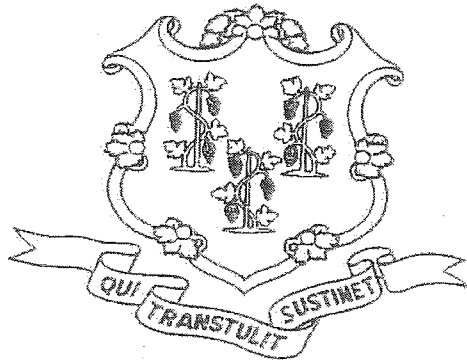


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) AVERY HEIGHTS	
Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

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

Medicaid Provider Numbers:	CCNH 7500	RHNS 90795	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2022	1	37


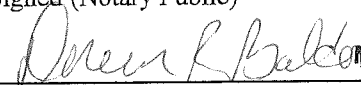
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for AVERY HEIGHTS [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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
		1-31-23			
Printed Name (Administrator)			Printed Name (Owner)		
WILLIAM THOMPSON					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		
	CT	1-31-23			
Address of Notary Public			DOREEN B. BLANDONI NOTARY PUBLIC State of Connecticut Commission Expires March 31, 2025		
41 Kimberly Lane Waterbury, CT 06795					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility AVERY HEIGHTS	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106				
Report Prepared By MICHELLE PASCETTA	Phone Number (860) 527-9126 x518	Date 1/31/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility (860) 527-9126		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) AVERY HEIGHTS		Address (No. & Street, City, State, Zip) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106		
License Numbers:	CCNH 750-C	RHNS 79RH	(Specify)	Medicare Provider No. 07-5063
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator WILLIAM THOMPSON		Nursing Home Administrator's License No.:	001347	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



BOARD OF DIRECTORS AND OFFICERS
2022-2023

OFFICERS AND DIRECTORS

David E. Canuel, Chairman

Res: 330 Norfolk Rd. (860) 985-0203
Litchfield, CT 06759

Thomas P. Kelley, Vice Chairman

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

Patrick J. Gilland, President/CEO

Bus: Church Homes, Inc. (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 235 Carriage Drive (203) 598-7684
Middlebury, CT 06762

Kenneth H. McGovern

Bus: President/Founder
KMR Executive Search LLC,
71 Raymond Road
Suite 220A
West Hartford, CT 06107
Res: 243 Steele Road
Apt. 434
West Hartford, CT 06117 (860)-558-8291

P. Wayne Moore

Bus: Deputy Chief Investment Officer
City of Hartford
Res: 3 Buckingham Lane
West Hartford, CT 06117 (860) 985-4456

DIRECTORS

Margaret A. Golas

Res: P.O. Box 949
Clinton, CT 06413

Mercedese E. Large

Res: 39 Timberwood Road (860)-306-2388
West Hartford, CT 06117 (860)-305-0099 (c)

Cynthia W. Shahan, Ph.D.

Bus: President
Shahan Consulting (203)-592-9391
1751 Meriden Road
Wolcott, CT 06716
Res: 1751 Meriden Road
Wolcott, CT 06716 (203)-879-9154

Cynthia J. Martinez, CPA

Bus: Executive Finance Director
NAFI Connecticut, Inc.
Res: 185 Main Street, Suite C
Farmington, CT 06032 (860)559-6815

Peter B. Matthews

Bus:
Res: 53 Heather Glen Road (860) 478-6187
Glastonbury, CT 06033

Larry C. Brown

Res: 1859 Hyland Creek Drive
Charlottesville, VA 22911 (860)-402-6670

DIRECTORS AND OFFICERS 2022-2023 (cont'd)

OFFICERS

William Pond

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
FAX: (860) 435-0636
Res: 670 West Hill Road (860)-866-6729
New Hartford, CT 06057

William Thompson

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106
FAX: (860) 525-2090
Res: 133 DiRienzo Heights (860) 418-9332
Derby, CT 06418

Doreen Baldoni

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 41 Kimberly Lane (860) 689-6276
Watertown, CT 06795

THE DIRECTORS ARE UNCOMPENSATED EXCEPT FOR
SPEE PARKING AND MEALS RECEIVED AT BOARD MEETINGS

General Information and Questionnaire Related Parties*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Management Services - See Page 17	Pg. 16, Line m12	1,113,624	1,147,165
Alliance Rehabilitation of CT, LLC	705 New Britain Avenue Hartford, CT 06106	<input checked="" type="radio"/>	<input type="radio"/>	Rehabilitation Services & Respiratory Therapy	Pg. 13 Lines B5a, B9a, B10a & B12	696,911	See Page 4a
The Heights	550 New Britain Avenue Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	Receptionist Services	Pg. 16, Line m11	130,471	130,471
People's United Insurance Agency	Brattleboro, VT	<input checked="" type="radio"/>	<input type="radio"/>	Property Insurance with all CHI entities	Pg. 27	244,356	244,356
Church Homes, Inc. Pension Fund	217 Avery Heights, Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Pension Fund with all CHI entities	Pg. 15	340,997	340,997
		<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.

