

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Southington Care Center	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

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

General Information

Name of Facility (as licensed) Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Southington Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Stephen Barrett			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Southington Care Center	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Dorothy Robinson	Phone Number 203-623-2930	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-621-9559		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Southington Care Center		Address (No. & Street, City, State, Zip) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Stephen Barrett		Nursing Home Administrator's License No.:	1471	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attached listing		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Southington Care Center			License No. 2060-C	Report for Year Ended 9/30/2021			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/2020-12/31/20	12 months	8,580	2,145	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/2021-12/31/21	12 months	8,580	6,435	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	1 Ricoh MP402SPF B/W MFP Copier at SCC	10/25/18	60 months	380	380	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	13 Ricoh Copiers at SCC	12/05/19	60 months	13,901	13,901	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	2 Ricoh IMC3000 Color Copier at SCC Mgmt Co.	09/01/19	60 months	3,580	3,580	
Pitney Bowes Global Financial PO Box 371887, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	SendProSeries 2 at SCC Mgmt Co.	03/29/19	36 months	684	684	
Pitney Bowes Global Financial PO Box 371887, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	SendPro C Series Postage Machine at SCC	03/29/19	36 months	684	684	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							27,809	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	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 Clifton Larson Allen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St. West Hartford, CT 06107
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Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report preparation	\$	6,360
2	\$	
3	\$	
4	\$	
		Charge for Services Provided
		\$ 6,360

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Michalik Bauer Silva & Ciccarillo LLP 2 3 4 5	Telephone Number 860-2252-8403
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Address (*No. & Street, City, State, Zip Code*)
 1 35 Pearl Street, Suite 300, New Britain, CT 06051
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections, Conservatorship - disallowed	\$	2,889
2	\$	
3	\$	
4	\$	
5	\$	
		Charge for Services Provided
		\$ 2,889

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total	Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
						Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	130	130				130	130						
B. On last day of THIS report period	130	130								130	130		
2. Number of Residents													
A. As of midnight of PREVIOUS report period	105	105				105	105						
B. As of midnight of THIS report period	114	114								114	114		
3. Total Number of Days Care Provided During Period													
A. Medicare	5,997	5,997				4,666	4,666			1,331	1,331		
B. Medicaid (Conn.)	21,593	21,593				15,368	15,368			6,225	6,225		
C. Medicaid (other states)													
D. Private Pay	7,872	7,872				6,014	6,014			1,858	1,858		
E. State SSI for RCH													
F. Other (Specify) Managed Care, Managed Medi	4,527	4,527				3,431	3,431			1,096	1,096		
G. Total Care Days During Period (3A thru F)	39,989	39,989				29,479	29,479			10,510	10,510		
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	149	149				87	87			62	62		
5. Total Resident Days (3G + 4A + 4B)	40,138	40,138				29,566	29,566			10,572	10,572		

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2021			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	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	14		70		33								
Per Diem Rate													
a. One bed rm.	PDPM		264.14		600.00								
b. Two bed rms.	PDPM				565.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									3,011	2,830		181	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									29	29			
2. Restorative Treatments													
C. Other									20,162	20,162			
D. Total Physical Therapy Treatments									23,202	23,021		181	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									447	440		7	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,572	1,572			
D. Total Speech Therapy Treatments									2,019	2,012		7	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,730	1,725		5	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									60	60			
2. Restorative Treatments													
C. Other									20,903	20,903			
D. Total Occupational Therapy Treatments									22,693	22,688		5	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	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	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)	133,218	1,646				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	621,685	24,697				
5. Dietary Service						
a. Head Dietitian	98,636	2,368				
b. Food Service Supervisor						
c. Dietary Workers	505,448	29,098				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	299,227	19,210			42,189	2,709
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,496	1,281			8,529	181
b. Other Maintenance Workers	84,400	3,758			11,900	530
8. Laundry Service						
a. Supervisor	29,467	624				
b. Other Laundry Workers	79,094	4,402				
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	214,541	4,174				
b. RN						
1. Direct Care	1,320,323	35,133				
2. Administrative**	331,569	7,495				
c. LPN						
1. Direct Care	1,013,243	32,222				
2. Administrative**	243,744	6,317				
d. Aides and Attendants	2,294,551	122,150				
e. Physical Therapists	577,877	14,920			4,543	117
f. Speech Therapists	87,454	1,920			304	7
g. Occupational Therapists	404,859	10,408			89	2
h. Recreation Workers	170,231	6,919				
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	205,233	5,773				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	143,431	3,943			1,312,324	25,626
<i>A-13. Total Salary Expenditures</i>	8,918,727	338,458			1,379,878	29,172

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES PA ADMINISTRATION	\$ 106,771	3,943			\$ -	
SALARY AND WAGES SCC MGMT GRP - DISALLOWED	\$ -				\$ 885,390	20,103
SALARY AND WAGES COMMUNITY NETWORK ADMIN - DISALLOWED	\$ -				\$ 155,535	1,209
ACCRUED SALARY	\$ (25,806)				\$ -	
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION					\$ 263,784	4,314
PTO ACCRUAL - FRINGE BENEFITS DEPT	\$ 62,466				\$ 7,615	
Total	\$ 143,431	3,943	\$ -	-	\$ 1,312,324	25,626

