

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Healthcare Visions, Inc. d/b/a Beechwood	
Address (No. & Street, City, State, Zip Code) 31 Vauxhall Street, New London, CT 06320	
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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2077-C	RHNS	(Specify)	Medicare Provider 07-5335
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Medicaid Provider Numbers:	CCNH 6221	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) Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2022	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 Healthcare Visions, Inc. d/b/a Beechwood [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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) William E. White			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 Healthcare Visions, Inc. d/b/a Beechwood	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 31 Vauxhall Street, New London, CT 06320				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 3/24/2023		
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. <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 860-442-4363		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Healthcare Visions, Inc. d/b/a Beechwood		Address (No. & Street, City, State, Zip ) 31 Vauxhall Street, New London, CT 06320		
License Numbers:	CCNH 2077-C	RHNS (Specify)	Medicare Provider No. 07-5335	
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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input 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.				
N/A				
<b>Administrator</b>				
Name of Administrator William E. White		Nursing Home Administrator's License No.:	1539	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				



## General Information and Questionnaire Corporate Owners

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Healthcare Visions, Inc. d/b/a Beechwood	31 Vauxhall Street, New London, CT 06320		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
William G. White	31 Vauxhall Street, New London, CT 06320	CEO	100	
William E. White	31 Vauxhall Street, New London, CT 06320	President		
Names of Stockholders Owning at Least 10% of Shares				
William G. White	31 Vauxhall Street, New London, CT 06320	CEO	100	







## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2022	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.

N/A

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

N/A

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.

N/A

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

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

Name of Facility		License No.		Report for Year Ended			Page	of
Healthcare Visions, Inc. d/b/a Beechwood		2077-C		9/30/2022			6	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						
Elm City, P.O. Box 5066, Hartford, CT 06102-5066	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	08/03/18	Monthly	6,022	6,022	
Quadient Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	N/A	Monthly	2,351	2,351	
	<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>							8,373	

\* 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 Healthcare Visions, Inc. d/b/a Beec	License No. 2077-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	Address (No. & Street, City, State, Zip Code)
1    Marcum LLP	555 Long Wharf Drive, 8th Floor, New Haven, CT 06511
2    Whittlesey & Hadley, P.C.	1 Hamden Center, 2319 Whitney Ave, Suite 2a, Hamden, CT
3    Laura Daniels	99 Brandford Ave, East Haven, CT 06512
4	

Services Provided by This Firm (*describe fully*)

1    Medicaid & Medicare Cost Reports, Management Advisory Services	\$    38,166
2    Month End Closings	\$    34,768
3    Review of Financial Statements and Consulting	\$    4,500
4	\$
	<b>Charge for Services Provided</b>
	\$    77,434

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1    Murtha Cullina	(860) 240-6000
2    Litchfield Cavo, LLP	(312) 781-6677
3    Various Collection Fees	Various
4	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1    265 Church Street, New Haven, CT 06510  
 2    303 W. Madison Street Ste. 300, Chicago, IL 60606-3300  
 3    Various  
 4  
 5

Services Provided by This Firm (*describe fully*)

1    Communications, Conference Calls, Reviews, Emails	\$    48,397
2    Legal Personnel Issues	\$    9,878
3    Collection fees (Disallowed)	\$    8,108
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$    66,383

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

### Schedule of Resident Statistics

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C		Report for Year Ended 9/30/2022				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	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	60	60			60	60						
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	51	51			51	51						
B. As of midnight of THIS report period	56	56							56	56		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,255	2,255			1,727	1,727			528	528		
B. Medicaid (Conn.)	9,840	9,840			7,100	7,100			2,740	2,740		
C. Medicaid (other states)												
D. Private Pay	4,346	4,346			3,265	3,265			1,081	1,081		
E. State SSI for RCH												
F. Other (Specify) Managed Care/ Managed Medi	2,653	2,653			1,945	1,945			708	708		
G. Total Care Days During Period (3A thru F)	19,094	19,094			14,037	14,037			5,057	5,057		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	5	5			2	2			3	3		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	19,099	19,099			14,039	14,039			5,060	5,060		

