

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Southington Care Center	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

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

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**General Information**

Name of Facility (as licensed) Southington Care Center	License No. 2060-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 Southington Care Center [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) <i>William Kowalewski</i>		Date 2/14/17	Signed (Owner)		Date
Printed Name (Administrator) William Kowalewski			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Donna Hechler</i>	State of CT	Date 2/14/17	Signed (Notary Public) <i>Donna Hechler</i>		Comm. Expires 6/30/2018
Address of Notary Public <i>30 Tuccitto Rd, Portland, CT 06480</i>					

(Notary Seal)

**DONNA M. HECHLER**  
Notary Public, State of Connecticut  
My Commission Expires June 30, 2018

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Southington Care Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Dorothy Robinson		Phone Number 860-378-8022	Date	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-621-9559		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Southington Care Center		Address (No. & Street, City, State, Zip) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator William Kowalewski		Nursing Home Administrator's License No.:	001813	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		







Southington Care Center Management Board

As of September 30, 2016

<p>Rocco Orlando, M.D. 25 Drumlin Road South Glastonbury, CT 06073 <a href="mailto:Rocco.Orlando@hhchealth.org">Rocco.Orlando@hhchealth.org</a> (860) 263-4155</p>	<p>Jeffrey Flaks 75 Westland Road Avon, CT 06001 <a href="mailto:Jeffrey.Flaks@hhchealth.org">Jeffrey.Flaks@hhchealth.org</a> (860) 263-3555</p>
<p>Charles L. Johnson 1314 Town Colony Drive Middletown, CT 06457 <a href="mailto:Charles.Johnson@hhchealth.org">Charles.Johnson@hhchealth.org</a> (860) 263-4100</p>	





## General Information and Questionnaire Related Parties\*

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

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

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2016	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.

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

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

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of	
Southington Care Center		2060-C		9/30/2016		6	37	
Name and Address of Lessor <small>short term leases only</small>	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>								

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

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Crowe Horwath LLP 2 Blum Shapiro 3 4	Address (No. & Street, City, State, Zip Code) PO Box 71570, Chicago, IL 60694 29 S. Main St. #400, West Hartford, CT 06107
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Services Provided by This Firm (*describe fully*)

1	990 Tax Return	\$ 2,148
2	Medicare Cost Report	\$ 5,700
3		\$
4		\$
		Charge for Services Provided
		\$ 7,848

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

Yes     No    Page 15 line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Law Office of Peter Goselin 2 Michalik, Bauer, Silva & Ciccarillo LLP 3 American Adjustment Bureau 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 557 Prospect Ave. 2nd fl, Hartford, CT 06105  
 2 35 Pearl St., New Britain, CT 06051  
 3 73 Feld St. PO Box 2756, Waterbury, CT 06103  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	Former employee complaint issue - disallowed	\$ 500
2	Collections - disallowed	\$ 2,522
3	Collections - disallowed	\$ 347
4		\$
5		\$
		Charge for Services Provided
		\$ 3,369

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

Yes     No    Page 15 line 1e

### Schedule of Resident Statistics

Name of Facility Southington Care Center	License No. 2060-C		Report for Year Ended 9/30/2016						Page 8		of 37	
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total		RHNS		Other	
			Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS						
<b>1. Certified Bed Capacity</b>												
A. On last day of PREVIOUS report period	130		130		130		130		130			
B. On last day of THIS report period	130		130		130		130		130			
<b>2. Number of Residents</b>												
A. As of midnight of PREVIOUS report period	127		127		127		128		128			
B. As of midnight of THIS report period	130		130		128		130		130			
<b>3. Total Number of Days Care Provided During Period</b>												
A. Medicare	8,329	8,329			6,155	6,155			2,174	2,174		
B. Medicaid (Conn.)	25,459	25,459			18,800	18,800			6,659	6,659		
C. Medicaid (other states)												
D. Private Pay	8,371	8,371			6,440	6,440			1,931	1,931		
E. State SSI for RCH												
F. Other (Specify)	3,789	3,789			3,021	3,021			768	768		
G. Total Care Days During Period (3A thru F)	45,948	45,948			34,416	34,416			11,532	11,532		
<b>4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</b>												
A. Medicaid Bed Reserve Days	24		24		22	22			2	2		
B. Other Bed Reserve Days	75		75		50	50			25	25		
<b>Total Resident Days (3G + 4A + 4B)</b>	46,047	46,047			34,488	34,488			11,559	11,559		

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

Name of Facility Southington Care Center	License No. 2060-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	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Other
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	24		76		30				
Per Diem Rate									
a. One bed rm.	Rugs		246.64		520.00				
b. Two bed rms.					485.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	7,712	620		7,092
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	28,755	23,119		5,636
<b>D. Total Physical Therapy Treatments</b>	<b>36,467</b>	<b>23,739</b>		<b>12,728</b>

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	265	169		96
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	608	583		25
<b>D. Total Speech Therapy Treatments</b>	<b>873</b>	<b>752</b>		<b>121</b>

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,317	1,054		263
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	21,737	21,413		324
<b>D. Total Occupational Therapy Treatments</b>	<b>23,054</b>	<b>22,467</b>		<b>587</b>