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

Effective October 1, 2021 thru July 31, 2022:

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

Symbria Rehab of CT currently services 5 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of rehab to Symbria Rehab of CT. Furthermore, Avery Heights did not receive profit-sharing or revenue of any kind from its relationship

CALTC is funded by dues and currently has 10 corporate members representing approximately 25 entities. Avery Heights pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

Effective August 1, 2022:

Symbria Rehab of CT dissolved the above joint venture relationship. Transactions with Alliance Rehab of CT are no longer be construed as related party.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022	Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
	<input type="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"/>				
					Total ***	

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

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

** Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022	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 CliftonLarsonAllen 2 3 4	Address (No. & Street, City, State, Zip Code) West Hartford, CT
--	--

Services Provided by This Firm (*describe fully*)

1 Financial audit and other accounting related services. Costs are included in the administrative management fee.	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

Yes No Page 16, Line m12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached Analysis - Page 7A 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Total Allowable Legal Fees Per Page 7A	\$	14,627
2 Legal Fees - Disallowed Per Page 7A	\$	4,868
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	19,495

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

AVERY HEIGHTS
9/30/2022

Attachment Page 7A

Ford Harrison - Charlotte, NC - (980) 282-1900

Union Contract Negotiations	14,560	A
Not LTC	<u>240</u>	D
Sub Total	<u>14,800</u>	

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

General Business	67	A
Collections	<u>4,628</u>	D
Sub Total	<u>4,695</u>	

Total Legal Fees	<u><u>19,495</u></u>	
------------------	----------------------	--

A	Allowable	14,627
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	4,868

Schedule of Resident Statistics

Name of Facility AVERY HEIGHTS	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Report for Year Ended 9/30/2002						Page 8 of 37
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30			
					Total	CCNH	RHNS (Specify)	Total	CCNH	RHNS (Specify)	
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	199	130	69		199	130	69	199	130	69	
B. On last day of THIS report period	199	130	69		199	130	69	199	130	69	
2. Number of Residents											
A. As of midnight of PREVIOUS report period	148	125	23		148	125	23	155	120	35	
B. As of midnight of THIS report period	155	120	35		155	120	35	155	120	35	
3. Total Number of Days Care Provided During Period											
A. Medicare	2,683	222	2,461		1,900	160	1,740	783	62	721	
B. Medicaid (Conn.)	45,434	44,133	1,301		33,698	32,919	779	11,736	11,214	522	
C. Medicaid (other states)											
D. Private Pay	7,056	825	6,231		5,402	658	4,744	1,654	167	1,487	
E. State SSI for RCH											
F. Other (Specify)	2,276	218	2,058		1,799	207	1,592	477	11	466	
G. Total Care Days During Period (3A thru F)	57,449	45,398	12,051		42,799	33,944	8,855	14,650	11,454	3,196	
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days											
B. Other Bed Reserve Days	81	28	53		34	28	6	47		47	
5. Total Resident Days (3G + 4A + 4B)	57,530	45,426	12,104		42,833	33,972	8,861	14,697	11,454	3,243	

Schedule of Resident Statistics (Cont'd)

Name of Facility AVERY HEIGHTS			License No. 750-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		116	4	1	21							
Per Diem Rate													
a. One bed rm.	659.59		291.77	291.77	527/310	585/527/310	n/a	n/a	n/a				
b. Two bed rms.	659.59		291.77	291.77	491/298	545/491/298	n/a	n/a	n/a				
c. Three or more bed rms.	n/a		n/a	n/a	n/a	n/a	n/a	n/a	n/a				
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,263	3,366	897		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									36	28	8		
C. Other									11,928	9,418	2,510		
D. Total Physical Therapy Treatments									16,227	12,812	3,415		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									879	694	185		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,428	1,128	300		
D. Total Speech Therapy Treatments									2,307	1,822	485		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,831	2,235	596		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									3	2	1		
C. Other									11,306	8,927	2,379		
D. Total Occupational Therapy Treatments									14,140	11,164	2,976		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
AVERY HEIGHTS	750-C	9/30/2022	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	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	170,763	1,674	45,500	446		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	235,801	8,410	62,832	2,242		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	72,346	1,673	19,354	447		
b. Other Maintenance Workers	169,497	6,985	45,343	1,869		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	169,693	2,977	45,216	793		
b. RN						
1. Direct Care	950,181	19,539	332,849	6,844		
2. Administrative**	63,896	1,543	22,383	540		
c. LPN						
1. Direct Care	1,227,259	36,333	429,908	12,728		
2. Administrative**	57,467	1,633	20,131	572		
d. Aides and Attendants	2,497,448	116,081	658,353	30,600		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	179,537	7,932	47,838	2,113		
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	111,796	3,914	29,789	1,043		
n. Marketing	82,142	1,680	21,887	448		
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	5,987,826	210,374	1,781,383	60,685		

* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	\$ 29,207	487	\$ 7,783	130	\$ -	-
Total	\$ 29,207	487	\$ 7,783	130	\$ -	-

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

Name of Facility (as licensed) AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
William Thompson	170,763	45,500	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	2,120	A.2.			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	13,174	154	3,510	41		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	232,115	4,073	61,847	1,085		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,057	103	6,943	27		
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)						
Medical Adv Board / Cardiologist Consultant	30,755	126	8,195	33		
9. Speech Therapist						
a. Resident Care	86,018	1,262	22,897	336		
b. Other						
10. Occupational Therapist						
a. Resident Care	209,804	4,489	55,904	1,196		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,926	162	9,082	56		
2. Administrative***						
b. LPN						
1. Direct Care	433,001	7,026	151,681	2,461		
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	29,207	487	7,783	130		
B-13 Total Fees Paid in Lieu of Salaries	1,086,057	17,882	327,842	5,365		

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

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

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>		
Value Health Care Services, Inc.	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehabilitation of CT	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
		<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, PC	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
Doris Jean Phillips	Medical Advancement	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Cardiology Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehabilitation of CT	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
Alliance Rehabilitation of CT	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
MAS Medical Staffing, Strategic Solutions, Value Health Care, Nurse Network, Nurse Finders	Temporary Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Brightstar, Caring Nurses, Elder Crew, Favorite HC, World Wide Staffing, Heritage, MAS Medical Staffing	Temporary Nursing - LPN	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehab of CT & Technical Gas Products	Respiratory Therapy	<input type="radio"/>	<input checked="" type="radio"/>	See Page 4a	
		<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"/>		