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

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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	16		30			10							
Per Diem Rate													
a. One bed rm.	Various		292.15			485.00							
b. Two bed rms.	Various		292.15			445.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									385	385			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									68	68			
C. Other									3,359	3,359			
D. <b>Total Physical Therapy Treatments</b>									3,812	3,812			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									66	66			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									344	344			
D. <b>Total Speech Therapy Treatments</b>									410	410			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									216	216			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									84	84			
C. Other									3,680	3,680			
D. <b>Total Occupational Therapy Treatments</b>									3,980	3,980			

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

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**Report of Expenditures - Salaries & Wages**

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	94,477	Disallowed				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	120,057	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	187,259	8,034				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	306,407	13,558				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	174,830	9,718				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	108,801	4,532				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	29,129	2,664				
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	88,193	1,383				
b. RN						
1. Direct Care	546,797	11,100				
2. Administrative**	271,023	6,647				
c. LPN						
1. Direct Care	547,832	16,246				
2. Administrative**						
d. Aides and Attendants	1,074,523	48,717				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	63,801	3,282				
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	75,825	1,811				
n. Marketing						
o. Other (Specify) See Attached Schedule	66,883	1,984				
<i>A-13. Total Salary Expenditures</i>	3,755,837	131,756				

\* 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
	0					
Admissions	\$ 66,883	1,984				
<b>Total</b>	\$ 66,883	1,984	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Healthcare Visions, Inc. d/b/a Beechwood				2077-C		9/30/2022			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	(Specify)							
<b>Section I - Operators/Owners</b>										
William G. White	94,477			See Page 28	Owner/CEO	2,080	A1			
<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	
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2022			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	(Specify)							
<b>Section III - Administrators***</b>										
William E. White	120,057			Group Benefits	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	32,358	636				
2. Dentist	5,292	14				
3. Pharmacist	6,604	92				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	458,949	6,238				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	67,500	180				
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) Resident Care Physician	6,000	Disallowed				
9. Speech Therapist						
a. Resident Care	2,850	38				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	408,844	5,838				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>988,397</b>	<b>13,036</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 Healthcare Visions, Inc. d/b/a Beechwood		License No. 2077-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			
HealthPro Heritage PO Box 69268, Baltimore MD 21264-9268	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 50 Lawrence Road, Springfield Township, New Jersey 07081	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Yale NewHaven Health, PO Box 9403, New Haven, CT 06534	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
IPC Healthcare, P.O. Box 844929, Los Angeles, CA 90084-4890	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Kathleen Labella-17 College Street, Old Saybrook Ct	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Republic Healthcare-Wells Fargo PO Box 202056, Dallas, Tx	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Norton & Associates, 97 Elm St, Cohasset, MA 02025	LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Genie Healthcare, 104 Interchange Plaza, Monroe NJ	RN/ LPN/ Aides Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
All American Healthcare Services, Inc., 494 Broad St 4th Floor, Newark, NJ 07102	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Tammy Robinson	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Northeast Medical Group, 300 George St, 4th Floor, New Haven, CT 06511	Resdient Care Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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"/>			

\* 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
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 55,140	55,140		
2. Disability Insurance	\$ 4,630	4,630		
3. Unemployment Insurance	\$ 42,512	42,512		
4. Social Security (F.I.C.A.)	\$ 279,227	279,227		
5. Health Insurance	\$ 231,735	231,735		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,208	2,208		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 26,090	26,090		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 77,434	77,434		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 66,384	66,384		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 101,539	101,539		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,953	8,953		
2. Cellular Phones	\$ 1,631	1,631		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 300	300		
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	\$ 297,919	297,919		
<b>Subtotal</b>	\$ 1,195,702	1,195,702		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	1,195,702	1,195,702			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,057	2,057			
3. Gifts to Staff and Residents	\$ 5,938	5,938			
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 1,730	1,730			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 5,964	5,964			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 7,493	7,493			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 5,957	5,957			
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	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,795	4,795			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 510	510			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 660	660			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 25,030	25,030			
12. Administrative Management Services**	\$ 179,387	179,387			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 23,625	23,625			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,458,848	1,458,848			

