

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

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 10/1/2019	Report for Year Ending 9/30/2020

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 9/30/2020	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, 2019 and ending September 30, 2020, 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)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Southington Care Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Mary Coviello	Phone Number 203-598-4152	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 9/30/2020	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  
 Related Parties\***

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2020	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.

SOUTHINGTON CARE CENTER

RELATED PARTY TRANSACTIONS  
 FYE 9/30/2020

\*\*note: all entries on this schedule are expenses reported on the cost report.  
 All other related party transactions are included in the file "DETAIL ACCT 110015-111015"

ENTITY NAME	BUSINESS UNIT	ADDRESS		SERVICE PROVIDED	PAGE	LINE	COST REPORTED	GL ACCOUNT	DEPT #
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	20	5C	\$ (779.00)	520020	309060
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	20	5L	\$ (256.45)	530040	409520
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	16	1M7	\$ (76.50)	641020	239015
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	16	1M11	\$ 4,501.19	645050	200010
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	15	1H2	\$ 3,382.31	650080	200010
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	15	1H2	\$ 3,849.57	650080	200070
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	20	5C	\$ (333.31)	680020	309060
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	20	4B	\$ 305.46	690995	230010
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	16	1L6	\$ 384.71	721042	250030
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		AP PASSTHRU	16	1L6	\$ 706.89	721043	250030
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		CESI TRANSFERS	16	1L5	\$ (55.00)	630030	309060
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		CESI TRANSFERS	16	1L5	\$ (55.00)	630030	309040
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		BIOMED	22	6F	\$ (1,886.70)	690090	250030
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	16	1M12	\$ (649.75)	690090	200010
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	16	1M12	\$ (40.00)	690090	200070
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	16	1M3	\$ (40.00)	690090	202070
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	16	1M12	\$ (36.00)	690090	208205
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	22	6F	\$ (72.00)	690090	250030
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		DIGITAL PRINT SERVICES	13	B5	\$ (65.00)	690090	409510
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		PAYROLL	10		\$ (27,826.44)	500005	
Hartford Hospital	10100	80 Seymour St. Box 5037, Hartford, CT 06102		INVENTORY	20	5C	\$ (321.52)	520190	239015
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		AP PASSTHRU	16	1m13	\$ (34.20)	540040	239015
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		AP PASSTHRU	16	1m13	\$ (41.40)	540040	239015
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		AP PASSTHRU	16	1m3	\$ (547.50)	639010	202070
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		AP PASSTHRU	16	1L5	\$ (2,240.00)	630030	239015
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		PAYROLL	10		\$ (6,810.19)	500005	
Jefferson House	10120	1 John H Stewart Dr, Newington, CT 06111		FOOD SERVICE CHARGES	18	2a3	\$ (591.80)	532075	200010
Midstate Medical Center	10200			AP PASSTHRU	22	6a	\$ (306.60)	645010	250030
Midstate Medical Center	10200			AP PASSTHRU	22	6a	\$ (1,461.92)	645010	250030
Midstate Medical Center	10200			AP PASSTHRU	22	6a	\$ (246.24)	645010	250030
Midstate Medical Center	10200			PAYROLL	10		\$ (10,767.39)	500005	
Cedar Mountain Commons	10130			PAYROLL - FLOATING COOK	10	A5c	\$ (13,009.91)	500070	220095
Cedar Mountain Commons	10130			AP PASSTHRU	16	1m13	\$ (209.25)	639010	202070
Hospital of Central CT (HOCC)	10300	100 Grand St., New Britain, CT 06050		AP PASSTHRU	22	6b	\$ (107,326.48)	650020	250030
Hospital of Central CT (HOCC)	10300	100 Grand St., New Britain, CT 06050		PAYROLL	10		\$ (3,398.40)	500005	
Hospital of Central CT (HOCC)	10300	100 Grand St., New Britain, CT 06050		PATIENT LAB CLAIMS	20	5h	\$ (85.41)	615510	409540
Hospital of Central CT (HOCC)	10300	100 Grand St., New Britain, CT 06050		OCCUPATIONAL HEALTH	15	1a	\$ (28,898.00)	690090	205040
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	OMNICARE PHARMACY	20	5c	\$ (7.33)	520020	309060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	AMAZON.COM X63KL37D3 A	20	5c	\$ (276.64)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	AMZN MKTP US MM4ZM5660	20	5c	\$ (27.42)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	OVR O.CO/OVERSTOCK.COM	20	5c	\$ -	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAYPAL ACTION PACT	20	5c	\$ (40.00)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PODS#59-HARTFORD	20	5c	\$ (1,443.40)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TRACFONE AIRTIME	20	5c	\$ (441.30)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WALMART.COM	20	5c	\$ (272.32)	520190	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	CLEANITSUPPLY.COM	15	1g	\$ (19.41)	530010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PRONTO PRINTER	15	1g	\$ (1,129.50)	530010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STAPLES 00101956	15	1g	\$ (141.75)	530010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BJS WHOLESALE #0203	15	1g	\$ (131.96)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	CVS/PHARMACY #01060	15	1g	\$ (15.39)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DOLLARTREE	15	1g	\$ (5.25)	530010	200070

ENTITY NAME	BUSINESS UNIT	ADDRESS		SERVICE PROVIDED	PAGE	LINE	COST REPORTED	GL ACCOUNT	DEPT #
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TARGET 00012898	15	1g	\$ (12.34)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TARGET 00024349	15	1g	\$ (14.01)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TOP'S SUPERMARKET	15	1g	\$ (10.67)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	15	1g	\$ (254.07)	530010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STAPLES 00101956	15	1g	\$ (268.99)	530010	208205
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DOLLARTREE	20	5c	\$ (97.84)	530040	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	INT IN QUALITY OF LIF	20	5c	\$ (120.23)	530040	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	20	5c	\$ (138.75)	530040	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	ASSISTEDLIVING	19	3a1	\$ (70.75)	530040	232010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HEALTHDRIVE AUDIOLOGY	20	5c	\$ (31.00)	530040	309060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HEALTHDRIVE EYE CARE G	20	5c	\$ (288.00)	530040	309060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	ACTIVITY CONNECTION.CO	20	5i	\$ (159.95)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DOLLARTREE	20	5i	\$ (209.05)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LOWES #02910	20	5i	\$ (145.74)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MICHAELS STORES 1279	20	5i	\$ (133.57)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	OCEAN STATE 308	20	5i	\$ (72.74)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STOP & SHOP 0684	20	5i	\$ (166.68)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WALGREENS #7641	20	5i	\$ (150.00)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	20	5i	\$ (503.84)	530040	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	ASCOT CATERING	18	2a3	\$ (86.00)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BJS WHOLESALE #0193	18	2a3	\$ (44.56)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BRUEGGERS #3835	18	2a3	\$ (8.06)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DUNKIN #346839 Q35	18	2a3	\$ (42.46)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	EDIBLE ARRANGEMENTS	18	2a3	\$ (17.47)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	EINSTEIN	18	2a3	\$ (20.00)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HARD ROCK SD MJS	18	2a3	\$ (17.24)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HUDSON ST1405	18	2a3	\$ (14.30)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MAGGIE MCFLY'S	18	2a3	\$ (12.20)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MAIN STREET CAFFE	18	2a3	\$ (101.00)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MCDONALD'S F627	18	2a3	\$ 1.07	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	NEW MILL RESTAURANT	18	2a3	\$ (591.24)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	OAR AND OAK	18	2a3	\$ (19.46)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PANERA BREAD #203868	18	2a3	\$ (200.32)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PANERA BREAD #203908	18	2a3	\$ (114.09)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PARADISE PIZZA & GRILL	18	2a3	\$ (34.88)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	RAGOZZINO'S DELI & CAT	18	2a3	\$ (107.35)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SQ DAVID ALAN HOSPITA	18	2a3	\$ (934.40)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STOP & SHOP 0630	18	2a3	\$ (6.25)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STOP & SHOP 0684	18	2a3	\$ (14.84)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	THE FISH PLACE	18	2a3	\$ (118.63)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	THE FISH MARKET SD	18	2a3	\$ (268.17)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TST FLAIR RESTAURANT	18	2a3	\$ (32.57)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	VIRON RONDO OSTERIA	18	2a3	\$ (297.06)	532010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PARADISE PIZZA & GRILL	18	2a1	\$ (621.62)	532010	239015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	1-800-FLOWERS.COM,INC.	18	2a3	\$ (79.74)	532050	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	EDIBLE ARRANGEMENTS	18	2a3	\$ (111.99)	532050	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SQ LOS MARIACHIS ON W	18	2a3	\$ (750.00)	532050	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SLIDERS GRILL & BAR SO	18	2a3	\$ (33.78)	532050	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HOMEGOODS #0799	15	1g	\$ (106.34)	533010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LOWES #02910	15	1g	\$ (35.74)	533010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	THE HOME DEPOT 6235	15	1g	\$ (85.38)	533010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	15	1g	\$ (164.08)	533010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SQ SQ CHESHIRE CHAMB	16	1m13	\$ (175.00)	540990	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	INTERNATIONAL TRANSACTION	16	1m13	\$ (0.64)	560560	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PODS#59-HARTFORD	22	6a	\$ (159.47)	611020	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	INT IN WEB SCRIBBLE S	16	1m1	\$ (400.00)	617010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	ACHE - MEMBER SERVICE	16	1m8	\$ (265.00)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	NETFLIX.COM	16	1m8	\$ (18.06)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAYPAL ASSOCIATION	16	1m8	\$ (340.00)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SMK SURVEYMONKEY.COM	16	1m8	\$ (472.20)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STATE OF CT-LICENSE	16	1m8	\$ (300.00)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SXM SIRIUSXM.COM/ACCT	16	1m8	\$ (9.25)	627010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	COSTCO MEMBERSHIP FEE	16	1m9	\$ (60.00)	627040	200010