* 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
EVERY HEIGHTS	750-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 175,916	135,581	40,335	
2. Disability Insurance	\$ 34,114	26,292	7,822	
3. Unemployment Insurance	\$ 6,906	5,323	1,583	
4. Social Security (F.I.C.A.)	\$ 574,838	443,035	131,803	
5. Health Insurance	\$ 1,306,603	1,007,015	299,588	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,277	4,067	1,210	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 611,249	471,097	140,152	
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,108	27,058	8,050	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 108,969	86,043	22,926	
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 19,495	15,394	4,101	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 24,748	19,541	5,207	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,318	12,095	3,223	
2. Cellular Phones	\$ 21,059	16,628	4,431	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,109,204	875,833	233,371	
Subtotal	\$ 4,048,804	3,145,002	903,802	

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Assistance Program	\$ 520	\$ 155	\$ -
Personal Time Accrued	\$ (13)	\$ (4)	\$ -
Training Fund - Union	\$ 24,855	\$ 7,395	\$ -
Vaccinations	\$ 3,071	\$ 913	\$ -
Capitalized Benefits	\$ (1,375)	\$ (409)	\$ -
Total	\$ 27,058	\$ 8,050	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	4,048,804	3,145,002	903,802	
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 3,904	3,083	821	
3. Gifts to Staff and Residents	\$ 2,236	1,766	470	
4. Employee Travel	\$ 70	55	15	
5. Education Expenses Related to Seminars and Conventions	\$ 2,506	1,978	528	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 15,294	12,076	3,218	
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 11,976	9,456	2,520	
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	\$ 855	675	180	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,543	10,694	2,849	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,524	1,203	321	
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>)	\$ 239,971	189,483	50,488	
12. Administrative Management Services**	\$ 1,113,624	879,323	234,301	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 21,235	16,809	4,426	
C-14 Total Administrative & General Expenditures	\$ 5,475,542	4,271,603	1,203,939	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
All Marketing Non-Salary Expenses	\$ 9,456	\$ 2,520	\$ -
Total Other Advertising	\$ 9,456	\$ 2,520	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	10,627	2,831	-
ALTCFM	67	18	-
Total Dues	\$ 10,694	\$ 2,849	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CHEFA Administration Fee	\$ 2,090	\$ 500	\$ -
Licenses - See Below	\$ 3,881	\$ 1,037	\$ -
Pre-Employment Services	\$ 10,838	\$ 2,889	\$ -
Total Other Administrative and General	\$ 16,809	\$ 4,426	\$ -

Licenses:

CTLTCMAP	\$	350
CLIA	\$	180
MPLC	\$	684
CMS	\$	631
Hartford Health Department	\$	50
Department of Public Health	\$	205
Department of Public Safety	\$	1,440
Department of Construction	\$	240
Drug Enforcement Agency	\$	888
Emergency Services & Telecommunications	\$	250
Total Licenses	\$	<u>4,918</u>

Schedule C-1 - Management Services*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	1,113,624	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 20,113	15,881	4,232	
2. Non-Food Supplies	\$ 530	418	112	
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,040,328	1,611,054	429,274	
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,060,971	1,627,353	433,618	
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	473	373	99	
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of 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.				\$10
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				\$10
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30, IV.1
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 AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. 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.	749,928	592,147	157,781
		Amt. \$	19,805	15,638	4,167
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	296,346	233,996	62,350
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	316,151	249,634	66,517
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
AVERY HEIGHTS	750-C	9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Served	135,056	106,641	28,415	
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	40,649	32,097	8,552	
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Served	135,056	106,641	28,415	
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$	904,582	714,263	190,319	
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	945,231	746,360	198,871	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Value Health Care Service, Inc.	\$	153,808	121,448	32,360	
b. Medicine Cabinet Drugs	\$	17,815	14,067	3,748	
c. Medical and Therapeutic Supplies	\$	237,934	187,873	50,061	
d. Ambulance/Limousine***	\$	1,435	1,133	302	
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	5,331	4,210	1,121	
f. X-rays and Related Radiological Procedures***	\$	5,716	4,513	1,203	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	22,941	18,114	4,827	
i. Recreation	\$	55,653	43,944	11,709	
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	4,889	3,860	1,029	
5M. Total Resident Care Expenditures (5a - 5j)	\$	505,522	399,162	106,360	

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

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

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

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

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	(Specify)
Equipment Rental - Month-to-Month - Oxygen	\$ 9,444	\$ 2,517	\$ -
Medical and Therapeutic Supplies	\$ 102,187	\$ 27,229	\$ -
Medical and Therapeutic Supplies - Chargeable - Disallowed	\$ 682	\$ 181	\$ -
Disposable Incontinent Supplies	\$ 56,054	\$ 14,936	\$ -
Nursing Minor Equipment *	\$ 3,205	\$ 854	\$ -
Nutritional Supplements	\$ 8,776	\$ 2,339	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 2,996	\$ 798	\$ -
Resident Vaccinations - Disallowed	\$ 4,529	\$ 1,207	\$ -
Total Other Resident Care	\$ 187,873	\$ 50,061	\$ -

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physical Therapy Supplies	\$ 3,422	\$ 912	\$ -
Social Services Supplies	\$ 438	\$ 117	\$ -
Total Other Resident Care	\$ 3,860	\$ 1,029	\$ -

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg
Celtic Consulting	Torrington, CT	<input type="radio"/>	<input checked="" type="radio"/>	Clinical Consulting	13,408	3,572	16	m11
MatrixCare	Minneapolis, MN	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software Contract	42,215	11,248	16	m11
The Heights	Hartford, CT	<input checked="" type="radio"/>	<input type="radio"/>	Receptionist Services	103,021	27,450	16	m11
Strategic Solutions in Healthcare	Monroe, CT	<input type="radio"/>	<input checked="" type="radio"/>	Placement Services	21,319	5,681	16	m11
A&G Purchased Services Under \$10,000	Various	<input type="radio"/>	<input checked="" type="radio"/>	Maintenance/Data Processing/Computer Services - Personnel and Food	9,520	2,537	16	m11
Healthcare Services Group	Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Purchased Services - Personnel	1,611,054	429,274	18	2b
Healthcare Services Group	Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		233,996	62,350	19	3b
Healthcare Services Group	Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping Purchased Services	714,263	190,319	20	4b
		<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).

