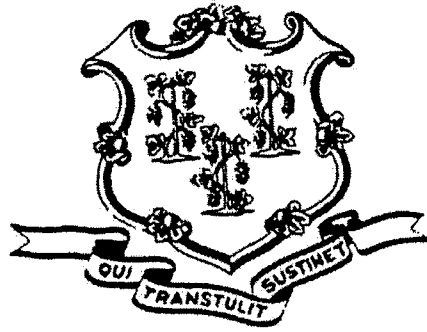


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) AVERY HEIGHTS	
Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

Medicaid Provider Numbers:	CCNH 7500	RHNS 90795	ICF-MR
----------------------------	--------------	---------------	--------

For Department Use Only

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

Michelle L. Pascetta

From: Karen Coulombe <kcoulombe@MSLC.COM>
Sent: Monday, January 16, 2017 10:43 AM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Michelle,

I approve the use of your non-DSS developed cost report.

Karen

>>>

From: "Michelle L. Pascetta" <MPascetta@churchhomes.org>
To: "kcoulombe@mslc.com" <kcoulombe@mslc.com>
Date: 1/16/2017 10:12 AM
Subject: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Karen...it is my understanding that there are no changes to the cost reporting format for the FYE 2016 Medicaid cost report. I will be completing the 2016 Medicaid cost reports using the same cost report software that I have used for the last 10+ years. At your earliest conference, please e-mail me your approval.

Thanks!

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	Page 1	of 37
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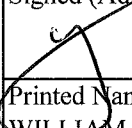

Administrator's/Owner's Certification

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 AVERY HEIGHTS [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
		2-15-17			
Printed Name (Administrator) WILLIAM THOMPSON			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of Connecticut	Date February 15, 2017	Signed (Notary Public) 		Comm. Expires 09/30/2021

Address of Notary Public
 53 Cinnamon Springs, South Windsor, CT 06074

(Notary Seal)

CHERYL B. CARRARO
NOTARY PUBLIC
 MY COMMISSION EXPIRES SEPT. 30, 2021

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility AVERY HEIGHTS	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106				
Report Prepared By MICHELLE PASCETTA	Phone Number (860) 527-9126 x518	Date 2/15/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 527-9126	Report for Year Ended 09/30/16	Page 2	of 37
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Name of Facility (as shown on license) AVERY HEIGHTS	Address (No. & Street, City, State, Zip) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106
---	--

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

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

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

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

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

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

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



BOARD OF DIRECTORS AND OFFICERS
2016 - 2017

OFFICERS AND DIRECTORS**David E. Canuel, Chairman**

Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109

Henry B. McNulty, Vice Chairman

Res: 75 Bellamy Road (October-April)
Cheshire, CT 06410-3038 (203) 271-1377
14 Seacrest Road (May-Sept)
Old Saybrook, CT 06475-2920 860

(860) 395-0442

Patrick J. Gilland, President/CEO

Bus: Church Homes, Inc. (860) 527-9126
217 Avery Heights
Hartford, CT 06106

FAX: (860) 560-2469

Res: 235 Carriage Drive (203) 598-7684
Middlebury, CT 06762

DIRECTORS**Gerard J. Baldwin**

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

Joseph C. Black, Jr.

Bus: Retired
Res: 18 High Farm Road (860) 844-8538
East Granby, CT 06026

Robert S. Dicks, MD, FACP

Bus: Chief, Div. of Geriatric Medicine & Gerontology
Hartford Hospital (860) 545-7043
80 Seymour Street
Hartford, CT 06102

FAX: (860) 545-7220

Res: 243 West Mountain Road (860) 622-1999
West Simsbury, CT 06092

DIRECTORS - continued**Patrick S. Gilligan**

Bus: Vice President, Portfolio Manager
TD Bank
2461 Main Street
Glastonbury, CT 06033 (860) 652-6571

FAX: (860) 652-7998

Res: 49 Whittlesey Road (203) 263-6707
Woodbury, CT 06798

Peter L. Holland

Bus: Senior Vice President
Goman+York Property Advisors, LLC
800 Connecticut Boulevard
East Hartford, CT 06108 (860) 280-8327

FAX: (860) 525-5700

Res: 34 Musket Trail (860) 651-9933
Simsbury, CT 06070

FAX: (860) 651-5021

Thomas P. Kelley

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

Mercedes E. Large

Res: 17 Stuart Drive (860) 232-3025
Bloomfield, CT 06002

FAX: (860) 232-3026

Peter B. Matthews

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

David E. Polk

Bus: President and Executive Director
The First Tee (860) 316-2511
55 Golf Club Road
Cromwell, CT 06416

DIRECTORS AND OFFICERS 2016 - 2017 (cont'd)

DIRECTORS - continued**David E. Polk (continued)**

FAX: (860) 545-2127
 Res: 100 Westmont (860) 233-6601
 West Hartford, CT 06117

Patrick Y. Yung

Bus: Bain Capital Ventures
 Res: 7030 78th Ave. SE (860) 983-8809
 Mercer Island, WA 98040

OFFICERS**Raymond A. Gasperini**

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

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851
 Administrator, Noble Horizons
 17 Cobble Road
 Salisbury, CT 06068
 FAX: (860) 435-0636
 Res: 179 Under Mountain Road (860) 435-0190
 Salisbury, CT 06068

William Thompson

Bus: Vice President, CHI (860) 527-9126
 Administrator, Avery Heights
 705 New Britain Avenue
 Hartford, CT 06106
 FAX: (860) 525-2090
 Res: 133 DiRienzo Heights (475) 223-2556
 Derby, CT 06418

Marjorie K. Tessman

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

General Information and Questionnaire Related Parties*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management Services - See Page 17	Pg. 16, Line m12	1,142,220	1,166,625
Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	Pg. 13 Lines B5a, B9a, B10a and B12	1,037,039	See Page 4a
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

* Use additional sheets if necessary.

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

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

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

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	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.

Direct Resident Care Consultants - Allocated based on patient days

Maintenance and Operation of Plant - Allocated based on beds

Depreciation - Allocated based on beds

The exceptions noted above more accurately reflect allocation of costs between inpatient and resident cottages.

