

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Southington Care Center	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

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

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

**General Information**

Name of Facility (as licensed) Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Southington Care Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) William Kowalewski			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

# 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

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 10/1/2018	To 9/30/2019	
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Mary Coviello	Phone Number 860-696-6430	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 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Southington Care Center		Address (No. & Street, City, State, Zip ) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If "Yes," explain fully.				
<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.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached listing			

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Names of Stockholders Owning at Least 10% of Shares			

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

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

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

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2019		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
short term leases only	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	<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 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 SGF Accounting LLC 2 Blum Shapiro 3 4	Address (No. & Street, City, State, Zip Code) PO Box 7, Indian Valley, VA 24105 PO Box 27200, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Consulting - Medicaid Cost Report	\$ 100
2 Medicare Cost Report preparation	\$ 6,960
3	\$
4	\$
	Charge for Services Provided
	\$ 7,060

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 Michalik, Bauer, Silva & Ciccarillo LLP 2 3 4 5	Telephone Number 860-225-8403
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Address (*No. & Street, City, State, Zip Code*)  
 1 35 Pearl St. Suite 300, New Britain, CT 06051  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Collections - disallowed	\$ 4,780
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 4,780

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 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	123	123			123	123			124	124			
B. As of midnight of THIS report period	122	122			124	124			122	122			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,766	5,766			4,257	4,257			1,509	1,509			
B. Medicaid (Conn.)	24,594	24,594			18,385	18,385			6,209	6,209			
C. Medicaid (other states)													
D. Private Pay	9,395	9,395			7,300	7,300			2,095	2,095			
E. State SSI for RCH													
F. Other (Specify) managed care, managed medical	5,553	5,553			3,954	3,954			1,599	1,599			
G. Total Care Days During Period (3A thru F)	45,308	45,308			33,896	33,896			11,412	11,412			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	59	59			49	49			10	10			
B. Other Bed Reserve Days	132	132			102	102			30	30			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,499	45,499			34,047	34,047			11,452	11,452			

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

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
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	20		66		36								
Per Diem Rate													
a. One bed rm.	RUGS		259.00		560.00								
b. Two bed rms.					525.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									17,152	2,198		14,954	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									4	4			
C. Other									27,900	27,890		10	
<b>D. Total Physical Therapy Treatments</b>									45,056	30,092		14,964	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									375	280		95	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									602	602			
<b>D. Total Speech Therapy Treatments</b>									977	882		95	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,675	1,688		987	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									5	5			
C. Other									27,423	27,423			
<b>D. Total Occupational Therapy Treatments</b>									30,103	29,116		987	

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<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)	169,386	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	645,196	26,969			24,568	1,208
5. Dietary Service						
a. Head Dietitian	98,908	2,304				
b. Food Service Supervisor						
c. Dietary Workers	490,516	30,447				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	262,426	19,043			37,000	2,685
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,106	1,281			8,334	181
b. Other Maintenance Workers	91,049	4,375			12,837	617
8. Laundry Service						
a. Supervisor	28,897	624				
b. Other Laundry Workers	121,921	7,877				
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	165,986	3,316				
b. RN						
1. Direct Care	1,296,945	36,418				
2. Administrative**	277,388	6,774				
c. LPN						
1. Direct Care	1,140,021	37,373				
2. Administrative**	204,026	5,406				
d. Aides and Attendants	2,434,757	152,259				
e. Physical Therapists	615,640	16,638			306,142	8,273
f. Speech Therapists	14,497	320			1,562	35
g. Occupational Therapists	495,778	13,801			16,806	468
h. Recreation Workers	173,087	7,714				
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	143,347	4,464				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	164,798	7,374			1,234,240	29,271
A-13. Total Salary Expenditures	9,093,675	386,863			1,641,489	42,738

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES PA ADMINISTRATION	\$ 91,570	4,258				
SALARY AND WAGES SCC MGMT GRP					\$ 795,988	20,484
SALARY RECLASS SOUTHWINGTON CARE CTR MGMT GROUP					\$ 5,697	266
SALARY AND WAGES COMMUNITY NETWORK ADMIN					\$ 129,497	4,209
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION					\$ 290,136	4,008
PTO ACCRUAL FRINGE BENEFITS	\$ 75,245	3,202			\$ 13,278	312
HOLIDAY ACCRUAL FRINGE BENEFITS	\$ (2,017)	(86)			\$ (356)	(8)
**all amounts in Other column are disallowed.						
<b>Total</b>	\$ 164,798	7,374	\$ -	-	\$ 1,234,240	29,271

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
CONTRACT LABOR-CLINICAL - NURSING DIRECT MGMT	\$ 1,180	8				
PROF FEES- NURSING DIRECT MANAGEMENT	\$ 11,000	46				
CONTRACT LABOR-CLINICAL ADMIN	\$ (448)	(30)				
CONTRACT LABOR-CLINICAL CERTIFIED NURSING ASST.	\$ 100	7				
**These are all disallowed on pg 28a						
<b>Total</b>	\$ 11,832	31	\$ -	-	\$ -	-