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2022		Page of 21A 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
Stand-by Power	Woodridge, IL	O	O		Equipment Maintenance Contract	7,987	2,137	22	6.f
Hartford Hospital	Hartford, CT	O	O		Equipment Maintenance Contract	10,748	2,875	22	6.f
Otis Elevator	Virginia Beach, VA	O	O		Elevator Service Contract	19,317	5,168	22	6.f
Brightview Acquisitions Holdings	Rockville, MD	O	O		Grounds Service	29,772	7,965	22	6.f
Connecticut Temperature Controls	Newington, CT	O	O		HVAC	9,424	2,521	22	6.f
Hartford Boiler Repair	West Hartford, CT	O	O		HVAC	8,629	2,308	22	6.f
Augustin Malaykhan	Hartford, CT	O	O		Plowing and Sanding	15,022	4,018	22	6.f
USA Town & Country Hauling	East Windsor, CT	O	O		Refuse Removal	69,310	18,541	22	6.f
Security Services of CT, Inc.	Bridgeport, CT	O	O		Security Contract	65,061	17,405	22	6.f
Maintenance Purchased Services Under \$10,000	Various	O	O		General Maintenance Services	32,965	8,813	22	6.f
		O	O						
		O	O						
		O	O						
		O	O						

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

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 3,747	2,959	788			
b. Heat	\$ 174,413	137,602	36,811			
c. Light & Power	\$ 236,095	186,266	49,829			
d. Water	\$ 169,979	134,104	35,875			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 339,986	268,235	71,751			
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 924,220	729,166	195,054			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 29,988	19,577	10,411			
b. Building & Building Improvements	\$ 228,189	168,941	59,248			
c. Non-Movable Equipment	\$ 140,300	87,234	53,066			
d. Movable Equipment	\$ 166,484	101,151	65,333			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 564,961	376,903	188,058			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,904	2,343	561			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>) Deferred Marketing	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 2,904	2,343	561			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 567,865	379,246	188,619			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment Maintenance Contract	\$ 32,668	\$ 8,738	\$ -
Refuse Removal	\$ 73,981	\$ 19,787	\$ -
Electrician Service	\$ 1,798	\$ 481	\$ -
Elevator Service Contract	\$ 23,805	\$ 6,368	\$ -
Exterminator Service	\$ 2,383	\$ 637	\$ -
Grounds Service	\$ 31,615	\$ 8,458	\$ -
Heating/Air Conditioning Service	\$ 21,902	\$ 5,859	\$ -
Plowing & Sanding	\$ 15,022	\$ 4,018	\$ -
Security Contract	\$ 65,061	\$ 17,405	\$ -
Total Other Repairs and Maintenance	\$ 268,235	\$ 71,751	\$ -

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2022 Total Depreciation</u>	<u>2022 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	31,177	0	0	0	0	0	0
- Non-CON	<u>1,331,908</u>	<u>29,988</u>	<u>29,988</u>	<u>19,577</u>	<u>10,411</u>	<u>0</u>	<u>0</u>
Totals	<u>1,363,085</u>	<u>29,988</u>	<u>29,988</u>	<u>19,577</u>	<u>10,411</u>	<u>0</u>	<u>0</u>
Building & Improvements:							
- CON	5,416,174	134,394	134,394	106,774	27,620	0	0
- Non-CON	<u>6,698,020</u>	<u>93,795</u>	<u>93,795</u>	<u>62,167</u>	<u>31,628</u>	<u>0</u>	<u>0</u>
Totals	<u>12,114,194</u>	<u>228,189</u>	<u>228,189</u>	<u>168,941</u>	<u>59,248</u>	<u>0</u>	<u>0</u>
Fixed Equipment:							
- CON	2,323,161	0	0	0	0	0	0
- Non-CON	<u>4,036,844</u>	<u>140,300</u>	<u>140,300</u>	<u>87,234</u>	<u>53,066</u>	<u>0</u>	<u>0</u>
Totals	<u>6,360,005</u>	<u>140,300</u>	<u>140,300</u>	<u>87,234</u>	<u>53,066</u>	<u>0</u>	<u>0</u>
Moveable Equipment:							
- CON	616,554	0	0	0	0	0	0
- Non-CON	<u>2,953,769</u>	<u>166,484</u>	<u>166,484</u>	<u>101,151</u>	<u>65,333</u>	<u>0</u>	<u>0</u>
Totals	<u>3,570,322</u>	<u>166,484</u>	<u>166,484</u>	<u>101,151</u>	<u>65,333</u>	<u>0</u>	<u>0</u>

Depreciation Schedule

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2022				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		1,358,644		893,686	981,768	S/L	Various	29,803	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		4,441		4,441		S/L	Various	185	
A-4. Subtotal									29,988
B. Building and Building Improvements									
1. Acquired prior to this report period		12,066,514		6,907,286	10,405,254	S/L	Various	227,341	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		47,680		47,680		S/L	Various	848	
B-4. Subtotal									228,189
C. Non-Movable Equipment									
1. Acquired prior to this report period		6,304,382		4,965,411	5,410,036	S/L	Various	136,326	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		55,623		55,623		S/L	Various	3,974	
C-4. Subtotal									140,300
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Various							Various	25,426	
b.						S/L			
c.						S/L			
d.						S/L			
2. Movable Equipment									
a. Acquired prior to this report period							Various	136,806	
b. Disposals (attach schedule)							Various		
Acquired during this report period (attach schedule)									
c. Administrative		48,768		48,768		S/L	Various	2,399	
d. Standard Resident		20,534		20,534		S/L	Various	1,853	
e. Specialized Resident						S/L	Various		