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 AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2016		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
Less: Portion Allocated to Cottages	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
Total ****						

Is a Mileage Log Book Maintained for All Leased Vehicles Yes No

* 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 AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Blum, Shapiro & Company, P.C.		West Hartford, CT		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Financial audit and other accounting related services. Costs are included in the administrative management fee.		\$		
2		\$		
3		\$		
4		\$		
				Charge for Services Provided
				\$
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Page 16, Line m12				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See Attached Analysis - Page 7A				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Total Allowable Legal Fees Per Page 7A		\$		16,308
2 Legal Fees - Disallowed Per Page 7A		\$		21,298
3		\$		
4		\$		
5 Less: Portion allocated to cottages		\$		(1,451)
				Charge for Services Provided
				\$ 36,155
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Page 15, Line 1e				

AVERY HEIGHTS
9/30/2016

Attachment Page 7

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

Union Negotiations	16,308	A
Department of Housing Grant	4,480	D
Survey	2,070	D
Collections	<u>13,417</u>	D
Sub Total	<u>36,275</u>	

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

Vendor Dispute	1,131	D
Collections	<u>200</u>	D
Sub Total	<u>1,331</u>	

Total Legal Fees

37,606

A	Allowable	16,308
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	21,298

Schedule of Resident Statistics

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 09/30/16			Page 8	of 37
		Total All Levels	Total CCNH Level	Total RHNS Level		
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period		199	130	69		
B. On last day of THIS report period		199	130	69		
2. Number of Residents						
A. As of midnight of PREVIOUS report period		163	119	44		
B. As of midnight of THIS report period		162	111	51		
3. Total Number of Days Care Provided During Period						
A. Medicare		6,157	766	5,391	4,605	1,552
B. Medicaid (Conn.)		41,438	32,608	8,830	30,533	10,905
C. Medicaid (other states)						
D. Private Pay		7,611	6,981	630	6,063	1,548
E. State SSI for RCH						
F. Other (Specify) Managed Care/Commercial		2,584	222	2,362	1,783	801
G. Total Care Days During Period (3A thru F)		57,790	40,577	17,213	42,984	14,806
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		22	17	5	22	5
5. Total Resident Days (3G + 4A + 4B)		57,812	40,594	17,218	43,006	14,806
					30,256	10,338
					12,750	4,468

Schedule of Resident Statistics (Cont'd)

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	18	94	24	16	10			
Per Diem Rate								
a. One bed rm.	542.49	248.73	190.58	See Pg 9A	See Pg 9A	n/a	n/a	n/a
b. Two bed rms.	542.49	248.73	190.58	420/395	440/255	n/a	n/a	n/a
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,377	3,073	1,304	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	151	106	45	
C. Other	20,148	14,148	6,000	
D. Total Physical Therapy Treatments	24,676	17,327	7,349	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	472	331	141	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,793	1,961	832	
D. Total Speech Therapy Treatments	3,265	2,292	973	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,932	2,059	873	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	96	67	29	
C. Other	22,091	15,512	6,579	
D. Total Occupational Therapy Treatments	25,119	17,638	7,481	

AVERY HEIGHTS
9/30/2016

Attachment 9A

Self Pay Rates as of 9/30/16

CCH One Bedroom:

465.00
450.00
425.00

RHNS One Bedroom:

470.00
460.00
275.00
265.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="checkbox"/> Yes	No			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Total Cost and 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)	141,339	1,485	59,948	630	-	-
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	183,502	8,672	77,832	3,678	-	-
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	40,808	1,337	17,309	567	-	-
c. Dietary Workers	-	-	-	-	-	-
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	-	-	-	-	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,378	1,133	19,967	478	-	-
b. Other Maintenance Workers	86,454	4,082	36,434	1,720	-	-
8. Laundry Service						
a. Supervisor	-	-	-	-	-	-
b. Other Laundry Workers	-	-	-	-	-	-
9. Barber and Beautician Services	-	-	-	-	-	-
10. Protective Services	-	-	-	-	-	-
11. Accounting Services						
a. Head Accountant	-	-	-	-	-	-
b. Other Accountants	-	-	-	-	-	-
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	138,234	2,862	58,633	1,213	-	-
b. RN						
1. Direct Care	827,083	22,741	417,100	11,469	-	-
2. Administrative**	92,544	2,622	46,670	1,323	-	-
c. LPN						
1. Direct Care	1,029,973	33,969	519,415	17,130	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	2,116,780	114,052	625,935	33,726	-	-
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	162,554	7,069	68,948	2,998	-	-
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	117,769	4,353	49,952	1,847	-	-
n. Marketing	73,398	1,461	31,133	619	-	-
o. Other (Specify) See Attached Schedule	-	-	-	-	-	-
<i>A-13. Total Salary Expenditures</i>	<i>5,057,816</i>	<i>205,838</i>	<i>2,029,276</i>	<i>77,398</i>	-	-

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	(Specify)	(Specify)
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	74,034	1,346	31,401	571	-	-
Total	\$ 74,034	1,346	\$ 31,401	571	\$ -	-

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2016		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)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2016		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
William Thompson - 07/11/2016 - 09/30/2016	29,903	12,683	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	378	A.2.			
Miriam E. Parker - 10/1/2015 - 07/25/2016	111,436	47,265	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	1,737	A.2.			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include **all** other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	-	-	-	-	-	-
2. Dentist	2,159	131	916	55	-	-
3. Pharmacist	8,949	126	3,796	53	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	280,278	6,202	118,876	2,631	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	21,065	23	8,935	10	-	-
b. Utilization Review (Title 18 and 19 only) monthly meeting	-	-	-	-	-	-
c. Resident Care**	235	1	100	1	-	-
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	-	-	-	-	-	-
2. Pharmaceutical Committee (Quarterly meetings)	-	-	-	-	-	-
3. Staff Development Committee (Once annually)	-	-	-	-	-	-
e. Other (Specify) Medical Advancement Board	1,123	11	477	5	-	-
9. Speech Therapist						
a. Resident Care	89,428	1,363	37,908	578	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	284,462	5,087	120,652	2,157	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,787	39	3,423	19	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	238,585	5,965	120,319	3,008	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	-	-	-	-	-	-
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	74,034	1,346	31,401	571	-	-
B-13 Total Fees Paid in Lieu of Salaries	1,007,105	20,294	446,803	9,088	-	-

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

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

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Martha A. Kurilec, DMD	Dentist		✓		
Value Health Care Services, Inc.	Pharmacy Consultant		✓		
Alliance Rehabilitation of CT	Physical Therapy	✓		See Page 4a	
Starling Physicians, PC & CT Multispecialty Group	Medical Director		✓		
HHC Physicians Care, Inc. and Paul Murray	Physician Services		✓		
Doris Jean Phillips	Medical Advancement		✓		
Alliance Rehabilitation of CT	Speech Therapy	✓		See Page 4a	
Alliance Rehabilitation of CT	Occupational Therapy	✓		See Page 4a	
Value Health Care Services	Temporary Nursing		✓		
Caring Nurses, Favorite Healthcare, Harborside, KSY Home, Nurse Network, Nursefinders and Executive Search Group	Temporary Nursing		✓		
Alliance Rehabilitation of CT	Respiratory Therapy	✓		See Page 4a	