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	173,018	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	671,735	28,699				
5. Dietary Service						
a. Head Dietitian	74,898	1,759				
b. Food Service Supervisor	35,898	1,263				
c. Dietary Workers	427,491	32,048				
6. Housekeeping Service						
a. Head Housekeeper	18,268	727			2,576	102
b. Other Housekeeping Workers	231,470	20,106			32,636	2,835
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,820	1,669			10,972	235
b. Other Maintenance Workers	77,685	3,808			10,953	537
8. Laundry Service						
a. Supervisor	18,201	573				
b. Other Laundry Workers	126,627	5,901				
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	206,131	3,767				
b. RN						
1. Direct Care	1,145,236	29,286				
2. Administrative**	263,111	6,754				
c. LPN						
1. Direct Care	1,352,951	43,078				
2. Administrative**						
d. Aides and Attendants	2,684,631	151,745				
e. Physical Therapists	735,419	24,001			306,767	10,011
f. Speech Therapists	44,835	1,678			1,553	58
g. Occupational Therapists	437,435	14,314			6,608	216
h. Recreation Workers	195,399	8,538				
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	354,937	15,865				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	94,376	4,284			1,594,341	30,745
<i>A-13. Total Salary Expenditures</i>	<i>9,447,572</i>	<i>401,943</i>			<i>1,966,406</i>	<i>44,739</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 A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
Southington Care Center		2060-C		9/30/2016		12	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
William Kowalewski	173,018			Non-discriminatory except bonus	Administrator - Management of facility	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

\*\*\* If more than one Administrator is reported, include dates of employment for each.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	3,435	96				
3. Pharmacist	9,490	179				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	68,279	1,168			28,481	487
b. Other						
6. Social Worker						
7. Recreation Worker	27,770	1,011				
8. Physicians						
a. Medical Director (entire facility)	51,739	552				
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,700	17				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
Psychiatric Services	1,195	35				
9. Speech Therapist						
a. Resident Care	4,523	13			157	
b. Other						
10. Occupational Therapist						
a. Resident Care	998	21			15	
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	30,509	881				
2. Administrative***						
b. LPN						
1. Direct Care	21,670	554				
2. Administrative***						
c. Aides	2,583	136				
d. Other						
12. Other (Specify)						
See Attached Schedule	13,680	118			327	10
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>237,571</b>	<b>4,781</b>			<b>28,980</b>	<b>497</b>

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

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

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

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

Name of Facility Southington Care Center		License No. 2060-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		
United Dental Resources	dental consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare	pharmacy consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford HealthCare Rehab Network	physical therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford Healthcare Affiliate	
Dr. Joseph Babiarz - Prohealth Physicians Inc.	medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Craig Bogdanski	medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Curtland Brown III - Giosa and Brown Pulmonary	medical staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Leonard Glaser	medical staff	<input type="radio"/>	<input checked="" type="radio"/>		
Center for Geriatric & Family	psychiatric	<input type="radio"/>	<input checked="" type="radio"/>		
Dysphagia Experts	swallowing testing	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics	swallowing testing	<input type="radio"/>	<input checked="" type="radio"/>		
CT Rehabilitation & Spasticity	physiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare	agency nursing staff	<input type="radio"/>	<input checked="" type="radio"/>		
Tom Alvord	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Brian Colbrath	recreation - art program	<input type="radio"/>	<input checked="" type="radio"/>		
Brian Gillie	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Ann & Frank DiFiglia	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Don Szamier	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Douglas Mulcahy	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Elac Aviles	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Gary Andreadis	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Roger Hart	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Janice Scott	recreation - June Bride program	<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.

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

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Jerry Limmer	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
John Lisevick	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
John Condi	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Karen Kurowski	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Kevin Scarpeti	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Mary Morse	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
James Sheehan	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Tom Calinan	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Woodrow Floyd	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Heather Wagner	recreation - music therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Kristian Caton	recreation - music program	<input type="radio"/>	<input checked="" type="radio"/>		
Christopher Caton	recreation - pastoral care	<input type="radio"/>	<input checked="" type="radio"/>		
Victoria Triano	recreation - pastoral care	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Hospital	physical & occupational therapy, receptionist	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Midstate Medical Center	RNs	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Hospital of Central Connecticut	LPNs, Transitions of Care Resource Case Manager	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Hartford HealthCare Medical Group	LPNs	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Mulberry Gardens	CNAs, driver	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Jerome Home	physical therapy, exercise physiology, RNs	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Other	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 421,352	348,761			72,591
2. Disability Insurance	\$ 27,588	22,835			4,753
3. Unemployment Insurance	\$ 49,693	41,132			8,561
4. Social Security (F.I.C.A.)	\$ 651,467	539,232			112,235
5. Health Insurance	\$ 1,473,953	1,220,020			253,933
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 244,103	202,049			42,054
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 30,804	25,497			5,307
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 161,574	161,574			
<b>d. Accounting and Auditing</b>	\$ 7,848	7,848			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 3,369	3,369			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 51,647	43,058			8,589
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 19,920	19,920			
2. Cellular Phones	\$ 743	743			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b> Real Estate Appraisal for Roof Replacement Grant	\$ 4,000	4,000			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 720,208	720,208			
<b>Subtotal</b>	\$ 3,868,269	3,360,246			508,023

\* 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**

Southington Care Center  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Other
		\$ -	
EMP BENEFITS-EMP PHYSICALS - DISALLOWED	\$ 13,765		\$ 2,865
EMP BENEFITS - EMPLOYEE BACKGROUND CHECKS	\$ 2,979		\$ 620
EMP BENEFITS-EMPLOYEE ASSISTANCE PROGRAM - SOLUTIONS EAP - COUNSELING-DISALLOWED	\$ (166)		\$ (34)
EMP BENEFITS- WELLNESS - YMCA	\$ 5,664		\$ 1,179
EMP BENEFITS- EMPLOYEE RELATIONS - DISALLOWED	\$ 3,255		\$ 677
<b>Total</b>	\$ 25,497	\$ -	\$ 5,307