ENTITY NAME	BUSINESS UNIT	ADDRESS		SERVICE PROVIDED	PAGE	LINE	COST REPORTED	GL ACCOUNT	DEPT #
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	FREIBERG PRESS INC	16	1m9	\$ (120.00)	627040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	Hartford Business Jour	16	1m9	\$ (24.00)	627040	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HOME CARE PULSE LLC	16	1L5	\$ (399.00)	630010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HIN SEMINARS 888-461-0	16	1L5	\$ (129.00)	630030	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	IN CELTIC CONSULTING,	16	1L5	\$ (1,000.00)	630030	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LEADINGAGE CONNECTICUT	16	1L5	\$ (625.00)	630030	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	IN THE GREATER SOUTH	16	1L5	\$ (200.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LEADINGAGE ANNUAL CONF	16	1L5	\$ 745.00	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LEADINGAGE CONNECTICUT	16	1L5	\$ (915.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LEADINGAGE SPRING CONF	16	1L5	\$ (125.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAYPAL ASSOCIATION	16	1L5	\$ (170.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAYPAL CONNECTICUT	16	1L5	\$ (244.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SOUTHINGTON ROTARY TRU	16	1L5	\$ (150.00)	630030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BJS WHOLESALE #0203	16	1L3	\$ (191.22)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	CVS/PHARMACY #01060	16	1L3	\$ (224.21)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DEVINE ORCHID FLORIST	16	1L3	\$ (74.43)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DOLLAR TREE	16	1L3	\$ (32.97)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HOMEGOODS #0799	16	1L3	\$ (138.17)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	Lewis Farms	16	1L3	\$ (34.47)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MARIANNAS BELLTOPBAKER	16	1L3	\$ (15.00)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MCDONALD'S F627	16	1L3	\$ (1.07)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MICHAELS STORES 1279	16	1L3	\$ (34.51)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MOZZICATO PASTRY & BAK	16	1L3	\$ (17.18)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PANERA BREAD #203908 P	16	1L3	\$ (51.24)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAUL GREGORYS LLC	16	1L3	\$ (12.45)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PLAINVILLE BAKERY	16	1L3	\$ (208.00)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SP MANTRABAND, LLC	16	1L3	\$ (584.93)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STOP & SHOP 0684	16	1L3	\$ (6.98)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SWEET MARIA'S INC	16	1L3	\$ (528.00)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TARGET 00013730	16	1L3	\$ (4.20)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TLF NYRENS OF NEW ENGL	16	1L3	\$ (74.45)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TOWNLINE DISCOUNT WINE	16	1L3	\$ (34.00)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TST SHERMAN S TAP - S	16	1L3	\$ (25.00)	633010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	IN AWARDS OF ELEGANCE	16	1L3	\$ (166.00)	633040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	INT IN AWARDS OF ELEG	16	1L3	\$ (302.00)	633040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	MARRIOTT S DIEGO MARIN	16	1L4	\$ (3,404.10)	635010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	UNITED 01615437232776	16	1L4	\$ (30.00)	635030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	UNITED 01615447047642	16	1L4	\$ (30.00)	635030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	ANGELAS PIZZA AND DELI	18	2a3	\$ (845.52)	635040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BJS WHOLESALE #0203	18	2a3	\$ (62.42)	635040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PARADISE PIZZA & GRILL	18	2a3	\$ (1,479.12)	635040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SLICE PARADISEPIZZAGRI	18	2a3	\$ (69.71)	635040	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PP TAXIDISPATC	20	5e2	\$ (140.00)	636010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SQ SQ RELAX RIDE LLC	20	5e2	\$ (250.00)	636010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	SQU SQ SAMUEL GOSO.CO	16	1L4	\$ (12.00)	636010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	AMERICAN MEDICAL RESPO	20	5e2	\$ (753.40)	636010	409540
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PRONTO PRINTER	16	1m3	\$ (162.40)	639010	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	EIG CONSTANTCONTACT.CO	16	1m3	\$ (226.81)	639010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TOCKIFY WEB CALENDAR	16	1m3	\$ (80.00)	639010	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	THE IDEA COMPANY LL	16	1m3	\$ (284.89)	639010	202070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STAPLES 00101956	16	1m7	\$ (38.80)	641030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	USPS PO 0872420489	16	1m7	\$ (51.74)	641030	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BEST BUY 00004879	22	6a	\$ (91.42)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BEST BUY 00007609	22	6a	\$ (478.56)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	CONNECTICUT COMPUTER S	22	6a	\$ (325.40)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PAYPAL CHUTES INTL	22	6a	\$ (70.10)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	STOREFORPART HOMESTUFF	22	6a	\$ (38.41)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	THE HOME DEPOT 6235	22	6a	\$ (220.14)	645010	250030