\* 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)
	0		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Radio Advertising (Disallowed on Page 28)	\$ 4,900		
Print Advertising (Disallowed on Page 28)	\$ 634		
Admissions Other (Disallowed on Page 28)	\$ 248		
Admissions Promotional (Disallowed on Page 28)	\$ 175		
<b>Total Other Advertising</b>	\$ 5,957	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 4,095		
Mutual Aid	\$ 350		
AHCA	\$ 310		
CATRD	\$ 40		
<b>Total Dues</b>	\$ 4,795	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Donations	\$ 660		
<b>Total Contributions</b>	\$ 660	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
COVID Expense	\$ 10,000		
Pre Employment Expense	\$ 5,424		
Licensing Fees	\$ 1,645		
Admissions Events	\$ 425		
Credit Card Fees (Disallowed on Page 28)	\$ 3,238		
Routine Bank Fees	\$ 2,415		
JE Adjusting (Disallowed on Page 28)	\$ 422		
Other Bank Charges (Disallowed on Page 28)	\$ 46		
Wire Transfer Fees (Disallowed on Page 28)	\$ 10		
<b>Total Other Administrative and General</b>	\$ 23,625	\$ -	\$ -



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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-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 #
Wachusett Consulting	179,387	Management	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 Healthcare Visions, Inc. d/b/a Beechwood		License No. 2077-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	165,655	165,655		
2. Non-Food Supplies	\$	18,251	18,251		
3. Other ( <i>Specify</i> ) _____ Emergency Supply	\$	1,423	1,423		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$			
c. Other ( <i>Specify</i> ) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$	185,329	185,329	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*				
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 type="radio"/> Yes <input checked="" type="radio"/> No                                    If yes, specify cost.					
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)					
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		License No.	Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beechwood		2077-C	9/30/2022		19	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. \$	3,676	3,676		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Supplies		\$	7,741	7,741		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	11,417	11,417		
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
Healthcare Visions, Inc. d/b/a Beechwood		2077-C	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	27,605	27,605		
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				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	27,605	27,605		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partner's Pharmacy	\$	185,277	185,277		
b.	Medicine Cabinet Drugs	\$	44,795	44,795		
c.	Medical and Therapeutic Supplies	\$	105,648	105,648		
d.	Ambulance/Limousine***	\$	3,288	3,288		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	9,747	9,747		
f.	X-rays and Related Radiological Procedures***	\$	5,701	5,701		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	17,491	17,491		
i.	Recreation	\$	2,516	2,516		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	16,894	16,894		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	391,357	391,357		

\* 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.



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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C		Report for Year Ended 9/30/2022			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	(Specify)	Pg	Line
Procure, LLC	P.O. Box 801 Tolland, CT 06084	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Oxygen Company	19,594			20	5E2/5
Partners Pharmacy	P.O. Box 9689 Uniondale, NY 11555	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Pharmacy	151,995			20	5A2
		<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
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,345	36,345				
b. Heat	\$ 40,461	40,461				
c. Light & Power	\$ 77,382	77,382				
d. Water	\$ 26,449	26,449				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,373	8,373				
f. Other ( <i>itemize</i> )	\$ 25,182	25,182				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 214,192	214,192				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 168,521	168,521				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 30,458	30,458				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 198,979	198,979				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 1,359	1,359				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 1,359	1,359				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 344,181	344,181				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 92,638	92,638				
c. Personal property taxes	\$ 742	742				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 637,899	637,899				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
Contract Labor	\$ 9,071		
Waste Disposal	\$ 16,111		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 25,182</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood				License No. 2077-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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				5,055,638		5,055,638	4,627,843	S/L	Various	168,521			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>B-4. Subtotal</b>											168,521		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>C-4. Subtotal</b>													
		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. Various Vehicles (See attached)						159,495		159,495	132,069	S/L	5	12,643	
b. Disposals						(124,015)		(124,015)	(124,015)				
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						196,137		196,137	167,580	S/L	Various	17,815	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period													
<b>D-3. Subtotal</b>													30,458
<b>E. Total Depreciation</b>													
											198,979		

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>				
<b>Total additions for Building Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipmen</b>			\$ -		\$ -
<b>Deletions:</b>					
<b>Total deletions for Movable Equipmen</b>			\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>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