**Schedule of Other Taxes**

Description	CCNH	RHNS	Other
	\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington Care Center	2060-C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	Other
<b>Subtotals Brought Forward:</b>		3,868,269	3,360,246		508,023
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	454	454		
2. Holiday Parties for Staff	\$	952	952		
3. Gifts to Staff and Residents	\$	6,344	6,344		
4. Employee Travel	\$	2,985	2,985		
5. Education Expenses Related to Seminars and Conventions	\$	36,116	35,716		400
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	5,939	5,939		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	747	747		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	12,935	6,935		6,000
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	9,462	9,462		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	13,172	13,172		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	554	554		
9. Subscriptions	\$	5,863	5,863		
10. Contributions*** See Attached Schedule	\$	755	755		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	210,937	210,937		
12. Administrative Management Services**	\$	1,516,523	1,516,523		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	1,280,746	77,546		1,203,200
<b>C-14 Total Administrative &amp; General Expenditures</b>		<b>\$ 6,972,753</b>	<b>5,255,130</b>		<b>1,717,623</b>

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	Other
	\$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	Other
		\$ -	
MANAGEMENT CO - MARKETING - DISALLOWED	\$ -		\$ 6,000
A & G- BUSINESS PROMOTION-ADVERTISING - DISALLOWED	\$ 6,935		\$ -
<b>Total Other Advertising</b>	\$ 6,935	\$ -	\$ 6,000

**Schedule of Dues**

Description	CCNH	RHNS	Other
A & G- MEMBERSHIP DUES:		\$ -	\$ -
ALTCFM	\$ 320		
CALTC	\$ 600		
CT ASSOCIATION OF HEALTH CARE FACILITIES, INC.	\$ 350		
ICNC	\$ 40		
LEADING AGE CT	\$ 11,862		
<b>Total Dues</b>	\$ 13,172	\$ -	\$ -

**Schedule of Contributions**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
A & G-DONATIONS - DISALLOWED	\$ 755	\$ -	\$ -
<b>Total Contributions</b>	<b>\$ 755</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
		\$ -	
A & G-LICENSES	\$ 240		\$ -
A & G- EQUIPMENT RENTAL	\$ 47,275		\$ -
A & G- BANK CHARGES - DISALLOWED	\$ -		\$ 57,446
TRANSITIONS OF CARE - DISALLOWED	\$ -		\$ 12,480
INTERNET RECLASSIFIED FROM TELEPHONE EXP	\$ 16,471		\$ -
MANAGEMENT COMPANY DEVELOPMENT COSTS - DISALLOWED	\$ -		\$ 3,217
MANAGEMENT COMPANY EXPENSES - DISALLOWED	\$ -		\$ 149,481
MANAGEMENT CO. PURCHASED SERVICES			\$ 38,963
A & G-RECORD STORAGE	\$ 7,184		\$ -
A & G- PENALTIES - DISALLOWED	\$ 5,701		\$ -
GRANT RELATED EXPENSES- DISALLOWED	\$ -		\$ 361,824
GRANT RELATED WAGES - DISALLOWED			\$ 564,846
RECREATION-CABLE TELEVISION	\$ 4,482		
RECREATION- VOLUNTEER REL EXP	\$ 861		
Dr Babiarz medical conference trip - DISALLOWED			\$ 2,500
Reclass A. Amenta settlement from legal - DISALLOWED			\$ 1,000
Reclass Marshal Messina from legal - DISALLOWED	\$ -		\$ 139
Reclass Treas of CT from legal - DISALLOWED	\$ -		\$ 150
Reversal of accounting fee - made in error Blum Shapiro - DISALLOW	\$ (5,700)		
Reclass reversal of prior year accounting accrual - DISALLOWED	\$ 160		
Reclass LTC Satisfaction Survey from A&G Resident Relations	\$ 1,481		
Reclass credit in Purch Services ST made in error - DISALLOW	\$ (630)		\$ (22)
Reclass employee wellness flowers for hairdresser - DISALLOW	\$ 21		
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$ -		\$ 11,176
<b>Total Other Administrative and General</b>	<b>\$ 77,546</b>	<b>\$ -</b>	<b>\$ 1,203,200</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-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 #
Hartford HealthCare	1,516,523	Contracting & management oversight	p. 16 line 1m12
Morrison Community Living	271,031	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1,2,3 & 3b
Crothall Healthcare	62,192	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a1 & 4b

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



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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	-1,323	-1,323	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c.	Management Services**	\$			
d.	Other (Specify) Laundry Supplies	\$	8,446	8,446	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	7,123	7,123	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.  
 \*\* 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.



**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
PLANETREE - DISALLOWED	\$ 7,661		\$ -
SOCIAL SERVICES-PATIENT PERSONAL - DISALLOWED	\$ 60		\$ -
PT-SUPPLIES - DISALLOWED	\$ 2,870		\$ 1,197
PT-EQUIPMENT RENTAL - DISALLOWED	\$ 720		\$ 301
OT-SUPPLIES - DISALLOWED	\$ 1,553		\$ 23
PHARMACY-SUPPLIES	\$ -		\$ -
NURSING-SUPPLIES	\$ 127,574		\$ -
NURSING SUPPLIES - DISALLOWED - KCI	\$ 24,103		\$ -
ENTERAL FEEDING-MEDICARE - DISALLOWED	\$ 533		\$ -
ENTERAL FEEDING-OTHER	\$ 150		\$ -
OSTOMY SUPPLIES-MEDICARE - DISALLOWED	\$ 716		\$ -
OSTOMY SUPPLIES-MEDICAID	\$ 58		\$ -
OSTOMY SUPPLIES-OTHER	\$ 696		\$ -
ANCILLARY-PROSTETIC DEVICES - MEDICARE - DISALLOWED	\$ 274		\$ -
ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 5,470		\$ -
NURSING-MEDICAL SUPPLIES	\$ 55,896		\$ -
NURSING-MEDICAL SUPPLIES -DISALLOWED - KCI	\$ 955		\$ -
GOOD LIFE FIT/ SR FIT- SUPPLIES - DISALLOWED	\$ -		\$ 79
NURSING - EQUIPMENT	\$ 329		\$ -
PT- OPTIMA SOFTWARE FEES - DISALLOWED	\$ -		\$ 2,475
PT- HHCRN MANAGEMENT FEES - DISALLOWED	\$ -		\$ 21,000
<b>Total Other Resident Care</b>	\$ 229,618	\$ -	\$ 25,075