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

Name of Facility				License No.		Report for Year Ended			Page	of
Southington Care Center				2060-C		9/30/2019			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**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	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
William Kowalewski	169,386			Non-discriminatory	Administrator - Management of facility	2,086	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	9/30/2019	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	15,070	170				
3. Pharmacist	11,956	299				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,745	26			867	13
b. Other						
6. Social Worker						
7. Recreation Worker	30,295	1,082				
8. Physicians						
a. Medical Director (entire facility)	50,200	502				
b. Utilization Review (Title 18 and 19 only) monthly meeting	250	4				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	6,500	27			700	3
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	11,832	31				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>127,848</b>	<b>2,141</b>			<b>1,567</b>	<b>16</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 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
see attached		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* 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	9/30/2019	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 492,007	416,775		75,232
2. Disability Insurance	\$ 43,537	36,880		6,657
3. Unemployment Insurance	\$ 9,575	8,111		1,464
4. Social Security (F.I.C.A.)	\$ 769,618	651,937		117,681
5. Health Insurance	\$ 1,615,685	1,368,603		247,082
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 11,280	9,555		1,725
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 266,277	225,561		40,716
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 126,100	28,773		97,327
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 53,515	53,515		
d. Accounting and Auditing	\$ 7,060	7,060		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 4,780	4,780		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 43,390	39,610		3,780
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 30,323	20,848		9,475
2. Cellular Phones	\$ 5,410	311		5,099
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	\$ 3,206	3,206		
3. Resident Day User Fee	\$ 747,870	747,870		
<b>Subtotal</b>	\$ 4,229,633	3,623,395		606,238

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
BACKGROUND VERIFICATIONS ADMIN & GENERAL	\$ 97		\$ 18
BACKGROUND VERIFICATIONS EMPLOYEE HEALTH	\$ 5,035		\$ 909
EMPLOYEE WELLNESS FUND DEPT	\$ -		\$ 5,841
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS			\$ 86,292
PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH	\$ 23,641		\$ 4,267
**all amounts in Other column are disallowed in addition to the \$23,641 in CCNH column			
<b>Total</b>	\$ 28,773	\$ -	\$ 97,327

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
FEDERAL INCOME TAX EXPENSE - fy18 and 19 estimated parking lot taxes	\$ 2,834		
STATE INCOME TAX EXPENSE - fy 18 estimated parking lot taxes and penalty	\$ 372		
<b>Total</b>	\$ 3,206	\$ -	\$ -

**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	9/30/2019		16	37
Item	Total	CCNH	RHNS	Other	
<b>Subtotals Brought Forward:</b>	4,229,633	3,623,395		606,238	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 200	200			
2. Holiday Parties for Staff	\$ 4,494	4,494			
3. Gifts to Staff and Residents	\$ 5,750	3,296		2,454	
4. Employee Travel	\$ 26,707	3,189		23,518	
5. Education Expenses Related to Seminars and Conventions	\$ 25,965	13,951		12,014	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,710	1,362		348	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 26,481			26,481	
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	\$ 19,939	17,839		2,100	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 22,553	17,312		5,241	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 300			300	
9. Subscriptions	\$ 13,164	11,139		2,025	
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> )	\$ 26,559	2,469		24,090	
12. Administrative Management Services**	\$ 1,270,543	1,269,595		948	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 277,785	119,048		158,737	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,951,783	5,087,289		864,494	

\* 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
ADVERTISING- SC MGMT GRP			\$ 851
ADVERTISING MARKETING & ADVERTISING			\$ 20,951
ADVERTISING - ADMIN			\$ 798
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING			\$ 86
PROMOTIONAL EVENTS FUND DEPT			\$ 832
PROMOTIONAL EVENTS MGMT GRP			\$ 52
PROMOTIONAL EVENTS EMPLOYEE BENEFITS			\$ 110
SPONSORSHIPS FUND DEPT			\$ 600
reclass digital print charges from p 16 1m12			\$ 40
reclass digital print charges from p 16 1m13			\$ 1,451
reclass digital print charges from p 16 1m14			\$ 710
**all amounts in other column are disallowed			
<b>Total Other Advertising</b>	\$ -	\$ -	\$ 26,481

## Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 255		
CONNECTICUT ASSOC OF HEALTH CA	\$ 350		
CONSUMER PROT LICENSE	\$ 40		
Leading Age dues	\$ 14,010		
MOTION PICTURE LICENSING CORPO	\$ 1,207		
PLAINVILLE-SOUTHINGTON REGIONA	\$ 300		
STATE OF CONNECTICUT FACILITY LICENSE	\$ 1,090		
WWW COSTCO COM	\$ 60		
**The following are all disallowed because they are related to the mngmt co.			
ACHE - MEMBER SERVICE			\$ 160
ALTCFM			\$ 425
CONNECTICUT ALLIANCE FOR LONG			\$ 3,917
IRVING LEVIN ASSOCIATE			\$ 397
SMK SURVEYMONKEY.COM			\$ 262
THE REMINGTON REPORT I			\$ 30
WEB SOLUTIONS			\$ 50
<b>Total Dues</b>	\$ 17,312	\$ -	\$ 5,241