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
5/1/2022	Garden Removal/Lawn Installation	\$ 4,441	\$ 4,441	10	\$ 185
Total additions for Land Improvements		\$ 4,441	\$ 4,441		\$ 185 *
Deletions:					
Total deletions for Land Improvements		\$ -	\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
1/1/2022	Hot Water Mixing Valve	\$ 2,570	\$ 2,570	20	\$ 96
9/1/2022	Flooring Sta 1	\$ 45,110	\$ 45,110	5	\$ 752
Total additions for Building Improvements		\$ 47,680	\$ 47,680		\$ 848 *
Deletions:					
Total deletions for Building Improvements		\$ -	\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
12/1/2021	Motor For Boiler	\$ 4,995	\$ 4,995	20	\$ 208
12/1/2021	Call Bell System	\$ 43,517	\$ 43,517	10	\$ 3,626
4/1/2022	Circulating Motor	\$ 2,898	\$ 2,898	15	\$ 97
8/1/2022	Circulating Pump	\$ 2,913	\$ 2,913	15	\$ 32
9/1/2022	Steamer-wiring	\$ 1,300	\$ 1,300	10	\$ 11
Total additions for Non-Movable Equipment		\$ 55,623	\$ 55,623		\$ 3,974 *
Deletions:					
Total deletions for Non-Movable Equipment		\$ -	\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility AVERY HEIGHTS	Date of Acquisition		Length of Amortization	License No. 750-C	Report for Year Ended 9/30/2022	Basis for Computing Amortization**	Rate %	Amortization for This Year	Page 24	of 37
	Month	Year								
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Bond Issuance Costs	12	2015	14 Years		16,945	S/L	Var	2,904		
2.										
3.										
B-4. Subtotal										2,904
C. Leasehold Improvements and Other										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										2,904

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes	<input type="radio"/> No	
			If "Yes," complete Part B. If "No," complete Part C.		
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1961				
2. Date Structure Completed	1961				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	10/01/61				
5. Total Licensed Bed Capacity	199				
6. Square Footage	135,056				
7. Acquisition Cost					
a. Land	72,000				
b. Building	341,918				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		11/18/15			
c. Interest Rate for the Cost Year		2.58%			
d. Term of Mortgage (number of years)		15			
e. Amount of Principal Borrowed		5,423,429			
f. Principal balance outstanding as of 09/30/2022		2,735,559			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
AVERY HEIGHTS		750-C	9/30/2022			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 75,179	60,662	14,517		-	
Name of Lender		Rate					
Salisbury Bank and Trust		2.58%					
Address of Lender							
5 Bissell Street, Lakeville, CT 06039							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 75,179	60,662	14,517			

(Carry Subtotals forward to next page)

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.		Report for Year Ended			Page	of
AVERY HEIGHTS		750-C		9/30/2022			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				75,179	60,662	14,517		
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	75,179	60,662	14,517	
14. Insurance								
a. Insurance on Property (buildings only)				\$	171,610	135,391	36,219	
b. Insurance on Automobiles				\$	30,599	24,141	6,458	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	40,843	32,223	8,620	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	1,304	1,029	275	
See Page 27A								
14d. Total Insurance Expenditures (14a + b + c)				\$	244,356	192,784	51,572	
15. Total All Expenditures (A-13 thru C-14)				\$	20,298,145	15,729,853	4,568,292	

Schedule of Other Insurance

Description	CCNH	RHNS	(Specify)
Crime	1,029	275	-
Total Other Resident Care	\$ 1,029	\$ 275	\$ -

Annual Report of Long-Term Care Facility

CSP-28 Rev. 9/2018

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
AVERY HEIGHTS				750-C	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12.n	Salaries not related to Resident Care	\$ 104,029	82,142	21,887	
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B.10.	Occupational Therapy	\$ 265,708	209,804	55,904	
7.			Other - See attached Schedule	\$ 36,990	29,208	7,782	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ 108,969	86,043	22,926	
10.			Accounting	\$			
10a.	15	1.e	Legal	\$ 4,868	3,844	1,024	
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 19,259	15,207	4,052	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.2/3	Gifts, flowers and coffee shops	\$ 6,140	4,849	1,291	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	28b		Automobile Expense (e.g. personal use)	\$ 26,263	20,737	5,526	
18.	16	m.3	Unallowable Advertising *	\$ 11,976	9,456	2,520	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m.12	Unallowable Management Fees	\$ (28,319)	(22,361)	(5,958)	
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,707	2,182	525	
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 10	8	2	
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	29b		Housekeeping services to employees, guests and others who are not residents	\$ 900	711	189	
Subtotal (Items 1 - 26)				\$ 559,500	441,830	117,670	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 13	B.12	Respiratory Therapy	\$ 29,208	\$ 7,782	\$ -
Total Other Fees Adjustments			\$ 29,208	\$ 7,782	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.13	CHEFA Administration Fee	\$ 2,090	\$ 500	\$ -
30	IV.8	Medical Record Income	\$ 92	\$ 25	\$ -
Total Other A&G Adjustments			\$ 2,182	\$ 525	\$ -

AVERY HEIGHTS
9/30/2022

Transportation Disallowance Calculation:

