

# State of Connecticut



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

Name of Facility (as licensed) Southington Care Center	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

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

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

### General Information

Name of Facility (as licensed) Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022	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 Southington Care Center [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
Printed Name (Administrator) Stephen Barrett			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Southington Care Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Kelly Allaire		Phone Number 860-378-1259	Date	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-621-9559	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Southington Care Center		Address (No. & Street, City, State, Zip) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Stephen Barrett		Nursing Home Administrator's License No.:	1471	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022	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.

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

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

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

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

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Southington Care Center			2060-C	9/30/2022			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						
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/2021-12/31/21	12 months	8,580	2,145	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/22-12/31/22	12 months	8,580	6,435	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	2 Ricoh IMC3000 Color Copier at SCC Mgmt Co.	09/01/19	60 months	3,580	3,580	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	13 Ricoh Copiers at SCC	12/05/19	60 months	13,901	13,901	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	1 Ricoh MP402SPF B/W MFP Copier at SCC	10/25/18	60 months	380	380	
Pitney Bowes Global Financial PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	SendProSeries 2 at SCC Mgmt Co.	03/29/19	36 months	684	684	
Pitney Bowes Global Financial PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	SendPro C Series Postage Machine at SCC	03/29/19	36 months	684	684	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							27,809	

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

\*\* Attach copies of newly acquired leases.

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

## General Information and Questionnaire Accounting Basis

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022	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 Clifton Larson Allen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St. West Hartford, CT 06107
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Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparation	\$	6,655
2	\$	
3	\$	
4	\$	
		Charge for Services Provided
		\$ 6,655

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 N/A 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	\$	
2	\$	
3	\$	
4	\$	
5	\$	
		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 15 Line 1e

### Schedule of Resident Statistics

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2022				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130						
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	114	114			114	114						
B. As of midnight of THIS report period	114	114							114	114		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,579	4,579			3,242	3,242			1,337	1,337		
B. Medicaid (Conn.)	23,592	23,592			17,816	17,816			5,776	5,776		
C. Medicaid (other states)												
D. Private Pay	9,150	9,150			6,888	6,888			2,262	2,262		
E. State SSI for RCH												
F. Other (Specify) Managed Care, Managed Medic	5,009	5,009			3,655	3,655			1,354	1,354		
G. Total Care Days During Period (3A thru F)	42,330	42,330			31,601	31,601			10,729	10,729		
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	167	167			108	108			59	59		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	42,497	42,497			31,709	31,709			10,788	10,788		

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

Name of Facility Southington Care Center			License No. 2060-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	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Other			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	18		61		35								
Per Diem Rate													
a. One bed rm.	PDPM		297.00		600.00								
b. Two bed rms.	PDPM				565.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								5,662	2,852		2,810		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								20,572	20,572				
D. <b>Total Physical Therapy Treatments</b>								26,234	23,424		2,810		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								396	363		33		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,194	1,194				
D. <b>Total Speech Therapy Treatments</b>								1,590	1,557		33		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,884	1,849		35		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								21,562	21,562				
D. <b>Total Occupational Therapy Treatments</b>								23,446	23,411		35		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-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	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	160,439	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	652,790	25,351			5,036	211
5. Dietary Service						
a. Head Dietitian	99,148	8,924				
b. Food Service Supervisor						
c. Dietary Workers	569,701	24,537				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	281,441	16,699			39,681	2,355
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	13,557	228			1,911	32
b. Other Maintenance Workers	156,294	5,238			22,036	739
8. Laundry Service						
a. Supervisor	6,712	111				
b. Other Laundry Workers	71,718	4,278				
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	243,392	4,271				
b. RN						
1. Direct Care	1,414,462	33,565				
2. Administrative**	316,882	6,966				
c. LPN						
1. Direct Care	1,247,562	36,739				
2. Administrative**	250,989	6,308				
d. Aides and Attendants	2,606,885	116,547				
e. Physical Therapists	459,558	11,433			55,130	1,372
f. Speech Therapists	83,654	1,775			1,773	38
g. Occupational Therapists	396,092	9,729			592	15
h. Recreation Workers	220,956	8,742				
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	203,253	5,645				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	146,286	3,974			1,191,516	22,592
<i>A-13. Total Salary Expenditures</i>	9,601,771	333,146			1,317,675	27,354

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES PA ADMINISTRATION	\$ 121,535	3,974			\$ -	-
SALARY AND WAGES SCC MGMT GRP - DISALLOWED	\$ -				\$ 807,544	17,448
SALARY AND WAGES COMMUNITY NETWORK ADMIN - DISALLOWED	\$ -				\$ 138,091	1,047
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION	\$ -				\$ 242,484	4,097
PTO ACCRUAL - FRINGE BENEFITS DEPT	\$ 24,751				\$ 3,397	
<b>Total</b>	\$ 146,286	3,974	\$ -	-	\$ 1,191,516	22,592