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
PROF FEES- NURSING DIRECT MANAGEMENT - DISALLOWED	\$ 8,500	26				
PROF FEES - ADMIN & GENERAL - DISALLOWED	\$ 1,500	4				
Both are CT Rehab and Spasticity						
Total	\$ 10,000	30	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Southington Care Center				2060-C	9/30/2021				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Southington Care Center				2060-C	9/30/2021			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***										
William Kowalewski 10/1/20-3/20/21	81,790			Non-discriminatory	Administrator - Management of facility	977	A2			
Stephen Barrett - 6/7/21-9/30/21	51,428			Non-discriminatory	Administrator - Management of facility	669	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	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2021	13	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						
2. Dentist	12,204	144				
3. Pharmacist	10,864	288				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	16,459	236			129	2
b. Other						
6. Social Worker						
7. Recreation Worker	36,006	1,325				
8. Physicians						
a. Medical Director (entire facility)	55,900	624				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	2,870	11			10	
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	45,038	517				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	118,628	3,226				
d. Other						
12. Other (Specify) See Attached Schedule	10,000	30				
B-13 Total Fees Paid in Lieu of Salaries	307,969	6,401			139	2

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

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

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

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

Name of Facility Southington Care Center		License No. 2060-C		Report for Year Ended 9/30/2021		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
HealthDrive Dental	Dental	<input type="radio"/>	<input checked="" type="radio"/>						
Neighborcare/Omni Pharmacy	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>						
Hartford HealthCare Rehab Network	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate of Hartford HealthCare					
Christopher Caton	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>						
Victoria Triano	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>						
Paul Kulas	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Ashly Cruz	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Brian Colbath	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Diana Sheard	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
James M. Sheehan	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
John Pierce Campbell	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Joseph J. Cadena	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Richard Dagenais	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Salvatore T. Anastasio	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
William F. Benson	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Walter Jacobson	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>						
Prohealth Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Craig Bodanski	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Shiftwise	RNs and LPNs	<input type="radio"/>	<input checked="" type="radio"/>						
HHC Independence at Home	Personal Care Attendants	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate of Hartford HealthCare					
CT Rehab and Spasticity	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>						

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 551,042	477,210		73,832
2. Disability Insurance	\$ 37,623	32,582		5,041
3. Unemployment Insurance	\$ (6,008)	(5,203)		(805)
4. Social Security (F.I.C.A.)	\$ 734,052	635,699		98,353
5. Health Insurance	\$ 1,224,370	830,341		394,029
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,204	10,569		1,635
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 266,285	230,606		35,679
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 205,466	40,791		164,675
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 110,654	110,654		
d. Accounting and Auditing	\$ 6,360	6,360		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,889	2,889		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 31,253	22,988		8,265
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 37,393	24,899		12,494
2. Cellular Phones	\$ 10,899	4,597		6,302
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 634,426	634,426		
Subtotal	\$ 3,858,908	3,059,408		799,500

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
BACKGROUND VERIFICATIONS EMPLOYEE HEALTH	\$ 7,945		\$ 1,229
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS - DISALLOWED	\$ -		\$ 80,268
OTHER EMPLOYEE BENEFITS - ADMIN	\$ 400		
IT ALLOCATIONS FRINGE BENEFITS - DISALLOWED	\$ -		\$ 83,088
PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH - DISALLOWED	\$ 32,446		
Reclassified Background Check from Dues - DISALLOWED			\$ 90
Total	\$ 40,791	\$ -	\$ 164,675

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,858,908	3,059,408		799,500	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 4,836	3,192		1,644	
4. Employee Travel	\$ 4,713	1,486		3,227	
5. Education Expenses Related to Seminars and Conventions	\$ 12,694	6,647		6,047	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 961	961			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 19,165	14,152		5,013	
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	\$ 14,350	14,165		185	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 27,013	26,370		643	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 175			175	
9. Subscriptions	\$ 6,026	5,293		733	
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>)	\$ 49,941	46,822		3,119	
12. Administrative Management Services**	\$ 1,070,076	1,070,076			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 147,315	90,483		56,832	
C-14 Total Administrative & General Expenditures	\$ 5,216,173	4,339,055		877,118	

* 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
SIGNS MARKETING	\$ 125		
ADVERTISING- SC MGMT GRP			\$ 1,553
ADVERTISING MARKETING & ADVERTISING	\$ 12,756		
ADVERTISING - ADMIN	\$ 895		
PROMOTIONAL EVENTS MARKETING	\$ 276		
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING	\$ 100		
PROMOTIONAL EVENTS MGMT GRP			\$ (360)
ADVERTISING FINANCE ACCOUNTING GENERAL			\$ 2,280
Reclass DPC from Purch Srv Physical Therapy p 13 B5a			\$ 20
Reclass DPC from Purch Srv Occup Therapy p 13 B10			\$ 120
PURCHASE SERVICES - AFFILIATE ADMIN & GENERAL			\$ 458
PURCHASED SERVICES - AFFILIATE SCC MGMT GRP			\$ 322
Reclass Homecare Pulse, Survey Monkey and Shutterstock			\$ 568
Reclass Sign Pro			\$ 52
ALL OF THE ABOVE DISALLOWED			
Total Other Advertising	\$ 14,152	\$ -	\$ 5,013