ENTITY NAME	BUSINESS UNIT	ADDRESS		SERVICE PROVIDED	PAGE	LINE	COST REPORTED	GL ACCOUNT	DEPT #
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	TUNDRA RESTAURANT SUPP	22	6a	\$ (179.01)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	22	6a	\$ (18.02)	645010	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	BRICKS R US	20	5L	\$ (33.70)	680020	130010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	DURANTS PARTY RENTALS	20	5i	\$ (487.88)	680020	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	WAL-MART #2897	13	b7	\$ (67.21)	680020	409100
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	PODS#59-HARTFORD	22	6f	\$ (1,116.29)	720020	250030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HART HOSP PARK AOB GT	16	1m13	\$ (10.00)	729020	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HART HOSP PARK MN	16	1m13	\$ (4.00)	729020	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HTFD PARKING-METERS	16	1m13	\$ (5.30)	729020	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	LAZ PARKING 540330	16	1m13	\$ (17.00)	729020	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111	PROCUREMENT CARD	HTFD PARKING-METERS	16	1m13	\$ (4.30)	729020	200070
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		BOND AMORTIZATION	22	8B	\$ (5,770.00)	705010	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		BOND FEES	16	1m13	\$ (19,427.00)	560540	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		BOND INTEREST	26	12a1	\$ (84,953.00)	760020	200010
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PENSION EXPENSE	15	1a7	\$ (303,637.00)	511030	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		DIRECT SALARY	10	A12	\$ (325,416.00)	500090	207015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		COMMUNITY NETWORK SALARY	10	A12	\$ (145,556.00)	500005	200088
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PTO ACCRUALS	10	A12	\$ (74,447.00)	500060	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		IT ALLOCATION FRINGE	15	1a9	\$ (97,992.00)	612040	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		IT ALLOCATION	16	1m12	\$ (456,444.00)	612040	217015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PARENT LOSS ALLOCATION	16	1m12	\$ (116,117.32)	612060	217015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		SYSTEM FEE	16	1m12	\$ (694,164.00)	612010	217015
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PROPERTY INSURANCE	27	14A	\$ (16,571.00)	602020	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		AUTO INSURANCE	27	14B	\$ (3,471.00)	602040	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		H.S.A	15	1a5	\$ (96,893.00)	512020	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PAYFLEX fsa	15	1a5	\$ (3,000.00)	512025	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		HEALTH INSURANCE	15	1a5	\$ (1,128,498.00)	512010	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		DENTAL INSURANCE	15	1a5	\$ (62,214.00)	512050	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		WORKERS COMP PREMIUM	15	1a1	\$ (33,666.00)	602080	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		GROUP LIFE INSURANCE	15	1a6	\$ (10,340.00)	513010	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		WORKERS COMP CLAIMS	15	1a1	\$ (283,393.00)	512060	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		PROFESSIONAL LIAB INSURANCE	27	14c1	\$ (35,281.00)	600010	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		GENERAL INSURANCE	27	14c1	\$ (823.00)	602010	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		D&O INSURANCE	27	14c1	\$ (13,448.00)	602050	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		EXCESS INSURANCE	27	14c3	\$ (7,973.00)	602030	207060
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		LONG TERM DISABILITY	15	1a2	\$ (54,927.00)	514010	205030
Hartford Healthcare (HHC)	30100	181 Patricia M. Genova Dr., Newington, CT 06111		FICA	15	1a4	\$ (793,332.00)	510010	205030
HHC MEDICAL GROUP	40100			AP PASSTHRU	22	6a	\$ (95.00)	645010	250030
HHC MEDICAL GROUP	40100			AP PASSTHRU	22	6f	\$ (2,204.59)	645100	250030
HHC MEDICAL GROUP	40100			PAYROLL	10		\$ (332.64)	500005	
INTEGRATED CARE PARTNERS	40200	1290 Silas Deane Highway, Wethersfield, CT 06109		CONGESTED HEART FAILURE	15	1g	\$ (123.78)	530010	309020
NETWORK	50200	181 Patricia M. Genova Dr., Newington, CT 06111		MANAGEMENT FEES	20	5L	\$ (21,000.00)	690090	409510
NETWORK	50200	181 Patricia M. Genova Dr., Newington, CT 06111		THERAPISTS	13	b5	\$ (846.11)	690090	409510
Mulberry Gardens (MG)	50420	50 Mulberry St., Plantsville, CT 06479		PAYROLL	10		\$ (6,148.74)	500005	
Mulberry Gardens (MG)	50420	50 Mulberry St., Plantsville, CT 06479		AP PASSTHRU	16	1m3	\$ (900.00)	639010	202070
Mulberry Gardens (MG)	50420	50 Mulberry St., Plantsville, CT 06479		AP PASSTHRU	16	1m3	\$ (900.00)	639010	202070
Mulberry Gardens (MG)	50420	50 Mulberry St., Plantsville, CT 06479		AP PASSTHRU	16	1m3	\$ (138.85)	639010	202070
The Orchards at Southington (OAS)	50430	34 Hobart St., Southington, CT 06489		AP EXPENSE PASSTHRU	16	1m3	\$ (3,681.49)	639010	202070
Jerome Home		975 Corbin Avenue, New Britain, CT 06052		JEROME PT'S AND OT'S WORKING AT SCC	13	b5a	\$ (162.47)	610010	409510

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2020	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 9/30/2020		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 9/30/2020	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) PO BOX 27200, West Hartford, CT 06127-2000
--	---

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report preparation	\$ 7,080
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 7,080

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Michalik, Bauer, Silva & Ciccarillo LLP 2 Wiggin & Dana LLP 3 4 5	Telephone Number 860-225-8403 203-498-4400
---	--

Address (*No. & Street, City, State, Zip Code*)  
 1 35 Pearl St. Suite 300, New Britain, CT 06051  
 2 PO Box 1832, New Haven, CT 06508-1832  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Collections- disallowed	\$ 2,055
2 Professional services (mngmnt company)- disallowed	\$ 7,254
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 9,309

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 9/30/2020				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130						
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	122	122			122	122						
B. As of midnight of THIS report period	105	105							105	105		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,366	6,366			5,309	5,309			1,057	1,057		
B. Medicaid (Conn.)	21,345	21,345			16,241	16,241			5,104	5,104		
C. Medicaid (other states)												
D. Private Pay	8,387	8,387			6,326	6,326			2,061	2,061		
E. State SSI for RCH												
F. Other (Specify) managed care, managed medical	4,636	4,636			3,648	3,648			988	988		
G. Total Care Days During Period (3A thru F)	40,734	40,734			31,524	31,524			9,210	9,210		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	10	10			10	10						
B. Other Bed Reserve Days	85	85			72	72			13	13		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	40,829	40,829			31,606	31,606			9,223	9,223		

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

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2020			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	16		53		36								
Per Diem Rate													
a. One bed rm.	PDM		258.84		600.00								
b. Two bed rms.	PDM				565.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	Other					
A. Medicare - Part B					3,668	1,164		2,504					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					27	27							
2. Restorative Treatments													
C. Other					25,441	22,106		3,335					
<b>D. Total Physical Therapy Treatments</b>					29,136	23,297		5,839					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					280	223		57					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					1,326	1,312		14					
<b>D. Total Speech Therapy Treatments</b>					1,606	1,535		71					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					931	880		51					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					35	35							
2. Restorative Treatments													
C. Other					21,521	21,380		141					
<b>D. Total Occupational Therapy Treatments</b>					22,487	22,295		192					

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2020	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)	171,616	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	712,197	28,545				
5. Dietary Service						
a. Head Dietitian	94,587	2,332				
b. Food Service Supervisor						
c. Dietary Workers	509,657	29,407				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	285,809	18,882			40,297	2,662
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,791	1,268			8,430	179
b. Other Maintenance Workers	87,057	4,005			12,274	565
8. Laundry Service						
a. Supervisor	29,410	624				
b. Other Laundry Workers	129,769	7,594				
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	206,956	4,163				
b. RN						
1. Direct Care	1,446,646	40,886				
2. Administrative**	314,848	7,151				
c. LPN						
1. Direct Care	1,075,048	35,135				
2. Administrative**	246,131	6,441				
d. Aides and Attendants	2,390,423	141,302				
e. Physical Therapists	602,246	16,233			150,943	4,069
f. Speech Therapists	52,304	1,220			2,419	56
g. Occupational Therapists	416,921	11,018			3,590	95
h. Recreation Workers	175,432	8,102				
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	204,439	5,861				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	472,849	6,544			1,058,582	27,211
A-13. Total Salary Expenditures	9,684,136	378,804			1,276,535	34,837

\* 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	\$ 83,867	3,988				
PTO ACCRUAL FRINGE BENEFITS	\$ 63,566	2,556			\$ 10,881	167
SALARY AND WAGES SCC MGMT GRP					\$ 898,980	20,754
SALARY AND WAGES COMMUNITY NETWORK ADMIN					\$ 145,556	1,173
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION	\$ 325,416	-			\$ -	4,990
SALARY RECLASS COVID					\$ 3,165	127
*self disallowed						
<b>Total</b>	\$ 472,849	6,544	\$ -	-	\$ 1,058,582	27,211

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
CT REHAB AND SPASTICITY - DISALLOWED	\$ 10,000	30				
*self disallowed						
<b>Total</b>	\$ 10,000	30	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Southington Care Center				2060-C	9/30/2020				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	9/30/2020			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	171,616			Non-discriminatory	Administrator-Management of facility	2,091	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	9/30/2020	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	11,897	134				
3. Pharmacist	11,850	296				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	806	19			202	5
b. Other						
6. Social Worker						
7. Recreation Worker	34,940	1,247				
8. Physicians						
a. Medical Director (entire facility)	51,500	515				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	6,538	28			302	1
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	10,000	30				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>127,531</b>	<b>2,269</b>			<b>504</b>	<b>6</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 9/30/2020	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"/>			