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

Name of Facility Southington Care Center		License No. 2060-C		Report for Year Ended 9/30/2016		Page of 21   37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***						
		Yes	No			CCNH	RHNS	Other	Pg	Line		
See attached list.		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									

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

## Schedule C-2 - Individuals or Firms Providing Services by Contract

Name of Individual or Company	Address	Related		Explanation of Relationship	Full Explanation of Service Provided	Total Cost/Page Ref.			Pg	Line	TOTAL
		Yes	No			CCNH	RHNS	Other			
Aegis Energy	55 Jackson St., Holyoke, MA 01101-2511		x		co-generator	16,386		2,319	22	6f	18,705
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146		x		trash removal	23,112		3,271	22	6f	26,383
Celtic Consulting	507 E. Main St, Suite 308, Torrington, CT 06790		x		Medicare Consultant - disallowed	74,890			16	1m11	74,890
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479		x		computer maintenance, consulting and education, exclusive of supplies on p 15			24,244	16	1m 11 & 13	24,244
Cox Communications	P.O. Box 39, Newark, NJ 07101-0039		x		cable tv and internet, exclusive of telephone on p. 15	16,906		4,060	16 & 20	1m13 & 5i	20,966
Dr. Thomas Broffman	PO Box 41503, Providence, RI 02940		x		Grant related expenses - training - disallowed			52,000	16	1m13	52,000
Eversource	P.O. Box 650032, Dallas, TX 75265-0034		x		electricity and gas	91,339		20,417	16 & 22	1m13, 22b & 22c	111,756
Harmony Healthcare International, Inc.	430 Boston St., Topsfield, MA 01983		x		nursing education and Medicare consulting	12,435			16	1m11	12,435
HealthMedX, LLC	5100 N. Towne Centre Dr., Ozark, MO 65721		x		software provider and consultant	16,028			16	1m13	16,028
Kenzi & Company	289 Broad St., Windsor, CT 06095		x		temporary staffing and recruitment	9,421		30,400	16	1m11 & 13	39,821
Leading Age CT	110 Barnes Road, Wallingford, CT 06492		x		seminars & meetings	12,875		1,138	16	L5, m8, 1m11, 1m13	14,013
Matrixcare	10900 Hampshire Ave S, Suite 100, Bloomington, MN 55438		x		software provider and consultant	30,605			16	L5, 1m11	30,605
MobileXUSA	P.O. Box 17462, Baltimore, MD 21297-0518		x		x-rays	56,903			20	5f	56,903
Randstad	PO Box 7247-6655, Philadelphia, PA 19170-665		x		recruiter			27,961	16	1m13	27,961
Relias Learning LLC	111 Corning Rd., Suite 250, Cary, NC 27518		x		staff education	14,904			16	L5	14,904
Schmidt Lawn Care	P.O. Box 1035, Southington, CT 06489		x		grounds maintenance and snow removal	12,941		1,825	22	6f	14,766
Trans Canada Power Marketing LTD.	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808		x		electricity	44,704		6,328	22	6c	51,032
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448		x		copier/printer rental	46,065			16	1m13	46,065

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2016			22	37
Item		Total	CCNH	RHNS	Other	
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$	62,494	54,771			7,723
b. Heat	\$	67,445	59,111			8,334
c. Light & Power	\$	94,220	82,577			11,643
d. Water	\$	47,588	41,708			5,880
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$	82,763	72,537			10,226
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	354,510	310,704			43,806
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$	35,979	31,533			4,446
b. Building & Building Improvements	\$	255,213	212,759			42,454
c. Non-Movable Equipment	\$	5,616	4,922			694
d. Movable Equipment	\$	155,659	130,351			25,308
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$	452,467	379,565			72,902
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	2,119	1,857			262
c. Leasehold Improvements	\$	23,854				23,854
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$	25,973	1,857			24,116
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	\$					
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$	52,859	46,327			6,532
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	20,879	18,299			2,580
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	552,178	446,048			106,130

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



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

**Depreciation Schedule**

Name of Facility		License No.		Report for Year Ended				Page	of
Southington Care Center		2060-C		9/30/2016				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Is a mileage logbook maintained?
		Yes	No	Month	Year				
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
	326,114		326,114	146,669	s/l	various	33,255		
2. Disposals (attach schedule)									
	40,256		40,256				2,724		
A-4. Subtotal									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period									
	4,393,646		4,393,646	1,136,698	s/l	various	247,349		
2. Disposals (attach schedule)									
	156,943		156,943				7,864		
B-4. Subtotal									
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period									
	54,669		54,669	32,766	s/l	various	5,616		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Mini Van									
	42,230		42,230	21,115	s/l	5	8,465		
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
	1,026,142		1,026,142	598,497	s/l	various	137,224		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
	78,056		78,056				9,970		
D-3. Subtotal									
<b>E. Total Depreciation</b>									
								155,659	
								452,467	