Schedule of Dues

Description	CCNH	RHNS	Other
AAPACN - American Association of Post-Acute Care Nursing HHCSS Mgmt Group - disallowed			\$ 236
ALTCFM	\$ 170		
AMDA - Society for Post-Acute and LTC Medicine - Dr. Babiarz	\$ 495		
ACHE - American College of Healthcare Executives HHCSS Mgmt Group - disallowed			\$ 265
Southington Clerk - Notary Appointment - HHCSS Mgmt Group - disallowed			\$ 20
PAYGOV - Fee for Notary Appointment - HHCSS Mgmt Group - disallowed			\$ 2
CT Secretary of State Notary application - disallowed			\$ 120
CAHCF - CT Association of Health Care Facilities	\$ 350		
CALTC - CT Association of LTC Facilities	\$ 1,000		
DEA - Dr. Babiarz registration to permit distribution of controlled substances	\$ 888		
Hospice and Palliative Nurses Association	\$ 210		
Leading Age	\$ 16,134		
Motion Picture Licensing Corporation	\$ 2,988		
State of CT - Nursing Home License	\$ 1,090		
Plainville Southington Regional Health - food service permit renewal	\$ 150		
The Compliance Store - Healthcare Compliance Regulations - pass thru	\$ 2,700		
The BCAT - cognitive assessment tools	\$ 195		
Total Dues	\$ 26,370	\$ -	\$ 643

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
FREIGHT - INBOUND SUPPLY CHAIN MGMT	\$ 745		
MERCHANT FEES - DISALLOWED	\$ 65,919		
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (76)		
REBATES SUPPLY CHAIN MGMT	\$ (2,217)		
LATE FEES OPERATION OF PLANT - DISALLOWED	\$ 132		
MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (13)		
BOND FEES FINANCE CORPORATE TREASURY - DISALLOWED	\$ -		\$ 9,206
STORAGE RENT/LEASE ADMIN & GENERAL	\$ 9,934		
CABLE AND TV RECREATIONAL THERAPY - DISALLOWED EXPENSE OVER \$3,600	\$ 9,743		
CABLE AND TV RECREATIONAL THERAPY	\$ (627)		
CABLE TV OPERATION OF PLANT	\$ 159		
CABLE AND TV SCC MGMT GRP - DISALLOWED			\$ 5,813
OTHER NON OPERATING EXPENSE - DISALLOWED			\$ 22,000
DISALLOWED	\$ 725		
MY INNERVIEW - RESIDENT SURVEYS - DISALLOWED	\$ 384		
Internet Charges Ability Network - for Medicare - disallow			\$ 19,462
State of CT fees for conservatorship from page 15 legal - disallow			\$ 565
CT Secy of State Online Business Filing to p 16 1m13 and disallow			\$ 50
Reclass Misc Credit Matrixcare which posted to State Income Tax in error			\$ (372)
Overaccrual on leased eqpt from 22.6e disallow			\$ 63
Overaccrual on leased eqpt Accelerated Care Plus from 22.6e disallow	\$ 5,675		\$ 45
Total Other Administrative and General	\$ 90,483	\$ -	\$ 56,832

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2021	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare	1,070,076	Contracting & Management	p. 16 line 1m12
Morrison Community Living	526,601	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1,2,3 and 2b
Crothall Healthcare	110,324	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a1 & 4b

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2021		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 286,313	286,313			
2.	Non-Food Supplies	\$ 74,966	74,966			
3.	Other (<i>Specify</i>) _____ Non-Patient Food & Supplies - disallowed	\$ 39,830	34,680			5,150
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 131,283	131,283			
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 532,392	527,242			5,150
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$545
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					p30 IV1
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$27,293
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)					p18 a3
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 Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2021		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,424	2,424		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	213,017	213,017		
c. Other (<i>Specify</i>) Laundry Supplies		\$	2,591	2,591		
3D. Total Laundry Expenditures (3a + b + c)		\$	218,032	218,032		
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		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2021		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced	67,152	58,854		8,298
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	53,060	44,202		8,858
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	67,152	58,854		8,298
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$	64,501	56,531		7,970
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	117,561	100,733		16,828
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare Pharmacy	\$	316,773	316,773		
	b. Medicine Cabinet Drugs	\$	34,664	34,664		
	c. Medical and Therapeutic Supplies	\$	616,074	616,073		1
	d. Ambulance/Limousine***	\$	12,523	12,523		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	15,067	15,067		
	f. X-rays and Related Radiological Procedures***	\$	21,683	21,683		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	89,549	89,549		
	i. Recreation	\$	7,467	7,467		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	39,485	15,283		24,202
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,153,285	1,129,082		24,203

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
CONTRACT LABOR - NON CLINICAL PHYSICAL THERAPY - disallow	\$ 45		
Reclass Weiss Dentistry from p 13 B2 repair of dentures and disallowed			\$ 193
PATIENT RELATED SUPPLIES PHYSICAL THERAPY - DISALLOWED	\$ 4,995		\$ 39
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH - DISALLO	\$ 4,907		\$ 1
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL - DISALLOWED			\$ 2,969
HHCRN MANAGEMENT FEES - DISALLOWED			\$ 21,000
STUDY COSTS	\$ 211		
PATIENT/RESIDENT RELATIONS FUND DEPT - DISALLOWED	\$ 217		
MEDICAL SUPPLY ADMIN DEPT	\$ 4,908		
Total Other Resident Care	\$ 15,283	\$ -	\$ 24,202