PROPERTY CATEGORY	Historical Cost	Cost to Be Depreciated	Life	Method Life	Number of Days per Year	2019 Accum. Deprac.	2020 Deprac.	2021 Accum. Deprac.	2021 Deprac.	2022 Accum. Deprac.	2022 Deprac.	NBV		
Movable Equipment														
Acquired In 2021														
Rule V3 Automated(Disposal)	(21,935)	-	N/A	N/A						(21,935)		(21,935)		
Total Computers	(21,935)	-								(21,935)		(21,935)		
N/A														
Total Equipment														
Total Movable Equipment	(21,935)	-								(21,935)		(21,935)		
Total Computers (PY + CY)	15,500					6,664	2,370	9,034	2,226	11,260	2,220	13,486	2,014	
Total Equipment (PY + CY)	180,636					119,336	21,375	140,731	15,589	156,320	15,589	171,909	8,727	
Total Vehicles (PY + CY)	35,480					94,336	14,420	108,756	14,492	45,034	12,643	20,697	14,763	
Total Leasehold	74,015					64,321	2,428	66,749	1,359	68,108	1,359	69,467	4,548	
Historical Variance														
Total Movable Equipment (PY + CY)	231,616					-	284,677	40,593	325,270	33,666	280,722	31,817	275,559	30,072
Less: CY Movable Equipment														
Total PY Movable Equipment	231,616						284,677	40,593	325,270	33,666	280,722	31,817	275,559	30,072

Total Depreciation Expense Per TB	22,022
Movable Equip Dep Expense Per Dep	430,458
Total Leasehold Depreciation Per Dep	(1,359)
Total Building Depreciation (Page 2)	(168,321)
Depreciation CR vs FS	(177,310)

Page 3b, Line F1 on BS tab

Acct #	Description	Per TB	Per Dep Report	Variance
1504-01	Cost - LHM	74,015	74,015	525
1504-02	Accum Deprac - Leasehold Imp	(58,317)	(69,467)	1,130
1510-00	Computers- Other	15,500		
1520-00	Equipment- Other	26,586	196,136	-
1530-02	Cost Equipment	154,050		
1510-01	Accumulated Deprac Computers	(14,656)		
1520-01	Accum Deprac - Equipment	(169,615)	(185,395)	1,124
1530-14	Cost - 2019 Ram	35,480		
1530-07	Cost - Eclipse	0		
1530-08	Cost - Audi	0		
1530-09	Cost - Toyota Truck	0		
1530-10	Cost 2013 Audi Q7	0	35,480	36,980
1530-11	Cost 2016 Subaru Outback	0		
1530-12	Cost 2016 Honda Pilot	0		
1530-13	Cost 2017 Honda CRV	36,980		
1530-01	Accum Deprac - Automobile	(57,575)	(20,697)	(36,979)
To account for the CY Movable Equipment Dupo		0		
Total	NBV Trial Balance	32,852	2,780	Page 31, BV on BS tab

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**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
Healthcare Visions, Inc. d/b/a Beechwood			2077-C		9/30/2022			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.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Various	74,015	68,108	S/L	Various	1,359	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									1,359
<b>D. Total Amortization</b>									1,359

\* 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 Healthcare Visions, Inc. d/b/a Beechw	License No. 2077-C	Report for Year Ended 9/30/2022	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 type="radio"/> Yes	<input checked="" 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		01/01/55		
2. Date Structure Completed		01/01/55		
3. If <b>NOT</b> Original Owner, Date of Purchase		03/08/93		
4. Date of Initial Licensure		04/01/91		
5. Total Licensed Bed Capacity		60		
6. Square Footage		47,526		
7. Acquisition Cost				
a. Land		10,466		
b. Building		17,785		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	04/21/16			
c. Interest Rate for the Cost Year	3.83%			
d. Term of Mortgage (number of years)	18			
e. Amount of Principal Borrowed	3,659,568			
f. Principal balance outstanding as of 09/30/22	2,678,632			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Healthcare Visions, Inc. d/b/a Beechw		2077-C	9/30/2022			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
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)		\$					

*(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
Healthcare Visions, Inc. d/b/a Beech		2077-C		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
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) Interest Expense				\$	11,313	11,313	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	11,313	11,313	
14. Insurance							
a. Insurance on Property (buildings only)				\$	35,528	35,528	
b. Insurance on Automobiles				\$	6,352	6,352	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$	50,191	50,191	
3. Other (Specify) Director & Officer (Disallowed on Page 29)/ Professional				\$	25,304	25,304	
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	117,375	117,375	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	7,799,569	7,799,569	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 94,477	94,477		
<b>Page 13 - Professional Fees</b>							
5.	13	B8e	Resident Care Physicians **	\$ 6,000	6,000		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 8,108	8,108		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 5,938	5,938		
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	m2/3	Unallowable Advertising *	\$ 5,957	5,957		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 660	660		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,847	14,847		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 135,987	135,987		

\* 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.



