State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2023

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 Nursing Home (CCNH) & RHNS Combined ☐ Other ☐ (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS	Other	(Specify)	Medicare Provider
	2060-C			07-5336

Medicaid Provider Numbers:	CCNH / RHNS	Other	(Specify)
	2060-2		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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, 2022 and ending September 30, 2023, 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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 3/2023

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Southington Care Center	Period Covered:		From 10/1/2022	To 9/30/2023
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Kelly Allaire	Phone Number 860-378-1259		Date 1/31/2024	

Item		Total	CCNH / RHNS	Other	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 3/2023

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-621-9559	9/30/2023	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Southington Care Center	45 Meriden Avenue, Southington, CT 06489

License Numbers:	CCNH / RHNS	Other	(Specify)	Medicare Provider No.
	2060-C			07-5336

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☐ Other ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ◉ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Stephen Barrett		1471

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	3A	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

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
SEE ATTACHED LISTING			
Names of Stockholders Owning at Least 10% of Shares			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	4	37

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		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	5	37

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 (*See listing page 13*)
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 3/2023

General Information and Questionnaire
Other Lines of Business

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	6	37

Square footage of entire facility.	67,152

Outpatient Therapy

Does the Facility provide outpatient therapy services?	yes

If yes, please complete the following:

8,298	Square footage of therapy space.

Meals on Wheels

Does the facility provide Meals on Wheels?	No

If yes, please complete the following:

	Square footage of kitchen	
	Number of meals served per week	
No	Are meals included in meals served on page 18 of the Annual Report?	
No	Are direct costs included in the Annual Report?	
	If yes, please state where costs are reported.	
No	Are drivers for the program included in the facility's payroll?	
	If yes, please complete the following:	
		Amount Reported
		Annual Report page and line
	Please state the salary amounts of specific cooks and/or dietary aides	
	Please state where the cooks and/or dietary aides are reported in the Annual Report	

Apartments, Independent Living, Assisted Living

Does the facility have apartments, independent living, and/or assisted living?	No

If yes, please complete the following:

	Square footage of apartments
	Square footage of independent living
	Square footage of assisted living
	Please identify the services provided:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 3/2023

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Cen	2060-C	9/30/2023	7	37

Child Day Care

Does the Facility provide Child Day Care?	No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care?	No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 3/2023

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	8	37

	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30 Total	Period 10/1 Thru 6/30 CCNH / RHNS	Period 10/1 Thru 6/30 Other	Period 10/1 Thru 6/30 (Specify)	Period 7/1 Thru 9/30 Total	Period 7/1 Thru 9/30 CCNH / RHNS	Period 7/1 Thru 9/30 Other	Period 7/1 Thru 9/30 (Specify)
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	115	115							115	115		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,003	5,003			3,779	3,779			1,224	1,224		
B. Medicaid (Conn.)	25,132	25,132			18,246	18,246			6,886	6,886		
C. Medicaid (other states)												
D. Private Pay	9,206	9,206			7,191	7,191			2,015	2,015		
E. State SSI for RCH												
F. Other (Specify) Managed Care, Managed Medic	4,879	4,879			3,691	3,691			1,188	1,188		
G. Total Care Days During Period (3A thru F)	44,220	44,220			32,907	32,907			11,313	11,313		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	18	18			15	15			3	3		
B. Other Bed Reserve Days	152	152			119	119			33	33		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	44,390	44,390			33,041	33,041			11,349	11,349		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-9 Rev. 3/2023

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ 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	(Specify)	Lost			Gained			CCNH / RHNS	Other	(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	Other	(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	Other	CCNH / RHNS	Other	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	74		31				
Per Diem Rate								
a. One bed rm.	PDPM	######		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	Outpatient	(Specify)
A. Medicare - Part B	3,620	1,569		2,051	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	115	115			
C. Other	22,136	19,219		2,917	
D. ***Total Physical Therapy Treatments***	25,871	20,903		4,968	
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	341	309		32	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	1,063	1,063			
D. ***Total Speech Therapy Treatments***	1,404	1,372		32	
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,890	1,799		91	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	18,447	18,423		24	
D. ***Total Occupational Therapy Treatments***	20,337	20,222		115	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	Other	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,963		2,086						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	685,138		25,668	9,160	(9,160)	405			
5. Dietary Service									
a. Head Dietitian	98,255		2,186						
b. Food Service Supervisor									
c. Dietary Workers	668,326		33,201						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	332,809		18,187	46,924	(46,924)	2,564			
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	62,453		1,280	8,806	(8,806)	180			
b. Other Maintenance Workers	92,583		3,739	13,054	(13,054)	527			
8. Laundry Service									
a. Supervisor	30,540		626						
b. Other Laundry Workers	80,957		4,229						
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	228,314		4,158						
b. RN									
1. Direct Care	1,363,602		30,300						
2. Administrative**	335,063		7,072						
c. LPN									
1. Direct Care	1,153,756		31,423						
2. Administrative**	262,033		6,336						
d. Aides and Attendants	2,641,590		114,549						
e. Physical Therapists	475,025		11,487	112,899	(112,899)	2,730			
f. Speech Therapists	84,493		1,807	1,971	(1,971)	42			
g. Occupational Therapists	441,949	(441,949)	9,846	2,513	(2,513)	56			
h. Recreation Workers	237,751		8,714						
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	211,753		5,472						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	143,215		5,376	1,377,797	(1,377,797)	25,746			
A-13. Total Salary Expenditures	9,794,568	(441,949)	327,742	1,573,124	(1,573,124)	32,250			