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

Name of Facility Southington Care Center			License No. 2060-C		Report for Year Ended 9/30/2021			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
Please see attached list.		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 141,341	121,511			19,830	
b. Heat	\$ 47,475	39,625			7,850	
c. Light & Power	\$ 125,721	106,438			19,283	
d. Water	\$ 12,513	10,967			1,546	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 27,809	21,629			6,180	
f. Other (<i>itemize</i>)	\$ 53,961	47,227			6,734	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 408,820	347,397			61,423	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 23,803	20,862			2,941	
b. Building & Building Improvements	\$ 324,956	284,800			40,156	
c. Non-Movable Equipment	\$ 2,070	1,814			256	
d. Movable Equipment	\$ 33,607	29,455			4,152	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 384,436	336,931			47,505	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 8,816	7,727			1,089	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 8,816	7,727			1,089	
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	\$ 49,481	43,367			6,114	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 16,112	14,121			1,991	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 458,845	402,146			56,699	

* 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
MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT	\$ 19,593		\$ 2,763
WASTE REMOVAL OPERATION OF PLANT	\$ 27,634		\$ 3,896
SECURITY SERVICES MGMNT GRP	\$ -		\$ 75
Items in the Other column above are outpatient and disallowed			
Total Other Repairs and Maintenance	\$ 47,227	\$ -	\$ 6,734

Depreciation Schedule

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2021			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			437,835		437,835	335,144	S/L	VARIOUS	23,803				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										23,803			
B. Building and Building Improvements													
1. Acquired prior to this report period			5,752,455		5,013,576	2,379,451	S/L	VARIOUS	321,461				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			124,795						3,495				
B-4. Subtotal										324,956			
C. Non-Movable Equipment													
1. Acquired prior to this report period			50,285		50,285	48,508	S/L	VARIOUS	1,777				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			8,800		8,800				293				
C-4. Subtotal										2,070			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. MINI VAN		X		10	2012	42,230		42,230	42,230	S/L	5		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						661,695		661,695	499,331	S/L	VARIOUS	32,564	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						12,270		12,270		S/L	VARIOUS	1,043	
D-3. Subtotal													33,607
E. Total Depreciation													384,436

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	none			
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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:				
5/31/2021	Doors, Main Entrance System	\$ 15,000	10	\$ 750
9/30/2021	Boiler, Building Heat	\$ 76,857	20	\$ 1,921
9/30/2021	Boiler, Building Hot Water	\$ 32,938	20	\$ 824
Total additions for Building Improvement		\$ 124,795		\$ 3,495 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
9/1/2021	Canopies, Retractable Patio	\$ 8,800	15	\$ 293
Total additions for Non-Movable Equipment		\$ 8,800		\$ 293 *
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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/1/2021	Phone System Upgrade	\$ 10,434	5	\$ 1,043
1/30/2021	44W Rack Conveyor Dishwasher - adjustment to FY 20 44W Rack Conveyor	\$ 1,836	10	\$ -
Total additions for Movable Equipmen		\$ 12,270		\$ 1,043 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Southington Care Center			2060-C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. BOND PREMIUM (276310,705010)	1	2020		933,689	124,492			8,816	
2.									
3.									
B-4. Subtotal									8,816
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	1	2014	5 YEARS	119,019	119,019				
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									8,816

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage		67,152		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		01/01/20		
c. Interest Rate for the Cost Year		1.00%		
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed		6,127,519		
f. Principal balance outstanding as of <u>9/30/2021</u>		6,127,519		
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			Page	of
Southington Care Center		2060-C	9/30/2021			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 68,326	59,883			8,443	
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)		\$ 68,326	59,883			8,443	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington Care Center	2060-C	9/30/2021	27	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		68,326	59,883		8,443
12. C. Movable Equipment					
1. Automotive Equipment		\$			
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify)		\$			
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$			
12. D. Other Interest Expense (Specify)		\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$ 68,326	59,883		8,443
14. Insurance					
a. Insurance on Property (buildings only)		\$ 14,900	13,059		1,841
b. Insurance on Automobiles		\$ 2,466	2,466		
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)		\$ 42,957	42,957		
2. Fire and Extended Coverage		\$			
3. Other (Specify) Excess Insurance		\$ 8,262	8,262		
14d. Total Insurance Expenditures (14a + b + c)		\$ 68,585	66,744		1,841
15. Total All Expenditures (A-13 thru C-14)		\$ 18,848,732	16,417,010		2,431,722

D. Adjustments to Statement of Expenditures

Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2021	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.	10	A12e	Outpatient Service Costs	\$ 4,847			4,847
2.		A6b,	Salaries not related to Resident Care	\$ 62,618			62,618
3.	10	A12C	Occupational Therapy	\$ 404,948	404,859		89
4.			Other - See attached Schedule	\$ 1,312,324			1,312,324
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 41,672	41,533		139
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 110,654	110,654		
10.	15	1d	Accounting	\$			
10a.			Legal	\$ 2,889	2,889		
11.	15	1h1	Telephone	\$ 12,494			12,494
12.	15	1h2	Cellular Telephone	\$ 6,302			6,302
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,000	3,000		
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	1m3	Unallowable Advertising *	\$ 19,165	14,152		5,013
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 1,070,076	1,070,076		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 990,821	137,140		853,681
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 32,145	26,995		5,150
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4a1,4	Housekeeping services to employees, guests and others who are not residents	\$ 16,828			16,828
Subtotal (Items 1 - 26)				\$ 4,090,783	1,811,298		2,279,485

