State of Connecticut Department of Social Services

Nursing Facility Narrative Summary of Expenditures

To be Filed with the Annual Report of Long Term Care Facility

Per LCO No. 8976, beginning with the cost report year ending on September 30, 2023, and annually thereafter, eachome facility, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Social Sernarrative summaries of expenditures in addition to the cost reports required pursuant to section 17b-340 of the gene statutes, as amended by this act. The summaries shall include profit and loss statements for the preceding three cost years, total revenue, total expenditures, total assets, total liabilities, short-term debt, long-term debt and cash flows investing, operating and financing activities.

You must submit this summary (data requested below) along with a written narrative explaining the data ar and loss statements for the preceding three cost years.

Facility Name	Complete Care at Meriden	
Facility Address	845 Paddock Ave, Meriden, CT 06450-7021	
Provider Number	000008995	
Individual Completing this Summary	Peri Neumann	
Email Address	PeriN@LTCAlly.com	

Total Expenditures		
Total Revenue		
Total Assets		
Total Liabilities		
Short-term debt		
Long-term debt		
Cash Flows from Investing		
Cash Flows from Operating		
Cash Flows from Financing		

2023	2022	2021
12,664,239	11,781,484	889,791
12,865,960	11,787,594	829,270
3,854,501	3,714,382	1,011,099
3,731,209	3,792,810	1,071,620
3,731,209	3,792,810	1,049,397
-	-	22,223
(165,291)	(484,139)	(78,584)
63,451	356,453	304,014
-	(46,241)	22,223

Narrative:

^{*2021 -} only includes data for 1 month, as the facilities came on 9/1/21

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