Southington Care Center  
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/31/2016	SCC SIGNAGE	\$26,156	10	\$1,311
8/30/2016	MCCARTHY WATERFALL	\$14,100	5	\$1,413
<b>Total additions for Land Improvements</b>		\$ 40,256		\$ 2,724 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/30/2016	DINING ROOM RENOVATIONS	\$22,433	10	\$1,124
9/30/2016	LOBBY AND FIRST FLOOR HALLWAY RENOVATIONS	\$134,510	10	\$6,740
<b>Total additions for Building Improvements</b>		\$ 156,943		\$ 7,864 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/30/2016	NEW RADIO SYSTEM	\$5,946	5	\$596
4/30/2016	ELECTRIC HI-LO MAT TABLE	\$2,564	5	\$257
10/31/2015	TABLES AND BASES	\$3,649	5	\$366
9/30/2016	ECG SYSTEM	\$2,676	5	\$268
3/31/2016	EMR KIOSKS	\$20,199	3	\$3,355
12/31/2015	AD UPGRADE/BACKUP PROJECT	\$2,785	3	\$465
7/31/2016	MATRIX IMPLEMENTATION	\$30,822	3	\$3,089
1/31/2016	GREAT PLAINS UPGRADE & BI360 IMP	\$9,415	3	\$1,574
<b>Total additions for Movable Equipment</b>		<b>\$ 78,056</b>		<b>\$ 9,970</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Southington Care Center	License No. 2060-C		Report for Year Ended 9/30/2016		Page 24	of 37			
	Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized			Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Series B	9	2011	38 years	70,219	7,547			2,119	
2. Series C				10,290	929				
3.									
B-4. Subtotal									2,119
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	1	2014	5 years	119,019	31,798			23,854	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									23,854
<b>D. Total Amortization</b>									25,973

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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



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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		variable			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year		variable			
d. Term of Mortgage (number of years)		40			
e. Amount of Principal Borrowed		7,031,283			
f. Principal balance outstanding as of		7,031,283			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Southington Care Center		2060-C	9/30/2016			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 81,880	71,762		10,118	
Name of Lender		Rate					
Hartford HealthCare (related party)							
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>			\$ 81,880	71,762		10,118	

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended			Page	of
Southington Care Center		2060-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				81,880	71,762		10,118	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 81,880	71,762		10,118	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 15,649	13,715		1,934	
b. Insurance on Automobiles				\$ 2,883	2,883			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 62,462	62,462			
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 80,994	79,060		1,934	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 21,134,161	17,224,276		3,909,885	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 444,043	437,435		6,608
4.	10	12o	Other - See attached Schedule	\$ 1,610,495	16,154		1,594,341
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 1,013	998		15
7.			Other - See attached Schedule	\$ 118,070	89,432		28,638
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 161,574	161,574		
10.	15	1e	Accounting & Legal	\$ 3,369	3,369		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 12,935	6,935		6,000
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 755	755		
21.	16	1m12	Unallowable Management Fees	\$ 1,516,523	1,516,523		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,201,495	499,481		1,702,014
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 9,292	9,292		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 6,079,564</b>	<b>2,741,948</b>		<b>3,337,616</b>

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	12o	GOOD LIFE FIT/ SR FIT - WAGES & SALARIES	\$ -		\$ 55,399
10	12o	MANAGEMENT COMPANY WAGES	\$ -		\$ 1,538,942
10	A2	Administrator - At risk bonus - discriminatory	\$ 16,154		
<b>Total Other Salaries Adjustment</b>			\$ 16,154	\$ -	\$ 1,594,341

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	b2	Dental Purchased Services	\$ 3,435		\$ -
13	b8e	Psychiatric Consulting Fees - Geriatric & Family Consultants	\$ 1,195		\$ -
13	b5a	Physical Therapy - Patient Care - Hartford Healthcare Rehab Network	\$ 68,279		\$ 28,481
13	b9a	Speech Therapy Patient Care - Dysphagia Experts & Swallowing Diagnostics	\$ 4,523		\$ 157
13	b12	Other Consultants - CT Rehab & Spasticity	\$ 12,000		\$ -
<b>Total Other Fees Adjustments</b>			\$ 89,432	\$ -	\$ 28,638

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 72,591
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance			\$ 4,753
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance			\$ 8,561
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$ 112,235
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 172,854
15	1a5	Health Insurance - Management Benefits	\$ 389,542		\$ 81,079
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 42,054
15	1a9	Benefits related to Outpatient Therapy - Employee Physicals			\$ 2,865
15	1a9	Employee Physicals - Preplacement Physicals - SNF portion	\$ 13,765		
15	1a9	Benefits related to Outpatient Therapy - Employee Assistance Program			\$ (34)
15	1a9	Benefits related to Outpatient Therapy - Other Benefits			\$ 677
15	1a9	Benefits related to Outpatient Therapy - Wellness			\$ 1,179
15	1i	Appraisal for roof grant	\$ 4,000		
16	1L2	Employee Relations - Parties for Staff in excess of 1 - only 1 party	\$ -		\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 6,079,564	2,741,948		3,337,616
<b>Page 20 - Resident Care Supplies ***</b>							
27.	20	5a2	Prescription Drugs	\$ 456,282	456,282		
28.	20	5d	Ambulance/Limousine	\$ 2,741	2,741		
29.	20	5f	X-rays, etc	\$ 59,871	59,871		
30.	20	5h	Laboratory	\$ 49,302	49,302		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 23,800	23,800		
33.			Occupational Therapy	\$			
34.	20	5i, j	Other - See Attached Schedule	\$ 71,986	46,911		25,075
<b>Page 22 - Maintenance and Property</b>							
35.	22	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 25,308			25,308
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,c	Unallowable Property and Real Estate Taxes	\$ 9,112			9,112
38.			Rental of Building Space or Rooms	\$			
39.	22	6a-8c	Other - See Attached Schedule	\$ 72,368			72,368
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.	16	1m13	Radio and Television Revenue	\$ 10,754	10,754		
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.	30	IV8	Interest Income on Accounts Rec	\$ 29	29		
49.	30	IV8	Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,835,246	301,810		3,533,436
<b>Not For Profit Providers Only</b>							
50.	22	7b,c	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 43,148			43,148
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 10,739,511	3,693,448		7,046,063

\*\*\* 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.