\* 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	9/30/2020	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 69,490	61,397		8,093
2. Disability Insurance	\$ 54,927	48,530		6,397
3. Unemployment Insurance	\$ 103,031	91,031		12,000
4. Social Security (F.I.C.A.)	\$ 793,332	700,937		92,395
5. Health Insurance	\$ 1,285,995	919,661		366,334
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 10,340	9,136		1,204
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 252,934	223,476		29,458
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 224,166	223,906		260
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 32,324	32,324		
d. Accounting and Auditing	\$ 7,080	7,080		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 9,309	2,055		7,254
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 32,667	26,265		6,402
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,765	7,098		13,667
2. Cellular Phones	\$ 8,212	3,382		4,830
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	\$ 4,494	4,494		
3. Resident Day User Fee	\$ 645,503	645,503		
<b>Subtotal</b>	\$ 3,554,569	3,006,275		548,294

\* 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 EMPLOYEE HEALTH	\$ 1,969		\$ 260
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS	\$ 89,916		\$ -
IT ALLOCATIONS FRINGE BENEFITS	\$ 97,992		\$ -
PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH	\$ 28,898		\$ -
RESTRICTED EMPLOYEE ASSISTANCE	\$ 5,131		
*these are all self disallowed			
<b>Total</b>	\$ 223,906	\$ -	\$ 260

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
FEDERAL INCOME TAX EXPENSE	\$ 1,285		
STATE INCOME TAX EXPENSE	\$ 500		
FEDERAL INCOME TAX EXPENSE	\$ 2,176		
STATE INCOME TAX EXPENSE	\$ 533		
*all self disallowed			
<b>Total</b>	\$ 4,494	\$ -	\$ -

**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	9/30/2020		16	37
Item	Total	CCNH	RHNS	Other	
<b>Subtotals Brought Forward:</b>	3,554,569	3,006,275		548,294	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,426	1,426			
3. Gifts to Staff and Residents	\$ 13,000	8,978		4,022	
4. Employee Travel	\$ 13,524	1,964		11,560	
5. Education Expenses Related to Seminars and Conventions	\$ 12,733	9,878		2,855	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,215	1,215			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 400	400			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 19,794	19,723		71	
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	\$ 15,635	15,048		587	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 30,401	17,918		12,483	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 5,083	4,384		699	
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> )	\$ 39,538	39,463		75	
12. Administrative Management Services**	\$ 1,267,451	1,267,411		40	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 170,288	157,551		12,737	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,145,057	4,551,634		593,423	

\* 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 - RESTRICTED FUNDS	\$ 162		\$ -
ADVERTISING - SCC MGMT GRP	\$ -		\$ 71
ADVERTISING MARKETING & ADVERTISING	\$ 7,274		
ADVERTISING - ADMIN	\$ (700)		
ADVERTISING - COVID	\$ 255		
PROMOTIONAL EVENTS MARKETING	\$ 376		
DONATIONS COVID	\$ (1,423)		
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING	\$ 40		
PROMOTIONAL EVENTS FUND DEPT	\$ 13,263		
DIGITAL PRINT CHARGES	\$ 65		
<i>*all self disallowed</i>			
<b>Total Other Advertising</b>	\$ 19,723	\$ -	\$ 71

Schedule of Dues

Description	CCNH	RHNS	Other
LEADING AGE DUES	\$ 15,477		\$ -
ALTCM DUES	\$ 255		
MOTION PICTURE LICENSING	\$ 1,226		
FOOD PERMIT	\$ 300		
CLIA CERTIFICATE FEE	\$ 180		
DUES AND LICENSES SCC MGMT GRP	\$ -		\$ 12,483
DUES AND LICENSES PLANT OPS	\$ 480		\$ -
<b>Total Dues</b>	\$ 17,918	\$ -	\$ 12,483

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
LEASED - OFFICE EQUIPMENT ADMIN & GENERAL	\$ 33,952		\$ -
LEASED - OFFICE EQUIPMENT SCC MGMT GRP	\$ -		\$ 4,308
LEASED - OFFICE EQUIPMENT NURSING CERTIFIED NURSING ASST	\$ 456		\$ -
LEASED - OFFICE EQUIPMENT PLANT OPERATIONS	\$ 270		\$ -
LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY	\$ 3,017		\$ 756
LEASED - IT EQUIPMENT	\$ (43)		\$ -
FREIGHT - INBOUND	\$ 6,408		\$ -
MINOR EQUIPMENT AND FURNISHING ADMIN & GENERAL	\$ 1,474		\$ -
MEDICAL MINOR EQUIP FURNISH	\$ 2,282		\$ -
MEDICAL MINOR EQUIP FURNISH	\$ 183		\$ -
LINENS AND SCRIBES	\$ 165		\$ -
MINOR EQUIPMENT AND FURNISHING CERTIFIED NURSE ASST	\$ 1,841		\$ -
MINOR IT EQUIPMENT PLANT OPS	\$ 56,117		\$ -
MINOR IT EQUIPMENT PHYSICAL THERAPY	\$ 200		\$ 50
MERCHANT FEES	\$ 36,745		\$ -
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (191)		\$ -
REBATES SUPPLY CHAIN MGMT	\$ (6,401)		\$ -
SGNS COVID	\$ 76		\$ -
LATE FEES ADMIN & GENERAL	\$ 23		\$ -
LATE FEES SCC MGMT GROUP	\$ -		\$ -
LATE FEES FINANCE ADMINISTRATION	\$ 1,048		\$ -
WIFI INTERNET	\$ -		\$ -
WIFI INTERNET	\$ 205		\$ -
RECLASS POSTING ERROR	\$ -		\$ -
MISCELLANEOUS EXPENSE SCC MGMT GRP	\$ -		\$ 1,955
MISCELLANEOUS EXPENSE ADMIN & GENERAL	\$ -		\$ -
MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (30,205)		\$ -
MISCELLANEOUS EXPENSE PLANT OPS	\$ 20		\$ -
BOND FEES ADMIN & GENERAL	\$ 19,427		\$ -
BANK FEES	\$ -		\$ -
STORAGE RENT LEASE ADMIN & GENERAL	\$ 9,011		\$ -
PURCHASED SERVICES - OTHER ADMIN & GENERAL	\$ -		\$ -
LATE FEES FRINGE BENEFITS	\$ -		\$ -
LATE FEES NURSING	\$ 1,174		\$ -
OTHER FEES	\$ 93		\$ -
OTHER FEES	\$ -		\$ 1
PARKING SCC MGMT GRP	\$ -		\$ 51
CABLE AND TV RECREATIONAL THERAPY	\$ 7,390		\$ -
CABLE AND TV RECREATIONAL THERAPY	\$ -		\$ -
RECLASS MATRIX CABLE ENTRY FROM ABOVE	\$ -		\$ -
CABLE AND TV SCC MGMT GRP	\$ -		\$ 5,756
STUDY COSTS	\$ -		\$ -
SECURITY SERVICES MGMT GRP	\$ -		\$ -
PURCHASED SERVICES - OTHER PT	\$ (1,599)		\$ (401)
PURCHASED SERVICES - OTHER OT	\$ -		\$ -
MISCELLANEOUS EXPENSE FUND DEPT	\$ -		\$ -
Internet Charges Ability Network - for Medicare - disallow	\$ -		\$ -
reclass state of ct probate fee and marshall from legal p 15	\$ -		\$ -
SPECIAL FUNCTIONS FUND DEPT	\$ -		\$ -
SPECIAL FUNCTIONS ADMIN	\$ -		\$ -
RECLASS BAHARZ CONFERENCE EXP FROM PAGE 20	\$ -		\$ -
RECLASS BAHARZ MEMBERSHIP FROM PAGE 20	\$ -		\$ -
SPONSORSHIPS SCC MGMT GRP	\$ -		\$ -
CONSULTING NURSING DIRECT MGMT	\$ -		\$ -
LATE FEES INSURANCE	\$ -		\$ -
WIFI INTERNET	\$ -		\$ -
MISCELLANEOUS EXPENSE FRINGE BENEFITS	\$ -		\$ -
PENALTIES	\$ -		\$ -
Reclass Roofing Project -reclass of Appraisal from FY 16 disallowed	\$ -		\$ -
RECLASS REPLACEMENT RESIDENT BELONGINGS FROM 6870020-2	\$ -		\$ -
REPLACEMENT OF LOST RESIDENT GLASSES	\$ 285		\$ -
MD CONFERENCE REIMBURSEMENT	\$ 975		\$ -
MY INNERVIEW - RESIDENT SURVEYS	\$ 3,457		\$ -
STANLEY SECURITY - MANAGEMENT CO	\$ -		\$ 261
VOIDED BANK CHECK AND VOIDED AP CHECK	\$ (780)		\$ -
ABILITY NETWORK	\$ 9,986		\$ -
<i>*self disallowed</i>			
<b>Total Other Administrative and General</b>	\$ 157,551	\$ -	\$ 12,737