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	12o	SALARY AND WAGES SCC MGMT GRP			\$ 885,390
10	12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 155,535
10	12o	PTO ACCRUAL			\$ 7,615
10	12o	SYSTEM FEE DIRECT PYRL GEN ALLOCATION			\$ 263,784
Total Other Salaries Adjustment			\$ -	\$ -	\$ 1,312,324

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	PROF FEES -DENTAL	\$ 12,204		
13	B5	PURCHASED SERVICES - AFFILIATE PHYSICAL THERAPY	\$ 16,459		\$ 129
13	B9	CONTRACT LABOR - NON CLINICAL SPEECH THERAPY	\$ 2,870		\$ 10
13	B12	CT REHAB & SPASTICITY	\$ 10,000		
Total Other Fees Adjustments			\$ 41,533	\$ -	\$ 139

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	BENEFITS RELATED TO OUTPATIENT - WORKERS COMP			\$ 73,832
15	1a2	BENEFITS RELATED TO LONG TERM DISABILITY INS			\$ 5,041
15	1a3	BENEFITS RELATED TO OUTPATIENT UNEMPLOYMENT COMPENSATION			\$ (805)
15	1a4	BENEFITS RELATED TO OUTPATIENT EMPLOYER FICA TAXES			\$ 98,353
15	1a5	FRINGE ALLOCATION SCC MGMT GRP			\$ 265,560
15	1a5	BENEFITS RELATED TO OUTPATIENT - FRINGE ALLOCATION, HEALTH INSURANCE, H.S.A. CONTRIBUTION & DENTAL INS			\$ 128,469
15	1a6	BENEFITS RELATED TO OUTPATIENT - GROUP LIFE INSURANCE			\$ 1,635
15	1a7	BENEFITS RELATED TO OUTPATIENT - PENSION			\$ 35,679
15	1a9	SYSTEM FEE DIRECT PYRL FRG FRINGE BENEFITS			\$ 80,268
15	1a9	IT ALLOCATIONS FRINGE BENEFITS			\$ 83,088
15	1a9	PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH PHYSICALS	\$ 32,446		
15	1a9	BENEFITS RELATED TO OUTPATIENT - BACKGROUND VERIFICATIONS			\$ 1,319
15	1g	GENERAL OFFICE SUPPLIES SCC MGMT GRP			\$ 5,512
15	1g	GENERAL OFFICE SUPPLIES MARKETING			\$ 136
15	1g	GENERAL OFFICE SUPPLIES PHYSICAL THERAPY			\$ 9
15	1g	TONERS AND INKS PHYSICAL THERAPY			\$ 1
15	1g	MINOR IT EQUIPMENT SCC MGMT GROUP			\$ 2,607
16	1L3	EMPLOYEE EVENT/STAFF RECOGNITION ADMIN & GENERAL			
16	1L3	EMPLOYEE EVENT/STAFF RECOGNITION MGMT GRP			\$ 283
16	1L3	GIFTS AND AWARDS MGMT GRP			\$ 1,361
16	1L3	GIFTS AND AWARDS FUND DEPT			
16	1L4	TRAVEL TRANSPORTATION - GROUND SCC MGMT GRP			\$ 2,491
16	1L4	MEALS/ENTERTAINMENT MANAGEMENT			\$ 270
16	1L4	AIRFARE SCC MGMT GRP			\$ 466
16	1L5	STAFF DEVELOPMENT SCC MGMT GRP			\$ 5,886
16	1L5	STAFF DEVELOPMENT MARKETING			\$ 112
16	1L5	STAFF DEVELOPMENT PHYSICAL THERAPY			\$ 1
16	1L5	TRAINING MATERIAL AND BOOKS MGMT GRP			\$ 48
16	1M7	POSTAGE SCC MGMT GRP			\$ 185
16	1M8	DUES AND LICENSES SCC MGMT GRP			\$ 643
16	1m8A	CHESHIRE CHAMBER OF COMMERCE DUES			\$ 175
16	1M9	SUBSCRIPTIONS MGMT GRP			\$ 733
16	1M9	SUBSCRIPTIONS - ALLSCRIPTS	\$ 4,200		
16	1M11	CONTRACT LABOR - NON CLINICAL ADMIN - CELTIC	\$ 22,156		
16	1M11	CONTRACT LABOR - NON CLINICAL SCC MGMT GRP			\$ 3,119
16	1M13	LATE FEES ADMIN OPERATION OF PLANT	\$ 132		
16	1M13	MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (13)		
16	1M13	MY INNERVIEW - RESIDENT SURVEYS	\$ 384		
16	1M13	ABILITY NETWORK			\$ 19,462
16	1M13	MERCHANT FEES	\$ 65,919		
16	1M13	BOND FEES FINANCE CORPORATE TREASURY			\$ 9,206
16	1M13	CABLE AND TV RECREATIONAL THERAPY - portion of expense above \$3,600 which is the allowed amount	\$ 5,516		
16	1M13	CABLE AND TV SCC MGMT GRP			\$ 5,813
16	1M13	OTHER NON OPERATING EXPENSE			\$ 22,000
16	1M13	STATE OF CT FEES FOR CONSERVATORSHIP			\$ 565
16	1M13	CT SECY OF STATE ONLINE BUSINESS FILING FEE			\$ 50
16	1M13	MD CONFERENCE REIMBURSEMENT	\$ 725		
16	1M13	Overaccrual on leased eqpt from 22 6e disallow			\$ 63
16	1M13	Overaccrual on leased eqpt Accelerated Care Plus from 22 6e disallow	\$ 5,675		\$ 45
Total Other A&G Adjustments			\$ 137,140	\$ -	\$ 853,681