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
RECLASS INTERNET ADMIN DEPT	\$ 268		
RECLASS INTERNET MNGMT CO			\$ 2,411
CONSULTING ADMIN	\$ 384		
LEASED - OFFICE EQUIPMENT ADMIN & GENERAL	\$ 79,264		
LEASED - OFFICE EQUIPMENT SCC MGMT GRP			\$ 4,601
LEASED - OFFICE EQUIPMENT NURSING CERTIFIED NURSING ASST	\$ 2,176		
LEASED - OFFICE EQUIPMENT PLANT OPERATIONS	\$ 405		
LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY - disallowed	\$ 397		\$ 198
MINOR EQUIPMENT AND FURNISHING ADMIN & GENERAL	\$ 342		
MERCHANT FEES			\$ 64,240
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (192)		
REBATES SUPPLY CHAIN MGMT	\$ (8,962)		
LATE FEES ADMIN & GENERAL			\$ 60
LATE FEES SCC MGMT GROUP			\$ 30
LATE FEES FINANCE ADMINISTRATION			\$ 529
MISCELLANEOUS EXPENSE SCC MGMT GRP			\$ 4,855
MISCELLANEOUS EXPENSE ADMIN & GENERAL			\$ 20,007
MISCELLANEOUS EXPENSE ACCOUNTING GENERAL			\$ (348)
BOND FEES ADMIN & GENERAL			\$ 55,048
BANK FEES	\$ 5		
STORAGE RENT/LEASE ADMIN & GENERAL	\$ 8,566		
PURCHASED SERVICES - OTHER ADMIN & GENERAL	\$ 2,865		
LATE FEES FRINGE BENEFITS	\$ 25		
PARKING SCC MGMT GRP			\$ 49
CABLE AND TV RECREATIONAL THERAPY	\$ 8,461		
Matrix cable TV credit	\$ (1,653)		
CABLE AND TV SCC MGMT GRP			\$ 5,306
STUDY COSTS	\$ (105)		
SECURITY SERVICES MGMT GRP			\$ 300
PURCHASED SERVICES - OTHER PT - disallowed	\$ 634		\$ 316
PURCHASED SERVICES - OTHER OT - disallowed	\$ 5,916		\$ 201
Internet Charges Ability Network - for Medicare - disallow	\$ 18,676		
reclass state of ct probate fee and marshall from legal p 15	\$ 290		
SPECIAL FUNCTIONS FUND DEPT			\$ 934
SPECIAL FUNCTIONS ADMIN	\$ 142		
RECLASS BABIARZ CONFERENCE EXP FROM PAGE 20 - disallowed	\$ 665		
RECLASS BABIARZ MEMBERSHIP FROM PAGE 20 - disallowed	\$ 479		
**all items in Other column are disallowed			
<b>Total Other Administrative and General</b>	\$ 119,048	\$ -	\$ 158,737



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

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2019	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	1,270,543	Contracting & Management	p. 16 line 1m12
Morrison Community Living	485,159	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1, 2 & 3b
Crothall Healthcare	108,605	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a1 & 4b

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2019		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 315,087	315,087			
2.	Non-Food Supplies	\$ 67,984	67,984			
3.	Other ( <i>Specify</i> ) _____ In House food prepared for depts. Disallowed except for recreation department for residents	\$ 41,145	33,555		7,590	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 67,852	67,852			
c. Other ( <i>Specify</i> ) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 492,068	484,478		7,590	
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	372	372			
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$4,810	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	p. 30 IV1				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$18,692	
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	p 18 a3				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2019		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. \$	3,173	3,173		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Laundry supplies		\$	10,230	10,230		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	13,403	13,403		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	66,219	56,976		9,243
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
		Amt. \$	48,216	42,258		5,958
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	114,435	99,234		15,201
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	377,039	377,039		
b.	Medicine Cabinet Drugs	\$	30,136	30,136		
c.	Medical and Therapeutic Supplies	\$	291,112	260,468		30,644
d.	Ambulance/Limousine***	\$	1,889	1,889		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	20,762	20,762		
f.	X-rays and Related Radiological Procedures***	\$	25,793	25,793		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	44,301	44,301		
i.	Recreation	\$	7,189	7,189		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	32,313	6,581		25,732
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	830,534	774,158		56,376

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

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

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

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

## Schedule of Other Resident Care

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
OTHER BILLABLE MED/SURG	\$ 414		
PATIENT RELATED SUPPLIES PHYSICAL THERAPY - disallowed	\$ 2,798		\$ 1,391
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH disallowed	\$ 3,357		\$ 114
OPTIMA FEES - disallowed			\$ 1,750
HHCNRN MANAGEMENT FEES - disallowed			\$ 21,000
PATIENT/RESIDENT RELATIONS PT disallowed	\$ 6		\$ 3
PATIENT/RESIDENT RELATIONS TRANSPORTATION	\$ 6		
PATIENT/RESIDENT RELATIONS FUND DEPT disallowed			\$ 1,474
*all items in column Other are disallowed			
<b>Total Other Resident Care</b>	<b>\$ 6,581</b>	<b>\$ -</b>	<b>\$ 25,732</b>