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Balance</u>	<u>Allowance</u>	<u>Potentially Allowable</u>
85007400	Interdepartmental Costs	(74,073)	0%	-
85007420	Interdepartmental Charges	49,100	100%	49,100
85008002	Advertising - Other	-	100%	-
85008070	Employee Meals - Page 16	-	100%	-
85008125	Gas/Diesel - Page 16	20,117	100%	20,117
85008145	Licenses - Page 16	284	100%	284
85008330	Vehicle Repair/Maint - Page 16	19,866	100%	19,866
85008693	Pre-Employment Services - Page 16	-	100%	-
	Auto Insurance - Page 27	30,599	100%	30,599
	Depreciation - Page 22	25,426	100%	25,426
	Totals	71,319		145,392
	Allocated To Other Entities - Auto	-		
	Allocated To Other Entities - Deprec	-		
	Allocated To Other Entities - Insur	-		
	Net Claimed	71,319		
	Potentially Allowable			145,392
	Less: Insurance Claim Recovery - Disallowed			-
	Subtotal			145,392
	LTC Utilization			30.99%
	Net Allowable			45,056
	Claimed			71,319
	Disallowance			(26,263)

Transportation Log Analysis - July 2022:

<u>Bus #</u>	<u>Starting Mileage</u>	<u>Ending Mileage</u>	<u>Total Miles</u>	<u>"Common" Miles</u>	<u>LTC Miles</u>
9	45,047	45,810	763	31	280
10	17,197	18,114	917	43	194
11	28,077	28,881	804	35	262
	Totals		2,484	109	736
	Total Miles		2,484		
	Less: Common Miles		(109)		
	Total Resident Miles		2,375		
	LTC Miles		736		
	% of LTC Miles		30.99%		

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS			750-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 559,500	441,830	117,670	
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 153,808	121,448	32,360	
28.	20	5.d	Ambulance/Limousine	\$ 1,435	1,133	302	
29.	20	5.f	X-rays, etc	\$ 5,716	4,513	1,203	
30.	20	5.h	Laboratory	\$ 22,941	18,114	4,827	
31.	20	5.c	Medical Supplies	\$ 6,599	5,211	1,388	
32.	20	5.e.2	Oxygen (non emergency)	\$ 5,331	4,210	1,121	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 42,687	33,706	8,981	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 788	622	166	
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	29b/d		Property Insurance	\$ 202	159	43	
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV.5/8	Interest Income on Account Rec.	\$ 773	610	163	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 289	228	61	
49. Total Amount of Decrease (Items 1 - 48)				\$ 800,069	631,784	168,285	

*** 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	(Specify)
Pg 20	5.i	Cable Television	\$ 30,284	\$ 8,069	\$ -
Pg 20	5.l	Physical Therapy Supplies	\$ 3,422	\$ 912	\$ -
Total Other Ancillary Costs			\$ 33,706	\$ 8,981	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 29b		Outpatient Therapy Allocation	\$ 637	\$ 170	\$ -
Pg 29c		Security Allocation Reconciliation	\$ (15)	\$ (4)	\$ -
Total Other Property Adjustments			\$ 622	\$ 166	\$ -

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 29b		Outpatient Therapy Allocation	\$ 228	\$ 61	\$ -
Pg 29d		Physician Office Allocation	\$ -	\$ -	\$ -
Total Unallowable Building Interest			\$ 228	\$ 61	\$ -

Outpatient Therapy Overhead

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

Calculation of Outpatient Allocation

Total Square Footage	171,364
Square Footage of Therapy Space	5,898
Therapy Space as a % of Total Space	3.4418%
Total Therapy Treatments	32,674
Outpatient Therapy Treatments	904
Outpatient Therapy Treatments as a % of Total Treatments	2.7667%
Outpatient Allocation of Therapy Space	0.0952%

Expense Items

A & G	Repairs and Maintenance	\$3,747
	Interdepartmental Maintenance	92,753
	Other Maintenance	\$339,986
	Heat	\$174,413
	Light & Power	\$236,095
	Total	\$ 846,994
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$807
House-keeping	Supplies	\$ 40,649
	Purchased Services	904,582
	Total	\$ 945,231
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$900
Capital	Property Tax	-
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$0
Insurance	Property Insurance (Not Including Auto)	\$ 212,453
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$202
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$646,183
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$615
Deprec & Interest	Building Depreciation	\$ 228,189
	Building Interest	75,179
	Total	\$ 303,368
	Outpatient Allocation	0.0952%
	Unallowable Amount	\$289

* - The Fair Rent figure comes from the 7/2022 Rate Computation Report which includes fixed assets through FYE 2021. M&SLLC needs to recalculate this disallowance to include the FYE 2022 Fair Rent additions.