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS $	CCNH / RHNS Adjustment	CCNH / RHNS Hours	Other $	Other Adjustment	Other Hours	Other $	Other Adjustment	Other Hours
SALARY AND WAGES PA ADMINISTRATION	$ 131,052		4,169						
SALARY AND WAGES SCC MGMT GRP - DISALLOWED				$ 978,564	$ (978,564)	20,726			
SALARY AND WAGES COMMUNITY NETWORK ADMIN - DISALLOWED				$ 140,848	$ (140,848)	1,041			
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION				$ 252,204	$ (252,204)	3,979			
PTO ACCRUAL - FRINGE BENEFITS DEPT	$ 37,969		1,207	$ 6,181	$ (6,181)				
ACCRUED SALARY -REVERSAL OF SEVERANCE ACCRUAL NO HOURS	$ (25,806)								
Total	$ 143,215	$ -	5,376	$ 1,377,797	$ (1,377,797)	25,746	$ -	$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS $	CCNH / RHNS Adjustment	CCNH / RHNS Hours	Other $	Other Adjustment	Other Hours	Other $	Other Adjustment	Other Hours
PROF FEES- NURSING DIRECT MANAGEMENT - DISALLOWED- CT Rehab & Spasticity	$ 11,000		96						
PROF FEES- NURSING DIRECT MANAGEMENT - DISALLOWED- DR. BABIARZ MED STAFF MEETINGS	$ 775		12						
Reclass Healthdrive Patient Nail Service				$ 979	$ (979)	8			
Total	$ 11,775	$ -	108	$ 979	$ (979)	8	$ -	$ -	-

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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	9/30/2023	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	(Specify)							
Section I - Operators/Owners										
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).										

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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	9/30/2023	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	(Specify)							
Section III - Administrators* **										
Stephen Barrett	164,963			Non-discriminatory	Administrator - Management of facility	2,086	A2			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	13	37

	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	Other	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	11,602	(11,602)	190						
3. Pharmacist	19,322		192						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	9,622		231	2,287	(2,287)	55			
b. Other									
6. Social Worker									
7. Recreation Worker	33,431		1,002						
8. Physicians									
a. Medical Director (entire facility)	65,900		383						
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	563		8	13	(13)				
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	12,340		126						
2. Administrative***									
b. LPN									
1. Direct Care	123,142		1,828						
2. Administrative***									
c. Aides	672,115		17,307						
d. Other									
12. Other (Specify)									
See Attached Schedule	11,775		108	979	(979)	8			
B-13 Total Fees Paid in Lieu of Salaries	959,812	(11,602)	21,375	3,279	(3,279)	63			

* 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 in the Adjustment column.

*** 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
HealthDrive Dental	Dental	○	⊙	
Neighborcare/Omni Pharmacy	Pharmacy	○	⊙	
Hartford HealthCare Rehab Network	Physical Therapy	⊙	○	Affiliate of Hartford Healthcare
Jerome Home	Physical Therapy	⊙	○	Affiliate of Hartford Healthcare
Victoria Triano	Pastoral Care	○	⊙	
Vicncent Raby	Pastoral Care	○	⊙	
Brian Colbath	Entertainment	○	⊙	
Douglas Codianni	Entertainment	○	⊙	
Ashley Cruz	Entertainment	○	⊙	
James Sheehan	Entertainment	○	⊙	
George Smith Jr.	Entertainment	○	⊙	
Diana Sheard	Entertainment	○	⊙	
Joseph Cadena	Entertainment	○	⊙	
John Bussmann	Entertainment	○	⊙	
Blaise Tramazzo	Entertainment	○	⊙	
Crackerbarrel Entertainment	Entertainment	○	⊙	
Jose Paulo Dos Santos	Entertainment	○	⊙	
Judy Touramgeau	Entertainment	○	⊙	
Michael Germon	Entertainment	○	⊙	
Pryme Tyme Entertainment	Entertainment	○	⊙	
Rita Wagener	Entertainment	○	⊙	
That's Heavenly Entertainment	Entertainment	○	⊙	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 3/2023