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

Name of Facility				License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 135,987	135,987		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 185,277	185,277		
28.	20	5d	Ambulance/Limousine	\$ 3,288	3,288		
29.	20	5f	X-rays, etc	\$ 5,701	5,701		
30.	20	5h	Laboratory	\$ 17,491	17,491		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 9,747	9,747		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 18,529	18,529		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,096	7,096		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 23,373	23,373		
43.	30	IV5	Interest Income on Account Rec.	\$ 19	19		
44.			Other - Miscellaneous Administrative	\$ 3,477	3,477		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<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>				\$ 409,985	409,985		

\*\*\* 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)
20	5f	X-Rays (D) Managed	\$ 2,622		
20	5h	Medicare A - Laboratory (D)	\$ 8,918		
20	5j	Oxygen Rental-MRA	\$ 1,760		
20	5j	Oxygen Rental--Managed Care	\$ 2,390		
20	5j	Medical Rental- Managed Care	\$ 479		
20	5j	Oxygen Rental--House	\$ 1,542		
20	5j	W/C - Parts	\$ 273		
20	5j	W/C - Cushions	\$ 545		
<b>Total Other Ancillary Costs</b>			\$ 18,529	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	B7	Motor Vehicle Depreciation Disallowance	\$ 7,096		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 7,096	\$ -	\$ -

## Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	Director & Officer Liability Insurance	\$ 23,373		
<b>Total Other Adjustments</b>			\$ 23,373	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Late Fees	\$ 3,224		
30	IV8	Other Income	\$ 253		
<b>Total Other Adjustments</b>			\$ 3,477	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,058,625	4,058,625			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,262,087)	(1,262,087)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,049,324	1,049,324			
b. Medicare Room and Board Contractual Allowance **	\$ 356,095	356,095			
4. a. Private-Pay Residents and Other	\$ 2,966,009	2,966,009			
b. Private-Pay Room and Board Contractual Allowance **	\$ 28,775	28,775			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 65,548	65,548			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 120,645	120,645			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 110	110			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 199,183	199,183			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 256,163	256,163			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 22,794	22,794			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 29,721	29,721			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 199,316	199,316			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 297,925	297,925			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (437,234)	(437,234)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (575,606)	(575,606)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,375,306	7,375,306			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 25	25			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 403	403			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 943,284	943,284			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 943,712	943,712			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,319,018	8,319,018			

\* 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)
		\$ -		
30 II6a	Laboratory-Med A	\$ 10,472		
30 II6a	Equipment Rental-Med A	\$ 1,760		
30 II6a	Other Services-MCR	\$ 4,482		
30 II6a	Contract Allow-Ancillary-MCR	\$ (444,339)		
30 II6a	Radiology-MCR	\$ 2,884		
30 II6a	Contract All Ancillarie-Med B	\$ (12,493)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (437,234)	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II6b	Oxygen Sup & Rental-Title XIX	\$ 6,767		
30 II6b	Equipment Rental-MCD	\$ (684)		
30 II6b	Contract Allow-MCD Ancillary	\$ (11,982)		
30 II6b	Equip Rental-MGD	\$ 4,063		
30 II6b	Laboratory-MGD	\$ 12,457		
30 II6b	Other Services-MGD	\$ 570		
30 II6b	Contact Allowance-Ancillary-MG	\$ (601,673)		
30 II6b	Radiology-MGD	\$ 2,752		
30 II6b	Managed Medicare Part B	\$ 19,125		
30 II6b	Managed Medicare B Contract Al	\$ (7,000)		
30 II6b	Contract Allowance-Ancil-Hospi	\$ (34)		
30 II6b	Equipment Rental-hospice	\$ 34		
30 II6b	Cont. Adjustment Outpatient Th	\$ (1)		
<b>Total Other Resident Revenue</b>		\$ (575,606)	\$ -	\$ -

