

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,

You must submit this summary (data requested below) along with a written narrative explaining the data

Facility Name _____

Facility Address _____

Provider Number _____

Individual Completing this Summary _____

Email Address _____

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	

each nursing

a and profit

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, each home facility, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Social Services narrative summaries of expenditures in addition to the cost reports required pursuant to section 17b-340 of the general statutes as amended by this act. The summaries shall include profit and loss statements for the preceding three cost report years, revenue, total expenditures, total assets, total liabilities, short-term debt, long-term debt and cash flows from investments and financing activities.

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

Facility Name Southington Care Center

Facility Address 45 Meriden Ave. Southington, CT. 06489

Provider Number 2060-2

Individual Completing this Summary Kelly Allaire
Email Address Kelly.Allaire@hhchealth.org

	FY 2023	
Total Expenditures	\$ 20,294,225.00	Total expenses \$20.29M ; Salary & Wages \$18.5M; Depreciation \$358k and Interest expense \$1.44M
Total Revenue	\$ 20,506,964.00	Total revenue \$20.5M; Net Patient Services \$19.5M; Other Revenue \$1M
Total Assets	\$ 13,683,453.00	Total Assets \$13.68M; Decrease from FY 2022 \$1.2M
Total Liabilities	\$ 8,556,058.00	Total Liabilities \$8.55M; Decrease from FY 2022 \$1.5M
Short-term debt	N/A	N/A
Long-term debt	\$ 6,358,074.00	Includes Bonds LT, Bond Premium and Interest
Cash Flows from Investing	N/A	N/A- We do not have this report
Cash Flows from Operating	N/A	N/A- We do not have this report
Cash Flows from Financing	N/A	N/A- We do not have this report

1 nursing
ices
ral statutes,
ears, total
ng, operating

d profit and

ages \$11.5M, EE Benefits \$2.5M, Supplies & Other \$1.9M, Purchase Services \$3.85M,
ise \$116k. Temp Agency Labor included in Salary & Wages and Purchase Services \$826k.

rvices Revenue \$19k . Other Operating Income \$1.5M.

FY 2022 mainly due to the decrease in LT WC Gross UP.

m FY 2022 mainly due to decrease of LT WC & IBNR liability.

id cost of issuance; decreased by \$178k from FY 2022.

Southington Care Center**Year To Date
9/30/2023****Actual**

Net patient service revenue	18,996,362
Other operating revenue	1,508,762
Income from Restricted Funds	1,841
Total revenues	20,506,964

Operating expenses:

Salaries and wages	11,547,269
Employee benefits	2,506,722
Supplies and other	1,910,600
Purchased services	3,855,036
Depreciation and amortization	358,076
Provision for bad debts	-
Interest Expense	116,522
Total expenses	20,294,225

Operating income (loss) 212,739

Nonoperating income (loss):

Investment Inc - Endowment LLC	236,275
--------------------------------	---------

Excess (deficiency) of revenues over expense \$ 449,014

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, each home facility, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Social Services narrative summaries of expenditures in addition to the cost reports required pursuant to section 17b-340 of the general statutes as amended by this act. The summaries shall include profit and loss statements for the preceding three cost report years, revenue, total expenditures, total assets, total liabilities, short-term debt, long-term debt and cash flows from investing and financing activities.

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

Facility Name Southington Care Center

Facility Address 45 Meriden Ave. Southington, CT. 06489

Provider Number 2060-2

Individual Completing this Summary Kelly Allaire
Email Address Kelly.Allaire@hhchealth.org

	FY 2022	
Total Expenditures	\$ 19,148,305.90	Total expenses \$19.1M ; Salary & Wa Depreciation \$357k and Interest exper
Total Revenue	\$ 19,980,122.85	Total revenue \$19.98M; Net Patient S
Total Assets	\$ 14,001,318.00	Total Assets \$14M; increase from FY
Total Liabilities	\$ 9,561,747.00	Total Liabilities \$9.5M; Decrease from
Short-term debt	\$ -	N/A
Long-term debt	\$ 6,535,996.00	Includes Bonds LT, Bond Premium an
Cash Flows from Investing	N/A	N/A- We do not have this report
Cash Flows from Operating	N/A	N/A- We do not have this report
Cash Flows from Financing	N/A	N/A- We do not have this report

1 nursing
ices
ral statutes,
ears, total
ng, operating

d profit and

ges \$11.17M, EE Benefits \$2.6M, Supplies & Other \$1.74M, Purchase Services \$3.16M,
ise \$82k. Temp Agency Labor is included in Salary & Wages and Purchase Services \$216k.

ervices Revenue \$18.2k. Other Operating Income \$1.76M of which \$350k was PRF.