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

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2020	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	1,267,451	Contracting & Management	p. 16 line 1m12
Morrison Community Living	531,978	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1,2,3 and 2b
Crothall Healthcare	119,460	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	9/30/2020		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 270,652	270,480			172
2.	Non-Food Supplies	\$ 54,893	54,893			
3.	Other ( <i>Specify</i> ) _____ non patient food - THIS WILL ALL BE DISALLOWED	\$ 14,141	10,436			3,705
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 206,433	206,433			
c. Other ( <i>Specify</i> ) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 546,119	542,242			3,877
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other	
F.	Resident Meals: Total no. of meals served per day:*	335	335			
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.		\$4,226
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					p30 IV1
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$14,141
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					p18 a3
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2020		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. \$	7,541	7,541		
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> )		\$	261	261		
c. Other ( <i>Specify</i> ) cleaning and laundry supplies		\$	13,729	13,729		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	21,531	21,531		
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	9/30/2020		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. \$	74,929	64,711		10,218
	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. \$	44,531	39,028		5,503
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	119,460	103,739		15,721
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omni Pharmacy	\$	342,561	342,561		
	b. Medicine Cabinet Drugs	\$	34,677	34,677		
	c. Medical and Therapeutic Supplies	\$	358,566	358,453		113
	d. Ambulance/Limousine***	\$	8,665	8,665		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	25,289	25,289		
	f. X-rays and Related Radiological Procedures***	\$	15,196	15,196		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	44,444	44,444		
	i. Recreation	\$	5,183	5,183		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	30,984	29,925		1,059
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	865,565	864,393		1,172

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

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

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

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



## Schedule of Other Resident Care

Description	CCNH	RHNS	Other
HHCNRN MANAGEMENT FEES	\$ 21,000		\$ -
REHAB OPTIMA FEES	\$ 350		\$ -
CAR SERVICE ADMIN	\$ 390		\$ -
OTHER BILLABLE MED/SURG	\$ 386		
PATIENT RELATED SUPPLIES PHYSICAL THERAPY	\$ 4,099		\$ 1,027
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH	\$ 3,666		\$ 32
PATIENT/RESIDENT RELATIONS FUND DEPT	\$ 34		\$ -
*self disallowed			
<b>Total Other Resident Care</b>	\$ 29,925	\$ -	\$ 1,059

**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 9/30/2020				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"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2020			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 173,382	148,225		25,157		
b. Heat	\$ 148,527	128,521		20,006		
c. Light & Power	\$ 92,689	76,059		16,630		
d. Water	\$ 73,111	64,077		9,034		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 52,836	46,307		6,529		
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 540,545</b>	<b>463,189</b>		<b>77,356</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 39,122	34,287		4,835		
b. Building & Building Improvements	\$ 308,563	270,434		38,129		
c. Non-Movable Equipment	\$ 3,553	3,114		439		
d. Movable Equipment	\$ 46,446	40,705		5,741		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 397,684</b>	<b>348,540</b>		<b>49,144</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,583	5,770		813		
c. Leasehold Improvements	\$ 1,960			1,960		
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 8,543</b>	<b>5,770</b>		<b>2,773</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	\$ 51,590	45,215		6,375		
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 17,018	14,915		2,103		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 474,835</b>	<b>414,440</b>		<b>60,395</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	\$ 18,726		\$ 2,640
WASTE REMOVAL OPERATION OF PLANT	\$ 25,066		\$ 3,534
STORAGE RENT/LEASE OPERATION OF PLANT	\$ 798		\$ 113
PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT	\$ 1,717		\$ 242
*items in red are self disallowed			
<b>Total Other Repairs and Maintenance</b>	\$ 46,307	\$ -	\$ 6,529

### Depreciation Schedule

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2020			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			437,835		437,835	296,022	S/L	VARIOUS	39,122				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										39,122			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			5,013,576		5,013,576	2,070,887	S/L	VARIOUS	283,496				
2. Disposals (attach schedule)			(306)		(306)								
3. Acquired during this report period (attach schedule)			739,185		739,185		S/L	VARIOUS	25,068				
B-4. Subtotal										308,564			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			50,285		50,285	44,956	S/L	VARIOUS	3,553				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										3,553			
		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						531,360		531,360	452,983	S/L	VARIOUS	39,253	
b. Disposals (attach schedule)						(5,994)		(5,994)					
c. Acquired during this report period (attach schedule)						136,329		136,329				7,193	
D-3. Subtotal													46,446
<b>E. Total Depreciation</b>													397,685

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<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
<b>Additions:</b>				
9/30/2020	Lenel Access Control Panel - 9 Doors	\$ 16,788	10	\$ 839 1758
9/30/2020	Barcode Access Control Reader	\$ 8,985	10	\$ 449 1151
9/30/2020	2nd Floor Renovation SCC	\$ 713,412	15	\$ 23,780 1151
<b>Total additions for Building Improvement</b>		\$ 739,185		\$ 25,068 *
<b>Deletions:</b>				
8/31/2020	Wallcovering dietary office	\$ (306)		
<b>Total deletions for Building Improvement</b>		\$ (306)		\$ - **

\*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>					
9/30/2020	Fox Hall Stacking Arm Chair	\$ 2,524	15	\$ 84	1151
9/30/2020	Side Mid-Back Open Arm Chair	\$ 4,458	10	\$ 223	1151
9/30/2020	Patient Recliner Chair, Wood	\$ 2,120	15	71	1151
9/30/2020	YouToo Midback Arm Chair	\$ 1,147	15	38	1151
9/30/2020	Hot Storage Tank Replacement	\$ 62,385	10	3119	1873
9/30/2020	Welch Allyn #42NTB-E1 Spot Vit	\$ 9,484	7	677	1509
9/30/2020	Welch Allyn Power Management	\$ 1,330	7	95	1509
9/30/2020	Welch Allyn #71 WT-B Connex	\$ 4,510	7	322	1509
9/30/2020	Maxi Move DPS Scale L-Height	\$ 11,581	8	724	1509
5/31/2020	Meridian Ice & Water Dispenser	\$ 6,254	10	313	1664
5/31/2020	Symphony Plus Ice & Water Disp	\$ 8,702	10	435	1664
9/30/2020	44W Rack Conveyor Dishwasher	\$ 21,833	10	1092	2042
<b>Total additions for Movable Equipmen</b>		\$ 136,329		\$ 7,193	*
<b>Deletions:</b>					
8/31/2020	SLING - T.H.E MEDICAL	\$ (253)			
8/31/2020	10 CHAIRS/STAFF DEVELOPMENT	\$ (750)			
8/31/2020	(3) 32" TV AND WALL BRACKETS	\$ (630)			
8/31/2020	3 DELUXE GALLON HAMPERS	\$ (1,186)			
8/31/2020	2 TV'S AND WALL BRACKETS	\$ (587)			
8/31/2020	6 LIFT CHAIRS	\$ (2,588)			
<b>Total deletions for Movable Equipmen</b>		\$ (5,994)		\$ -	**

\*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		9/30/2020			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. BOND PREMIUM (276310,705010)	1	2020		933,689	117,909			6,583	
2.									
3.									
B-4. Subtotal									6,583
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	1	2014	5 YEARS	119,019	117,059			1,960	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									1,960
<b>D. Total Amortization</b>									8,543