**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 9/30/2019			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 LIST ATTACHED		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 196,313	171,712			24,601	
b. Heat	\$ 90,795	77,727			13,068	
c. Light & Power	\$ 108,198	88,582			19,616	
d. Water	\$ 41,055	35,982			5,073	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 56,534	49,548			6,986	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 492,895</b>	<b>423,551</b>			<b>69,344</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 39,553	34,665			4,888	
b. Building & Building Improvements	\$ 284,470	249,318			35,152	
c. Non-Movable Equipment	\$ 3,552	3,113			439	
d. Movable Equipment	\$ 72,070	60,326			11,744	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 399,645</b>	<b>347,422</b>			<b>52,223</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,118	1,856			262	
c. Leasehold Improvements	\$ 13,843				13,843	
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 15,961</b>	<b>1,856</b>			<b>14,105</b>	
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	\$ 53,832	47,180			6,652	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 21,023	18,425			2,598	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 490,461</b>	<b>414,883</b>			<b>75,578</b>	

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

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT	\$ 22,511		\$ 3,174
WASTE REMOVAL OPERATION OF PLANT	\$ 16,905		\$ 2,383
STORAGE RENT/LEASE OPERATION OF PLANT	\$ 6,985		\$ 985
PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT	\$ 3,147		\$ 444
** all items in Other column are disallowed			
<b>Total Other Repairs and Maintenance</b>	\$ 49,548	\$ -	\$ 6,986

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### Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of		
Southington Care Center				2060-C			9/30/2019			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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period				427,370		427,370	256,469	S/L	VARIOUS	38,750			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				10,465		10,465				803			
A-4. Subtotal											39,553		
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				5,131,574		5,131,574	1,786,723	S/L	VARIOUS	283,363			
2. Disposals (attach schedule)				(140,138)		(140,138)							
3. Acquired during this report period (attach schedule)				22,140		22,140				1,107			
B-4. Subtotal											284,470		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				54,670		54,669	41,404	S/L	VARIOUS	3,552			
2. Disposals (attach schedule)				(4,384)		(4,384)							
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											3,552		
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. MINI VAN				X		10	2012	42,230	42,230	42,230	S/L	5	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period								930,609	930,609	386,908	S/L	VARIOUS	72,070
b. Disposals (attach schedule)								(399,249)	(399,249)				
c. Acquired during this report period (attach schedule)													
D-3. Subtotal											72,070		
<b>E. Total Depreciation</b>											399,645		

## Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	Asset ID
<b>Additions:</b>					
11/18/2018	FENCE REPLACEMENT	\$ 3,965	5	\$ 397	504100000257
12/31/2018	ROADWAY RESURFACE	\$ 6,500	8	\$ 406	504100000258
<b>Total additions for Land Improvement</b>		\$ 10,465		\$ 803	*
<b>Deletions:</b>					
<b>Total deletions for Land Improvement</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	Asset ID
<b>Additions:</b>					
2/28/2019	2ND FLOOR RENOVATION	\$ 14,840	10	\$ 742	5041000000253
8/31/2019	FIRE ALARM PANEL	\$ 7,300	10	\$ 365	5041000000259
<b>Total additions for Building Improvement</b>		\$ 22,140		\$ 1,107	*
<b>Deletions:</b>					
	2ND FLOOR RENOVATIONS	\$ (105,578)	5		
	2ND FLOOR RENOVATION CARPET	\$ (30,710)	5		
	1ST FLOOR RENOVATION	\$ (1,200)	5		
	FRONT TERRANCE PAINTING	\$ (2,650)	3		
<b>Total deletions for Building Improvement</b>		\$ (140,138)		\$ -	**

\*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	Asset ID
<b>Additions:</b>					
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ -	*
<b>Deletions:</b>					
	WINDOW TREATMENTS	\$ (1,362)	5		
	SERVER ROOM CIRCUIT	\$ (560)	5		
	ICE MACHINE	\$ (2,462)	5		
<b>Total deletions for Non-Movable Equipment</b>		\$ (4,384)		\$ -	**

\*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>				
<b>Total additions for Movable Equipmen</b>		\$ -		\$ - *
<b>Deletions:</b>				
	SEE ADDITIONAL SCHEDULE SUBMITTED	\$ (399,249)		
<b>Total deletions for Movable Equipmen</b>		\$ (399,249)		\$ - **

\*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 Improvemen</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Southington Care Center			2060-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<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	13,914			2,118	
2. SERIES C				10,290	929				
3.									
B-4. Subtotal									2,118
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	1	2014	5 YEARS	119,019	103,217			13,843	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									13,843
<b>D. Total Amortization</b>									15,961

\* 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 9/30/2019	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 <b>NOT</b> 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
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 <u>9/30/2019</u>		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	9/30/2019			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 118702	104,034			14,668	
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 118,702	104,034			14,668	

*(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		9/30/2019		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				118,702	104,034		14,668
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>				\$ 118,702	104,034		14,668
14. Insurance							
a. Insurance on Property (buildings only)				\$ 12,180	10,675		1,505
b. Insurance on Automobiles				\$ 3,675	3,675		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 52,174	52,174		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Excess Insurance				\$ 10,889	10,889		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 78,918	77,413		1,505
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 19,447,778	16,699,966		2,747,812