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
PROF FEES- NURSING DIRECT MANAGEMENT - DISALLOWED- CT Rehab	\$ 12,250	25				
Reclass Healthdrive Patient Nail Service	\$ -				\$ 121	1
<b>Total</b>	\$ 12,250	25	\$ -	-	\$ 121	1



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

Name of Facility				License No.	Report for Year Ended				Page	of
Southington Care Center				2060-C	9/30/2022				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	Other							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Southington Care Center				2060-C	9/30/2022			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	Other							
<b>Section III - Administrators***</b>										
Stephen Barrett	160,439			Non-discriminatory	Administrator - Management of facility	2,086	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	11,616	160				
3. Pharmacist	12,868	184				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	3,460	63			415	7
b. Other						
6. Social Worker						
7. Recreation Worker	28,679	908				
8. Physicians						
a. Medical Director (entire facility)	63,100	358				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	1,410	4			30	
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	15,776	131				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	293,393	6,670				
d. Other						
12. Other (Specify) See Attached Schedule	12,250	25			121	1
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>442,552</b>	<b>8,503</b>			<b>566</b>	<b>8</b>

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

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

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

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthDrive Dental	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Neighborcare/Omni Pharmacy	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford HealthCare Rehab Network	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate of Hartford Healthcare	
Christopher Caton	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>		
Victoria Triano	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>		
Vicncent Raby	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>		
Brian Colbath	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Douglas Codianni	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Ashley Cruz	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
James Sheehan	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
George Smith Jr.	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Salvatore Anastasio	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Anita Siarkowski	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Diana Sheard	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Cadena	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Roger Hart Photography	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Dennis Bosse	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
John Busmann	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
CT Bristol Old Time Fiddlers	Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Craig Bodanski	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics	Speech therapy	<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	Other	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 320,333	281,678			38,655
2. Disability Insurance	\$ 37,891	33,319			4,572
3. Unemployment Insurance	\$ 6,313	5,551			762
4. Social Security (F.I.C.A.)	\$ 785,693	690,882			94,811
5. Health Insurance	\$ 1,123,965	754,440			369,525
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,204	10,731			1,473
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 273,466	240,466			33,000
8. Uniform Allowance	\$ 270	237			33
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 220,490	69,310			151,180
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 47,000	47,000			
d. Accounting and Auditing	\$ 6,655	6,655			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$				
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 36,782	24,903			11,879
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 30,220	20,730			9,490
2. Cellular Phones	\$ 8,395	4,393			4,002
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	\$ 698,411	698,411			
<b>Subtotal</b>	\$ 3,608,088	2,888,706			719,382

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
BACKGROUND VERIFICATIONS FRINGE BENEFITS	\$ 93		\$ 13
BACKGROUND VERIFICATIONS EMPLOYEE HEALTH	\$ 8,129		\$ 1,116
OTHER EMPLOYEE BENEFITS FRINGE BENEFITS	\$ -		\$ (183)
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS	\$ -		\$ 72,924
STUDENT DEBT CONTRIBUTION EXP FRINGE BENEFITS	\$ 6,431		\$ 882
IT ALLOCATIONS FRINGE BENEFITS	\$ -		\$ 76,428
PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH	\$ 54,657		\$ -
<b>Total</b>	<b>\$ 69,310</b>	<b>\$ -</b>	<b>\$ 151,180</b>

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**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington Care Center	2060-C	9/30/2022	16	37	
Item		Total	CCNH	RHNS	Other
<b>Subtotals Brought Forward:</b>		3,608,088	2,888,706		719,382
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,042	4,042		
3. Gifts to Staff and Residents	\$	14,415	8,951		5,464
4. Employee Travel	\$	9,675	830		8,845
5. Education Expenses Related to Seminars and Conventions	\$	20,075	10,261		9,814
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	826	826		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	28	28		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	9,560	5,296		4,264
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	\$	14,977	14,955		22
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	22,425	21,159		1,266
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	175			175
9. Subscriptions	\$	6,878	6,504		374
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> )	\$	60,659	29,277		31,382
12. Administrative Management Services**	\$	976,848	976,848		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	103,551	65,279		38,272
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>4,852,222</b>	<b>4,032,962</b>		<b>819,260</b>