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Southington Care Center	2060-C	9/30/2023					15	37

Item		Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	$	(135,432)	(135,432)		(21,752)	21,752		
2. Disability Insurance	$	33,347	33,347		5,356	(5,356)		
3. Unemployment Insurance	$	12,315	12,315		1,978	(1,978)		
4. Social Security (F.I.C.A.)	$	699,655	699,655		112,373	(112,373)		
5. Health Insurance	$	972,086	972,086		423,307	(423,307)		
6. Life Insurance (employees only)								
(not-owners and not-operators)	$	10,515	10,515		1,689	(1,689)		
7. Pensions (Non-Discriminatory)	$	256,010	256,010		41,118	(41,118)		
(not-owners and not-operators)								
8. Uniform Allowance	$							
9. Other (*Specify*)	$	5,130	38,961	(33,831)	178,234	(178,234)		
See Attached Schedule								
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$							
c. Bad Debts*	$		364,000	(364,000)				
d. Accounting and Auditing	$	7,370	7,370					
e. Legal (*Services should be fully described on Page 15b)*	$		5,352	(5,352)				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$							
g. Office Supplies	$	23,669	23,696	(27)	9,711	(9,711)		
h. Telephone and Cellular Phones								
1. Telephone & Pagers	$	20,025	20,025		9,267	(9,267)		
2. Cellular Phones	$	2,800	3,052	(252)	5,620	(5,620)		
i. Appraisal (*Specify purpose and attach copy*)*	$							
j. Corporation Business Taxes (*franchise tax*)	$							
k. Other Taxes (*Not related to property - See Page 22)*								
1. Income*	$							
2. Other (*Specify*)	$							
See Attached Schedule								
3. Resident Day User Fee	$	726,010	726,010					
Subtotal	$	2,633,500	3,036,962	(403,462)	766,901	(766,901)		

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
BACKGROUND VERIFICATIONS ADMIN & GENERAL	$ 5,130		$ 824	$ (824)		
EMPLOYEE PHYSICALS -EMPLOYEE HEALTH	$ 20,679	$ (20,679)	$ 3,321	$ (3,321)		
OTHER EMPLOYEE BENEFITS FRINGE BENEFITS			$ 978	$ (978)		
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS			$ 91,455	$ (91,455)		
STUDENT DEBT CONTRIBUTION EXP FRINGE BENEFITS	$ 12,817	$ (12,817)	$ 2,058	$ (2,058)		
IT ALLOCATIONS FRINGE BENEFITS			$ 79,598	$ (79,598)		
PURCHASE SERVICES-EMPLOYEE PHYSICALS -EMPLOYEE HEALTH	$ 335	$ (335)				
Total	$ 38,961	$ (33,831)	$ 178,234	$ (178,234)	$ -	$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
Total	$ -	$ -	$ -	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15b Rev. 3/2023

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	15b	37

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 Clifton Larson Allen LLP	29 S. Main St. West Hartford, CT 06107
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Medicare Cost Report Preparation	$ 7,370
2		$
3		$
4		$
		Charge for Services Provided $ 7,370

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	Telephone Number
1 Michalik Bauer Silva & Ciccarillo LLP	
2	
3	
4	
5	

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

1 35 Pearl St. Suite 200 New britain, CT. 06051
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Collections-Disallowed	$ 5,325
2		$
3		$
4		$
5		$
		Charge for Services Provided $ 5,325

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 3/2023

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	9/30/2023	16	37

Item		Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		2,633,500	3,036,962	(403,462)	766,901	(766,901)		
l. Travel and Entertainment								
1. Resident Travel and Entertainment	$							
2. Holiday Parties for Staff	$							
3. Gifts to Staff and Residents	$	3,555	10,710	(7,155)	7,432	(7,432)		
4. Employee Travel	$	790	790		10,783	(10,783)		
5. Education Expenses Related to Seminars and Conventions	$	2,558	11,977	(9,419)	8,151	(8,151)		
6. Automobile Expense (*not purchase or depreciation*)	$	786	786					
7. Other (*Specify*)	$							
See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (*all such expenses*)	$				9	(9)		
2. Advertising Telephone Directory (*all such expenses*)***	$							
3. Advertising Other (*Specify*)***	$				15,111	(15,111)		
See Attached Schedule								
4. Fund-Raising***	$							
5. Medical Records	$							
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$							
7. Postage	$	15,802	15,802		35	(35)		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	19,626	19,626		1,521	(1,521)		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				175	(175)		
9. Subscriptions	$	14,567	14,567		1,675	(1,675)		
10. Contributions***	$							
See Attached Schedule								
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	27,205	27,205		27,555	(27,555)		
12. Administrative Management Services**	$		982,336	(982,336)				
13. Other (*Specify*)	$	51,192	51,490	(298)	18,763	(18,763)		
See Attached Schedule								
C-14 Total Administrative & General Expenditures	$	2,769,581	4,172,251	(1,402,670)	858,111	(858,111)		