### D. Adjustments to Statement of Expenditures

Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2019	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.	10	A12e	Outpatient Service Costs	\$ 307,704			307,704
2.	10	A4,6,	Salaries not related to Resident Care	\$ 82,739			82,739
3.	10	A12g	Occupational Therapy	\$ 512,584	495,778		16,806
4.			Other - See attached Schedule	\$ 1,234,240			1,234,240
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 36,714	35,147		1,567
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 53,515	53,515		
10.			Accounting	\$			
10a.			Legal	\$ 4,780	4,780		
11.	15	1h1	Telephone	\$ 9,475			9,475
12.	15	1h2	Cellular Telephone	\$ 5,099			5,099
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 12,014			12,014
16.	16	1L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 23,789	271		23,518
17.	16	1L6	Automobile Expense (e.g. personal use)	\$ 348			348
18.	16	1M3	Unallowable Advertising *	\$ 26,481			26,481
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1M12	Unallowable Management Fees	\$ 1,270,543	1,269,595		948
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 859,289	72,978		786,311
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 41,145	33,555		7,590
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 4,480,459	1,965,619		2,514,840

\* 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	A12o	SALARY AND WAGES SCC MGMT GRP			\$ 795,988
10	A12o	SALARY RECLASS SOUTHTONINGTON CARE CTR MGMT GROUP			\$ 5,697
10	A12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 129,497
10	A12o	SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION			\$ 290,136 *
10	A12o	PTO ACCRUAL FRINGE BENEFITS			\$ 13,278
10	A12o	HOLIDAY ACCRUAL FRINGE BENEFITS			\$ (356)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 1,234,240

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	b2	PROFESSIONAL FEES/CONTRACT LABOR DENTAL	\$ 15,070		
13	b5a	CONTRACT LABOR - NON CLINICAL PHYSICAL THERAPY & PURCHASED SERVICES - AFFILIATE PHYSICAL THERAPY	\$ 1,745		\$ 867 *
13	b9a	PROFESSIONAL FEES & CONTRACT LABOR SPEECH THERAPY	\$ 6,500		\$ 700
13	b12	CONTRACT LABOR-CLINICAL - NURSING DIRECT MGMT - CT REHAB & SPASTICITY	\$ 11,832		
<b>Total Other Fees Adjustments</b>			\$ 35,147	\$ -	\$ 1,567

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 75,232
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance			\$ 6,657
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance			\$ 1,464
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$ 117,681
15	1a5	Benefits related to Outpatient Therapy - Health Insurance & Dental			\$ 247,082
15	1a6	Benefits related to Outpatient Therapy - Life Insurance			\$ 1,725
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 40,716
15	1a9	Background Verification Background Cks Outpatient portion			\$ 97,327
15	1a9	Background Verification Fringe Benefits - Employee Physicals	\$ 23,641		
15	1G	Management Company Office Supplies			\$ 3,780
16	1L2	Employee Relations - Parties for Staff in excess of 1 party	\$ 3,002		
16	1L3	Employee Relations - Gifts in excess of \$25 or discriminatory in nature	\$ 3,296		\$ 2,454
16	1M7	Postage - SCC Mgmt Grp			\$ 2,100
16	1m8	Dues - SCC Mgmt Grp			\$ 5,241
16	1m9	Subscriptions - mngmnt			\$ 2,025
16	1m11	Contracted Services - OTHER, (Mngmnt group and Celtic Consulting)			\$ 24,090
16	1m13	RECLASS INTERNET MNGMNT CO			\$ 2,411
16	1m13	CONSULTING ADMIN	\$ 384		
16	1m13	LEASED - OFFICE EQUIPMENT SCC MGMT GRP			\$ 4,601
16	1m13	LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY	\$ 397		\$ 198
16	1m13	MERCHANT FEES			\$ 64,240
16	1m13	LATE FEES ADMIN & GENERAL			\$ 60
16	1m13	LATE FEES SCC MGMT GROUP			\$ 30
16	1m13	LATE FEES FINANCE ADMINISTRATION			\$ 529
16	1m13	MISCELLANEOUS EXPENSE SCC MGMT GRP			\$ 4,855
16	1m13	MISCELLANEOUS EXPENSE ADMIN & GENERAL			\$ 20,007
16	1m13	MISCELLANEOUS EXPENSE ACCOUNTING GENERAL			\$ (348)
16	1m13	BOND FEES ADMIN & GENERAL			\$ 55,048
16	1m13	PURCHASED SERVICES - OTHER ADMIN & GENERAL	\$ 2,865		
16	1m13	LATE FEES FRINGE BENEFITS	\$ 25		
16	1m13	PARKING SCC MGMT GRP			\$ 49
16	1m13	CABLE AND TV RECREATIONAL THERAPY - net of 3600.00 allowance	\$ 12,993		
16	1m13	CABLE AND TV SCC MGMT GRP			5,306
16	1m13	SECURITY SERVICES MGMNT GRP			300
16	1m13	PURCHASED SERVICES - OTHER PT	634		316
16	1m13	PURCHASED SERVICES - OTHER OT	5,916		201
16	1m13	Internet Charges Ability Network - for Medicare - disallow	18,676		
16	1m13	SPECIAL FUNCTIONS FUND DEPT			934
16	1m13	RECLASS BABIARZ CONFERENCE EXP FROM PAGE 20	665		
16	1m13	RECLASS BABIARZ MEMBERSHIP FROM PAGE 20	479		
16	1m13	BANK FEES	5		
<b>Total Other A&amp;G Adjustments</b>			\$ 72,978	\$ -	\$ 786,311