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

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

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

## Schedule of Other Travel and Entertainment

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

## Schedule of Other Advertising

Description	CCNH	RHNS	Other
ADVERTISING- SC MGMT GRP	\$ -		\$ 3,577
ADVERTISING MARKETING & ADVERTISING	\$ 4,448		\$ -
EXTERNAL PRINTING MGMT GRP	\$ -		\$ 30
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING	\$ 848		\$ -
PROMOTIONAL EVENTS MGMT GRP	\$ -		\$ 240
Reclass Survey Monkey Advertising and disallow	\$ -		\$ 417
<b>Total Other Advertising</b>	\$ 5,296	\$ -	\$ 4,264

## Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 170		
CLIA Laboratory Program	\$ 360		
Compliance Reg - Turenne Pharmedco Inc.	\$ 1,215		
CT Alliance for Long Term Care	\$ 1,000		
CT Association of Health Care Facilities	\$ 350		
CT Secy of State - disallowed			\$ 50
Leading Age	\$ 15,196		
Motion Picture License	\$ 2,373		
Paula DePinto CPA License Renewal - disallowed			\$ 40
Paypal Association - disallowed			\$ 340
Plainville Southington - Food Service Permit	\$ 300		
State of CT License - disallowed			\$ 205
Stephen Barrett - License Renewal	\$ 195		
Stephen Barrett - Medicare Revalidation 5 years - disallowed			\$ 631
<b>Total Dues</b>	\$ 21,159	\$ -	\$ 1,266

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
MINOR EQUIPMENT AND FURNISHING CERTIFIED NURSE ASST	\$ 299		
MERCHANT FEES	\$ 48,131		
Bad Debt-Non Patient			\$ (30)
OTHER FEES NURSING CERTIFIED ASST	\$ 103		
ACCREDITATION FEES MGMT GRP			\$ 265
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (246)		
LATE FEES ADMIN & GENERAL	\$ 622		
LATE FEES OPERATION OF PLANT	\$ 10		
MISCELLANEOUS EXPENSE SCC MGMT GRP			\$ 1
MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (110)		
BOND FEES FINANCE CORPORATE TREASURY			\$ 9,964
STORAGE RENT/LEASE ADMIN & GENERAL	\$ 8,251		
CABLE AND TV RECREATIONAL THERAPY	\$ 8,219		
CABLE AND TV SCC MGMT GRP			\$ 6,038
SPONSORSHIPS SCC MGMT GRP			\$ 47
Overaccrual on leased eqpt from 22.6e disallow			\$ 1,700
ABILITY Network - for Medicare - disallow			\$ 18,928
RECLASS REPLACEMENT RESIDENT BELONGINGS FROM 680020-200010 TO P 16 1M13			\$ 1,359
<b>Total Other Administrative and General</b>	\$ 65,279	\$ -	\$ 38,272



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

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare	976,848	Contracting & Management	p. 16 line 1m12
Morrison Community Living	588,598	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1,2,3 and 2b
Crothall Healthcare	109,089	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p. 20 line 4a1 & 4b

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

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

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 299,036	299,036		
2.	Non-Food Supplies	\$ 83,605	83,605		
3.	Other (Specify) _____ Non-Patient Food & Supplies - disallowed	\$ 18,424	17,557		867
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 197,677	197,677		
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 598,742</b>	<b>597,875</b>		<b>867</b>
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$337
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				p 30 IV1
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$15,070
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)				p 18 2a3
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
Southington Care Center		2060-C	9/30/2022		19	37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
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> ) (Complete Schedule C-2 att. Page 21)	\$	241,417	241,387			30
c. Other ( <i>Specify</i> ) Laundry Supplies	\$	3,309	3,309			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	244,726	244,696			30
<b>3E. Laundry Questionnaire</b>						
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2022		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	53,745	45,292		8,453
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel	67,152	58,854		8,298
		Amt. \$	67,227	58,920		8,307
C. Other ( <i>Specify</i> )		\$				
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	120,972	104,212		16,760
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare Pharmacy	\$	378,570	378,570		
b.	Medicine Cabinet Drugs	\$	40,323	40,323		
c.	Medical and Therapeutic Supplies	\$	321,207	318,777		2,430
d.	Ambulance/Limousine***	\$	12,811	12,811		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	23,055	23,055		
f.	X-rays and Related Radiological Procedures***	\$	12,599	12,599		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	47,891	47,891		
i.	Recreation	\$	5,800	5,800		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	38,206	12,907		25,299
5M.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	880,462	852,733		27,729