Southington Care Center  
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### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5i	A & G-RESIDENT RELATIONS - replace lost resident belongings	\$ 1,956		\$ -
20	5i	A & G-RESIDENT RELATIONS - massage not billed to resident and paid after resident passed away	\$ 40		
20	5j	PLANETREE - DISALLOWED	\$ 7,661		\$ -
20	5j	SOCIAL SERVICES-PATIENT PERSONAL - DISALLOWED	\$ 60		\$ -
20	5j	PT-SUPPLIES - DISALLOWED	\$ 2,870		\$ 1,197
20	5j	PT-EQUIPMENT RENTAL - DISALLOWED	\$ 720		\$ 301
20	5j	OT-SUPPLIES - DISALLOWED	\$ 1,553		\$ 23
20	5j	NURSING SUPPLIES - DISALLOWED - KCI Wound Vac	\$ 24,103		\$ -
20	5j	ENTERAL FEEDING-MEDICARE - DISALLOWED	\$ 533		\$ -
20	5j	OSTOMY SUPPLIES-MEDICARE - DISALLOWED	\$ 716		\$ -
20	5j	ANCILLARY-PROSTETIC DEVICES - MEDICARE - DISALLOWED	\$ 274		\$ -
20	5j	ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 5,470		\$ -
20	5j	NURSING-MEDICAL SUPPLIES -DISALLOWED - KCI Wound Vac	\$ 955		\$ -
20	5j	GOOD LIFE FIT/ SR FIT- SUPPLIES - DISALLOWED	\$ -		\$ 79
20	5j	PT- OPTIMA SOFTWARE FEES - DISALLOWED	\$ -		\$ 2,475
20	5j	PT- HHCRN MANAGEMENT FEES - DISALLOWED	\$ -		\$ 21,000
<b>Total Other Ancillary Costs</b>			\$ 46,911	\$ -	\$ 25,075

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7d	MNGMNT CO. MOVEABLE EQUIP DEPRECIATION	\$ -		\$ 269
22	7d	MNGMNT CO. COMPUTER EQUIP DEPRECIATION	\$ -		\$ 7,854
22	7d	DEPRECIATION-FURNITURE/EQUIP			\$ 8,602
22	7d	DEPRECIATION - COMPUTERS			\$ 8,583
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 25,308

### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6a	MAINTENANCE-REPAIRS			\$ 4,677
22	6a	MAINTENANCE-SUPPLIES			\$ 2,793
22	6a	MAINTENANCE-MINOR EQUIPMENT			\$ 184
22	6a	MAINTENANCE-MINOR IMPROV			\$ 69
22	6b	MAINTENANCE-GAS & PROPANE			\$ 8,334



22	6c	MAINTENANCE-ELECTRICITY			\$	11,643
22	6d	MAINTENANCE-WATER & SEWER			\$	5,880
22	6f	MAINTENANCE-GROUNDS-CONTRACT SERVICES			\$	1,789
22	6f	MAINTENANCE-RUBBISH REMOVAL			\$	3,122
22	6f	MAINTENANCE-SECURITY-CONTRACT SERVICES			\$	23
22	6f	MAINTENANCE-EQUIP RENTAL			\$	633
22	6f	MAINTENANCE-BUILDING-CONTRACT SERVICES			\$	4,659
22	7a	DEPRECIATON-LAND IMPROVEMENTS			\$	4,446
22	8b	AMORTIZATION - SERIES B & C			\$	262
22	8c	MNGMNT CO. LEASEHOLD IMP DEPRECIATION			\$	23,854
<b>Total Other Property Adjustments</b>			\$	-	\$	-
					\$	72,368

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
30	IV8	VAN FEE INCOME	\$	12,038	\$	-
30	IV8	MANAGEMENT FEE INCOME	\$	-	\$	2,257,784
30	IV8	MISCELLANEOUS INCOME	\$	81,964	\$	-
30	IV8	INTEREST INCOME ON ACCOUNTS RECEIVABLE	\$	29	\$	-
30	IV8	GOOD LIFE FIT - SENIOR FIT REVENUE	\$	-	\$	29,762
30	IV8	BHC OTHER INCOME	\$	-	\$	20,900
30	IV8	BHC INTEREST INCOME	\$	-	\$	31,130
30	IV8	TEMP RESTRICTED NET ASSETS RELEASED FOR OPERATIONS	\$	207,779		
30	IV8	BHC REALIZED GAIN ON INVESTMENT	\$	-	\$	27,494
30	IV8	BHC UNREALIZED GAIN ON INVESTMENT	\$	-	\$	239,696
30	IV8	GRANT REVENUE REALIZED THROUGH MANAGEMENT CO			\$	926,670
<b>Total Other Adjustments</b>			\$	301,810	\$	-
					\$	3,533,436

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
22	7b	DEPRECIATON-BUILDING			\$	14,943
22	7b	NON OPERATING-BHC-DEPRECIATION/ BUILDING			\$	12,456
22	7b	DEPRECIATON-BUILDING IMPROV			\$	15,055
22	7c	DEPRECIATON-FIXED EQUIPMENT			\$	694
<b>Total Unallowable Building Interest</b>			\$	-	\$	-
					\$	43,148