* 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
AVERY HEIGHTS	750-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 216,662	154,624	62,038	-
2. Disability Insurance	\$ 33,327	23,784	9,543	-
3. Unemployment Insurance	\$ 13,213	9,430	3,783	-
4. Social Security (F.I.C.A.)	\$ 525,660	375,146	150,514	-
5. Health Insurance	\$ 1,225,792	874,806	350,986	-
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,936	4,236	1,700	-
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 525,234	374,842	150,392	-
8. Uniform Allowance	\$ -	-	-	-
9. Other (<i>Specify</i>) See Attached Schedule	\$ 26,616	18,995	7,621	-
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 29,325	20,591	8,734	-
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 36,155	25,387	10,768	-
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 19,340	13,582	5,758	-
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 28,607	20,087	8,520	-
2. Cellular Phones	\$ 18,475	12,973	5,502	-
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$ -	-	-	-
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ -	-	-	-
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ -	-	-	-
2. Other (<i>Specify</i>) See Attached Schedule	\$ -	-	-	-
3. Resident Day User Fee	\$ 1,037,589	728,567	309,022	-
Subtotal	\$ 3,741,931	2,657,050	1,084,881	-

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

AVERY HEIGHTS
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Assistance Program	583	234	-
Personal Time Accrued	1,181	474	-
Training Fund - Union	19,920	7,992	-
Vaccinations	564	226	-
Capitalized Benefits	(3,253)	(1,305)	-
Total	\$ 18,995	\$ 7,621	\$ -

Schedule of Other Taxes

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

Annual Report of Long-Term Care Facility

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
AVERY HEIGHTS	750-C	9/30/2016	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,741,931	2,657,050	1,084,881	-
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ -	-	-	-
2. Holiday Parties for Staff	\$ 835	586	249	-
3. Gifts to Staff and Residents	\$ 2,213	1,555	658	-
4. Employee Travel	\$ 1,415	996	419	-
5. Education Expenses Related to Seminars and Conventions	\$ 10,244	7,193	3,051	-
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 85,889	60,309	25,580	-
7. Other (<i>Specify</i>) See Attached Schedule	\$ -	-	-	-
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 995	699	296	-
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ -	-	-	-
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 19,177	13,466	5,711	-
4. Fund-Raising***	\$ 23,538	16,528	7,010	-
5. Medical Records	\$ -	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ -	-	-	-
7. Postage	\$ 2,077	1,459	618	-
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 18,611	13,068	5,543	-
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ -	-	-	-
9. Subscriptions	\$ 1,161	815	346	-
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>)	\$ 59,547	41,811	17,736	-
12. Administrative Management Services**	\$ 1,142,220	802,035	340,185	-
13. Other (<i>Specify</i>) See Attached Schedule	\$ 25,735	18,510	7,225	-
C-14 Total Administrative & General Expenditures	\$ 5,135,588	3,636,080	1,499,508	-

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Administration/Admissions Advertising	215	91	-
All Marketing Non-Salary Expenses	13,251	5,620	-
Total Other Advertising	\$ 13,466	\$ 5,711	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	12,829	5,442	-
NASW	172	73	-
Amazon Prime	67	28	-
Total Dues	\$ 13,068	\$ 5,543	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CHEFA Admin Fee	3,389	811	-
Licenses	3,975	1,686	-
Meetings	454	192	-
Penalties	4,726	2,004	-
Pre-Employment Services	5,966	2,532	-
Total Other Administrative and General	\$ 18,510	\$ 7,225	\$ -

Licenses:

Department of Energy and Environmental Protection	\$ 680
Department of Public Health	\$ 400
Department of Construction	\$ 2,640
Notary Public Unit	\$ 130
Department of Environmental Health	\$ 50
Drug Enforcement Agency	\$ 1,462
CTLTCMAP	\$ 350
CLIA	\$ 150
Sub Total	\$ 5,862
Less: Portion Allocated to Cottages	\$ (201)
Total Licenses	\$ 5,661

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
AVERY HEIGHTS	750-C	9/30/2016	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	1,142,220	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
EVERY HEIGHTS	750-C	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 22,473	15,780	6,693		-
2. Non-Food Supplies	\$ 3,157	2,217	940		-
3. Other (Specify) _____	\$ -	-	-		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,719,346	1,207,278	512,068		-
c. Management Services**	\$ -	-	-		-
d. Other (Specify) _____	\$ -	-	-		-
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 1,744,976	1,225,275	519,701		-
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	476	334	142		
H. Is cost of employee meals included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify cost. \$1,994
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify amt. \$1,994
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	Page 30, Line IV, 1				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS	750-C	9/30/2016	19	37	
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.	907,563	637,266	270,297	-
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.	907,563	637,266	270,297	-
	Amt. \$	18,794	13,197	5,597	-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	302,151	212,162	89,989	-
c. Management Services**	\$	-	-	-	-
d. Other (Specify)	\$	-	-	-	-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	320,945	225,359	95,586	-
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
EVERY HEIGHTS	750-C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	135,056	94,833	40,223	-
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46,008	32,306	13,702	-
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced	135,056	94,833	40,223	-
	by Personnel				
	Amt. \$	801,425	562,741	238,684	-
c. Management Services*		\$ -	-	-	-
d. Other (<i>Specify</i>)		\$ -	-	-	-
4E. Total Housekeeping Expenditures (4a + b + c + d)....		\$ 847,433	595,047	252,386	-
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	-	-	-	-
2. Purchased from Value Health Care Service, Inc.	\$	279,204	196,049	83,155	-
b. Medicine Cabinet Drugs	\$	34,845	24,467	10,378	-
c. Medical and Therapeutic Supplies	\$	240,655	168,981	71,674	-
d. Ambulance/Limousine***	\$	532	374	158	-
e. Oxygen					
1. For Emergency Use	\$	-	-	-	-
2. Other***	\$	7,210	5,062	2,148	-
f. X-rays and Related Radiological Procedures***	\$	23,142	16,250	6,892	-
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	-	-	-	-
h. Laboratory***	\$	46,614	32,731	13,883	-
i. Recreation	\$	47,689	33,487	14,202	-
j. Other (Specify)**** See Attached Schedule	\$	24,894	17,480	7,414	-
5K. Total Resident Care Expenditures (5a - 5j)		\$ 704,785	494,881	209,904	-

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

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

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

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

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	(Specify)
Equipment Rental - Month-to-Month - Oxygen & Bed Rental	\$ 13,407	\$ 5,687	\$ -
Medical and Therapeutic Supplies	\$ 90,634	\$ 38,443	\$ -
Disposable Incontinent Supplies	\$ 47,031	\$ 19,948	\$ -
Nursing Minor Equipment *	\$ 4,670	\$ 1,981	\$ -
Nutritional Supplements	\$ 8,081	\$ 3,428	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 4,591	\$ 1,947	\$ -
Resident Vaccinations	\$ 567	\$ 240	\$ -
Total Other Resident Care	\$ 168,981	\$ 71,674	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Pastoral Care	\$ 221	\$ 94	\$ -
Physical Therapy Supplies/Equipment Rental - Month-to-Month	\$ 17,154	\$ 7,275	\$ -
Social Services	\$ 105	\$ 45	\$ -
Total Other Resident Care	\$ 17,480	\$ 7,414	\$ -

