-	4,071
145	FILE CABINET	2/03/90	875 200DB	7.0	-	875	-	875
147	DISHWASHER TABLE	3/12/90	356 200DB	7.0	-	356	-	356
149	SANSUI DISC PLAYER	4/16/90	702 200DB	7.0	-	702	-	702



486	Server & installation	4/04/07	23,533	200DB	5.0	-	23,533	-	23,533
487	90 mattresses	5/23/07	19,080	200DB	7.0	-	19,080	-	19,080
488	2 bariatric beds	6/30/07	10,854	200DB	7.0	-	10,854	-	10,854
489	Powered patient lift & bariatric sling	6/30/07	7,130	200DB	7.0	-	7,130	-	7,130
501	2 wheelchair scales & handrails	5/31/08	7,085	200DB	7.0	-	7,085	-	7,085
510	TV & wall mount	11/06/08	1,471	200DB	5.0	-	1,471	-	1,471
511	155 wardrobes	5/01/09	52,227	200DB	7.0	-	52,227	-	52,227
512	9 dining tables - family room	12/31/08	12,230	200DB	7.0	-	12,230	-	12,230
513	2 table trucks - family room	12/31/08	1,628	200DB	7.0	-	1,628	-	1,628
514	15 stacking dining chairs - family room	12/31/08	6,122	200DB	7.0	-	6,122	-	6,122
515	2 sofas - family room	12/31/08	4,719	200DB	7.0	-	4,719	-	4,719
516	5 club chairs - family room	12/31/08	6,932	200DB	7.0	-	6,932	-	6,932
517	4 corner tables - family room	12/31/08	2,184	200DB	7.0	-	2,184	-	2,184
518	{3} 80" mattresses	3/31/09	6,079	200DB	7.0	-	6,079	-	6,079
522	6-pan electric steamer	2/05/10	8,587	200DB	7.0	-	8,587	-	8,587
533	2 mattresses	8/23/11	4,637	200DB	7.0	-	4,637	-	4,637
534	Hardware & software for online data backup	9/21/11	5,355	200DB	5.0	-	5,355	-	5,355
539	Vapor steam cleaner	11/30/11	2,818	200DB	5.0	-	2,818	-	2,818
540	Southbend Range	5/08/12	4,812	200DB	5.0	-	4,812	-	4,812
541	Wheelchair scale	8/31/12	3,515	200DB	7.0	-	3,515	-	3,515
550	160 Beds	1/14/13	203,978	200DB	7.0	-	203,977	-	203,977
552	Deluxe Hoyer Lifts	10/31/12	4,265	200DB	7.0	-	4,265	-	4,265
553	Dell PowerEdge Server	12/31/12	27,933	200DB	5.0	-	27,933	-	27,933
554	Vital Signs Monitor	2/19/13	3,297	200DB	7.0	-	3,297	-	3,297
555	Server Project	2/27/13	5,531	200DB	5.0	-	5,531	-	5,531
556	Refrigerator	7/31/13	3,861	200DB	7.0	-	3,861	-	3,861
557	7 Samsung TV	8/31/13	2,690	200DB	7.0	-	2,689	-	2,689
558	Oversized Wheelchair scal	10/31/13	3,515	200DB	7.0	-	3,515	-	3,515
559	90 Arm Chairs	12/12/13	23,220	200DB	7.0	-	23,219	-	23,219
564	TS Recumbent Cross Trainer	7/24/14	6,321	200DB	7.0	-	6,321	-	6,321
565	Industrial food Processor	8/12/14	3,811	200DB	7.0	-	3,812	-	3,812
566	Biosway Portable Balance System	9/19/14	7,259	200DB	7.0	-	7,259	-	7,259
	Total Assets Added before 9/30/15		766,155			-	766,152	-	766,152
571	Vital Signs Monitor 6400	11/12/14	3,721	200DB	5.0	-	3,721	-	3,721
572	Vital Sign Monitor	12/19/14	3,055	200DB	5.0	-	3,055	-	3,055
573	Vital Sign Monitor	12/19/14	3,055	200DB	5.0	-	3,055	-	3,055
574	Vital Sign Monitor	12/22/14	3,055	200DB	5.0	-	3,055	-	3,055
575	Vital Sign Monitor	12/22/14	3,055	200DB	5.0	-	3,055	-	3,055
576	VitaScan LT Bladder Scanner System	4/10/15	9,171	200DB	5.0	-	9,171	-	9,171
577	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	5	623	-	623
578	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	5	623	-	623
579	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	5	623	-	623
580	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	5	623	-	623
581	1 settee, 2 lounge chairs	4/28/15	3,331	200DB	7.0	29	3,331	-	623
	Televisions*	10/01/14	13,891	S/L	5.0	-	13,891	-	3,331
582	Dell Computer Lease	10/01/14	122,098	200DB	5.0	-	122,098	-	13,891
	Total 9/30/2015 Additions		166,924			49	166,923	-	166,923
	9/30/2016 Additions								
587	2 Steam Tables	10/26/15	4,259	200DB	15.0	284	4,278	(19)	4,259
588	2 Settees, 6 Lounge Chairs, 5 Tables, 2	3/22/16	11,295	200DB	12.0	941	11,602	(307)	11,295
	Resident Room Televisions*	10/01/15	7,274	200DB	5.0	1,455	8,730	(1,455)	7,275
	Total 9/30/2016 Additions		22,828			2,680	24,609	(1,781)	22,828
	9/30/2016 Disposals								
431	2 MAYTAG WASHERS	7/10/01	(1,124)	200DB	7.0	-	(1,124)	-	(1,124)
	9/30/2017 Additions					-	(1,124)	-	(1,124)
591	EZ Way Smart Lifts x3 (Capital Lease)	7/01/17	17,864	200DB	7.0	2,552	19,459	(1,595)	17,864
	Resident Room Televisions*	10/01/16	1,127	200DB	5.0	225	1,125	2	1,127
	Total 9/30/2017 Additions		18,992			2,777	20,585	(1,593)	18,992
	9/30/2017 Disposals								
129	2 Louis SV Arm Chairs	6/09/89	(1,117)	200DB	7.0	-	(1,117)	-	(1,117)
191	PUR FURN FOR LNGE	2/28/93	(1,206)	200DB	7.0	-	(1,206)	-	(1,206)
240	UNIMAC WASHER MODEL UW	10/17/97	(3,000)	200DB	7.0	-	(3,000)	-	(3,000)