**F. Statement of Revenue**

Name of Facility Southington Care Center		License No. 2060-C		Report for Year Ended 9/30/2016		Page 30	of 37
Item				Total	CCNH	RHNS	Other
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents (CT only)	\$	12,101,811	12,101,811		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(5,899,280)	(5,899,280)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	4,050,629	4,050,629		
	b.	Medicare Room and Board Contractual Allowance **	\$	630,982	630,982		
4.	a.	Private-Pay Residents and Other	\$	6,021,759	6,021,759		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	79,624	79,624		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	324,823	324,823		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(324,823)	(324,823)		
	c.	Prescription Drugs - Non-Medicare	\$	33,241	33,241		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(33,016)	(33,016)		
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	\$	1,184,753	868,581		316,172
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(905,513)	(856,787)		(48,726)
	c.	Physical Therapy - Non-Medicare	\$	820,939	530,949		289,990
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(661,711)	(518,919)		(142,792)
4.	a.	Speech Therapy - Medicare	\$	77,252	69,510		7,742
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(55,087)	(54,409)		(678)
	c.	Speech Therapy - Non-Medicare	\$	12,438	10,865		1,573
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(10,328)	(10,328)		
5.	a.	Occupational Therapy - Medicare	\$	918,826	907,142		11,684
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(868,387)	(866,377)		(2,010)
	c.	Occupational Therapy - Non-Medicare	\$	226,006	222,643		3,363
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(234,283)	(214,002)		(20,281)
6.	a.	Other (Specify) - Medicare	\$	479	479		
	b.	Other (Specify) - Non-Medicare	\$	(225)	(225)		
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>				\$	17,490,909	17,074,872	416,037
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (Specify)			\$			
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	3,840,026	306,590	3,533,436
<b>V. Total Other Revenue (1 thru 8)</b>				\$	3,840,026	306,590	3,533,436
<b>VI. Total All Revenue (III +V)</b>				\$	21,330,935	17,381,462	3,949,473

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6a	PHLEBOTOMY - MED B	\$ 565	\$ -	\$ -
30 II 6a	CONTR ALLOW - PHLEBOTOMY - MED B	\$ (86)		\$ -
<b>Total Other Resident Revenue - Medicare</b>		\$ 479	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6b	CONTR.ALLOW - OTHER ANCILLARY	\$ (225)	\$ -	\$ -
<b>Total Other Resident Revenue</b>		\$ (225)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV 5	INTEREST INCOME		\$ -	\$ -	\$ -
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
			\$ -	
30 IV8	VAN FEE INCOME - DISALLOWED	\$ 12,038		\$ -
30 IV8	UNRESTRICTED DONATIONS	\$ 4,780		\$ -
30 IV8	MANAGEMENT FEE REVENUE - DISALLOWED	\$ -		\$ 2,257,784
30 IV8	MISCELLANEOUS INCOME - DISALLOWED	\$ 81,964		\$ -
30 IV8	GOOD LIFE FIT - SR FIT REVENUE - DISALLOWED	\$ -		\$ 29,762
30 IV8	BHC-OTHER INCOME - DISALLOWED	\$ -		\$ 20,900
30 IV8	BHC-INTEREST INCOME - DISALLOWED	\$ -		\$ 31,130
30 IV8	TEMP NET ASSET RELEASED FROM RESTRICTION-OPERATION	\$ 207,779		\$ -
30 IV8	BHC-UNREALIZED GAIN ON INVEST - DISALLOWED	\$ -		\$ 239,696
30 IV8	BHC-REALIZED GAIN ON INVESTMNT - DISALLOWED	\$ -		\$ 27,494
30 IV8	GRANT REV RELEASED THROUGH MANAGEMENT CO - DISALLOWED	\$ -		\$ 926,670
30 IV8	INTEREST ON ACCOUNTS RECEIVABLE - DISALLOWED	\$ 29		\$ -
<b>Total Other Revenue</b>		\$ 306,590	\$ -	\$ 3,533,436

**SOUTHINGTON CARE CENER**

**FY 2016**

4750-091

**MISCELLANEOUS INCOME**

DESCRIPTION	AMOUNT
3M Health Partners Insurance reimbursement	223.76
CALTC distribution	15,600.00
cash receipt entered in Matrix	3,155.63
cash receipt entered in Vision	3,207.71
Direct supply refund	35.39
Employee badge replacement	50.00
flu shots	3,954.51
from Medicaid Batch	18.30
HHC Gnyha rebate check	14,173.02
housekeeping bottle return	50.00
Leslie's Pool - should be credit to expense GL 6221-004 on p 20 5j	33.24
Lowes refund - should be credit to expense GL 6820-050 p 22 6a	38.78
McKesson rebate	1,693.28
Medicaid check	142.74
Medicaid Rate adj	56.12
medical record copies	778.65
MobileEx refund - should be credit to expense 6227-014 p20 5f	649.69
payment from Anthem	84.52
Record Journal Dup Payment - should be credit to expense GL 6420-056 p 16 1m1	585.80
St of CT Dept of Rehab Services	20.00
State of Ct provider tax refund - should be credit to expense GL 6020-030 p 15 1k	567.54
state of ct withholding tax refund	100.00
to tie out restricted funds from FY 2015	36,745.16
	<b>81,963.84</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	4,946,077
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,439,797
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	17,317
4. Inventories			\$	33,567
5. Prepaid Expenses			\$	95,660
a. Prepaid Accounts Receivable	32,297			
b. Prepaid Tax	19,255			
c. Prepaid Other (see sub schedule)	44,108			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	516,021
Due from Affiliates	516,021			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	7,048,439
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	366,370	\$	183,722
	Accum. Depreciation	182,648		Net
3. Buildings	*Historical Cost	4,550,589	\$	3,158,678
	Accum. Depreciation	1,391,911		Net
4. Leasehold Improvements	*Historical Cost	119,019	\$	63,367
	Accum. Depreciation	55,652		Net
5. Non-Movable Equipment	*Historical Cost	54,669	\$	16,287
	Accum. Depreciation	38,382		Net
6. Movable Equipment	*Historical Cost	1,104,198	\$	358,507
	Accum. Depreciation	745,691		Net
7. Motor Vehicles	*Historical Cost	42,230	\$	12,650
	Accum. Depreciation	29,580		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	250,972
Construction in Progress	250,972			
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	4,854,183