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2016	Page of 21 37		
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***		
				CCNH	RHNS	(Specify) Pg Line
MDI Achieve	Minneapolis, MN		Computer Software Contract	32,027	13,585	16 ml1
A&G Purchased Services Under \$10,000	Various		Maintenance/Data Processing/Computer	9,784	4,151	16 ml1
Healthcare Services Group	Bensalem, PA		Dietary Purchased Services - Personnel and Food	1,207,278	512,068	18 2b
H & H Linen Service	New Britain, CT		Laundry Contract - Linens, etc.	69,260	29,377	19 3b
Healthcare Services Group	Bensalem, PA		Laundry Purchased Services - Personnel	141,253	59,913	19 3b
Laundry Purchased Services Under \$10,000	Various		Laundry Contract - Linens, etc.	1,649	699	19 3b
Healthcare Services Group	Bensalem, PA		Housekeeping Purchased Services	562,741	238,684	20 4b

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2016		Page of 21a 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	
Baystate Elevator Company	Dalton, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Elevator Service Contract	11,400	4,804	22	6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Grounds Service	26,287	11,078	22	6.f
CT Temperature Controls	Cromwell, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		HVAC	16,439	6,928	22	6.f
Hartford Boiler Repair	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		HVAC	18,622	7,848	22	6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plowing and Sanding	14,134	5,957	22	6.f
USA Town & Country Hauling	East Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Refuse Removal	42,963	18,106	22	6.f
Stericycle	Middletown, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Refuse Removal	7,477	3,151	22	6.f
Security Services of CT, Inc.	Bridgeport, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Security Contract	51,655	21,770	22	6.f
Maintenance Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		General Maintenance Services	44,366	18,722	22	6.f
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

* 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 AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	102,505	72,099	30,406		-
b. Heat	\$	90,189	63,328	26,861		-
c. Light & Power	\$	244,039	171,358	72,681		-
d. Water	\$	237,343	166,656	70,687		-
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	-	-	-		-
f. Other <i>(itemize)</i> See Attached Schedule	\$	331,707	233,343	98,364		-
6g. Total Maint. & Operating Expense (6a - 6f)	\$	1,005,783	706,784	298,999		-
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	16,271	10,747	5,524		-
b. Building & Building Improvements	\$	346,374	236,953	109,421		-
c. Non-Movable Equipment	\$	185,177	109,983	75,194		-
d. Movable Equipment	\$	212,473	113,283	99,190		-
*7e. Total Depreciation Costs (7a + b + c + d)	\$	760,295	470,966	289,329		-
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$	-	-	-		-
b. Mortgage Expense	\$	4,110	3,316	794		-
c. Leasehold Improvements	\$	-	-	-		-
d. Other <i>(Specify)</i>	\$	-	-	-		-
*8e. Total Amortization Costs (8a + b + c + d)	\$	4,110	3,316	794		-
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	-	-	-		-
10. Property Taxes						
a. Real estate taxes paid by owner	\$	-	-	-		-
b. Real estate taxes paid by lessor	\$	-	-	-		-
c. Personal property taxes	\$	-	-	-		-
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	764,405	474,282	290,123		-

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment Maintenance Contract	17,560	7,420	-
Refuse Removal	51,844	21,853	-
Fire Protection Services	4,098	1,727	-
Carpet/Flooring Service	3,039	1,281	-
Electrician Services	2,125	895	-
Elevator Service Contract	11,400	4,804	-
Exterminator Service	5,850	2,466	-
Grounds Service	26,287	11,078	-
Heating/Air Conditioning Service	38,536	16,241	-
Painting Service	6,815	2,872	-
Plowing & Sanding	14,134	5,957	-
Security Contract	51,655	21,770	-
Total Other Repairs and Maintenance	\$ 233,343	\$ 98,364	\$ -

AVERY HEIGHTS
9/30/2016

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2016 Total Depreciation</u>	<u>2016 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	31,177	0	0	0	0	0	0
- Non-CON	<u>1,475,039</u>	<u>40,246</u>	<u>16,271</u>	<u>10,747</u>	<u>5,524</u>	<u>0</u>	<u>23,975</u>
Totals	<u>1,506,216</u>	<u>40,246</u>	<u>16,271</u>	<u>10,747</u>	<u>5,524</u>	<u>0</u>	<u>23,975</u>
Building & Improvements:							
- CON	5,416,174	134,394	134,394	106,774	27,620	0	0
- Non-CON	<u>11,007,116</u>	<u>361,384</u>	<u>211,980</u>	<u>130,179</u>	<u>81,801</u>	<u>0</u>	<u>149,404</u>
Totals	<u>16,423,291</u>	<u>495,778</u>	<u>346,374</u>	<u>236,953</u>	<u>109,421</u>	<u>0</u>	<u>149,404</u>
Fixed Equipment:							
- CON	2,323,161	5,778	5,778	4,576	1,202	0	0
- Non-CON	<u>4,764,947</u>	<u>254,366</u>	<u>179,399</u>	<u>105,407</u>	<u>73,992</u>	<u>0</u>	<u>74,967</u>
Totals	<u>7,088,108</u>	<u>260,144</u>	<u>185,177</u>	<u>109,983</u>	<u>75,194</u>	<u>0</u>	<u>74,967</u>
Moveable Equipment:							
- CON	616,554	0	0	0	0	0	0
- Non-CON	<u>3,103,611</u>	<u>226,054</u>	<u>212,473</u>	<u>113,283</u>	<u>99,190</u>	<u>0</u>	<u>13,581</u>
Totals	<u>3,720,165</u>	<u>226,054</u>	<u>212,473</u>	<u>113,283</u>	<u>99,190</u>	<u>0</u>	<u>13,581</u>