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 4,090,783	1,811,298		2,279,485
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 316,773	316,773		
28.	20	5d	Ambulance/Limousine	\$ 12,523	12,523		
29.	20	5f	X-rays, etc	\$ 21,683	21,683		
30.	20	5h	Laboratory	\$ 89,549	89,549		
31.	20	5c	Medical Supplies	\$ 28,461	28,461		
32.	20	5e2	Oxygen (non emergency)	\$ 15,067	15,067		
33.	20	5l	Occupational Therapy	\$ 4,908	4,907		1
34.			Other - See Attached Schedule	\$ 34,366	10,164		24,202
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 4,152			4,152
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,1	Unallowable Property and Real Estate Taxes	\$ 8,105			8,105
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 133,779			133,779
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 1,841			1,841
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,860,601	703,291		2,157,310
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 40,412			40,412
49. Total Amount of Decrease (Items 1 - 48)				\$ 7,663,003	3,013,716		4,649,287

*** 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	Other
20	5L	REPAIR OF DENTURES			\$ 193
20	5L	CONTRACT LABOR - NON CLINICAL PHYSICAL THERAPY	\$ 45		
20	5L	PATIENT RELATED SUPPLIES PHYSICAL THERAPY	\$ 4,995		\$ 39
20	5L	PATIENT/RESIDENT RELATIONS ADMIN & GENERAL - REPLACE RESIDENT BELONGINGS			\$ 2,969
20	5L	HHC RN REHAB MANAGEMENT FEES			\$ 21,000
20	5L	MEDICAL SUPPLY ADMIN DEPT - REPLACE RESIDENT BELONGINGS	\$ 4,907		\$ 1
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT - REPLACE RESIDENT BELONGINGS	\$ 217		
Total Other Ancillary Costs			\$ 10,164	\$ -	\$ 24,202

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7D	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 1,531
22	7D	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 87
22	7D	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,871
22	7D	DEPT EXP - EQUIPMENT NURSING			\$ 449
22	7D	DEP EXP - EQUIPMENT NURSING CERTIFIED NURSING ASST			\$ 77
22	7D	DEP EXP - EQUIPMENT PHYSICAL THERAPY			\$ 137
		ALL ABOVE RELATED TO OUTPATIENT			
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 4,152

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6A	MAINT & REPAIR BUILDING PLANT OPERATIONS			\$ 8,006
22	6A	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 3,213
22	6A	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 4,802
22	6A	MAINT & REPAIR IT EQUIP EMERGENCY MGMT			\$ 155
22	6A	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 705
22	6A	GENERAL MAINTENANCE OPERATION OF PLANT			\$ 3
22	6A	MAINT & REPAIR BUILDING ADMIN			\$ (135)
22	6A	GENERAL MAINTENANCE EMERGENCY MGMT			\$ 43
22	6A	MAINT & REPAIR CLINICAL EQUIP - PLANT OPERATIONS			\$ 282
22	6A	MAINT & REPAIR IT EQUIP SCC MANAGEMENT GRP			\$ 2,716
22	6A	MAINT & REPAIR IT EQUIP ADMIN			\$ 40
22	6B	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 5,587
22	6B	NATURAL GAS/PROPANE/THERMAL SCC MGMT GRP			\$ 2,263
22	6C	ELECTRIC OPERATION OF PLANT			\$ 15,007
22	6C	ELECTRIC SCC MGMT GRP			\$ 4,276
22	6D	WATER OPERATION OF PLANT			\$ 1,491
22	6D	SEWER OPERATION OF PLANT			\$ 55
22	6E	LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY			\$ 67
22	6E	LEASED - OFFICE EQUIPMENT ADMIN & GENERAL			\$ 1,849
22	6E	LEASED - OFFICE EQUIPMENT SCC MGMT GRP			\$ 4,264
22	6F	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 2,763

22	6F	WASTE REMOVAL OPERATION OF PLANT			\$ 3,896
22	6F	SECURITY SERVICES MGMNT GRP			\$ 75
22	7A	DEP EXP - LAND IMPROVEMENTS ADMIN & GENERAL			\$ 1,533
22	7A	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 1,408
22	8b	AMTZ BOND FINANCE CORP TREASURY			\$ 1,089
26	12A1	INTEREST EXPENSE ON BONDS			\$ 75,223
26	12A1	INTEREST EXPENSE FINANCING OF LEASE WHICH WAS REVERSED			\$ (6,897)
		NOTE: ALL OF THE ABOVE RELATED TO OUTPATIENT			
Total Other Property Adjustments			\$ -	\$ -	\$ 133,779

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	GAIN/LOSS DISPOS CAP ASSET			\$ 99
30	IV8	SERVICES TO AFFILIATES			\$ 853,942
30	IV8	MISC OTHER OPERATING INCOME	\$ 502,444		
30	IV8	MISC OTHER OPERATING INCOME COVID	\$ 183,496		
30	IV8	MISC OTHER OPERATING INCOME	\$ 12,345		
30	IV8	RENTAL AFFILIATE			\$ 23,557
30	IV8	GRANT INCOME RELEASED			\$ 7,280
30	IV8	GRANT INCOME RELEASED			\$ 80,791
30	IV8	INCOME FROM RESTRICTED FUNDS	\$ 5,006		
30	IV8	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 48
30	IV8	INVESTMENT INC - OPERATIONAL			\$ 60,000
30	IV8	INVESTMENT INC - ENDOWMENT			\$ (60,000)
30	IV8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ 1,191,593
Total Other Adjustments			\$ 703,291	\$ -	\$ 2,157,310