\* 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 9/30/2020	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)				
e. Amount of Principal Borrowed		7,031,283		
f. Principal balance outstanding as of 9/30/2020		7,031,283		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)		fixed		
h. Date of Refinancing		01/01/20		
i. New Interest Rate		fixed		
j. Term of Mortgage (number of years)		5		
k. Amount of Principal Borrowed		6,127,519		
l. Principal Outstanding on Note Paid-Off		7,031,283		
<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	9/30/2020			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 84,953	74,455			10,498	
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)		\$ 84,953	74,455			10,498	

(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	9/30/2020	27	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		84,953	74,455		10,498
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>	\$	84,953	74,455		10,498
14. Insurance					
a. Insurance on Property (buildings only)	\$	16,571	14,523		2,048
b. Insurance on Automobiles	\$	3,471	3,471		
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	49,552	49,552		
2. Fire and Extended Coverage	\$				
3. Other (Specify) Excess insurance	\$	7,973	7,973		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	77,567	75,519		2,048
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	18,964,338	16,922,809		2,041,529

### D. Adjustments to Statement of Expenditures

Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2020	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	\$ 153,362			153,362
2.			Salaries not related to Resident Care	\$ 61,001			61,001
3.	10	A12g	Occupational Therapy	\$ 420,511	416,921		3,590
4.			Other - See attached Schedule	\$ 1,383,998			1,383,998
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 22,401	21,897		504
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 32,324	32,324		
10.			Accounting	\$			
10a.			Legal	\$ 9,309	2,055		7,254
11.	15	1h1	Telephone	\$			
12.	15	1h2	Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 19,794	19,723		71
19.			Income Tax / Corporate Business Tax	\$ 4,494	4,494		
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 1,267,451	1,267,411		40
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 831,441	245,383		586,058
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1,2	Meals to employees, guests and others who are not residents	\$ 14,313	10,436		3,877
<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.	20	4a1,4	Housekeeping services to employees, guests and others who are not residents	\$ 15,721			15,721
Subtotal (Items 1 - 26)				\$ 4,236,120	2,020,644		2,215,476

\* 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	A120	SALARY AND WAGES SCC MGMT GRP			\$ 898,980
10	A120	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 145,556
10	A120	SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION			\$ 325,416
10	A120	PTO ACCRUAL FRINGE BENEFITS			\$ 10,881
10	A120	SALARY RECLASS COVID			\$ 3,165
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 1,383,998

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B12	CT Rehab and Spasticity	\$ 10,000		
10	B5	PURCHASED SERVICES - AFFILIATE PHYSICAL THERAPY			\$ 170
10	B5	CONSULTING PHYSICAL THERAPY			\$ 32
10	B9	CONTRACT LABOR - NON CLINICAL SPEECH THERAPY			\$ 302
10	B2	PROF FEES - PHYSICIANS PHARMACY & DENTAL	\$ 11,897		
<b>Total Other Fees Adjustments</b>			\$ 21,897	\$ -	\$ 504

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	MEDICAL WORKER'S COMPENSATION FRINGE BENEFITS			\$ 33,005
15	1a1	IBNR W/C			\$ (28,833)
15	1a1	WORKERS COMP PREMIUM FRINGE BENEFITS			\$ 3,921
15	1a2	LONG TERM DISABILITY INS FRINGE BENEFITS			\$ 6,397
15	1a3	UNEMPLOYMENT COMPENSATION FRINGE BENEFITS			\$ 12,000
15	1a4	EMPLOYER FICA TAXES FRINGE BENEFITS			\$ 92,395
15	1a5	FRINGE ALLOCATION SCC MGMT GRP			\$ 245,107
15	1a5	FRINGE ALLOCATION ADMIN			\$ (112)
15	1a5	FRINGE ALLOCATION			\$ (28,933)
15	1a5	FRINGE ALLOCATION			\$ (12)
15	1a5	FRINGE ALLOCATION			\$ 103
15	1a5	FRINGE ALLOCATION			\$ (130)
15	1a5	HEALTH INSURANCE FRINGE BENEFITS			\$ 131,431
15	1a5	HAS ER CONTRIBUTION			\$ 11,285
15	1a5	PSA OVER 65 ER CONTRIBUTION			\$ 349
15	1a5	DENTAL INSURANCE FRINGE BENEFITS			\$ 7,246
15	1a6	GROUP LIFE INSURANCE FRINGE BENEFITS			\$ 1,204
15	1a7	401(K) EMPLOYER MATCH FRINGE BENEFITS			\$ 35,363
15	1a7	FORFEITURES RETIREMENT PLANS			\$ (5,890)
15	1a7	ER 403B TRANSITION CONTRIBUTIONS			\$ (15)
15	1a9	SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS	\$ 89,916		\$ -
15	1a9	IT ALLOCATIONS FRINGE BENEFITS	\$ 97,992		\$ -
15	1a9	PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH	\$ 28,898		\$ -
15	1a9	BACKGROUND VERIFICATIONS EMPLOYEE HEALTH			\$ 260
15	1g	MINOR EQUIPMENT AND FURNISHING OPERATION OF PLAN	\$ 2,650		\$ -
16	1L3	EMPLOYEE EVENT/STAFF RECOGNITION ADMIN & GENERAL			\$ 31
16	1L3	EMPLOYEE EVENT/STAFF RECOGNITION FUND DEPT	\$ 4,599		\$ -
16	1L3	GIFTS AND AWARDS MGMT GRP			\$ 3,991
16	1L3	GIFTS AND AWARDS FUND DEPT	\$ 2,500		\$ -
16	1L4	TRAVEL TRANSPORTATION - GROUND SCC MGMT GRP			\$ 7,877
16	1L4	TRAVEL TRANSPORTATION - SPEECH			\$ 16
16	1L4	MEALS/ENTERTAINMENT MANAGEMENT			\$ 129
16	1L4	CAR SERVICE SCC MGMT GRP			\$ 74
16	1L4	LODGING - SCC MGMT GRP			\$ 3,404
16	1L4	AIRFARE SCC MGMT GRP			\$ 60
16	1L5	STAFF DEVELOPMENT SCC MGMT GRP			\$ 2,456
16	1L5	TRAINING MATERIAL AND BOOKS FUND DEPT	\$ 692		\$ -
16	1L5	TRAINING MATERIAL AND BOOKS MGMT GRP			\$ 399
16	1L7	POSTAGE SCC MGMT GRP			\$ 587
16	1M8	DUES AND LICENSES SCC MGMT GRP			\$ 12,483
16	1M9	SUBSCRIPTIONS MGMT GRP			\$ 699
16	1M11	CONTRACT LABOR - NON CLINICAL ADMIN	\$ 28,391		\$ -
16	1M11	MAINT & REPAIR - EQUIPMENT SCC MGMT GRP			\$ 75
16	1L13	LATE FEES ADMIN & GENERAL	\$ 23		\$ -
16	1L13	LATE FEES FINANCE ADMINISTRATION	\$ 1,048		\$ -
16	1L13	MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (30,205)		\$ -
16	1L13	MISCELLANEOUS EXPENSE PLANT OPS	\$ 20		\$ -
16	1L13	REPLACEMENT OF LOST RESIDENT GLASSES	\$ 285		\$ -
16	1L13	MY INNERVIEW - RESIDENT SURVEYS	\$ 3,457		\$ 51
16	1L13	ABILITY NETWORK	\$ 9,986		\$ -
16	1L13	STANLEY SECURITY - MANAGEMENT CO			\$ 261
15	1a9	RESTRICTED EMPLOYEE ASSISTANCE	\$ 5,131		\$ -
15	1g	GENERAL OFFICE SUPPLIES SCC MGMT GRP			\$ 6,077
15	1g	MINOR EQUIPMENT AND FURNISHING MANAGEMENT			\$ 229
15	1h1	TELEPHONE/MOBILE DEVICES SCC MGMT GRP			\$ 13,667
15	1h2	VERIZON MANAGEMENT CO			\$ 4,830
16	1m13	LEASED - OFFICE EQUIPMENT SCC MGMT GRP			\$ 4,308
16	1m13	LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY			\$ 756
16	1m13	MINOR IT EQUIPMENT PHYSICAL THERAPY			\$ 50
16	1m13	MISCELLANEOUS EXPENSE SCC MGMT GRP			\$ 1,955
16	1m13	OTHER FEES			\$ 1
16	1m13	CABLE AND TV SCC MGMT GRP			\$ 5,756
16	1m13	PURCHASED SERVICES - OTHER PT			\$ (401)
15	1g	GENERAL OFFICE SUPPLIES PHYSICAL THERAPY			\$ 96
<b>Total Other A&amp;G Adjustments</b>			\$ 245,383	\$ -	\$ 586,058