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
8/1/2016	Campus Paving	52,260	40,466	8	843
9/1/2016	Retaining wall	6,188	6,188	20	26
9/1/2016	Landscaping	6,361	6,361	10	53
Total additions for Land Improvements		\$ 64,809	\$ 53,015		\$ 922 *
Deletions:					
Total deletions for Land Improvements					
		\$ -	\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
5/1/2016	Interior painting-Sta 1-3	7,000	7,000	5	583
9/1/2016	Gazebo	1,902	1,902	15	11
7/1/2016	Paint cottage 48	1,300	-	5	-
10/1/2015	Ext painting of Station III	13,800	13,800	5	2,760
2/1/2016	Window panes Sta. 3	8,215	8,215	15	365
4/1/2016	Paint walls & trim CT59	1,100	1,100	5	110
5/1/2016	Paint lower lvl sta 3 rehab/offices	6,800	6,800	5	567
Total additions for Building Improvements		\$ 40,117	\$ 38,817		\$ 4,396 *
Deletions:					
Total deletions for Building Improvements					
		\$ -	\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
1/1/2016	Sump pump-UST	23,099	23,099	15	1,155
3/1/2016	Av House boilers-Upgrades	19,738	19,738	20	576
1/1/2016	Heater for medical supply rm	1,053	1,053	10	79
10/1/2015	A House boiler vacuum tank and pumps	35,900	35,900	20	1,795
6/1/2016	HVAC pumps-Noble Bldg	3,185	3,185	15	71
11/1/2015	Pool filtration pump	4,890	-	3	-
4/1/2016	Charcoal filters for pool	2,300	-	3	-
12/1/2015	Carpeting-Cot 67	2,100	-	5	-
12/1/2015	Carpeting-Cot 73	2,100	-	5	-
4/1/2016	Carpeting-CT 59	2,140	-	5	-
7/1/2016	C48 Sink/Countertops/Vanities	3,320	-	15	-
7/1/2016	Carpet-Cottage 48	2,680	-	5	-
3/1/2016	Monitor modules for fire pump	2,130	2,130	10	124
10/1/2015	Noble 2 bathroom revovation	8,671	8,671	15	578
Total additions for Non-Movable Equipment		\$ 113,306	\$ 93,776		\$ 4,378 *
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	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/1/2015	Hoyer sit to stand lift	3,910	3,910	10	389
10/1/2015	Washer/Dryer	1,111	-	10	-
11/1/2015	Shades for Noble 2 hallway	1,521	1,521	5	279
11/1/2015	Cabinet for ipods	1,054	1,054	15	64
12/1/2015	Alt air mattress	4,341	4,341	10	362
1/1/2016	Server	8,100	6,272	5	941
2/1/2016	Hoyer lift and scale	4,290	4,290	10	286
2/1/2016	Bedspreads for stations	3,981	3,981	3	885
2/1/2016	Tray delivery carts	6,720	6,720	10	448
3/1/2016	Wireless access points	1,854	1,854	15	72
3/1/2016	Transport stretcher w/wheels	1,008	1,008	15	39
3/1/2016	Electric Beds	12,552	12,552	12	610
4/1/2016	Waring blender	1,199	1,199	10	60
4/1/2016	High Gel Mattresses	2,520	2,520	10	126
4/1/2016	Washer/Dryer CT 73	1,111	-	10	-
5/1/2016	11 Fans 8 air conditioners	2,545	1,971	5	164
6/1/2016	3 Ipod Cabinets	3,159	3,159	15	70
7/1/2016	Appliances-Cot 48	1,427	-	10	-
6/1/2016	IPods (60)	2,734	2,734	5	182
7/1/2016	Ice cube maker	1,166	903	10	23
9/1/2016	Storage cabinet	1,372	1,372	15	8
8/1/2016	Lateral rotation mattress	2,894	2,894	10	48
1/1/2016	Shower gurney	1,180	1,180	10	89
9/1/2016	Outdoor furniture	5,366	5,366	10	45
11/1/2004	TRACTOR	23,374	18,099	5	-
10/1/2002	SARITA LIFT	3,146	3,146	10	-
4/1/2004	BROTHER 3800 FAX	349	349	3	-
8/1/2008	YAMAHA PIANO	4,170	4,170	20	209
3/1/2011	PROCURVE SWITCH/GIG	1,331	1,331	3	-
3/1/2013	COMPUTERS	2,195	2,195	3	305
1/1/2014	COMPUTER	714	714	3	238
1/1/2014	COMPUTER	714	714	3	238
2/1/2014	BAR CODE TIME CLOCK	1,097	1,097	10	110
Total additions for Movable Equipment		\$ 114,205	\$ 102,616		\$ 6,290 *
Deletions:					
Total deletions for Movable Equipment		\$ -	\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Amortization Schedule*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016		Page 24	of 37				
		Amortization	Cost to Be Amortized			Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
Item	Date of Acquisition Month Year								
A. Organization Expense									
1.			-	-	-	-	-	-	-
2.			-	-	-	-	-	-	-
3.			-	-	-	-	-	-	-
A-4. Subtotal									-
B. Mortgage Expense									
1. Bond Issuance Costs	12 2015		51,767	-	S/L			Var	2,960
2. Bond Issuance Costs - Old	2 2012		-	-	S/L			Var	1,150
3.			-	-	-			-	-
B-4. Subtotal									4,110
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									4,110

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* Yes No If "Yes," complete Part B.
If "No," complete Part C.

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

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

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	11/18/15			
c. Interest Rate for the Cost Year	2.58%			
d. Term of Mortgage (number of years)	15			
e. Amount of Principal Borrowed	5,423,429			
f. Principal balance outstanding as of 09/30/2016	5,290,840			
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 AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2016			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 148,938	120,178	28,760		-	
Name of Lender Salisbury Bank and Trust		Rate 2.58%					
Address of Lender 5 Bissell Street, Lakeville, CT 06039							
2. Second Mortgage		\$ -	-	-		-	
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$ -	-	-		-	
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$ -	-	-		-	
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ -					
2. Loan Origination Date		-					
3. Interest Rate %		-					
4. Term		-					
5. CHEFA Interest Expense		-	-	-		-	
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 148,938	120,178	28,760		-	

(Carry Subtotals forward to next page)

Annual Report of Long-Term Care Facility

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2016		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				148,938	120,178	28,760	
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) Line of Credit				\$ -	-	-	-
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 148,938	120,178	28,760	-
14. Insurance							
a. Insurance on Property (buildings only)				\$ 106,924	75,224	31,700	-
b. Insurance on Automobiles				\$ 13,175	9,269	3,906	-
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 22,149	15,582	6,567	-
2. Fire and Extended Coverage				\$ -	-	-	-
3. Other (Specify) See Page 27A				\$ 46,939	33,022	13,917	-
14d. Total Insurance Expenditures (14a + b + c)				\$ 189,187	133,097	56,090	-
15. Total All Expenditures (A-13 thru C-14)				\$ 19,403,040	13,675,904	5,727,136	-

Schedule of Other Insurance

Description	CCNH	RHNS	(Specify)
Crime	718	303	-
Insurance Claim - CHRO Complaint Defense Deductible	32,304	13,614	-
Total Other Insurance	\$ 33,022	\$ 13,917	\$ -