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
PATIENT RELATED SUPPLIES PHYSICAL THERAPY - disallowed	\$ 6,199		\$ 744
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH - disallowed	\$ 3,670		\$ 5
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL	\$ -		\$ 3,550
HHCRN MANAGEMENT FEES - disallowed	\$ -		\$ 21,000
MEDICAL SUPPLY ADMIN DEPT	\$ 2,688		\$ -
PATIENT/RESIDENT RELATIONS FUND DEPT - disallowed	\$ 350		\$ -
<b>Total Other Resident Care</b>	<b>\$ 12,907</b>	<b>\$ -</b>	<b>\$ 25,299</b>

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

Name of Facility Southington Care Center			License No. 2060-C		Report for Year Ended 9/30/2022			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	Other	Pg	Line
See attached schedule		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 179,555	156,400			23,155	
b. Heat	\$ 131,360	113,073			18,287	
c. Light & Power	\$ 142,949	119,937			23,012	
d. Water	\$ 21,368	18,728			2,640	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 27,809	22,568			5,241	
f. Other ( <i>itemize</i> )	\$ 64,980	56,839			8,141	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 568,021</b>	<b>487,545</b>			<b>80,476</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 9,985	8,751			1,234	
b. Building & Building Improvements	\$ 317,037	277,860			39,177	
c. Non-Movable Equipment	\$ 587	514			73	
d. Movable Equipment	\$ 20,709	18,151			2,558	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 348,318</b>	<b>305,276</b>			<b>43,042</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 8,816	7,727			1,089	
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 8,816</b>	<b>7,727</b>			<b>1,089</b>	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 45,653	40,012			5,641	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 17,769	15,573			2,196	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 420,556</b>	<b>368,588</b>			<b>51,968</b>	

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

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT	\$ 20,804		\$ 2,933
MAINTENANCE - GROUNDS/LANDSCAPING MGMT GRP - disallowe	\$ -		\$ 127
WASTE REMOVAL OPERATION OF PLANT	\$ 35,541		\$ 5,011
WASTE REMOVAL ADMIN & GENERAL	\$ 367		\$ 52
PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT	\$ 127		\$ 18
<b>Total Other Repairs and Maintenance</b>	\$ 56,839	\$ -	\$ 8,141

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### Depreciation Schedule

Name of Facility Southington Care Center			License No. 2060-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			437,835		437,835	358,947		Various	9,985				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										9,985			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			5,877,250		5,877,250	2,704,406		Various	316,465				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			17,170		17,170				572				
B-4. Subtotal										317,037			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			59,085		59,085	50,578		Various	587				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										587			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. MINI VAN			X		10	2012	42,230	42,230	42,230	S/L	5		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period							673,965	673,965	532,939	S/L	Various	20,278	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative							8,624	8,624				431	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period							8,624	8,624				431	
D-3. Subtotal													20,709
<b>E. Total Depreciation</b>													348,318

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 Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/31/2022	Rooftop HVAC Unit - Trane	\$ 17,170	15	\$ 572
<b>Total additions for Building Improvements</b>		\$ 17,170		\$ 572 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
6/30/2022	Double Deck Convection Oven	Administrative	\$ 8,624	10	\$ 431
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 8,624		\$ 431
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



PICK A CATEGORY

Administrative

Standard Resident

Specialized Resident

### Amortization Schedule\*

Name of Facility Southington Care Center			License No. 2060-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. BOND PREMIUM (276310,705010)	1	2020		933,689	133,308			8,816	
2.									
3.									
B-4. Subtotal									8,816
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	1	2014	5 years	119,019	119,019				
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									8,816

\* Straight-line method must be used.

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

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

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022	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				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage		67,152		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		01/01/20		
c. Interest Rate for the Cost Year		1.00%		
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed		6,127,519		
f. Principal balance outstanding as of 9/30/22		6,127,519		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Southington Care Center		2060-C	9/30/2022			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 82063	71,922			10,141	
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)		\$ 82,063	71,922			10,141	

*(Carry Subtotals forward to next page)*



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

Name of Facility		License No.		Report for Year Ended			Page	of
Southington Care Center		2060-C		9/30/2022			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				82,063	71,922		10,141	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 82,063	71,922		10,141	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 15,636	13,704		1,932	
b. Insurance on Automobiles				\$ 3,513	3,513			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 36,842	36,842			
2. Fire and Extended Coverage				\$				
3. Other (Specify) Excess Insurance				\$ 8,987	8,987			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 64,978	63,046		1,932	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 19,195,306	16,867,902		2,327,404	