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7B	DEP EXP - BUILDING ADMIN & GENERAL			\$ 16,147
22	7B	DEP EXP - BUILDING HHC FOOD & NUTRITION			\$ 1,823
22	7B	DEP EXP - BUILDING PA ADMINISTRATION			\$ 12
22	7B	DEP EXP - BUILDING LAUNDRY GENERAL			\$ 22
22	7B	DEP EXP - BUILDING OPERATION OF PLANT			\$ 22,152
22	7C	NON-MOVABLE EQUIPMENT			\$ 256
		ALL ABOVE RELATED TO OUTPATIENT			

Total Unallowable Building Interest			\$ -	\$ -	\$ 40,412

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,271,635	12,271,635				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,248,306)	(6,248,306)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,467,937	3,467,937				
b. Medicare Room and Board Contractual Allowance **	\$ 171,104	171,104				
4. a. Private-Pay Residents and Other	\$ 7,306,056	7,306,056				
b. Private-Pay Room and Board Contractual Allowance **	\$ (248,786)	(248,786)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 172,198	172,198				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (172,198)	(172,198)				
c. Prescription Drugs - Non-Medicare	\$ 160,314	160,314				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (160,314)	(160,314)				
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	\$ 513,338	509,667		3,671		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (457,725)	(457,145)		(580)		
c. Physical Therapy - Non-Medicare	\$ 352,599	349,332		3,267		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (297,545)	(298,579)		1,034		
4. a. Speech Therapy - Medicare	\$ 101,272	101,272				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (77,419)	(77,419)				
c. Speech Therapy - Non-Medicare	\$ 55,115	54,897		218		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (40,510)	(40,510)				
5. a. Occupational Therapy - Medicare	\$ 531,330	531,330				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (500,244)	(500,244)				
c. Occupational Therapy - Non-Medicare	\$ 370,221	369,911		310		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (335,483)	(334,784)		(699)		
6. a. Other (<i>Specify</i>) - Medicare	\$ 4,329	4,329				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,938,918	16,931,697		7,221		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 545	545				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,909,823	752,513		2,157,310		
V. Total Other Revenue (1 thru 8)	\$ 2,910,368	753,058		2,157,310		
VI. Total All Revenue (III +V)	\$ 19,849,286	17,684,755		2,164,531		

* 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
30 II 6a	IP LAB SERVICES MEDICARE B	\$ 4,329		
30 II 6a	IP LAB SERVICES MEDICARE	\$ 13,238		
30 II 6a	IP LAB SERVICES PROF CA MEDICARE	\$ (13,238)		
30 II 6a	IP RADIOLOGY SERVICES MEDICARE	\$ 6,925		
30 II 6a	IP RADIOLOGY SERV PROF CA MEDICARE	\$ (6,925)		
Total Other Resident Revenue - Medicare		\$ 4,329	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6b	IP LAB SERVICES MGD MEDICARE	\$ 7,761		
30 II 6b	IP LAB SERVICES AETNA	\$ 82		
30 II 6b	IP LAB SERVICES ANTHEM	\$ 288		
30 II 6b	IP LAB SERVICES CIGNA	\$ 269		
30 II 6b	IP LAB SERVICES CONNECTICARE	\$ 13		
30 II 6b	IP OTHER SERVICES OTHER MANAGED CARE	\$ 123		
30 II 6b	IP RADIOLOGY SERVICES ANTHEM	\$ 93		
30 II 6b	IP RADIOLOGY SERVICES CIGNA	\$ 150		
30 II 6b	IP LAB SERVICES PROF CA MANAGED MEDICARE	\$ (8,413)		
30 II 6b	IP OTHER SERV PROF CA OTHER MANAGED CARE	\$ (123)		
30 II 6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	\$ (4,483)		
30 II 6b	IP RADIOLOGY SERVICES MANAGED MEDICARE	\$ 4,240		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV 8	CONTRIBUTIONS OPERATIONAL	\$ 49,222		
30 IV 8	GAIN/LOSS DISPOS CAP ASSET			\$ 99
30 IV 8	SERVICES TO AFFILIATES			\$ 853,942
30 IV 8	MISC OTHER OPERATING INCOME	\$ 502,444		
30 IV 8	MISC OTHER OPERATING INCOME COVID	\$ 183,496		
30 IV 8	MISC OTHER OPERATING INCOME	\$ 12,345		
30 IV 8	RENTAL AFFILIATE			\$ 23,557
30 IV 8	GRANT INCOME RELEASED			\$ 7,280
30 IV 8	GRANT INCOME RELEASED			\$ 80,791
30 IV 8	INCOME FROM RESTRICTED FUNDS	\$ 5,006		
30 IV 8	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 48
30 IV 8	INVESTMENT INC - OPERATIONAL			\$ 60,000
30 IV 8	INVESTMENT INC - ENDOWMENT			\$ (60,000)
30 IV 8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ 1,191,593
	ALL ABOVE DISALLOWED EXCEPT CONTRIBUTIONS OPERATIONAL			
Total Other Revenue		\$ 752,513	\$ -	\$ 2,157,310