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV5	Bank Account Interest	N/A	\$ 384		
30 IV5	Accounts Receivable Interest (Disallowed on Page 29)	N/A	\$ 19		
<b>Total Interest Income</b>			\$ 403	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV8	Late Fees (Disallowed on Page 29)	\$ 3,224		
30 IV8	HHS Income	\$ 26,910		
30 IV8	Out Patient Therapy	\$ 64		
30 IV8	ERTC Income	\$ 908,517		
30 IV8	Optum 2021 Incentive Q1	\$ 1,500		
30 IV8	Optum 2021 Incentive Q2	\$ 1,815		
30 IV8	Jeep Grand Cherokee	\$ 1,000		
30 IV8	Other Income (Disallowed on Page 29)	\$ 253		
30 IV8	Auto Lease (Do Not Disallow - No Related Expense)	\$ 1		
<b>Total Other Revenue</b>		\$ 943,284	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwo	2077-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	80,556
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	775,605
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	5,013
4. Inventories			\$	
5. Prepaid Expenses			\$	39,478
a. Prepaid Sub S Federal Taxes	38,478			
b. Prepaid State Taxes	1,000			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	944,561
ERTC Receivable	908,517			
Patient Refunds	29,232			
Exchange Account	6,812			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,845,213</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>74,015</u>		\$	4,548
	Accum. Depreciation <u>69,467</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>196,137</u>		\$	10,742
	Accum. Depreciation <u>185,395</u>	Net		
7. Motor Vehicles	*Historical Cost <u>35,480</u>		\$	14,783
	Accum. Depreciation <u>20,697</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	2,780
C/R vs F/S NBV	2,780			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>32,853</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	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	A12	Current Liabilities	\$ (1,001)
33	A12	Line of Credit Webster	\$ 1
33	A12	Patient Deposits	\$ (4,087)
33	A12	Patient Rec Fund	\$ 3,212
33	A12	Suspense- Flexible Spending	\$ (17,221)
33	A12	401(k) Payable	\$ (1,204)
33	A12	HUD Suspense Account	\$ (53,404)
33	A12	Customer Deposits	\$ 15,485
33	A12	State Sales Tax	\$ (250)
33	A12	Provider Tax Payable	\$ 80,254
33	A12	Accrued Expenses	\$ 24,306
33	A12	Accrued Benefits	\$ 620
<b>Total Other Current Liabilities (Itemize)</b>			\$ 46,711

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

Page Ref	Line Ref	Description	
34	B4	Liberty Bank Loan Payable	\$ 89,114
34	B4	Officer Loan Payable	\$ 70,657
<b>Total Other Current Liabilities (Itemize)</b>			\$ 159,771

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

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwo	2077-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	1,878,066
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,055,638		
	Accum. Depreciation	4,796,364	Net	\$ 259,274
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>			\$	259,274
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> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,137,340

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

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

CSP-33 Rev. 6/95

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

Name of Facility		License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood		2077-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	648,112
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> )				\$	73,908
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	60,333
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> )				\$	46,711
_____					
_____					
_____					
See Schedule				46,711	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>829,064</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 Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			829,064	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 159,771
See Schedule				159,771
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 159,771
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 988,835

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

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022	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			\$	259,274
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	259,274
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	191,465
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ align="right">696,766
7. Total Net Worth			\$	889,231
<b>C. Total Reserves and Net Worth</b>			\$	1,148,505
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,137,340

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	913,612
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,319,018
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,622,252
D. Net Income or Deficit			\$	696,766
E. Balance			\$	1,610,378
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses Per page 27			\$7,799,568	
CR vs FS Depreciation			\$(177,316)	
Total FS Expenses			\$7,622,252	
2. Other <i>(itemize)</i>				
Prior Year Adjustment			(721,147)	
F-3. Total Additions			\$	(721,147)
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>			\$	889,231
				09/30/22



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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<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				
Matthew S. Bavalack				
Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Bill White			860-442-4363	
Contact Email Address				
Facebook.com/BeechwoodRehav/				



## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Healthcare Visions, Inc. d/b/a Beechwood for the year ended September 30, 2022, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Healthcare Visions, Inc. d/b/a Beechwood. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Healthcare Visions, Inc. d/b/a Beechwood and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

***MARCUM LLP***

New Haven, CT  
February 9, 2023