### D. Adjustments to Statement of Expenditures

Name of Facility Southington Care Center				License No. 2060-C	Report for Year Ended 9/30/2022	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.	10	A12e	Outpatient Service Costs	\$ 56,903			56,903
2.	10	A6b,	Salaries not related to Resident Care	\$ 63,628			63,628
3.	10	A12g	Occupational Therapy	\$ 396,684	396,092		592
4.			Other - See attached Schedule	\$ 1,191,516			1,191,516
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 12,371	12,250		121
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 47,000	47,000		
10.	15	1d	Accounting	\$			
10a.			Legal	\$			
11.	15	1h1	Telephone	\$ 9,490			9,490
12.	15	1h2	Cellular Telephone	\$ 5,595	1,593		4,002
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 7,496	7,496		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 9,560	5,296		4,264
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 976,848	976,848		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 873,645	61,610		812,035
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 18,424	17,557		867
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4a1,4	Housekeeping services to employees, guests and others who are not residents	\$ 16,760			16,760
Subtotal (Items 1 - 26)				\$ 3,685,920	1,525,742		2,160,178

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	A12o	SALARY AND WAGES SCC MGMT GRP			\$ 807,544
10	A12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 138,091
10	A12o	SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION			\$ 242,484
10	A12o	PTO ACCRUAL FRINGE BENEFITS			\$ 3,397
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 1,191,516

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B12	Professional Fees Nursing Direct Management - CT Rehab & Spasticity	\$ 12,250		
13	B12	Reclass Healthdrive - Patient Nail Service			\$ 121
<b>Total Other Fees Adjustments</b>			\$ 12,250	\$ -	\$ 121

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	BENEFITS RELATED TO OUTPATIENT - WORKERS COMP			\$ 38,655
15	1a2	BENEFITS RELATED TO LONG TERM DISABILITY INS			\$ 4,572
15	1a3	BENEFITS RELATED TO OUTPATIENT UNEMPLOYMENT COMPENSATION			\$ 762
15	1a4	BENEFITS RELATED TO OUTPATIENT EMPLOYER FICA TAXES			\$ 94,811
15	1a5	FRINGE ALLOCATION SCC MGMT GRP			\$ 265,992
15	1a5	BENEFITS RELATED TO OUTPATIENT - FRINGE ALLOCATION, HEALTH INSURANCE, H.S.A. CONTRIBUTION & DENTAL INS			\$ 103,533
15	1a6	BENEFITS RELATED TO OUTPATIENT - GROUP LIFE INSURANCE			\$ 1,473
15	1a7	BENEFITS RELATED TO OUTPATIENT - PENSION			\$ 33,000
15	1a8	UNIFORM ALLOWANCE			\$ 33
15	1a9	SYSTEM FEE DIRECT PYRL FRG FRINGE BENEFITS			\$ 72,924
15	1a9	IT ALLOCATIONS FRINGE BENEFITS			\$ 76,428
15	1a9	PURCHASED SERVICES - AFFILIATE EMPLOYEE HEALTH - PHYSICALS	\$ 54,657		
15	1a9	BENEFITS RELATED TO OUTPATIENT - BACKGROUND VERIFICATIONS			\$ 1,129
15	1a9	STUDENT DEBT CONTRIBUTION EXP FRINGE BENEFITS	\$ 6,431		\$ 882
15	1g	GENERAL OFFICE SUPPLIES SCC MGMT GRP			\$ 7,531
15	1g	GENERAL OFFICE SUPPLIES PHYSICAL THERAPY			\$ 116
15	1g	TONERS AND INKS SCC MGMT GRP			\$ 39
15	1g	MINOR EQUIPMENT AND FURNISHING SCC MGMT GROUP			\$ 1,285
15	1g	MINOR IT EQUIPMENT SCC MGMT GROUP			\$ 2,908
16	1L3	EMPLOYEE EVENT/STAFF RECOGNITION MGMT GRP			\$ 3,041
16	1L3	GIFTS AND AWARDS MGMT GRP			\$ 2,423
16	1L4	TRAVEL TRANSPORTATION - GROUND SCC MGMT GRP			\$ 5,985
16	1L4	COURTESY PARKING MGMT GRP			\$ 5
16	1L4	MEALS/ENTERTAINMENT MANAGEMENT GRP			\$ 252
16	1L4	MEALS/ENTERTAINMENT TAXABLE MANAGEMENT GRP			\$ 94
16	1L4	LODGING SCC MGMT GRP			\$ 1,134
16	1L4	AIRFARE SCC MGMT GRP			\$ 1,375
16	1L5	STAFF DEVELOPMENT SCC MGMT GRP			\$ 9,814
16	1M7	POSTAGE SCC MGMT GRP			\$ 22
16	1M8	DUES AND LICENSES SCC MGMT GRP			\$ 635
16	1M8	DUES - 5 YR MEDICARE REVALIDATION			\$ 631
16	1m8A	CHESHIRE CHAMBER OF COMMERCE DUES			\$ 175
16	1M9	SUBSCRIPTIONS MGMT GRP			\$ 374
16	1M11	CONTRACT LABOR - NON CLINICAL ADMIN - CELTIC			\$ 25,270
16	1M11	CONTRACT LABOR - NON CLINICAL SCC MGMT GRP			\$ 3,160
16	1M11	MAINT & REPAIR EQPT SCC MGMT GRP			\$ 2,952
16	1M13	BAD DEBT NON PATIENT			\$ (30)
16	1M13	ACCREDITATION FEES MGMT GRP			\$ 265
16	1M13	LATE FEES ADMIN	\$ 622		
16	1M13	LATE FEES OPERATION OF PLANT	\$ 10		
16	1M13	MISCELLANEOUS EXPENSE MGMT GRP			\$ 1
16	1M13	MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (110)		
16	1M13	ABILITY NETWORK			\$ 18,928
16	1M13	BOND FEES FINANCE CORPORATE TREASURY			\$ 9,964
16	1M13	CABLE TV RECREATIONAL THERAPY - portion of expense above \$7,200 which is the allowed amount for SNFs			\$ 10,348
16	1M13	CABLE AND TV SCC MGMT GRP			\$ 6,038
16	1M13	SPONSORSHIP SCC MGMT GRP			\$ 47
16	1M13	OVER ACCRUAL OF LEASED EQPT EXPENSE			\$ 1,700
16	1M13	REPLACEMENT OF RESIDENT BELONGINGS			\$ 1,359
<b>Total Other A&amp;G Adjustments</b>			\$ 61,610	\$ -	\$ 812,035