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 4,480,459	1,965,619		2,514,840
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 377,039	377,039		
28.	20	5d	Ambulance/Limousine	\$ 1,889	1,889		
29.	20	5f	X-rays, etc	\$ 25,793	25,793		
30.	20	5h	Laboratory	\$ 44,301	44,301		
31.	20	5c	Medical Supplies	\$ 30,644			30,644
32.	20	5e2	Oxygen (non emergency)	\$ 20,762	20,762		
33.	20	5L	Occupational Therapy	\$ 3,471	3,357		114
34.			Other - See Attached Schedule	\$ 43,623	2,804		40,819
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 15,943	3,760		12,183
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,c	Unallowable Property and Real Estate Taxes	\$ 9,250			9,250
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 88,337			88,337
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14A	Property Insurance	\$ 1,505			1,505
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,375,282	612,783		762,499
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 49,820			49,820
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 6,568,118	3,058,107		3,510,011

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5L	PATIENT RELATED SUPPLIES PHYSICAL THERAPY	\$ 2,798		\$ 1,391
20	5L	OPTIMA FEES			\$ 1,750
20	5L	HHC RN MANAGEMENT FEES			\$ 21,000
20	5L	PATIENT/RESIDENT RELATIONS PT			\$ 3
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT			\$ 1,474
20	5L	PATIENT RELATED SUPPLIES PHYSICAL THERAPY	\$ 6		
20	4A	CLEANING & MAINT SUPPLIES ENVIRONMENTAL SERVICES			\$ 529
20	4A	CLEANING & MAINT SUPPLIES SCC MGMT GRP			\$ 1,210
20	4A	CHEMICALS AND SOLUTIONS			\$ 42
20	4A	Crothall supplies from line 4b			\$ 7,462
20	4B	Crothall purchased service fees			\$ 5,958
<b>Total Other Ancillary Costs</b>			\$ 2,804	\$ -	\$ 40,819

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7d	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 6,188
22	7d	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 393
22	7d	DEP EXP - EQUIPMENT SCC MGMT GRP			\$ 3,239
22	7d	DEP EXP - EQUIPMENT ENVIRONMENTAL SERVICES GENERAL			\$ 81
22	7d	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,444
22	7d	DEP EXP - EQUIPMENT NURSING CERTIFIED NURSING ASST			\$ 308
22	7d	DEP EXP - EQUIPMENT PHYSICAL THERAPY	\$ 3,760		\$ 530
<b>Total Excess Movable Equipment Depreciation</b>			\$ 3,760	\$ -	\$ 12,183

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6a	REPAIRS AND MAINTENANCE			\$ 24,601
22	6b	HEAT			\$ 13,068
22	6c	ELECTRICITY			\$ 19,616
22	6d	WATER AND SEWER OPERATION OF PLANT			\$ 5,073
22	6f	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 3,174
22	6f	WASTE REMOVAL OPERATION OF PLANT			\$ 2,383
22	6f	STORAGE RENT/LEASE OPERATION OF PLANT			\$ 985
22	6f	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 444
22	7a	DEP EXP - LAND IMPROVEMENTS			\$ 4,888
22	8b	AMTZ - BOND ADMIN & GENERAL			\$ 262
22	8c	DEP EXP - LEASHOLD IMPRV SCC MGMT GRP			\$ 13,843
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 88,337

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other



Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	TRANSPORTATION REVENUE CLIENT/FACILITY	\$ 12,126		
30	IV8	INCENTIVE INCOME	\$ 3,110		
30	IV8	SERVICES TO AFFILIATES CLIENT/FACILITY			\$ 553,942
30	IV8	MISC OTHER OPERATING INCOME	\$ 574,872		
30	IV8	RENTAL AFFILIATE CLIENT/FACILITY			\$ 22,800
30	IV8	GRANT INCOME RELEASED			\$ 47,871
30	IV8	INCOME FROM RESTRICTED FUNDS	\$ 22,675		
30	IV8	GAIN/LOSS SALE OF INVESTMENTS			\$ 22,926
30	IV8	TRADING MKT VALUE INC/DEC			\$ (22,926)
30	IV8	INVESTMENT INC - OPERATIONAL			\$ 137,886
<b>Total Other Adjustments</b>			<b>\$ 612,783</b>	<b>\$ -</b>	<b>\$ 762,499</b>

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7b	DEP EXP - BUILDING ADMIN & GENERAL			\$ 16,159
22	7b	DEP EXP - BUILDING HHC FOOD & NUTRITION			\$ 2,326
22	7b	DEP EXP - BUILDING PA ADMINISTRATION			\$ 24
22	7b	DEP EXP - BUILDING LAUNDRY GENERAL			\$ 43
22	7b	DEP EXP - BUILDING OPERATION OF PLANT			\$ 16,600
26	12a1	BUILDING INTEREST EXPENSE OTHER			\$ 14,668
<b>Total Unallowable Building Interest</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ 49,820</b>