* 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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
ADVERTISING- SC MGMT GRP			$ 4,696	$ (4,696)		
ADVERTISING MARKETING & ADVERTISING			$ 8,669	$ (8,669)		
PURCHASED SERVICES - AFFILIATE MARKETING & ADVERTISING			$ 303	$ (303)		
PROMOTIONAL EVENTS MGMNT GRP			$ 479	$ (479)		
PURCHASED SERVICES - AFFILIATE ADMIN & GENERAL			$ 840	$ (840)		
Reclass Survey Monkey Advertising and disallow			$ 124	$ (124)		
Total Other Advertising	$ -	$ -	$ 15,111	$ (15,111)	$ -	$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
ALTCFM	$ 95					
AAPACN License	$ 158					
CT Alliance for Long Term Care	$ 350					
BTAC License -Speech therapist			$ 390	$ (390)		
Leading Age	$ 15,000					
Motion Picture License	$ 2,568		$ 791	$ (791)		
Paula DePinto CPA License Renewal - disallowed			$ 40	$ (40)		
Plainville Southington - Food Service Permit	$ 325					
State of CT License	$ 1,090		$ 300	$ (300)		
Stephen Barrett - License Renewal	$ 40					
Total Dues	$ 19,626	$ -	$ 1,521	$ (1,521)	$ -	$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
Total Contributions	$ -	$ -	$ -	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
MINOR EQUIPMENT AND FURNISHING CERTIFIED NURSE ASST	$ 385					
MERCHANT FEES	$ 42,276					
MINOR EQUIPMENT IT-PHYSICAL THERAPY			$ 311	$ (311)		
ACCREDITATION FEES MGMNT GRP	$ 1,307					
CASH DISCOUNTS ACCOUNTING GENERAL	$ (141)					
LATE FEES OPERATION OF PLANT	$ 106	$ (106)				
LATE FEES FINANCE ADMIN	$ 192	$ (192)				
LATE FEES ADMIN & GENERAL	$ 33					
BOND FEES FINANCE CORPORATE TREASURY			$ 10,158	$ (10,158)		
STORAGE RENT/LEASE ADMIN & GENERAL	$ 7,332					
200010 TO P 16 1M13			$ 8,169	$ (8,169)		
SPONSORSHIPS SCC MGMT GRP			$ 125	$ (125)		
Total Other Administrative and General	$ 51,490	$ (298)	$ 18,763	$ (18,763)	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2023	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	982,336	Contracting & Management	p. 16 line 1m12
Morrison Community Living	632,302	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p. 18 line 2a1,2,3 and 2b
Crothall Healthcare	111,426	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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 3/2023

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	18	37

Item		Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	$	319,003	319,003					
2. Non-Food Supplies	$	103,469	103,469					
3. Other (*Specify*)_____	$		2,406	(2,406)	34,222	(34,222)		
Non-Patient Food & Supplies - disallowed								
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	197,221	197,221					
c. Other (*Specify*)_____	$							
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	619,693	622,099	(2,406)	34,222	(34,222)		

		Total	CCNH / RHNS	Other	(Specify)
2E.	Dietary Questionnaire				
F.	Resident Meals: Total no. of meals served per day:*	365	365		

G.	Is cost of employee meals included in 2D?	⦿ Yes	○ No		
H.	Did you receive revenue from employees?	⦿ Yes	○ No	If yes, specify amt.	10
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?	⦿ Yes	○ No	If yes, specify cost.	32127
K.	Is any revenue collected from these people?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.	
N.	Is any revenue collected from employees?	○ Yes	⦿ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 3/2023

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	9/30/2023	19	37

Item		Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
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 (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	245,932	245,932					
c. Other (*Specify*) Laundry Supplies	$	25,094	25,094					
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	271,026	271,026					

3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.	
G. Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.	
J. Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 3/2023