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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased	01/01/61			
2. Date Structure Completed	09/01/68			
3. If NOT Original Owner, Date of Purchase	01/21/61			
4. Date of Initial Licensure	01/21/61			
5. Total Licensed Bed Capacity	170			
6. Square Footage	66,699			
7. Acquisition Cost				
a. Land	73,633			
b. Building	680,101			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

State of Connecticut

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				

*(Carry Subtotals forward to next page )*

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
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**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	2,975	2,975		
Various Interest Expenses						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	2,975	2,975		
14. Insurance						
a. Insurance on Property (buildings only)		\$	73,835	73,835		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)		\$				
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	10,575	10,575		
D&O/Management Liability/Employment						
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	84,410	84,410		
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	13,995,467	13,995,467		

## D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2022		28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
<b>Page 10 - Salaries and Wages</b>								
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
<b>Page 13 - Professional Fees</b>								
5.			Resident Care Physicians **	\$				
6.	13	B10a	Occupational Therapy	\$	394,028	394,028		
7.			Other - See attached Schedule	\$				
<b>Pages 15 &amp; 16 - Administrative and General</b>								
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	35,655	35,655		
10.			Accounting	\$				
10a.			Legal	\$	440	440		
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				
14.	16	L3	Gifts, flowers and coffee shops	\$	1,011	1,011		
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	m2/3	Unallowable Advertising *	\$	17,253	17,253		
19.			Income Tax / Corporate Business Tax	\$				
20.	16	m10	Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	2,762	2,762		
<b>Page 18 - Dietary Expenditures</b>								
24.			Meals to employees, guests and others who are not residents	\$				
<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)				\$ 451,149	451,149			