Annual Report of Long-Term Care Facility

CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page of	
AVERY HEIGHTS				750-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$ -	-	-	-
2.	10	12.n	Salaries not related to Resident Care	\$ 104,531	73,398	31,133	-
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ 8,614	6,049	2,565	-
Page 13 - Professional Fees							
5.	13	B.8.c	Resident Care Physicians **	\$ 335	235	100	-
6.	13	B.10.	Occupational Therapy	\$ 405,114	284,462	120,652	-
7.			Other - See attached Schedule	\$ 105,435	74,034	31,401	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 29,325	20,591	8,734	-
10.	15	1.e	Accounting & Legal	\$ 20,476	14,378	6,098	-
11.			Telephone	\$ -	-	-	-
12.	15	1.h.2	Cellular Telephone	\$ 16,675	11,709	4,966	-
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.3	Gifts, flowers and coffee shops	\$ 2,213	1,555	658	-
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ -	-	-	-
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ -	-	-	-
17.	28b		Automobile Expense (e.g. personal use)	\$ 76,214	53,515	22,699	-
18.	16	m.3	Unallowable Advertising *	\$ 19,177	13,466	5,711	-
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 23,538	16,528	7,010	-
21.	16	m.12	Unallowable Management Fees	\$ (18,395)	(12,917)	(5,478)	-
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 11,576	8,569	3,007	-
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 1,994	1,400	594	-
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$ -	-	-	-
Page 20 - Housekeeping Expenditures							
26.	29b		Housekeeping services to employees and others who are not residents	\$ 1,008	708	300	-
Subtotal (Items 1 - 26)				\$ 807,830	567,680	240,150	-

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Recreation Salaries Reimbursed by Restricted Funds	6,049	2,565	-
Total Other Salaries Adjustment			\$ 6,049	\$ 2,565	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.12	Respiratory Therapy	74,034	31,401	-
Total Other Fees Adjustments			\$ 74,034	\$ 31,401	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.13	CHEFA Administration Fee	3,389	811	-
16	m.13	Meetings	454	192	-
16	m.13	Penalties/Late Fees	4,726	2,004	-
Total Other A&G Adjustments			\$ 8,569	\$ 3,007	\$ -

AVERY HEIGHTS

9/30/2016

Transportation Disallowance Calculation

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Balance</u>	<u>Allowance</u>	<u>Potentially Allowable</u>
85007400	Interdepartmental Costs	(39,122)	0%	-
85007420	Interdepartmental Charges	77,265	100%	77,265
85008070	Employee Meals - Page 16	-	100%	-
85008125	Gas/Diesel - Page 16	14,610	100%	14,610
85008145	Licenses - Page 16	626	100%	626
85008330	Vehicle Repair/Maint - Page 16	35,957	100%	35,957
85008693	Pre-Employment Services - Page 16	-	100%	-
	Auto Insurance - Page 27	17,015	100%	17,015
	Depreciation - Page 22	209	100%	209
	Totals	106,560		145,682
	Allocated To Other Entities - Auto	(3,447)		
	Allocated To Other Entities - Deprec	(47)		
	Allocated To Other Entities - Insur	(3,840)		
	Net Claimed	99,226		
	Potentially Allowable			145,682
	Less: Insurance Claim Recovery - Disallowed			-
	Subtotal			145,682
	NF/RCH Utilization			15.80%
	Net Allowable			23,012
	Claimed			99,226
	Disallowance			(76,214)

Transportation Log Analysis - July 2016:

<u>Bus #</u>	<u>Starting Mileage</u>	<u>Ending Mileage</u>	<u>Total Miles</u>	<u>"Common" Miles</u>	<u>NF/RCH Miles</u>
Mini	28,497	29,364	867	24	60
7	110,352	111,567	1,215	71	122
8	106,723	108,018	1,295	47	329
	Totals		3,377	142	511
	Total Miles		3,377		
	Less: Common Miles		(142)		
	Total Resident Miles		3,235		
	NF/RCH Miles		511		
	% of NF/RCH Miles		15.80%		

Per Mark McKenn, the Provider is allowed to analyze the month of July to determine the NF/RCH percentage of miles.

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

Name of Facility				License No.	Report for Year Ended	Page	of
AVERY HEIGHTS				750-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 807,830	567,680	240,150	-
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 279,204	196,049	83,155	-
28.	20	5.d	Ambulance/Limousine	\$ 532	374	158	-
29.	20	5.f	X-rays, etc	\$ 23,142	16,250	6,892	-
30.	20	5.h	Laboratory	\$ 46,614	32,731	13,883	-
31.	20	5.c	Medical Supplies	\$ 807	567	240	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 7,210	5,062	2,148	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 54,679	38,395	16,284	-
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ -	-	-	-
36.			Depreciation on Unallowable Motor Vehicles	\$ -	-	-	-
37.			Unallowable Property and Real Estate Taxes	\$ -	-	-	-
38.	30	IV.2	Rental of Building Space or Rooms	\$ 5,400	3,792	1,608	-
39.			Other - See Attached Schedule	\$ 2,033	1,430	603	-
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b		Property Insurance	\$ 209	147	62	-
Other - Miscellaneous							
42.			Research or Experimental Activities	\$ -	-	-	-
43.			Radio and Television Revenue	\$ -	-	-	-
44.			Vending Machine Revenue	\$ -	-	-	-
45.			Purchase Discounts and Allowances	\$ -	-	-	-
46.			Duplications of functions or services	\$ -	-	-	-
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$ -	-	-	-
48.			Interest Income on Accounts Rec	\$ -	-	-	-
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,225	860	365	-
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 589	414	175	-
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,229,474	863,751	365,723	-

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

AVERY HEIGHTS
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.i	Cable Television	\$ 21,241	\$ 9,009	\$ -
20	5.j	Physical Therapy Supplies	\$ 17,154	\$ 7,275	\$ -
Total Other Ancillary Costs			\$ 38,395	\$ 16,284	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
29b		Outpatient Therapy Allocation	\$ 643	\$ 271	\$ -
29c		Security Allocation Reconciliation	\$ 787	\$ 332	\$ -
Total Other Property Adjustments			\$ 1,430	\$ 603	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Finance Charges - Resident	\$ 860	\$ 365	\$ -
Total Other Adjustments			\$ 860	\$ 365	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
29b		Outpatient Therapy Allocation	\$ 414	\$ 175	\$ -
Total Unallowable Building Interest			\$ 414	\$ 175	\$ -

AVERY HEIGHTS
9/30/2016

Outpatient Therapy Overhead

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

Calculation of Outpatient Allocation

Total Square Footage	135,056
Square Footage of Therapy Space	5,980
Therapy Space as a % of Total Space	<u>4.4278%</u>

Total Therapy Treatments	53,060
Outpatient Therapy Treatments	1,426
Outpatient Therapy Treatments as a % of Total Treatments	<u>2.6875%</u>