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 4,236,120	2,020,644		2,215,476
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 342,561	342,561		
28.	20	5d	Ambulance/Limousine	\$ 8,665	8,665		
29.	20	5f	X-rays, etc	\$ 15,196	15,196		
30.	20	5h	Laboratory	\$ 44,444	44,444		
31.	20	5c	Medical Supplies	\$ 113			113
32.	20	5e2	Oxygen (non emergency)	\$ 25,289	25,289		
33.			Occupational Therapy	\$ 3,698	3,666		32
34.			Other - See Attached Schedule	\$ 29,995	28,968		1,027
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,1	Unallowable Property and Real Estate Taxes	\$ 8,478			8,478
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 140,303	532		139,771
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 2,048			2,048
<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	\$ 2,580,873	1,642,286		938,587
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 7,437,783	4,132,251		3,305,532

\*\*\* 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	5c	PATIENT RELATED SUPPLIES FUND DEPT	\$ 1,449		
20	5c	ABILITY NETWORK	\$ 5,745		
20	5L	HHCRN MANAGEMENT FEES	\$ 21,000		\$ -
20	5L	REHAB OPTIMA FEES	\$ 350		\$ -
20	5L	CAR SERVICE ADMIN	\$ 390		\$ -
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT	\$ 34		\$ -
20	5L	PATIENT RELATED SUPPLIES PHYSICAL THERAPY			\$ 1,027
<b>Total Other Ancillary Costs</b>			<b>\$ 28,968</b>	<b>\$ -</b>	<b>\$ 1,027</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6a	MAINT & REPAIR BUILDING PLANT OPERATIONS			\$ 13,115
22	6a	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 3,617
22	6a	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 3,138
22	6a	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 412
22	6a	GENERAL MAINTENANCE OPERATION OF PLANT			\$ 390
22	6a	MAINT & REPAIR CLINICAL EQUIP - PLANT OPERATIONS			\$ 12
22	6a	MAINT & REPAIR IT EQUIP MANAGEMENT			\$ 4,330
22	6a	MAINT & REPAIR IT EQUIP PLANT OPS			\$ 8
22	6a	MAINT & REPAIR IT EQUIP ADMIN			\$ 130
22	6a	MAINT & REPAIR - EQUIPMENT OT			\$ 5
22	6a	MAINT & REPAIR - EQUIPMENT OT	\$ 532		
22	6b	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 18,120
22	6b	NATURAL GAS/PROPANE/THERMAL SCC MGMT GRP			\$ 1,886
22	6c	ELECTRIC OPERATION OF PLANT			\$ 10,724
22	6c	ELECTRIC SCC MGMT GRP			\$ 5,906
22	6d	WATER OPERATION OF PLANT			\$ 5,129
22	6d	SEWER OPERATION OF PLANT			\$ 3,905
22	6f	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 2,640
22	6f	WASTE REMOVAL OPERATION OF PLANT			\$ 3,534
22	6f	STORAGE RENT/LEASE OPERATION OF PLANT			\$ 113
22	6f	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 242

22	7a	DEP EXP - LAND IMPROVEMENTS ADMIN & GENERAL			\$ 3,067
22	7a	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 1,768
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			\$ 19,577
22	7c	RECLASS NON-MOV EQPT 703150-250030 FROM 7D			\$ 439
22	7d	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 3,739
22	7d	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 116
22	7d	DEP EXP - EQUIPMENT SCC MGMT GRP			\$ -
22	7d	DEP EXP - EQUIPMENT ENVIRONMENTAL SERVICES GENERAL			\$ 41
22	7d	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,324
22	7d	DEPT EXP - EQUIPMENT NURSING			\$ 225
22	7d	DEP EXP - EQUIPMENT NURSING CERTIFIED NURSING ASST			\$ 127
22	7d	DEP EXP - EQUIPMENT PHYSICAL THERAPY			\$ 169
22	8b	AMTZ - BOND ADMIN & GENERAL			\$ 813
22	8c	DEP EXP - LEASHOLD IMPRV SCC MGMT GRP			\$ 1,960
26	12a1	INTEREST EXP ON BONDS ADMIN & GENERAL			\$ 10,498
<b>Total Other Property Adjustments</b>			\$ 532	\$ -	\$ 139,771



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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	TRANSPORTATION REVENUE CLIENT/FACILITY	\$ 5,841		
30	IV8	SERVICES TO AFFILIATES			\$ 553,942
30	IV8	MISC OTHER OPERATING INCOME	\$ 502,924		
30	IV8	MISC OTHER OPERATING INCOME COVID	\$ 1,043,962		
30	IV8	MISC OTHER OPERATING INCOME	\$ 89,559		
30	IV8	RENTAL AFFILIATE			\$ 22,800
30	IV8	GRANT INCOME RELEASED			\$ 59,794
30	IV8	GRANT INCOME RELEASED			\$ 8,888
30	IV8	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 1,538
30	IV8	OTHER NON OPERATING			\$ (54,820)
30	IV8	INVESTMENT INC - OPERATIONAL			\$ 120,000
30	IV8	INVESTMENT INC - ENDOWMENT			\$ (120,000)
30	IV8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ 346,445
<b>Total Other Adjustments</b>			\$ 1,642,286	\$ -	\$ 938,587

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other

<b>Total Unallowable Building Interest</b>			\$	-	\$
				-	\$
					-

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## Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2020			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> )	\$ 11,402,275	11,402,275				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,867,134)	(5,867,134)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,510,985	3,510,985				
b. Medicare Room and Board Contractual Allowance **	\$ 155,543	155,543				
4. a. Private-Pay Residents and Other	\$ 7,471,447	7,471,447				
b. Private-Pay Room and Board Contractual Allowance **	\$ (191,520)	(191,520)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 203,475	203,475				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (203,475)	(203,475)				
c. Prescription Drugs - Non-Medicare	\$ 167,224	167,224				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (167,224)	(167,224)				
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	\$ 586,604	504,424		82,180		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (477,965)	(465,752)		(12,213)		
c. Physical Therapy - Non-Medicare	\$ 462,664	374,917		87,747		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (364,863)	(350,845)		(14,018)		
4. a. Speech Therapy - Medicare	\$ 73,843	68,995		4,848		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (47,945)	(47,928)		(17)		
c. Speech Therapy - Non-Medicare	\$ 47,194	46,094		1,100		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (37,068)	(36,909)		(159)		
5. a. Occupational Therapy - Medicare	\$ 528,621	527,342		1,279		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (504,785)	(504,694)		(91)		
c. Occupational Therapy - Non-Medicare	\$ 387,540	381,851		5,689		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (400,875)	(377,095)		(23,780)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 1,900	1,900				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (2)	(2)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 16,736,459	16,603,894		132,565		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 4,226	4,226				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 2,616,930	1,678,343		938,587		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,621,156	1,682,569		938,587		
<b>VI. Total All Revenue</b> (III +V)	\$ 19,357,615	18,286,463		1,071,152		