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 3,685,920	1,525,742		2,160,178
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 378,570	378,570		
28.	20	5d	Ambulance/Limousine	\$ 12,811	12,811		
29.	20	5f	X-rays, etc	\$ 12,599	12,599		
30.	20	5h	Laboratory	\$ 47,891	47,891		
31.	20	5c	Medical Supplies	\$ 26,047	26,047		
32.	20	5e2	Oxygen (non emergency)	\$ 23,055	23,055		
33.	20	5L	Occupational Therapy	\$ 3,675	3,670		5
34.			Other - See Attached Schedule	\$ 34,531	9,237		25,294
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,558			2,558
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,1	Unallowable Property and Real Estate Taxes	\$ 7,837			7,837
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 92,940			92,940
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 1,932			1,932
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,522,517	945,409		577,108
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 39,250			39,250
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 5,892,133	2,985,031		2,907,102

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5L	PATIENT RELATED SUPPLIES PHYSICAL THERAPY	\$ 6,199		\$ 744
20	5L	PATIENT/RESIDENT RELATIONS ADMIN & GENERAL - REPLACE RESIDENT BELONGINGS	\$ -		\$ 3,550
20	5L	HHCRN REHAB MANAGEMENT FEES	\$ -		\$ 21,000
20	5L	MEDICAL SUPPLY ADMIN DEPT - REPLACE RESIDENT BELONGINGS	\$ 2,688		\$ -
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT - REPLACE RESIDENT BELONGINGS	\$ 350		\$ -
<b>Total Other Ancillary Costs</b>			\$ 9,237	\$ -	\$ 25,294

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7D	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 43
22	7D	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,899
22	7D	DEPT EXP - EQUIPMENT NURSING			\$ 449
22	7D	DEP EXP - EQUIPMENT NURSING CERTIFIED NURSING ASST			\$ 62
22	7D	DEP EXP - EQUIPMENT PHYSICAL THERAPY			\$ 105
		ALL ABOVE RELATED TO OUTPATIENT			
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 2,558

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6A	MAINT & REPAIR BUILDING PLANT OPERATIONS			\$ 10,459
22	6A	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 5,079
22	6A	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 5,565
22	6A	MAINT & REPAIR IT EQUIP EMERGENCY MGMT			\$ 467
22	6A	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 86
22	6A	MAINT & REPAIR - EQUIPMENT PT			\$ 32
22	6A	GENERAL MAINTENANCE OPERATION OF PLANT			\$ 38
22	6A	MAINT & REPAIR CLINICAL EQUIP - PLANT OPERATIONS			\$ 278
22	6A	MAINT & REPAIR IT EQUIP SCC MANAGEMENT GRP			\$ 1,108
22	6A	MAINT & REPAIR IT EQUIP ADMIN			\$ 43
22	6B	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 15,531
22	6B	HEATING OIL OPERATION OF PLANT			\$ 412
22	6B	NATURAL GAS/PROPANE/THERMAL SCC MGMT GRP			\$ 2,344
22	6C	ELECTRIC OPERATION OF PLANT			\$ 16,910
22	6C	ELECTRIC SCC MGMT GRP			\$ 6,102
22	6D	WATER OPERATION OF PLANT			\$ 1,340
22	6D	SEWER OPERATION OF PLANT			\$ 1,300
22	6E	LEASED - CLINICAL EQUIPMENT PHYSICAL THERAPY			\$ 919
22	6E	LEASED - OFFICE EQUIPMENT ADMIN & GENERAL			\$ 401
22	6E	LEASED - OFFICE EQUIPMENT SCC MGMT GRP			\$ 3,921
22	6F	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 2,933