Outpatient Allocation of Therapy Space	<u><u>0.1190%</u></u>
--	-----------------------

Expense Items

A & G	Repairs and Maintenance	\$102,505
	Other Maintenance	331,707
	Heat	90,189
	Light & Power	244,039
	Total	<u>\$ 768,440</u>
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$914</u></u>
House-keeping	Supplies	\$ 46,008
	Purchased Services	801,425
	Total	<u>\$ 847,433</u>
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$1,008</u></u>
Capital	Property Tax	-
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	\$ 176,012
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$209</u></u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$726,228
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$864</u></u>
Deprec & Interest	Building Depreciation	\$ 346,374
	Building Interest	148,938
	Total	<u>\$ 495,312</u>
	Outpatient Allocation	0.1190%
	Unallowable Amount	<u><u>\$589</u></u>

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

CHI
 AVERY HEIGHTS
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2016

Cost Center	Totals	Subtotal SNF	SNF Station 1	SNF Station 2	SNF Station 3	Subtotal ICF	ICF	Noble Connector	RCH	Subtotal Cottages	Cottages
3.00 Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.01 Admin. & General	4,576.0	3,231.5	1,922.5	0.0	1,309.0	754.5	0.0	754.5	590.0	0.0	0.0
4.02 Admin. & General	789.5	94.0	0.0	0.0	94.0	695.5	695.5	0.0	0.0	0.0	0.0
5.00 Maintenance & Repairs	4,317.5	2,488.0	2,488.0	0.0	0.0	0.0	0.0	0.0	1,829.5	0.0	0.0
5.01 Plant Operations	6,131.0	3,216.5	1,293.5	737.0	1,186.0	2,088.0	1,668.0	420.0	826.5	0.0	0.0
6.00 Laundry	2,488.5	2,000.0	1,365.0	357.5	277.5	413.0	413.0	0.0	75.5	0.0	0.0
7.00 Housekeeping	2,567.5	426.0	137.5	47.0	241.5	145.0	121.0	24.0	1,996.5	0.0	0.0
8.00 Dietary	11,082.5	3,110.5	1,742.0	0.0	1,368.5	2,711.0	2,711.0	0.0	5,261.0	0.0	0.0
9.00 Nursing Admin.	4,634.5	3,768.5	2,888.0	193.0	687.5	866.0	866.0	0.0	0.0	0.0	0.0
12.00 Medical Records	1,186.1	1,186.1	0.0	0.0	1,186.1	0.0	0.0	0.0	0.0	0.0	0.0
13.00 Social Services	346.0	177.0	0.0	0.0	177.0	169.0	169.0	169.0	0.0	0.0	0.0
16.00 SNF - Participating	34,959.0	22,445.0	6,685.5	7,845.0	7,914.5	12,514.0	12,514.0	0.0	0.0	0.0	0.0
17.00 NF - Non-Participating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18.00 Other Long Term Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.00 Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.00 Physical Therapy	3,636.0	3,006.0	0.0	0.0	3,006.0	630.0	0.0	630.0	0.0	0.0	0.0
26.00 Occupational Therapy	2,056.0	2,056.0	0.0	0.0	2,056.0	0.0	0.0	0.0	0.0	0.0	0.0
27.00 Speech Pathology	288.0	288.0	0.0	0.0	288.0	0.0	0.0	0.0	0.0	0.0	0.0
29.00 Medical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30.00 Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37.00 Home Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.00 Dentist	66.0	66.0	66.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.01 Physicians Offices	5,464.0	5,464.0	0.0	0.0	5,464.0	0.0	0.0	0.0	0.0	0.0	0.0
63.02 Pool	4,638.0	0.0	0.0	0.0	0.0	4,638.0	0.0	4,638.0	0.0	0.0	0.0
63.03 Resident Cottages	44,431.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	44,431.0	44,431.0
Sub Total	133,657.1	53,023.1	18,588.0	9,179.5	25,255.6	25,624.0	18,988.5	6,635.5	10,579.0	44,431.0	44,431.0
Common Area	89,972.2	33,228.2	20,211.5	212.0	12,804.7	31,015.0	17,357.5	13,657.5	25,729.0	0.0	0.0
Total Square Footage	223,629.2	86,251.3	38,799.5	9,391.5	38,060.3	56,639.0	36,346.0	20,293.0	36,308.0	44,431.0	44,431.0

Pool >>>>>

For C/R

Total Square Footage	223,629
Less: Cottages	(44,431)
Less: Pool	(7,834)
Facility Square Footage	171,364
PT Square Footage	3,636
OT Square Footage	2,056
ST Square Footage	288
Therapy Square Footage	5,980

CHI
 AVERY HEIGHTS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2016
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032003200	3,278.12	(3,278.12)	0.00	0.00	0.00	
Medicaid	151		5,165.14	1101032003210	3,101.87	2,063.27	0.00	5,165.14	0.00	
Medicare A	13,304		471,829.85	1101032003230	471,829.85	0.00	0.00	471,829.85	0.00	
Medicare B	4,377		155,435.46	1101032003240	156,994.55	(1,559.09)	0.00	155,435.46	0.00	
HMO - MA	4,927		173,493.06	1101032003260	175,887.66	(2,394.60)	0.00	173,493.06	0.00	
HMO - COMM	1,917		67,067.52	1101032003265	61,900.59	5,166.93	0.00	67,067.52	0.00	
Total P/T	24,676		872,991.03		872,992.64	(1.61)	0.00	872,991.03	0.00	

Occupational Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032013200	3,805.07	(3,805.07)	0.00	0.00	0.00	
Medicaid	96		3,704.49	1101032013210	3,704.49	0.00	0.00	3,704.49	0.00	
Medicare A	15,169		565,584.53	1101032013230	565,584.53	0.00	0.00	565,584.53	0.00	
Medicare B	2,932		111,517.01	1101032013240	110,439.52	1,077.49	0.00	111,517.01	0.00	
HMO - MA	5,561		207,331.35	1101032013260	210,256.51	(2,925.16)	0.00	207,331.35	0.00	
HMO - COMM	1,361		50,563.16	1101032013265	44,911.60	5,651.56	0.00	50,563.16	0.00	
Total O/T	25,119		938,700.54		938,701.72	(1.18)	0.00	938,700.54	0.00	

Speech Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	3		278.61	1101032023200	278.61	0.00	0.00	278.61	0.00	
Medicaid	0		0.00	1101032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	2,226		186,215.84	1101032023230	186,215.84	0.00	0.00	186,215.84	0.00	
Medicare B	472		41,287.00	1101032023240	41,287.67	(0.67)	0.00	41,287.00	0.00	
HMO - MA	390		32,230.86	1101032023260	34,266.43	(2,035.57)	0.00	32,230.86	0.00	
HMO - COMM	174		15,547.06	1101032023265	13,511.49	2,035.57	0.00	15,547.06	0.00	
Total S/T	3,265		275,559.37		275,560.04	(0.67)	0.00	275,559.37	0.00	