\* 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**

### Schedule of Fees Adjustments

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

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Misc. Expenses	\$ 2,552		
16	m13	Credit Card Fee- American Express Renewal	\$ 210		
<b>Total Other A&amp;G Adjustments</b>			\$ 2,762	\$ -	\$ -

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

Name of Facility Hughes Health & Rehabilitation, Inc.				License No. 208-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ 451,149	451,149			
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a2	Prescription Drugs	\$ 284,191	284,191			
28.	20	5d	Ambulance/Limousine	\$ 2,213	2,213			
29.	20	5f	X-rays, etc	\$ 7,975	7,975			
30.	20	5h	Laboratory	\$ 33,463	33,463			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 19,584	19,584			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 128,287	128,287			
<b>Page 22 - Maintenance and Property</b>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,453	1,453			
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	\$				
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$ 460	460			
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ 10,575	10,575			
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ 939,350	939,350			

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance(See Attached)	\$ 61,117		
20	5i	Rehab Supplies	\$ 1,070		
20	5i	IV - House	\$ 798		
20	5i	Medical Supplies - Managed Care	\$ 414		
20	5i	IV - Private	\$ 700		
20	5i	IV - Medicare A	\$ 6,729		
20	5i	IV - Managed Care	\$ 13,525		
20	5i	IV - VA	\$ 13,407		
20	5i	Other - Medicare A	\$ 20,803		
20	5i	Other - VA	\$ 9,724		
<b>Total Other Ancillary Costs</b>			\$ 128,287	\$ -	\$ -

### Schedule of Excess Movable Equipment Depreciation

**Schedule of Other Property Adjustments**

### Schedule of Other - Indirect Adjustments

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## Schedule of Unallowable Building Interest

**Hughes Health & Rehabilitation  
Disallowance Schedule for Cable TV  
9/30/2022**

Pg. 29b

	<u>Amount</u>
Total Cable TV Expense	64,717 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	12
Total Allowable Cost	<u>\$ 3,600</u>
<b>Disallowed Cable TV</b>	<u><u>\$ 61,117</u></u>

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30   37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 8,311,564	8,311,564			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,398,849)	(2,398,849)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 794,778	794,778			
b. Medicare Room and Board Contractual Allowance **	\$ 29,868	29,868			
4. a. Private-Pay Residents and Other	\$ 5,675,075	5,675,075			
b. Private-Pay Room and Board Contractual Allowance **	\$ (533,066)	(533,066)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 73,236	73,236			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 46,807	46,807			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 303,985	303,985			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 308,224	308,224			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 39,385	39,385			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 92,404	92,404			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 389,768	389,768			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 404,214	404,214			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (590,390)	(590,390)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (25,893)	(25,893)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,921,110	12,921,110			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 956	956			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 388,489	388,489			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 389,445	389,445			
<b>VI. Total All Revenue</b> (III +V)	\$ 13,310,555	13,310,555			

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

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

**Schedule of Other Resident Revenue - Medicare**

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	Lab - Medicare A	\$ -	\$ 6,934	
30 II 6a	Radiology - Medicare A	\$ 1,451		
30 II 6a	Oxygen - Medicare A	\$ 1,695		
30 II 6a	IV - Medicare A	\$ 2,487		
30 II 6a	Contractual Allowance - Medicare B Ther	\$ (174,566)		
30 II 6a	Contractual Allowance - Medicare A Anci	\$ (428,391)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (590,390)</b>	<b>\$ -</b>	<b>\$ -</b>

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

### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Contractual Allowance - Medicaid Therapy	\$ (3,454)		
30 II 6b	Contractual Allowance - Medicaid Ancillary	\$ (19,054)		
30 II 6b	Contractual Allowance - Hospice Ancillary	\$ (85,251)		
30 II 6b	Therapies - Medicaid	\$ (4,441)		
30 II 6b	Ancillaries - Medicaid	\$ 87,379		
30 II 6b	Other - Managed Care	\$ (1,072)		
<b>Total Other Resident Revenue</b>		<b>\$ (25,893)</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income - Taxable	N/A	\$ 956		
<b>Total Interest Income</b>			\$ 956	\$ -	\$ -