CHI
 AVERY HEIGHTS
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2022

Cost Center	Totals	Subtotal SNF	SNF Station 1	SNF Station 2	SNF Station 3	Subtotal ICF	ICF	Noble Connector	Avery House
3.00 Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.01 Admin. & General	3,980.0	3,061.5	1,922.5	0.0	1,139.0	754.5	0.0	754.5	164.0
4.02 Admin. & General	789.5	94.0	0.0	0.0	94.0	695.5	695.5	0.0	0.0
5.00 Maintenance & Repairs	4,317.5	2,488.0	2,488.0	0.0	0.0	0.0	0.0	0.0	1,829.5
5.01 Plant Operations	6,131.0	3,216.5	1,293.5	737.0	1,186.0	2,088.0	1,668.0	420.0	826.5
6.00 Laundry	2,488.5	2,000.0	1,365.0	357.5	277.5	413.0	413.0	0.0	75.5
7.00 Housekeeping	2,727.5	586.0	137.5	47.0	401.5	145.0	121.0	24.0	1,996.5
8.00 Dietary	11,082.5	3,110.5	1,742.0	0.0	1,368.5	2,711.0	2,711.0	0.0	5,261.0
9.00 Nursing Admin.	4,634.5	3,768.5	2,888.0	193.0	687.5	866.0	866.0	0.0	0.0
12.00 Medical Records	1,186.1	1,186.1	0.0	0.0	1,186.1	0.0	0.0	0.0	0.0
13.00 Social Services	346.0	177.0	0.0	0.0	177.0	169.0	0.0	169.0	0.0
16.00 SNF - Participating	34,959.0	22,445.0	6,685.5	7,845.0	7,914.5	12,514.0	12,514.0	0.0	0.0
17.00 NF - Non-Participating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18.00 Other Long Term Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.00 Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.00 Physical Therapy	3,636.0	3,006.0	0.0	0.0	3,006.0	630.0	0.0	630.0	0.0
26.00 Occupational Therapy	1,974.4	1,974.4	0.0	0.0	1,974.4	0.0	0.0	0.0	0.0
27.00 Speech Pathology	288.0	288.0	0.0	0.0	288.0	0.0	0.0	0.0	0.0
29.00 Medical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30.00 Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37.00 Home Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.00 Dentist	147.6	147.6	66.0	0.0	81.6	0.0	0.0	0.0	0.0
63.01 Physicians Offices	477.0	477.0	0.0	0.0	477.0	0.0	0.0	0.0	0.0
63.04 Physicians Offices - Rented	4,987.0	4,987.0	0.0	0.0	4,987.0	0.0	0.0	0.0	0.0
63.02 Pool	4,638.0	0.0	0.0	0.0	0.0	4,638.0	0.0	4,638.0	0.0
63.03 Resident Cottages	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub Total	88,790.1	53,013.1	18,588.0	9,179.5	25,245.6	25,624.0	18,988.5	6,635.5	10,153.0
Common Area	90,408.2	33,238.2	20,211.5	212.0	12,814.7	31,015.0	17,357.5	13,657.5	26,155.0
Total Square Footage	179,198.2	86,251.3	38,799.5	9,391.5	38,060.3	56,639.0	36,346.0	20,293.0	36,308.0

179,198.2

Pool >>>>> (7,834.0)

Total Square Footage	179,198
Less: Cottages	0
Less: Pool	(7,834)
Facility Square Footage	171,364
PT Square Footage	3,636
OT Square Footage	1,974
ST Square Footage	288
Therapy Square Footage	5,898

For C/R 12,459.0

CHI
 AVERY HEIGHTS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2022
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032003200	0.00	0.00	0.00	0.00	0.00	
Medicaid	36		1,498.13	1101032003210	1,498.13	0.00	0.00	1,498.13	0.00	
Medicare A	4,823		178,541.51	1101032003230	178,744.94	(203.43)	0.00	178,541.51	0.00	
Medicare B	4,263		146,503.66	1101032003240	146,300.23	203.43	0.00	146,503.66	0.00	
HMO - MA	3,332		126,405.70	1101032003260	128,835.81	(2,430.11)	0.00	126,405.70	0.00	
HMO - COMM	3,773		136,788.40	1101032003265	134,358.29	2,430.11	0.00	136,788.40	0.00	
Total P/T	16,227		589,737.40		589,737.40	0.00	0.00	589,737.40	0.00	

Occupational Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032013200	0.00	0.00	0.00	0.00	0.00	
Medicaid	3		326.23	1101032013210	326.23	0.00	0.00	326.23	0.00	
Medicare A	4,874		192,709.58	1101032013230	192,709.58	0.00	0.00	192,709.58	0.00	
Medicare B	2,831		111,324.38	1101032013240	111,218.83	105.55	0.00	111,324.38	0.00	
HMO - MA	3,500		141,343.44	1101032013260	145,609.88	(4,266.44)	0.00	141,343.44	0.00	
HMO - COMM	2,932		118,660.49	1101032013265	114,329.09	4,331.40	0.00	118,660.49	0.00	
Total O/T	14,140		564,364.12		564,193.61	170.51	0.00	564,364.12	0.00	

Speech Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	0		0.00	1101032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	591		56,326.33	1101032023230	56,326.33	0.00	0.00	56,326.33	0.00	
Medicare B	879		81,855.06	1101032023240	81,855.06	0.00	0.00	81,855.06	0.00	
HMO - MA	348		33,358.11	1101032023260	34,313.31	(955.20)	0.00	33,358.11	0.00	
HMO - COMM	489		45,373.22	1101032023265	44,325.53	1,047.69	0.00	45,373.22	0.00	
Total S/T	2,307		216,912.72		216,820.23	92.49	0.00	216,912.72	0.00	

Security Disallowance:

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

Security Contract - Account #83008710	166,940
Total Security Costs to be Allocated	166,940
Bed Allocation:	
CCH	130
RHNS	69
RCH	0
	199
Independent Living Cottages	56
Independent Living Apartments	147.79
	199
Total Beds Campus	402.79
Independent Living Apartments & Cottages	203.79
Total Beds Campus	402.79
Percentage of Total ILA to Total Beds	50.59%
Total Security Costs to be Allocated	166,940
% for ILA and Cottages	50.59%
Allocation to ILA and Cottages	84,455
Facility Allocation	(84,474)
Additional Allocation to The Heights	(19)