AVERY HEIGHTS
9/30/2016

Security Disallowance:

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

Security Contract - Account #83008710	143,157
Total Security Costs to be Allocated	<u>143,157</u>
Bed Allocation:	
CCH	130
RHNS	69
RCH	<u>0</u>
	199
Independent Living Cottages	<u>58.00</u>
	257.00
Independent Living Apartments	<u>137.00</u>
	<u>394.00</u>
Independent Living Apartments (The Heights)	137
Total Avery Heights Beds	394.00
Percentage of Total ILA to Total Beds	34.77%
Total Security Costs to be Allocated	143,157
% for The Heights based on beds	<u>34.77%</u>
Allocation to The Heights	49,776
Facility Allocation	<u>(48,331)</u>
Additional Allocation to The Heights	<u>1,445</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
EVERY HEIGHTS	750-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,068,486	13,620,391	2,448,095			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,379,204)	(5,601,556)	(777,648)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,788,654	344,229	2,444,425			
b. Medicare Room and Board Contractual Allowance **	\$ 489,348	11,574	477,774			
4. a. Private-Pay Residents and Other	\$ 4,578,410	3,242,745	1,335,665			
b. Private-Pay Room and Board Contractual Allowance **	\$ (162,794)	(18,014)	(144,780)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 342,949	240,809	102,140			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (342,949)	(240,809)	(102,140)			
c. Prescription Drugs - Non-Medicare	\$ 146,055	102,556	43,499			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (148,576)	(104,326)	(44,250)			
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	\$ 626,761	440,099	186,662			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (506,917)	(355,947)	(150,970)			
c. Physical Therapy - Non-Medicare	\$ 246,232	172,899	73,333			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (240,006)	(168,527)	(71,479)			
4. a. Speech Therapy - Medicare	\$ 227,504	159,775	67,729			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (186,353)	(130,875)	(55,478)			
c. Speech Therapy - Non-Medicare	\$ 48,057	33,750	14,307			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (38,020)	(26,701)	(11,319)			
5. a. Occupational Therapy - Medicare	\$ 676,024	474,689	201,335			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (587,760)	(412,712)	(175,048)			
c. Occupational Therapy - Non-Medicare	\$ 262,677	184,446	78,231			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (240,470)	(168,853)	(71,617)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 529	372	157			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,668,637	11,800,014	5,868,623			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,994	1,400	594			
2. Rental of rooms to non-residents	\$ 5,400	3,792	1,608			
3. Telephone and Telegraph	\$					
4. Rental of Television and Cable Services	\$ 10,460	7,345	3,115			
5. Interest Income (<i>Specify</i>)	\$ 14	11	3			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 39,461	27,708	11,753			
V. Total Other Revenue (1 thru 8)	\$ 57,329	40,256	17,073			
VI. Total All Revenue (III +V)	\$ 17,725,966	11,840,270	5,885,696			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page 13	Respiratory Therapy - Private	\$ 390	\$ 165	\$ -
Page 20	Laboratory - HMO - PY	\$ (18)	\$ (8)	\$ -
Total Other Resident Revenue		\$ 372	\$ 157	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg. 31 A.8	Accounts Receivable		11	3	-
Total Interest Income			\$ 11	\$ 3	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 30 I.8	Finance Charges - Resident	\$ 860	\$ 365	\$ -
Pg. 30 I.8	Nursing Home User Fee Refund - Prior Year	\$ 15,981	\$ 6,778	\$ -
Pg. 30 I.8	United Health Care - Efficiency Program	\$ 5,163	\$ 2,190	\$ -
Pg. 30 I.8	Flu Vaccine Revenue - PY - Expense already disallowed	\$ 2,114	\$ 896	\$ -
Pg. 30 I.8	Extraordinary Expense - Bond Issue	\$ (29,882)	\$ (12,674)	\$ -
Pg. 30 I.8	Endowment Income - Unrestricted	\$ 10,232	\$ 4,340	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Recreation	\$ 6,048	\$ 2,566	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Fundraising - Already Disallowed	\$ 17,192	\$ 7,292	\$ -
Total Other Revenue		\$ 27,708	\$ 11,753	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(2,587,849)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,740,056
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(33,503)
4. Inventories			\$	83,130
5. Prepaid Expenses			\$	23,881
a. Prepaid Other	23,881			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	(774,285)
B. Fixed Assets				
1. Land			\$	628,006
2. Land Improvements	*Historical Cost	1,506,216	\$	254,588
	Accum. Depreciation	1,251,628		Net
3. Buildings	*Historical Cost	16,423,291	\$	5,290,016
	Accum. Depreciation	11,133,275		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	7,088,108	\$	1,928,545
	Accum. Depreciation	5,159,563		Net
6. Movable Equipment	*Historical Cost	3,502,585	\$	1,171,824
	Accum. Depreciation	2,330,761		Net
7. Motor Vehicles	*Historical Cost	217,579	\$	
	Accum. Depreciation	217,579		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	13,500
Projects In Progress	13,500			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,286,479

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	8,512,194
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>)				
Bond Issuance Costs (Net)			48,807	\$ 48,807
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 48,807				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 8,561,001				

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
AVERY HEIGHTS		750-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	490,055
2. Notes Payable (<i>itemize</i>)				\$	7,392
Notes Payable - Shortterm					7,392
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>)				\$	355,853
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	8,519
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	304,419
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	34,884
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	494,870
Accrued Expenses		96,965	Resident Deposits	56,055	
Accrd Pmt In Lieu Of Tax		30,134			
Nursing Home Tax		262,876			
Resident Personal Funds		48,840			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,695,992

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,695,992	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	4,986,421
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	4,986,421
C. Total All Liabilities (Lines A-13 + B-5)				\$	6,682,413

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

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,703,007
6. Gain or Loss for Period	10/1/2015	thru 9/30/2016	\$	(1,824,419)
7. Total Net Worth			\$	1,878,588
C. Total Reserves and Net Worth			\$	1,878,588
D. Total Liabilities, Reserves, and Net Worth			\$	8,561,001

Annual Report of Long-Term Care Facility

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	3,086,353
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,725,966
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	19,403,040
D. Net Income or Deficit			\$	(1,677,074)
E. Balance			\$	1,409,279
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Cottages - Profit		(147,345)		
Transfers to Operating Fund		616,654		
F-3. Total Additions			\$	469,309
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		09/30/16	\$	1,878,588

I. Preparer's/Reviewer's Certification

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting & Reimbursement	Date Signed <i>2/15/2017</i>		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		