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	9/30/2023					20	37

Item			Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
4. Housekeeping	Sq. Ft. Serviced by Personnel		67,152	58,854		8,298			
a. In-House Care									
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	47,992	47,992		8,031	(8,031)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel		67,152	58,854		8,298			
	Amt.	$	62,406	62,406		9,574	(9,574)		
C. Other (*Specify*)		$							
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	110,398	110,398		17,605	(17,605)		
5. Resident Care (Supplies)**									
a. Prescription Drugs***									
1. Own Pharmacy		$							
2. Purchased from Omnicare Pharmacy		$		401,450	(401,450)				
b. Medicine Cabinet Drugs		$	41,771	41,771					
c. Medical and Therapeutic Supplies		$	316,030	332,054	(16,024)	(619)	619		
d. Ambulance/Limousine***		$		7,517	(7,517)				
e. Oxygen									
1. For Emergency Use		$							
2. Other***		$		36,736	(36,736)				
f. X-rays and Related Radiological Procedures***		$		15,900	(15,900)				
g. Dental (*Not dentists who should be included under salaries or fees*)		$							
h. Laboratory***		$		42,795	(42,795)				
i. Recreation		$	6,423	6,423					
j. Direct Management Services*		$							
k. Indirect Management Services*		$							
l. Cable TV		$	7,200	9,794	(2,594)	6,294	(6,294)		
m. Other (Specify)**** See Attached Schedule		$	4,046	7,117	(3,071)	23,054	(23,054)		
n. Physical Therapy Expense		$							
o. Speech Therapy Expense		$							
5P. ***Total Resident Care Expenditures*** (5a - 5o)		$	375,470	901,557	(526,087)	28,729	(28,729)		

* 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 in the Adjustment column.

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
MEDICAL SUPPIES -PHYSICAL THERAPY	$ 273		$ 65	$ (65)		
PATIENT RELATED SUPPLIES PHYSICAL THERAPY	$ 3,773		$ 897	$ (897)		
PATIENT RELATED SUPPLIES OCCUPATIONAL HEALTH - disallowe	$ 2,671	$ (2,671)	$ 15	$ (15)		
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL			$ 1,077	$ (1,077)		
HHCRN MANAGEMENT FEES - disallowed			$ 21,000	$ (21,000)		
PATIENT/RESIDENT RELATIONS FUND DEPT - disallowed	$ 400	$ (400)				
Total Other Resident Care	$ 7,117	$ (3,071)	$ 23,054	$ (23,054)	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 3/2023

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	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	(Specify)	Pg	Line
SEE ATTACHED SCHEDULE		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 3/2023

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	9/30/2023	22	37

Item		Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	$	213,145	213,364	(219)	31,875	(31,875)		
b. Heat	$	106,019	106,019		17,510	(17,510)		
c. Light & Power	$	111,182	111,182		23,584	(23,584)		
d. Water	$	25,790	25,790		3,637	(3,637)		
e. Equipment Lease (*Provide detail on page 22b*)	$	12,478	18,833	(6,355)	5,947	(5,947)		
f. Other (*itemize*)	$	61,760	61,760		9,508	(9,508)		
See Attached Schedule								
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	530,374	536,948	(6,574)	92,061	(92,061)		
7. Depreciation (*complete schedule page 23**)								
a. Land Improvements	$	8,751	8,751		1,234	(1,234)		
b. Building & Building Improvements	$	274,272	274,272		38,671	(38,671)		
c. Non-Movable Equipment	$	514	514		73	(73)		
d. Movable Equipment	$	22,565	22,565		3,181	(3,181)		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	306,102	306,102		43,159	(43,159)		
8. Amortization (*Complete att. Schedule Page 24**)								
a. Organization Expense	$							
b. Mortgage Expense	$	7,727	7,727		1,089	(1,089)		
c. Leasehold Improvements	$							
d. Other (*Specify*)	$							
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	7,727	7,727		1,089	(1,089)		
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	$	98,919	98,919		13,947	(13,947)		
b. Real estate taxes paid by lessor	$	14,809	14,809		2,116	(2,116)		
c. Personal property taxes	$							
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	427,557	427,557		60,311	(60,311)		

* 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	Adjustment	Other	Adjustment	(Specify)	Adjustment
MAINTENANCE-GROUNDS & LANDSCAPING OPERATION OF PLAI	$ 21,550		$ 3,038	$ (3,038)		
WASTE/GARBAGE REMOVAL OPERATION OF PLANT	$ 29,739		$ 4,193	$ (4,193)		
WASTE/GARBAGE REMOVAL ADMIN & GENERAL	$ 1,062		$ 150	$ (150)		
STORAGE RENT OPERATION OF PLANT	$ 3,801		$ 536	$ (536)		
PURCHASE SERVICE AFFILIATE-OPERATION OF PLANT	$ 5,608		$ 791	$ (791)		
SECURITY SERVICES MANAGEMENT CO.			$ 800	$ (800)		
Total Other Repairs and Maintenance	$ 61,760	$ -	$ 9,508	$ (9,508)	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22b Rev. 3/2023

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	9/30/2023	22b	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	○	⊙	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/2022-12/31/22	12 months	8,580	2,145
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	○	⊙	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/23-12/31/23	12 months	8,580	5,720
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	○	⊙	2 Ricoh IMC3000 Color Copier at SCC Mgmt Co.	09/01/19	60 months	3,580	2,165
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	○	⊙	13 Ricoh Copiers at SCC	12/05/19	60 months	13,901	13,276
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	○	⊙	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	○	⊙	SendProSeries 2 at SCC Mgmt Co.	03/29/19	36 months	684	513
Pitney Bowes Global Financial PO Box 371887, Pittsburgh, PA 15250	○	⊙	SendPro C Series Postage Machine at SCC	03/29/19	36 months	684	581
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No **Total ***** 24,780