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,011,014
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,441,569
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	34,633
4 Inventories			\$	42,472
5. Prepaid Expenses			\$	53,875
a. _____				
b. _____				
c. _____				
d. See Schedule		53,875		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,151,947

See Schedule		1,151,947		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,735,510
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	437,835	\$	78,888
	Accum. Depreciation	358,947		Net
3. Buildings	*Historical Cost	5,877,250	\$	3,172,843
	Accum. Depreciation	2,704,407		Net
4. Leasehold Improvements	*Historical Cost	119,019	\$	
	Accum. Depreciation	119,019		Net
5. Non-Movable Equipment	*Historical Cost	59,085	\$	8,507
	Accum. Depreciation	50,578		Net
6. Movable Equipment	*Historical Cost	673,965	\$	141,027
	Accum. Depreciation	532,938		Net
7. Motor Vehicles	*Historical Cost	42,230	\$	
	Accum. Depreciation	42,230		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,211,265

* 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

Page Ref	Line Ref	Description	
31	5	TAX CUSHION	\$ 7,600
31	5	MORRISON	\$ 39,642
31	5	IN2L SUBSCRIPTION	\$ 1,967
31	5	LEADING AGE	\$ 3,946
31	5	MISCELLANEOUS	\$ 720
Total Prepaid Expenses			\$ 53,875

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

Page Ref	Line Ref	Description	
31	8	ST LOAN RECEIVABLE - AFFILIATE	\$ 1,000,000
31	8	DUE AFFILIATE GENERAL CONTROL	\$ (270,661)
31	8	DUE AFFILIATE ACCTS PAYABLE CONTROL	\$ (102,667)
31	8	DUE AFFILIATE PAYROLL CONTROL	\$ (65,454)
31	8	DUE AFFILIATE BOND BILLING CONTROL	\$ (16,838)
31	8	DUE AFFILIATE POOL BEN NONPAT CONTROL	\$ 12
31	8	DUE AFFILIATE SYSTEM ALLOCATION CONTROL	\$ 612,784
31	8	DUE AFFILIATE INVENTORY CONTROL	\$ (5,229)
Total Other Current Assets (Itemize)			\$ 1,151,947

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	7	LT UNREST INT IN ENDOWMENT LLC	\$ 5,418,264
32	7	ASSETS HELD IN TRUST BY OTHERS	\$ 5,194
32	7	LT WORKERS COMP GROSS UP	\$ 163,084
Total Other Assets			\$ 5,586,542

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	12	DEFERRED REVENUES	\$ 318,893
33	12	ACCRUED REAL ESTATE TAXES	\$ 13,069
33	12	ACCRUED PERSONAL PROPERTY TAX	\$ 4,053
33	12	UNCLAIMED WAGES	\$ (856)
33	12	UNCLAIMED CHECKS	\$ 1
33	12	DEFERRED GRANTS	\$ 264,152
33	12	ACCRUED EXPENSES	\$ 833,187
33	12	ACCRUED STATE PROVIDER TAX	\$ 173,120
33	12	ACCRUED SEVERANCE	\$ 25,806
33	12	GENERAL RESERVE	\$ 76,136
33	12	FLEX SPENDING ACCOUNT (FSA)	\$ 857
33	12	ER 401K MATCH TRUE UP	\$ 1,171
33	12	RETIREMENT FORFEITURES	\$ (72,260)
33	12	CP WC IBNR	\$ 272,086
Total Other Current Liabilities (Itemize)			\$ 1,909,415

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

Page Ref	Line Ref	Description	
34	4	LT PORTION - WORKERS COMP LIAB	\$ 163,084
34	4	LT WC IBNR	\$ 280,460
34	4	ACCRUED DEFINED CONTRIBUTION	\$ (160)
Total Other Current Liabilities (Itemize)			\$ 443,384

G. Balance Sheet (cont'd)

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	7,946,775
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>)			\$	5,586,542

See Schedule				5,586,542
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,586,542
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,533,317

* 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	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2021	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	168,128
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	422,788
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>)			\$	1,909,415

See Schedule				1,909,415
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,500,331

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,500,331	
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>)					\$ 6,713,917
Name and Address of Lender	Amount	Loan Date			
Hartford HealthCare	6,713,917				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 443,384

See Schedule					
					443,384
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 7,157,301
C. Total All Liabilities (Lines A-13 + B-5)					\$ 9,657,632

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	80,086
6. Total Reserves			\$	80,086
B. Net Worth				
1. Owner's Capital			\$	2,795,045
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2020	thru 9/30/2021	\$	1,000,554
7. Total Net Worth			\$	3,795,599
C. Total Reserves and Net Worth			\$	3,875,685
D. Total Liabilities, Reserves, and Net Worth			\$	13,533,317

H. Changes in Total Net Worth

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	2,863,159
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,849,286
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,848,732
D. Net Income or Deficit			\$	1,000,554
E. Balance			\$	3,863,713
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
TEMP RESTRICT NET ASSETS CNTRL				(6,095)
TR CONTRIBUTIONS				(11,851)
TR RELEASE FROM NET ASSETS REST OPS				29,918
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	11,972
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	3,875,685
				09/30/21

I. Preparer's/Reviewer's Certification

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address Address			Phone Number	
HHC Senior Services 80 Meriden Avenue, Southington, CT 06489			203-623-2930	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Dorothy Robinson			203-623-2930	
Contact Email Address				
Dorothy.Robinson@hhchealth.org				