### Schedule of Other Revenue

State of Connecticut  
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**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,155,123
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,790,132
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	782,194
4. Inventories			\$	6,378
5. Prepaid Expenses			\$	55,221
a. Prepaid Insurance		37,221		
b. Prepaid Corporate Tax		18,000		
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	34,739
Deposits - IRS 7519		29,971		
Deposits		2,591		
Exchange Account		2,177		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,823,787
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	2,665,413	\$	717,166
	Accum. Depreciation	1,948,247	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	877,393	\$	152,232
	Accum. Depreciation	725,161	Net	
6. Movable Equipment	*Historical Cost	973,986	\$	69,617
	Accum. Depreciation	904,369	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	469,092
F/S vs C/R NBV		469,099		
See Schedule		(7)		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,408,107

\* 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**

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2022	32   37
Account			Amount
Total Brought Forward:			\$ 5,231,894
<b>C. Leasehold or like property recorded for Equity Purposes.</b>			
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>D. Investment and Other Assets</b>			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost		
	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care ( <i>itemize</i> )			\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$
Name and Address	Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$ 29,046
See Schedule		29,046	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 29,046
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 5,260,940

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 694,146
2. Notes Payable ( <i>itemize</i> )				\$
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$ 1,219,843
Name of Lender	Purpose	Amount	Date Due	
Var	Var	1,219,843	Var	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 66,244
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable ( <i>Current Portion</i> )				\$
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities ( <i>itemize</i> )				\$ 53,221
401K Payroll Deduction	6,996	Less:current portion	(155,757)	
Life Insurance Payroll Deduction	1,421	Current portion	155,757	
Accrued Property Taxes	44,832			
Accrued Sales Tax	(28)	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$ 2,033,454

\* 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	License No.	Report for Year Ended	Page	of
		9/30/2022	34	37
Account			Amount	
			Total Brought Forward:	
<b>Liabilities (cont'd)</b>			\$ 2,033,454	
B. Long-Term Liabilities			\$	
1. Loans Payable-Equipment (itemize)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (itemize)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (itemize)			\$	
			\$	
			\$	
			\$	
See Schedule			\$	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ 2,033,454	

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 35	of 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			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>			\$	
1. Owner's Capital			\$	
2. Capital Stock			\$ 16,650	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$ 3,897,676	
6. Gain or Loss for Period			\$ (686,840)	
7. Total Net Worth			\$ 3,227,486	
<b>C. Total Reserves and Net Worth</b>			\$ 3,227,486	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$ 5,260,940	

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**H. Changes in Total Net Worth**

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	3,941,467
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,310,555
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,997,395
D. Net Income or Deficit			\$	(686,840)
E. Balance			\$	3,254,627
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Total Expenses Per Page 27	\$13,995,467			
F/S vs C/R Depreciation	1,928			
Total Expenses Per F/S	\$13,997,395			
2. Other ( <i>itemize</i> )				
Prior Period Adjustment		(27,141)		
F-3. Total Additions			\$	(27,141)
G. Deductions			\$	
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address (No., City, State, Zip )		Title	Amount	
2. Other Withdrawals ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/22		\$	3,227,486

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2022	Page of 37 37
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*Check appropriate category*

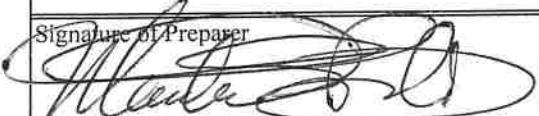
Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

(Specify)

**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 PRINCIPAL	Date Signed 11/13/22
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Printed Name of Preparer

Matthew S. Bavolack

Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
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Contacted Person Regarding Additional Information Needed Regarding This Report

Krista Magura

Contact Email Address kmagura@hugheshealth.com	Phone Number 860-236-5623
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