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2022

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	437,835		437,835	368,932		Various	9,985	
2. Disposals (attach schedule)				(1)				
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								9,985
B. **Building and Building Improvements**								
1. Acquired prior to this report period	5,894,420		5,894,420	3,021,444		Various	308,658	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	131,131						4,285	
B-4. Subtotal								312,943
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	59,085		59,085	51,165		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								
D. **Movable Equipment**												
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					682,589		682,589	553,647	S/L	VARIOUS	20,340	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					63,387						3,169	
d. Standard Resident					49,013						2,237	
e. Specialized Resident												
Total Acquired during this report period					112,400						5,406	
D-3. Subtotal												25,746
E. ***Total Depreciation***												349,261

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Land Improvements		$ -		$ -	*
Deletions:					
Total deletions for Land Improvements		$ -		$ -	**

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
11/30/2022	Hot Water Storage Tank	$ 10,291	20	$ 257	
3/31/2023	Rooftop HVAC Unit Resident Rms	$ 39,125	15	$ 1,304	
3/31/2023	Rooftop HVAC Unit # 3 Gym	$ 22,650	15	$ 755	
3/31/2023	Rooftop HVAC Unit - Library	$ 25,540	15	$ 851	
3/31/2023	Rooftop HVAC Unit # 2 Gym	$ 33,525	15	$ 1,118	
Total additions for Building Improvements		$ 131,131		$ 4,285	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

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

***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 Movable Category	Cost	Useful Life	Depreciation	
Additions:						
11/1/2022	Sara Flex Lift w/ Scale & Hand	Standard Resident	$ 5,026	10	$ 251	
1/1/2023	Maxi Move Lift with Scale	Standard Resident	$ 6,634	10	$ 332	
1/1/2023	Sara Flex Lift w/ Scale & Hand	Standard Resident	$ 5,025	10	$ 251	
11/1/2022	Maxi Move Lift with Scale	Standard Resident	$ 6,634	10	$ 332	
5/1/2023	Prime Care Bed w/ Rails, P903	Standard Resident	$ 25,694	12	$ 1,071	
7/1/2023	Convection Steamer Eco-Tech +	Administrative	$ 27,300	10	$ 1,365	
8/1/2023	Plate Dispenser Heated Drop-In	Administrative	$ 1,963	10	$ 98	
8/1/2023	SmartTherm Induction Charger	Administrative	$ 23,685	10	$ 1,184	
8/1/2023	Blixer Commercial Blender/Mixr	Administrative	$ 3,946	10	$ 197	
8/1/2023	Dealer's Choice 2 Door Freezer	Administrative	$ 6,493	10	$ 325	
Total additions for Movable Equipment			$ 112,400		$ 5,406	*
Deletions:						
Total deletions for Movable Equipment			$ -		$ -	**

***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	
Additions:					
Total additions for Leasehold Improvement		$ -		$ -	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1. BOND PREMIUM (276310,705010	1	2020		933,689	142,124			8,816	
2.									
3.									
B-4. Subtotal									8,816
C. **Leasehold Improvements and Other**									
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									
D. ***Total Amortization***									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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2023	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ 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 **NOT** 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	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th 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 _9/30/23___	6,127,519			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 3/2023

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	26	37

Item	Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage $		102,123	(102,123)	14,399	(14,399)		
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. ***Total Building Interest Expense*** (A1 - A4 + B5) $	116,522	102,123	(102,123)	14,399	(14,399)		

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 3/2023

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	9/30/2023	27	37

Item	Total	CCNH / RHNS	Adjustment	Other	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	116,522	102,123	(102,123)	14,399	(14,399)		
12. C. Movable Equipment 1. Automotive Equipment $							
A. Item / Rate / Amount							
Lender							
Address of Lender							
2. Other (*Specify*) $							
A. Item / Rate / Amount							
Lender							
Address of Lender							
B. Item / Rate / Amount							
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $							
12. D. Other Interest Expense (*Specify*) $							
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $		102,123	(102,123)	14,399	(14,399)		
14. Insurance							
a. Insurance on Property (buildings only) $	18,898	18,898		2,664	(2,664)		
b. Insurance on Automobiles $	4,184	4,184					
c. Insurance other than Property (as specified above)							
1. Umbrella (*Blanket Coverage*) $	37,161	37,161					
2. Fire and Extended Coverage $							
3. Other (*Specify*) $	15,139	15,139					
Excess Insurance							
14d. ***Total Insurance Expenditures (14a + b + c)*** $	75,382	75,382		2,664	(2,664)		
15. ***Total All Expenditures (A-13 thru C-14)*** $	15,480,310	17,973,721	(2,493,411)	2,684,505	(2,684,505)		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev. 3/2023