22	6F	MAINTENANCE - GROUNDS/LANDSCAPING MGMT GRP			\$ 127	age 29
22	6F	WASTE REMOVAL OPERATION OF PLANT			\$ 5,011	
22	6F	WASTE REMOVAL ADMIN & GENERAL			\$ 52	
22	6f	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 18	
22	7A	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 1,234	
22	8b	AMTZ BOND FINANCE CORP TREASURY			\$ 1,089	
26	12A1	INTEREST EXPENSE ON BONDS			\$ 10,141	
		NOTE: ALL OF THE ABOVE RELATED TO OUTPATIENT				
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 92,940	

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	SERVICES TO AFFILIATES			\$ 705,360
30	IV8	MISC OTHER OPERATING INCOME ADMIN	\$ 74,308		
30	IV8	MISC OTHER OPERATING INCOME MGMT CO	\$ 500,693		
30	IV8	MISC OTHER OPERATING INCOME COVID	\$ 8,168		
30	IV8	MISC OTHER OPERATING INCOME	\$ 11,608		
30	IV8	PRF INCOME	\$ 349,742		
30	IV8	RENTAL AFFILIATE			\$ 25,828
30	IV8	GRANT INCOME RELEASED	\$ -		\$ 88,838
30	IV8	INCOME FROM RESTRICTED FUNDS	\$ 890		
30	IV8	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 13
30	IV8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ (242,931)
<b>Total Other Adjustments</b>			\$ 945,409	\$ -	\$ 577,108

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7B	DEP EXP - BUILDING ADMIN & GENERAL			\$ 16,135
22	7B	DEP EXP - BUILDING HHC FOOD & NUTRITION			\$ 1,319
22	7B	DEP EXP - BUILDING OPERATION OF PLANT			\$ 21,723
22	7C	NON-MOVABLE EQUIPMENT			\$ 73
		ALL ABOVE RELATED TO OUTPATIENT			

<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ 39,250

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### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,755,395	12,755,395				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,030,892)	(6,030,892)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,631,265	2,631,265				
b. Medicare Room and Board Contractual Allowance **	\$ 206,938	206,938				
4. a. Private-Pay Residents and Other	\$ 8,997,643	8,997,643				
b. Private-Pay Room and Board Contractual Allowance **	\$ (563,832)	(563,832)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 183,743	183,743				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (183,743)	(183,743)				
c. Prescription Drugs - Non-Medicare	\$ 196,110	196,110				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (196,109)	(196,109)				
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	\$ 463,094	423,844		39,250		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (374,293)	(368,794)		(5,499)		
c. Physical Therapy - Non-Medicare	\$ 499,482	442,571		56,911		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (345,178)	(404,186)		59,008		
4. a. Speech Therapy - Medicare	\$ 76,189	73,925		2,264		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,234)	(56,177)		(57)		
c. Speech Therapy - Non-Medicare	\$ 75,157	74,053		1,104		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (55,113)	(54,975)		(138)		
5. a. Occupational Therapy - Medicare	\$ 439,286	438,686		600		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (405,629)	(405,563)		(66)		
c. Occupational Therapy - Non-Medicare	\$ 478,509	477,806		703		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (531,599)	(480,059)		(51,540)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1)	(1)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 18,260,188	18,157,648		102,540		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 337	337				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,523,680	946,572		577,108		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,524,017	946,909		577,108		
<b>VI. Total All Revenue</b> (III +V)	\$ 19,784,205	19,104,557		679,648		

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

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

## Schedule of Other Resident Revenue - Medicare

## Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6a	IP LAB SERVICES MEDICARE	\$ 8,764		
30 II 6a	IP LAB SERVICES PROF CA MEDICARE	\$ (8,764)		
30 II 6a	IP RADIOLOGY SERVICES MEDICARE	\$ 6,085		
30 II 6a	IP RADIOLOGY SERV PROF CA MEDICARE	\$ (6,085)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6b	IP LAB SERVICES MGD MEDICARE	\$ 7,439		
30 II 6b	IP LAB SERVICES ANTHEM	\$ 175		
30 II 6b	IP LAB SERVICES CIGNA	\$ 38		
30 II 6b	IP RADIOLOGY SERVICES ANTHEM	\$ 75		
30 II 6b	IP LAB SERVICES PROF CA MANAGED MEDICARE	\$ (7,653)		
30 II 6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	\$ (7,067)		
30 II 6b	IP RADIOLOGY SERVICES MANAGED MEDICARE	\$ 6,992		
<b>Total Other Resident Revenue</b>		\$ (1)	\$ -	\$ -