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

(Carry Total forward to next page)

**SOUTHINGTON CARE CENTER  
OTHER ACCOUNTS RECEIVABLE  
FYE 9/30/16 MISCELLANEOUS ACCOUNTS RECEIVABLE**

**#1014-060**

	DR (CR)
Pharmacy Accounts Receivable	15,000.00
Reimbursement due from Peoples United Insurance for overpayment of Auto Insurance	1,909.98
	<hr/>
	16,909.98

**A/R GOOD LIFE FITNESS - SENIOR FITNESS PR**

**#1710-000**

Matrix Revenue	407.00
	<hr/>
<b>Total Accounts Receivable Other</b>	<b><u>17,316.98</u></b>

**SOUTHINGTON CARE CENTER  
 PREPAID ANALYSIS  
 Prepaid Other  
 FY 2016**

DESCRIPTION	Balance
CT COMPUTER	4,059.31
D&O LIAB INSURANCE	389.22
DAKIN SOFTWARE	900.00
IDENTICARD	218.75
LEADING AGE	1,981.02
LOG ME IN	499.68
MATRIX GLF	966.00
NEOPOST YEARLY CONTRACT	787.60
RELIAS ANNUAL FEE	8,694.00
RYAN BUSINESS TO PPD	6,875.04
SBS YEARLY CONTRACT	1,629.12
TAX CUSHION	6,400.00
TRAVELERS INVOICE	5,666.00
FSA FUNDING	5,041.99
<b>TOTAL</b>	<b>44,107.73</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	11,902,622
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	3,068,305
	Unrestricted Investments	2,993,196		
	Permanently Restricted Assets	5,193		
	Cost of Issuance Series B & C	69,916		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	3,068,305
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	14,970,927

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



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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington Care Center	2060-C	9/30/2016	33	37	
Account			Amount		
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable			\$	195,994	
2. Notes Payable ( <i>itemize</i> )			\$		
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> )			\$	741,924	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$		
6. Accrued Payroll Taxes Payable			\$		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable ( <i>Current Portion</i> )			\$		
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,913,668	
Deferred Revenue		52,680	State of CT Provider Tax	186,426	
Accrued Expenses (see sub schedule)		259,695			
Due to Third Parties		76,136			
Due to Affiliates		1,338,731			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>2,851,586</b>	

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

(Carry Total forward to next page)

**SOUTHINGTON CARE CENTER  
 ACCRUED EXPENSES  
 FYE 9/30/16  
 #2103-040**

DESCRIPTION	BALANCE
ACCRUE RITA PARISI CC CHARGES	603.21
AEGIS	(4,865.96)
AEGIS	(4,865.96)
AT RISK ACCRUAL	162,857.15
AT RISK ACCRUAL	162,857.15
CRABAPPLE NEIGHBORHOOD	406.19
LILY LANE NEIGHBORHOOD	809.28
MAGNOLIA NEIGHBORHOOD	900.08
SUNFLOWER NEIGHBORHOOD	608.59
NORTH STAR NEIGHBORHOOD	312.06
NEIGHBORHOOD BALANCES	3,036.20
MARIE PUGLIESE	541.01
NICK GIORDANO	304.20
SUE VINAL	1,326.63
AUDREY VINCI	1,406.62
REVERSING PAYROLL ACCRUALS	3,578.46
ACCRUE ELECTRICITY	12,500.00
ACCRUE GAS AND PROPANE	4,900.00
PHARMACY	38,756.29
REVERSING ACCRUALS	56,156.29
PULL FROM HHC IN OCT - PENSION FUNDING	120,842.78
SEPT WORKERS COMP CLAIMS	116,019.00
MISC ACCRUALS	236,861.78
SEWERS AND WATER ACCRUAL	14,143.36
SEWER AND WATER ACCRUAL	14,143.36
	<b>472,370.49</b>
	472,370.49 GL
	0.00

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,851,586	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 7,031,283
Name and Address of Lender	Amount	Loan Date		
Hartford HealthCare	7,031,283			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 769,821
Workers Compensation		769,821		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,801,104
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 10,652,690

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	326,499
6. Total Reserves			\$	326,499
<b>B. Net Worth</b>				
1. Owner's Capital			\$	3,794,964
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	196,774
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	3,991,738
<b>C. Total Reserves and Net Worth</b>			\$	4,318,237
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	14,970,927

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	4,183,085
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	21,330,935
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	21,134,161
D. Net Income or Deficit			\$	196,774
E. Balance			\$	4,379,859
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Adjustment for SCC YTD income closed	71,474			
2. Other ( <i>itemize</i> )				
Released of Restricted funds	(133,096)			
F-3. Total Additions			\$	(61,622)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>	09/30/16		\$	4,318,237

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

Name of Facility Southington Care Center	License No. 2060-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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Dorothy Robinson</i>	Title <i>Sr. Financial Analyst</i>	Date Signed <i>2/14/17</i>		
Printed Name of Preparer  Dorothy Robinson				
Address Address  80 Meriden Ave., Southington, CT 06489		Phone Number  860-378-8022		