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,874,393	12,874,393				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,669,986)	(6,669,986)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,041,882	3,041,882				
b. Medicare Room and Board Contractual Allowance **	\$ 92,597	92,597				
4. a. Private-Pay Residents and Other	\$ 8,310,604	8,310,604				
b. Private-Pay Room and Board Contractual Allowance **	\$ (129,735)	(129,735)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 213,739	213,739				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (213,739)	(213,739)				
c. Prescription Drugs - Non-Medicare	\$ 205,816	205,816				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (205,816)	(205,816)				
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	\$ 812,669	621,697		190,972		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (603,154)	(575,850)		(27,304)		
c. Physical Therapy - Non-Medicare	\$ 786,340	507,819		278,521		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (517,218)	(485,131)		(32,087)		
4. a. Speech Therapy - Medicare	\$ 52,865	49,190		3,675		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (34,422)	(34,352)		(70)		
c. Speech Therapy - Non-Medicare	\$ 31,903	28,889		3,014		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (23,251)	(22,160)		(1,091)		
5. a. Occupational Therapy - Medicare	\$ 673,110	656,962		16,148		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (627,810)	(625,878)		(1,932)		
c. Occupational Therapy - Non-Medicare	\$ 543,067	522,862		20,205		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (564,953)	(523,125)		(41,828)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 8,035	8,035				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1	1				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 18,056,937	17,648,714		408,223		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 4,810	4,810				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,377,637	615,138		762,499		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,382,447	619,948		762,499		
<b>VI. Total All Revenue</b> (III +V)	\$ 19,439,384	18,268,662		1,170,722		

\* 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
30I16A	IP LAB SERVICES MEDICARE B	\$ 7,985		
30I16A	IP LAB SERVICES MEDICARE	\$ 4,483		
30I16A	IP LAB SERVICES PROF CA MEDICARE B	\$ 50		
30I16A	IP LAB SERVICES PROF CA MEDICARE	\$ (4,483)		
30I16A	IP RADIOLOGY SERVICES MEDICARE	\$ 9,323		
30I16A	IP RADIOLOGY SERV PROF CA MEDICARE	\$ (9,323)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 8,035</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	Other
30I16B	IP LAB SERVICES MGD MEDICARE	\$ 3,732		
30I16B	IP LAB SERVICES AETNA	\$ 75		
30I16B	IP LAB SERVICES ANTHEM	\$ 22		
30I16B	IP LAB SERVICES CIGNA	\$ 115		
30I16B	IP OTHER SERVICES OTHER MANAGED CARE	\$ 628		
30I16B	IP RADIOLOGY SERVICES AETNA	\$ 225		
30I16B	IP RADIOLOGY SERVICES ANTHEM	\$ 164		
30I16B	IP RADIOLOGY SERVICES CIGNA	\$ 75		
30I16B	IP RADIOLOGY SERVICES UNITED/OXFORD	\$ 90		
30I16B	IP LAB SERVICES PROF CA MANAGED MEDICARE	\$ (3,904)		
30I16B	IP OTHER SERV PROF CA OTHER MANAGED CARE	\$ (88)		
30I16B	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	\$ (5,898)		
30I16B	IP RADIOLOGY SERVICES MANAGED MEDICARE	\$ 5,569		
30I16B	IP LAB SERVICES PROF CA CIGNA	\$ (39)		
30I16B	IP LAB SERVICES PROF CA OTHER MANAGED CARE	\$ (540)		
30I16B	IP RADIOLOGY SERV PROF CA AETNA	\$ (225)		
<b>Total Other Resident Revenue</b>		<b>\$ 1</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	Other
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30IV8	TRANSPORTATION REVENUE CLIENT/FACILITY	\$ 12,126		
30IV8	CONTRIBUTIONS OPERATIONAL CLIENT/FACILITY	\$ 2,355		
30IV8	SERVICES TO AFFILIATES CLIENT/FACILITY			\$ 553,942
30IV8	MISC OTHER OPERATING INCOME	\$ 574,872		
30IV8	RENTAL AFFILIATE CLIENT/FACILITY			\$ 22,800
30IV8	GRANT INCOME RELEASED			\$ 47,871
30IV8	INCOME FROM RESTRICTED FUNDS CLIENT FACILITY	\$ 22,675		
30IV8	DIVIDEND INCOME			\$ -
30IV8	GAIN/LOSS SALE OF INVESTMENTS			\$ 22,926
30IV8	TRADING MKT VALUE INC/DEC			\$ (22,926)
30IV8	INVESTMENT INC			\$ 137,886
30IV8	INCENTIVE INCOME OPERATIONAL	\$ 3,110		
30IV8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ -
<b>Total Other Revenue</b>		<b>\$ 615,138</b>	<b>\$ -</b>	<b>\$ 762,499</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,352,787
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,281,758
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	61,678
4. Inventories			\$	42,472
5. Prepaid Expenses			\$	52,137
a. PREPAID GENERAL				
b. _____				
c. _____				
d. See Schedule	52,137			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	941,363
DUE AFFILIATES				
_____				
_____				
See Schedule	941,363			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,732,195</b>
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	437,835	\$	141,813
	Accum. Depreciation	296,022		Net
3. Buildings	*Historical Cost	5,013,576	\$	2,942,383
	Accum. Depreciation	2,071,193		Net
4. Leasehold Improvements	*Historical Cost	119,019	\$	1,959
	Accum. Depreciation	117,060		Net
5. Non-Movable Equipment	*Historical Cost	50,286	\$	5,330
	Accum. Depreciation	44,956		Net
6. Movable Equipment	*Historical Cost	531,360	\$	72,382
	Accum. Depreciation	458,978		Net
7. Motor Vehicles	*Historical Cost	42,230	\$	
	Accum. Depreciation	42,230		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	769,315
CONSTRUCTION IN PROGRESS				
See Schedule	769,315			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>4,743,182</b>