F. Statement of Revenue

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022			Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,673,413	20,033,525	639,888			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,300,169)	(6,967,850)	(332,319)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,483,745	101,956	1,381,789			
b. Medicare Room and Board Contractual Allowance **	\$ 374,249	29,682	344,567			
4. a. Private-Pay Residents and Other	\$ 4,675,057	698,819	3,976,238			
b. Private-Pay Room and Board Contractual Allowance **	\$ (394,529)	(61,671)	(332,858)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 82,959	65,505	17,454			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (82,959)	(65,505)	(17,454)			
c. Prescription Drugs - Non-Medicare	\$ 81,490	64,345	17,145			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (81,490)	(64,345)	(17,145)			
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	\$ 325,046	256,660	68,386			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (212,323)	(167,652)	(44,671)			
c. Physical Therapy - Non-Medicare	\$ 264,692	209,003	55,689			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (206,834)	(163,318)	(43,516)			
4. a. Speech Therapy - Medicare	\$ 138,181	109,131	29,050			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,726)	(44,801)	(11,925)			
c. Speech Therapy - Non-Medicare	\$ 78,639	62,107	16,532			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,682)	(36,078)	(9,604)			
5. a. Occupational Therapy - Medicare	\$ 303,928	239,983	63,945			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (216,979)	(171,327)	(45,652)			
c. Occupational Therapy - Non-Medicare	\$ 260,264	205,505	54,759			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (175,590)	(138,647)	(36,943)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (112)	(88)	(24)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 195	154	41			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,968,465	14,195,093	5,773,372			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 10	8	2			
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 2,120	1,674	446			
5. Interest Income (<i>Specify</i>)	\$ 370	292	78			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 428,016	337,963	90,053			
V. Total Other Revenue (1 thru 8)	\$ 430,516	339,937	90,579			
VI. Total All Revenue (III + V)	\$ 20,398,981	14,535,030	5,863,951			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page 20	Laboratory - Prior Year	\$ (88)	\$ (24)	\$ -
Total Other Resident Revenue - Medicare		\$ (88)	\$ (24)	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 13	Respiratory Therapy - Private	\$ 154	\$ 41	\$ -
Total Other Resident Revenue		\$ 154	\$ 41	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31 A8	Accounts Receivable		\$ 292	\$ 78	\$ -
Total Interest Income			\$ 292	\$ 78	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 I8	Finance Charges - Disallowed	\$ 318	\$ 85	\$ -
Pg 30 I8	Grant - ARPA	\$ 74,418	\$ 19,829	\$ -
Pg 30 I8	Grant - Government	\$ 217,141	\$ 57,859	\$ -
Pg 30 I8	Medical Records Revenue - Disallowed	\$ 92	\$ 25	\$ -
Pg 30 I8	Harview Manor - Evacuation Payments	\$ 10,878	\$ 2,898	\$ -
Pg 30 I8	UHC Dividend - No expense associated with this revenue - no disallowance	\$ 12,902	\$ 3,438	\$ -
Pg 30 I8	Lawsuit Settlement - No expense associated with this revenue - no disallowance	\$ 296	\$ 79	\$ -
Pg 30 I8	Flu Vaccine Revenue - Expense already disallowed	\$ 4,414	\$ 1,176	\$ -
Pg 30 I8	Endowment Income Unrestricted - no disallowance	\$ 17,504	\$ 4,664	\$ -
Total Other Revenue		\$ 337,963	\$ 90,053	\$ -

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(312,032)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,442,800
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(37,165)
4. Inventories			\$	114,323
5. Prepaid Expenses			\$	16,016
a. Prepaid Other	16,016			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,223,942
B. Fixed Assets				
1. Land			\$	72,000
2. Land Improvements	*Historical Cost	1,363,085	\$	140,576
	Accum. Depreciation	1,222,509	Net	
3. Buildings	*Historical Cost	12,114,194	\$	1,458,385
	Accum. Depreciation	10,655,809	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	6,360,005	\$	939,553
	Accum. Depreciation	5,420,452	Net	
6. Movable Equipment	*Historical Cost	3,321,961	\$	540,358
	Accum. Depreciation	2,781,603	Net	
7. Motor Vehicles	*Historical Cost	248,362	\$	45,592
	Accum. Depreciation	202,770	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	26,711
Projects In Progress	26,711			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,223,175

* 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

Total Prepaid Expenses			\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)			\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable			\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
AVERY HEIGHTS		750-C	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	5,447,117
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					

6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		
_____		_____	_____		
7. Other Assets (<i>itemize</i>)					
Bond Issuance Costs (Net)		22,560			
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
AVERY HEIGHTS		750-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	70,009
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>)				\$	383,187
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	9,654
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	291,495
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	18,036
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	688,135
Accrued Expenses		137,813	General Reserve - Curren	36,525	
Nursing Home Tax		282,151			
Nursing Home Tax		126,708			
Resident Deposits		104,938	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,460,516

* 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 AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,460,516	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					\$ 2,444,064
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 2,444,064
C. Total All Liabilities (Lines A-13 + B-5)					\$ 3,904,580

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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1.	Reserve for value of leased land		\$	
2.	Reserve for depreciation value of leased buildings and appurtenances to be amortized		\$	
3.	Reserve for depreciation value of leased personal property (<i>Equity</i>)		\$	
4.	Reserve for leasehold real properties on which fair rental value is based		\$	
5.	Reserve for funds set aside as donor restricted		\$	
6.	Total Reserves		\$	
B. Net Worth				
1.	Owner's Capital		\$	
2.	Capital Stock		\$	
3.	Paid-in Surplus		\$	
4.	Treasury Stock		\$	
5.	Cumulated Earnings		\$	1,464,261
6.	Gain or Loss for Period	10/1/2021 thru 9/30/2022	\$	100,836
7.	Total Net Worth		\$	1,565,097
C. Total Reserves and Net Worth			\$	1,565,097
D. Total Liabilities, Reserves, and Net Worth			\$	5,469,677

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	1,445,281
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	20,398,981
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	20,298,145
D. Net Income or Deficit			\$	100,836
E. Balance			\$	1,546,117
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Transfers to Operating Fund		(12,453)		
Transfer to Restricted Fund		31,433		
F-3. Total Additions			\$	18,980
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	1,565,097
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting & Reimbursement	Date Signed 1/31/2023		
Printed Name of Preparer Michelle Pascetta				
Address Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		
Contacted Person Regarding Additional Information Needed Regarding This Report Michelle Pascetta		Phone Number (860) 527-9126 x518		
Contact Email Address mpascetta@churchhomes.org				