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2023	30 | 37

Item		Total	CCNH / RHNS	Other	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	14,217,005	14,217,005		
b. Medicaid Room and Board Contractual Allowance **	$	(6,713,957)	(6,713,957)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	2,889,670	2,889,670		
b. Medicare Room and Board Contractual Allowance **	$	340,554	340,554		
4. a. Private-Pay Residents and Other	$	8,367,686	8,367,686		
b. Private-Pay Room and Board Contractual Allowance **	$	(155,441)	(155,441)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	205,419	205,419		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(205,419)	(205,419)		
c. Prescription Drugs - Non-Medicare	$	204,390	204,390		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(204,390)	(204,390)		
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	$	483,119	408,376	74,743	
b. Physical Therapy - Medicare Contractual Allowance **	$	(367,395)	(356,565)	(10,830)	
c. Physical Therapy - Non-Medicare	$	459,974	372,618	87,356	
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(235,908)	(295,215)	59,307	
4. a. Speech Therapy - Medicare	$	77,316	75,362	1,954	
b. Speech Therapy - Medicare Contractual Allowance **	$	(46,357)	(46,293)	(64)	
c. Speech Therapy - Non-Medicare	$	47,095	46,065	1,030	
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(32,272)	(32,272)		
5. a. Occupational Therapy - Medicare	$	420,981	417,507	3,474	
b. Occupational Therapy - Medicare Contractual Allowance **	$	(372,621)	(372,019)	(602)	
c. Occupational Therapy - Non-Medicare	$	366,604	366,604		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(387,491)	(349,364)	(38,127)	
6. a. Other *(Specify)* - Medicare	$	1,800	1,800		
b. Other *(Specify)* - Non-Medicare	$				
III. *Total Resident Revenue* (Section I. thru Section II.)	$	19,360,362	19,182,121	178,241	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$	10	10		
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	1,746,867	510,641	1,236,226	
V. Total Other Revenue (1 thru 8)	$	1,746,877	510,651	1,236,226	
VI. Total All Revenue (III +V)	$	21,107,239	19,692,772	1,414,467	

* *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	(Specify)
30	IP LAB SERVICES MEDICARE B	$ 1,800		
30	IP LAB SERVICES MEDICARE	$ 9,284		
30	IP LAB SERVICES PROF CA MEDICARE	$ (9,284)		
30	IP RADIOLOGY SERVICES MEDICARE	$ 7,413		
30	IP RADIOLOGY SERV PROF CA MEDICARE	$ (7,413)		
Total Other Resident Revenue - Medicare		$ 1,800	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	Other	(Specify)
30	IP LAB SERVICES MGD MEDICARE	$ 9,699		
30	IP LAB SERVICES PROF CA MANAGED MEDICARE	$ (9,699)		
30	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE	$ (7,113)		
30	IP RADIOLOGY SERVICES MANAGED MEDICARE	$ 7,038		
30	IP RADIOLOGY SERVICES CONNECTICARE	$ 75		
Total Other Resident Revenue		$ -	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	Other	(Specify)
Total Interest Income			$ -	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	Other	(Specify)
30	CONTRIBUTIONS OPERATIONAL CLIENT/FACILITY	$ 424		
30	SERVICES TO AFFILIATES		$ 906,000	
30	MISC OTHER OPERATING INCOME	$ 499,444		
30	MISC OTHER OPERATING INCOME	$ 8,932		
30	RENTAL AFFILIATE		$ 25,828	
30	GRANT INCOME RELEASED		$ 68,124	
30	INCOME FROM RESTRICTED FUNDS	$ 1,841		
30	INVESTMENT INC - ENDOWMENT FUND ACCOUNT		$ 236,274	
Total Other Revenue		$ 510,641	$ 1,236,226	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 7,760
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,445,206
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 134,582
4 Inventories				$
5. Prepaid Expenses				$ 58,290
a.				
b.				
c.				
d. See Schedule		58,290		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 2,846,556
See Schedule		2,846,556		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 4,492,394
B. Fixed Assets				
1. Land				$ 810,000
2. Land Improvements	*Historical Cost	437,835		$ 58,919
	Accum. Depreciation	378,916	Net	
3. Buildings	*Historical Cost	6,025,551		$ 2,691,164
	Accum. Depreciation	3,334,387	Net	
4. Leasehold Improvements	*Historical Cost	119,019		$
	Accum. Depreciation	119,019	Net	
5. Non-Movable Equipment	*Historical Cost	59,085		$ 7,333
	Accum. Depreciation	51,752	Net	
6. Movable Equipment	*Historical Cost	794,989		$ 215,596
	Accum. Depreciation	579,393	Net	
7. Motor Vehicles	*Historical Cost	42,230		$
	Accum. Depreciation	42,230	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 11,659
See Schedule		11,659		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 3,794,671