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

(Carry Total forward to next page)



## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	TAX CUSHION	\$ 7,600
31	A5	IN2L SUBSCRIPTION	\$ 200
31	A5	CALTC SUBSCRIPTION	\$ 88
31	A5	IN2L SUBSCRIPTION	\$ 338
31	A5	LEADING AGE DUES	\$ 3,639
31	A5	THE COMPLIANCE STORE	\$ 1,350
31	A5	IN2L SUBSCRIPTION	\$ 2,000
31	A5	NATIONAL RESEARCH GROUP	\$ 3,840
31	A5	MORRISON OCTOBER INVOICE	\$ 33,082
<b>Total Prepaid Expenses</b>			<b>\$ 52,137</b>

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
31	A8	DUE AFFILIATE GENERAL CONTROL	\$ (690,950)
31	A8	DUE AFFILIATE ACCTS PAYABLE CONTROL	\$ (59,604)
31	A8	DUE AFFILIATE PAYROLL CONTROL	\$ 74,367
31	A8	DUE AFFILIATE BOND BILLING CONTROL	\$ (15,743)
31	A8	DUE AFFILIATE SYSTEM ALLOCATION CONTROL	\$ 123,293
31	A8	DUE AFFILIATE INVENTORY CONTROL	\$ -
31	A8	ST LOAN RECEIVABLE - AFFILIATE	\$ 1,500,000
31	A8	DUE AFFILIATE POOLED BENEFIT	\$ 10,000
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 941,363</b>

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

Page Ref	Line Ref	Description	
31	B9	CONSTRUCTION IN PROGRESS	\$ 769,315
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ 769,315</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
31	B9	LT UNREST INT IN ENDOWMENT LLC	\$ 3,880,226
31	B9	ASSETS HELD IN TRUST BY OTHERS	\$ 5,193
31	B9	LT WORKERS COMP GROSS UP	\$ 166,068
<b>Total Other Assets</b>			<b>\$ 4,051,487</b>

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	B12	DEFERRED REVENUES	\$ 125,101
33	B12	ACCRUED REAL ESTATE TAXES	\$ 13,951
33	B12	ACCRUED PERSONAL PROPERTY TAX	\$ 4,581
33	B12	UNCLAIMED CHECKS	\$ 870
33	B12	DEFERRED GRANTS	\$ 420,905
33	B12	ACCRUED EXPENSES	\$ 655,892
33	B12	ACCRUED STATE PROVIDER TAX	\$ 184,114
33	B12	GENERAL RESERVE	\$ 76,136
33	B12	FLEX SPENDING ACCOUNT	\$ (584)
33	B12	PENSION TRANSITION	\$ 148
33	B12	ER 401K MATCH TRUE UP	\$ 650
33	B12	ER 401K MATCH STATIC ACCRUAL	\$ 13,333
33	B12	RETIREMENT FORFEITURES	\$ (9,475)
33	B12	CP WC IBNR	\$ 130,057
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,615,679</b>

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

Page Ref	Line Ref	Description	
34	B4	LT PORTION - WORKERS COMP LIAB	\$ 166,068
34	B4	LT WC IBNR	\$ 438,060
34	B4	ACCRUED DEFINED CONTRIBUTION	\$ (160)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 603,968</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2019	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	8,475,377
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	4,051,487
_____				
See Schedule				4,051,487
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	4,051,487
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	12,526,864

\* 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	9/30/2019	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	94,730
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	779,228
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(4,544)
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> )				\$	1,615,679
_____					
_____					
_____					
See Schedule				1,615,679	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>2,485,093</b>

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

(Carry Total forward to next page)

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,485,093	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	6,897
Name of Lender		Purpose	Amount	Date Due	
Morrison Community Living		Dietary Equipment	6,897		
2. Mortgages Payable					
				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
				\$	6,967,734
Name and Address of Lender		Amount	Loan Date		
Hartford Healthcare		6,967,734			
4. Other Long-Term Liabilities ( <i>itemize</i> )					
				\$	603,968
See Schedule				603,968	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	7,578,599
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	10,063,692

**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	9/30/2019	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			\$	74,210
6. Total Reserves			\$	74,210
<b>B. Net Worth</b>				
1. Owner's Capital			\$	2,397,356
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(8,394)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	2,388,962
<b>C. Total Reserves and Net Worth</b>			\$	2,463,172
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	12,526,864

### H. Changes in Total Net Worth

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	2,481,629
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,439,384
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	19,447,778
D. Net Income or Deficit			\$	(8,394)
E. Balance			\$	2,473,235
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
TR CONTRIBUTIONS	12,612			
TR NA RELEASE FOR OPERATIONS	(22,675)			
2. Other <i>(itemize)</i>				
#REF!	#REF!			
#REF!	#REF!			
F-3. Total Additions			\$	(10,063)
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>			\$	2,463,172

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2019	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		Title		Date Signed
Printed Name of Preparer				
Mary Coviello				
Address Address			Phone Number	
HHC SSO Office 181 Patricia M. Genova Dr., 5th fl. Newington, CT 06111			860-696-6430	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Mary Coviello			860-696-6430	
Contact Email Address				
mary.coviello@hhchealth.org				