\* 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	IP LAB SERVICES MEDICARE B	\$ 1,900		
30	IP LAB SERVICES MEDICARE	\$ 7,166		
30	IP LAB SERVICES PROF CA MEDICARE B	\$ -		
30	IP LAB SERVICES PROF CA MEDICARE	\$ (7,166)		
30	IP RADIOLOGY SERVICES MEDICARE	\$ 7,534		
30	IP RADIOLOGY SERV PROF CA MEDICARE	\$ (7,534)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 1,900	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	Other
30	IP LAB SERVICES MGD MEDICARE	\$ 5,030		
30	IP LAB SERVICES AETNA	\$ 87		
30	IP LAB SERVICES ANTHEM	\$ 141		
30	IP LAB SERVICES CIGNA	\$ 56		
30	IP LAB SERVICES CONNECTICARE	\$ 31		
30	IP LAB SERVICES OTHER MANAGED CARE	\$ 21		
30	IP OTHER SERVICES OTHER MANAGED CARE	\$ 108		
30	IP RADIOLOGY SERVICES AETNA	\$ 484		
30	IP RADIOLOGY SERVICES CONNECTICARE	\$ 75		
30	IP RADIOLOGY SERVICES OTHER MANAGED CARE	\$ -		
30	IP RADIOLOGY SERVICES ANTHEM	\$ 455		
30	IP RADIOLOGY SERVICES CIGNA	\$ 224		
30	IP RADIOLOGY SERVICES UNITED/OXFORD	\$ -		
30	IP LAB SERVICES PROF CA MANAGED MEDICARE	\$ (5,367)		
30	IP OTHER SERV PROF CA OTHER MANAGED CARE	\$ -		
30	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	\$ (7,160)		
30	OP OTHER SERVICES SELF PAY FITNESS CENTER	\$ -		
30	IP RADIOLOGY SERVICES MANAGED MEDICARE	\$ 5,921		
30	IP LAB SERVICES PROF CA CIGNA	\$ -		
30	IP LAB SERVICES PROF CA OTHER MANAGED CARE	\$ (108)		
30	IP RADIOLOGY SERV PROF CA AETNA	\$ -		
30				
<b>Total Other Resident Revenue</b>		\$ (2)	\$ -	\$ -

## Interest Income

## Account

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

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30	TRANSPORTATION REVENUE CLIENT/FACILITY	\$ 5,841		
30	CONTRIBUTIONS OPERATIONAL	\$ 1,133		
30	SERVICES TO AFFILIATES			\$ 553,942
30	MISC OTHER OPERATING INCOME	\$ 502,924		
30	MISC OTHER OPERATING INCOME COVID	\$ 1,043,962		
30	MISC OTHER OPERATING INCOME	\$ 89,559		
30	RENTAL AFFILIATE			\$ 22,800
30	GRANT INCOME RELEASED			\$ 59,794
30	GRANT INCOME RELEASED			\$ 8,888
30	INCOME FROM RESTRICTED FUNDS	\$ 34,924		
30	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 1,538
30	OTHER NON OPERATING			\$ (54,820)
30	INVESTMENT INC - OPERATIONAL			\$ 120,000
30	INVESTMENT INC - ENDOWMENT			\$ (120,000)
30	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ 346,445
<b>Total Other Revenue</b>		\$ 1,678,343	\$ -	\$ 938,587

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,580,960
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,192,157
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	38,704
4. Inventories			\$	42,472
5. Prepaid Expenses			\$	51,840
a. _____				
b. _____				
c. _____				
d. See Schedule		51,840		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,097,375
_____				
_____				
See Schedule		1,097,375		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,003,508</b>
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	437,835	\$	102,691
	Accum. Depreciation	335,144 Net		
3. Buildings	*Historical Cost	5,752,455	\$	3,373,004
	Accum. Depreciation	2,379,451 Net		
4. Leasehold Improvements	*Historical Cost	119,019	\$	
	Accum. Depreciation	119,019 Net		
5. Non-Movable Equipment	*Historical Cost	50,285	\$	1,776
	Accum. Depreciation	48,509 Net		
6. Movable Equipment	*Historical Cost	661,695	\$	162,266
	Accum. Depreciation	499,429 Net		
7. Motor Vehicles	*Historical Cost	42,230	\$	
	Accum. Depreciation	42,230 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>4,449,737</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	NATIONAL RESEARCH	\$ 384
31	A5	MORRISON	\$ 39,642
31	A5	WELLS FARGO OCT AND NOV	\$ 63
31	A5	LEADING AGE DUES	\$ 3,946
31	A5	VARIANCE TO LEDGER	\$ 5
<b>Total Prepaid Expenses</b>			<b>\$ 51,840</b>

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

Page Ref	Line Ref	Description	
31	A8	ST LOAN RECEIVABLE - AFFILIATE	\$ 1,000,000
31	A8	DUE AFFILIATE GENERAL CONTROL	\$ (744,126)
31	A8	DUE AFFILIATE ACCTS PAYABLE CONTROL	\$ (122,985)
31	A8	DUE AFFILIATE PAYROLL CONTROL	\$ 72,826
31	A8	DUE AFFILIATE BOND BILLING CONTROL	\$ (15,682)
31	A8	DUE AFFILIATE SYSTEM ALLOCATION CONTROL	\$ 907,664
31	A8	DUE AFFILIATE INVENTORY CONTROL	\$ (322)
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 1,097,375</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
31	B9	LT UNREST INT IN ENDOWMENT LLC	\$ 4,226,671
31	B9	ASSETS HELD IN TRUST BY OTHERS	\$ 5,194
31	B9	LT WORKERS COMP GROSS UP	\$ 126,817
<b>Total Other Assets</b>			<b>\$ 4,358,682</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	A12	DEFERRED REVENUES	\$ 324,846
33	A12	ACCRUED REAL ESTATE TAXES	\$ 14,050
33	A12	ACCRUED PERSONAL PROPERTY TAX	\$ 3,952
33	A12	UNCLAIMED WAGES	\$ (1,720)
33	A12	UNCLAIMED CHECKS	\$ 412
33	A12	DEFERRED GRANTS	\$ 352,223
33	A12	ACCRUED EXPENSES	\$ 856,263
33	A12	ACCRUED STATE PROVIDER TAX	\$ 155,107
33	A12	ACCRUED SEVERANCE	\$ 51,612
33	A12	GENERAL RESERVE	\$ 76,136
33	A12	FLEX SPENDING ACCOUNT (FSA)	\$ 3,410
33	A12	PENSION TRANSITION	\$ 18
33	A12	ER 401K MATCH TRUE UP	\$ 1,927
33	A12	ER 401K MATCH STATIC ACCRUAL	\$ 13,873
33	A12	RETIREMENT FORTUITURES	\$ (57,458)
33	A12	CP WC IBNR	\$ 68,163
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,862,814</b>

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

Page Ref	Line Ref	Description	
34	B4	LT PORTION - WORKERS COMP LIAB	\$ 126,817
34	B4	LT WC IBNR	\$ 252,385
34	B4	ACCRUED DEFINED CONTRIBUTION	\$ (160)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 379,042</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2020	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	8,453,245
<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> )			\$	4,358,682
_____				
See Schedule				
			4,358,682	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	4,358,682
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	12,811,927

\* 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	9/30/2020	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	86,819
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> )				\$	721,357
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> )				\$	1,862,814
_____					
_____					
_____					
See Schedule				1,862,814	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>2,670,990</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 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,670,990	
<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> )				\$	6,891,839
Name and Address of Lender	Amount	Loan Date			
Hartford Healthcare	6,891,839				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	379,042
_____					
_____					
See Schedule					379,042
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	7,277,778
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	9,948,768

**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	9/30/2020	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			\$	68,114
6. Total Reserves			\$	68,114
<b>B. Net Worth</b>				
1. Owner's Capital			\$	2,401,768
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	393,277
7. Total Net Worth			\$	2,795,045
<b>C. Total Reserves and Net Worth</b>			\$	2,863,159
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	12,811,927

### H. Changes in Total Net Worth

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	2,463,172
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,357,615
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,964,338
D. Net Income or Deficit			\$	393,277
E. Balance			\$	2,856,449
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
UR TRANSFERS FROM AFFILIATES				12,806
TR NA RELEASE FR, REST - OPS				(34,924)
TR CONTRIBUTIONS				28,829
2. Other <i>(itemize)</i>				(1)
F-3. Total Additions			\$	6,710
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>			\$	2,863,159
				09/30/20

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2020	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			203-598-4152	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Mary Coviello			203-598-4152	
Contact Email Address				
mary.coviello@hhchealth.org				