## Interest Income

## Account

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

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV8	CONTRIBUTIONS OPERATIONAL CLIENT/FACILITY	\$ 1,163		
30 IV8	SERVICES TO AFFILIATES			\$ 705,360
30 IV8	MISC OTHER OPERATING INCOME	\$ 74,308		
30 IV8	MISC OTHER OPERATING INCOME	\$ 500,693		
30 IV8	MISC OTHER OPERATING INCOME COVID	\$ 8,168		
30 IV8	MISC OTHER OPERATING INCOME	\$ 11,608		
30 IV8	PRF INCOME	\$ 349,742		
30 IV8	RENTAL AFFILIATE			\$ 25,828
30 IV8	GRANT INCOME RELEASED			\$ 88,838
30 IV8	INCOME FROM RESTRICTED FUNDS	\$ 890		
30 IV8	DIVIDEND INCOME FINANCE CORP TREASURY			\$ 13
30 IV8	INVESTMENT INC - ENDOWMENT FUND ACCOUNT			\$ (242,931)
<b>Total Other Revenue</b>		\$ 946,572	\$ -	\$ 577,108

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	12,082
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,718,230
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	104,864
4. Inventories			\$	42,472
5. Prepaid Expenses			\$	75,828
a. _____				
b. _____				
c. _____				
d. See Schedule		75,828		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	2,640,446
_____				
_____				
See Schedule		2,640,446		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,593,922
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	437,835	\$	68,903
	Accum. Depreciation	368,932	Net	
3. Buildings	*Historical Cost	5,894,420	\$	2,872,977
	Accum. Depreciation	3,021,443	Net	
4. Leasehold Improvements	*Historical Cost	119,019	\$	
	Accum. Depreciation	119,019	Net	
5. Non-Movable Equipment	*Historical Cost	59,085	\$	7,920
	Accum. Depreciation	51,165	Net	
6. Movable Equipment	*Historical Cost	682,589	\$	128,941
	Accum. Depreciation	553,648	Net	
7. Motor Vehicles	*Historical Cost	42,230	\$	
	Accum. Depreciation	42,230	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	83,923
_____				
See Schedule		83,923		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,972,664

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

(Carry Total forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2022	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	8,566,586
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	5,467,204
_____				
_____				
See Schedule				5,467,204
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	5,467,204
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	14,033,790

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Southington Care Center		2060-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	197,932
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> )				\$	415,014
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,812,771
_____					
_____					
_____					
See Schedule				1,812,771	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>2,425,717</b>

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

(Carry Total forward to next page)

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2022		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,425,717	
<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> )				\$ 6,535,995	
Name and Address of Lender	Amount	Loan Date			
Hartford HealthCare	6,535,995				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 600,036	
See Schedule				600,036	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,136,031	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,561,748	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2022	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			\$	
5. Reserve for funds set aside as donor restricted			\$	87,544
6. Total Reserves			\$	87,544
<b>B. Net Worth</b>				
1. Owner's Capital			\$	3,795,599
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	588,899
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	4,384,498
<b>C. Total Reserves and Net Worth</b>			\$	4,472,042
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	14,033,790



### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2022	36	37		
Account			Amount			
A.	Balance at End of Prior Period as shown on Report of 09/30/2021		\$	3,875,685		
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	19,784,205		
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	19,195,306		
D.	Net Income or Deficit		\$	588,899		
E.	Balance		\$	4,464,584		
F.	Additions					
1.	Additional Capital Contributed ( <i>itemize</i> )					
	TEMP RESTRICT NET ASSETS CNTRL	11,972				
	TR CONTRIBUTIONS	(8,630)				
	TR NA RELEASE RF REST-OPS	4,116				
2.	Other ( <i>itemize</i> )					
F-3.	Total Additions				\$	7,458
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>		\$			4,472,042
		09/30/22				

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

Name of Facility Southington Care Center	License No. 2060-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 checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Kelly Allaire				
Address Address			Phone Number	
45 Meriden Avenue Southington, CT. 06489			860-378-1259	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kelly Allaire			860-378-1259	
Contact Email Address				
Kelly.Allaire@hhchealth.org				