2021 mainly due to current assets (AR & Due to/from Affiliates).

n FY 2021 mainly due to decrease in accrued expenses and Long Term Debt.

id cost of issuance; decreased by \$178k.3

Southington Care Center**Year To Date****9/30/2022****Actual**

Net patient service revenue	18,213,188
Other operating revenue	1,766,045
Income from Restricted Funds	890
Total revenues	19,980,123

Operating expenses:

Salaries and wages	11,176,363
Employee benefits	2,624,018
Supplies and other	1,741,896
Purchased services	3,166,861
Depreciation and amortization	357,134
Provision for bad debts	(30)
Interest Expense	82,063
Total expenses	19,148,306

Operating income (loss)	831,817
--------------------------------	----------------

Nonoperating income (loss):

Investment Inc - Endowment LLC	(275,389)
--------------------------------	-----------

Excess (deficiency) of revenues over expenses	<u>\$ 556,428</u>
---	-------------------

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, each home facility, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Social Services narrative summaries of expenditures in addition to the cost reports required pursuant to section 17b-340 of the general statutes as amended by this act. The summaries shall include profit and loss statements for the preceding three cost report years, revenue, total expenditures, total assets, total liabilities, short-term debt, long-term debt and cash flows from investing and financing activities.

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

Facility Name Southington Care Center

Facility Address 45 Meriden Ave. Southington, CT. 06489

Provider Number 2060-2

Individual Completing this Summary Kelly Allaire
Email Address Kelly.Allaire@hhchealth.org

	FY 2021	
Total Expenditures	\$ 18,716,078.29	Total expenses \$18.7M ; Salary & Wa Depreciation \$393k and Interest exper
Total Revenue	\$ 18,606,991.06	Total revenue \$18.6M; Net Patient Sei
Total Assets	\$ 13,533,317.00	Total Assets \$13.5M; Increase from F
Total Liabilities	\$ 9,657,632.00	Total Liabilities \$9.65M; Decrease fro
Short-term debt	\$ -	N/A
Long-term debt	\$ 6,713,917.00	Includes Bonds LT, Bond Premium an
Cash Flows from Investing	N/A	N/A- We do not have this report
Cash Flows from Operating	N/A	N/A- We do not have this report
Cash Flows from Financing	N/A	N/A- We do not have this report

1 nursing
ices
ral statutes,
ears, total
ng, operating

d profit and

ges \$10.29M, EE Benefits \$2.87M, Supplies & Other \$1.87M, Purchase Services \$3.2M,
ise \$68k.

rvices Revenue \$16.8k and Other Operating Reveue was \$1.78M

Y 2020 mainly due to interest in investments/Endowment.

m FY 2020 mainly due to decrease in accrued expenses and Long Term Debt.

id cost of issuance; decreased by \$178k.3

Southington Care Center**Year To Date
9/30/2021****Actual**

Net patient service revenue	16,828,263
Other operating revenue	1,773,722
Income from Restricted Funds	5,006
Total revenues	18,606,991

Operating expenses:

Salaries and wages	10,298,607
Employee benefits	2,874,471
Supplies and other	1,875,797
Purchased services	3,205,626
Depreciation and amortization	393,252
Provision for bad debts	-
Interest Expense	68,326
Total expenses	18,716,078

Operating income (loss) (109,087)

Nonoperating income (loss):

Investment Inc - Endowment LLC	1,191,594
Investment Inc	(60,000.00)
Dividend Income	\$ 48
Income from investments	1,131,641
Other non operating expense	(22,000)
	1,109,641

Excess (deficiency) of revenues over expenses **\$ 1,000,554**