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	PREPAID - GENERAL	$ 58,290
Total Prepaid Expenses			$ 58,290

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

Page Ref	Line Ref	Description	
31	A8	ST LOAN RECEIVABLE - AFFILIATE	$ 1,000,000
31	A8	DUE AFFILIATE GENERAL CONTROL	$ 1,875,594
31	A8	DUE AFFILIATE BOND BILLING CONTROL	$ (15,743)
31	A8	DUE AFFILIATE INVENTORY CONTROL	$ (13,295)
Total Other Current Assets (Itemize)			$ 2,846,556

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

Page Ref	Line Ref	Description	
31	B9	CONSTRUCTION IN PROCESS	$ 11,659
Total Other Other Fixed Assets (Itemize)			$ 11,659

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	LT UNRESTR INT IN ENDOWMENT LLC	$ 5,379,136
32	D7	ASSETS HELD IN TRUST BY OTHERS	$ 5,194
32	D7	LT WORKERS COMP GROSS UP	$ 12,058
Total Other Assets			$ 5,396,388

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
33	A12	DEFFERED REVENUES	$ 91,915
33	A12	ACCRUED REAL ESTATE TAXES	$ 33,837
33	A12	ACCRUED PERSONAL PROPERTY TAX	$ 4,246
33	A12	UNCLAIMED WAGES	$ (538)
33	A12	DEFERRED GRANTS	$ 108,690
33	A12	ACCRUED EXPENSES	$ 737,390
33	A12	ACCRUED STATE PROVIDER TAX	$ 188,045
33	A12	ACCRUED SEVERANCE	$ -
33	A12	GENERAL RESERVE	$ 200,790
33	A12	FLEX SPENDING ACCOUNT (FSA)	$ 1,489
33	A12	ER 401K MATCH TRUE UP	$ 1,532
33	A12	RETIREMENT FORFEITURES	$ (10,953)
33	A12	CP WC IBNR	$ 49,873
Total Other Current Liabilities (Itemize)			$ 1,406,316

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

Page Ref	Line Ref	Description	
34	B4	LT PORTION - WORKERS COMP LIAB	$ 12,058
34	B4	LT WC IBNR	$ 68,388
Total Other Current Liabilities (Itemize)			$ 80,446

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	32	37

Account				Amount
			Total Brought Forward:	$ 8,287,065
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ 5,396,388
See Schedule		5,396,388		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 5,396,388
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 13,683,453

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

State of Connecticut
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
Southington Care Center	2060-C	9/30/2023	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 263,649
	2. Notes Payable (*itemize*)				$
	See Schedule				
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 447,573
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 1,406,316
	See Schedule		1,406,316		
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 2,117,538

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	34	37

Account				Amount
			Total Brought Forward:	2,117,538
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$ 6,358,074
Name and Address of Lender	Amount	Loan Date		
Hartford HealthCare	6,358,074			
4. Other Long-Term Liabilities (*itemize*)				$ 80,446
See Schedule	80,446			
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 6,438,520
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 8,556,058

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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	9/30/2023	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$ 90,138
	6. Total Reserves	$ 90,138
B.	**Net Worth**	
	1. Owner's Capital	$ 4,588,244
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$
	6. Gain or Loss for Period 10/1/2022 thru 9/30/2023	$ 449,013
	7. Total Net Worth	$ 5,037,257
C.	***Total Reserves and Net Worth***	$ 5,127,395
D.	***Total Liabilities, Reserves, and Net Worth***	$ 13,683,453

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	36	37

Account			Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2022		$ 4,472,042
B.	Total Revenue (*From Statement of Revenue Page 30*)		$ 21,107,239
C.	Total Expenditures (*From Statement of Expenditures Page 27*)		$ 20,658,226
D.	Net Income or Deficit		$ 449,013
E.	Balance		$ 4,921,055
F.	Additions		
	1. Additional Capital Contributed (*itemize*)		
	TEMP RESTRICT NET ASSETS CNTRL	7,458	
	TR CONTRIBUTIONS	(3,913)	
	TR NA RELEASE RF REST-OPS	(951)	
	2. Other (*itemize*)		
	UR OTHER	236,218	
	ADJUSTMENT UR NET ASSETS 2022	(32,472)	
F-3.	Total Additions		$ 206,340
G.	Deductions		
	1. Drawings of Owners/Operators/Partners (*Specify*)		$

Name and Address (*No., City, State, Zip*)	Title	Amount

2. Other Withdrawings *(Specify)*		$
Purpose	Amount	
3. Total Deductions		$
H. ***Balance at End of Period*** 09/30/23		$ 5,127,395

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2023	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☐ Other	☐ (Specify)

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Kelly Allaire

Addres 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