

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	
Address (No. & Street, City, State, Zip Code) 29 Highland Street, West Hartford, CT 06119	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider 07-5082
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Medicaid Provider Numbers:	CCNH 2089	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) Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	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 Hughes Health & Rehabilitation, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Lina Dureza			Printed Name (Owner) The Eugene R. Flaxman Revocable Trust Agreement Dated		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Hughes Health & Rehabilitation, Inc.	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 29 Highland Street, West Hartford, CT 06119				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/28/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-236-5623	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Hughes Health & Rehabilitation, Inc.		Address (No. & Street, City, State, Zip) 29 Highland Street, West Hartford, CT 06119		
License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider No. 07-5082
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
N/A				
Administrator				
Name of Administrator Lina Dureza		Nursing Home Administrator's License No.:	001763	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire Corporate Owners

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Hughes Health & Rehabilitation, Inc.	29 Highland Street, West Hartford, CT 06119		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
The Eugene R. Flaxman Revocable Trust Agr	29 Highland Street, West Hartford, CT 06119	Owner	100	
Sandra Flaxman	29 Highland Street, West Hartford, CT 06119	resident & Direct		
Lina Dureza	29 Highland Street, West Hartford, CT 06119	President & Dir		
Brian Flaxman	29 Highland Street, West Hartford, CT 06119	istant VP & Dire		
Michael Wilbur	29 Highland Street, West Hartford, CT 06119	ry/Treasurer & I		
Names of Stockholders Owning at Least 10% of Shares				
The Eugene R. Flaxman Revocable Trust Agr	29 Highland Street, West Hartford, CT 06119	Owner	100	

**General Information and Questionnaire
Related Parties***

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	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	%**				
Twenty-Nine Realty, LLC	29 Highland Street, West Hartford, CT 06119	<input type="radio"/>	<input checked="" type="radio"/>		Leases Building to Corporation	Page 22 / Line 9	183,044	
Eugene R Falxman & Family		<input type="radio"/>	<input checked="" type="radio"/>		Note/Rent due to related party	P34/33		
		<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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

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

N/A

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2019			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						
Pitney Bowes Global Financial Services, LLC	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	04/01/14	51 Months	1,078	1,078	
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/24/14	60 Months	7,350	7,350	
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/27/17	60 Months	1,196	1,196	
	<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"/>						
							Total ***	9,624

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 Hughes Health & Rehabilitation, Inc	License No. 208-C	Report for Year Ended 9/30/2019	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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 Carney Roy & Gerrol, PC 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr, 8th Floor, New Haven, CT 06511 35 Cold Spring Rd Suite 111, Rocky Hill, CT 06067
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Services Provided by This Firm (*describe fully*)

1	Preparation of Medicaid and Medicare Cost Reports and Reimbursement Consulting	\$	7,765
2	Accounting Services	\$	47,200
3		\$	
4		\$	
			Charge for Services Provided
			\$ 54,965

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Federal Insurance Company 2 Treasurer State of CT 3 Robert Haber - West Hartford Constable 4 5	Telephone Number 888-259-6445 860-702-3000 N/A
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Address (*No. & Street, City, State, Zip Code*)

- 1 202A Hall's Mill Rd, Bldg A, Floor 2E, PO Box 1675, Whitehouse Station, NJ 08889
 2 55 Elm Street, Hartford, CT 06106
 3 1028 Farmington Ave, Unit 2, West Hartford, CT 06107
 4
 5

Services Provided by This Firm (*describe fully*)

1	Legal Fees for Terminated Employee Lawsuit (\$5,005 Disallowed on Pg 28)	\$	10,010
2	Conservator Fees (Disallowed on Pg 28)	\$	225
3	Conservator Fees (Disallowed on Pg 28)	\$	60
4		\$	
5		\$	
			Charge for Services Provided
			\$ 10,295

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 Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	170	170			170	170			170	170			
B. On last day of THIS report period	170	170			170	170			170	170			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	134	134			134	134			132	132			
B. As of midnight of THIS report period	138	138			132	132			138	138			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,160	5,160			4,404	4,404			756	756			
B. Medicaid (Conn.)	33,938	33,938			25,710	25,710			8,228	8,228			
C. Medicaid (other states)													
D. Private Pay	5,100	5,100			3,732	3,732			1,368	1,368			
E. State SSI for RCH													
F. Other (Specify) Managed Care / Hospice	4,928	4,928			3,246	3,246			1,682	1,682			
G. Total Care Days During Period (3A thru F)	49,126	49,126			37,092	37,092			12,034	12,034			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	49,126	49,126			37,092	37,092			12,034	12,034			

Schedule of Resident Statistics (Cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2019			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	7	94		37									
Per Diem Rate													
a. One bed rm.	Various	250.97		454.00									
b. Two bed rms.	Various	250.97		401.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									10,460	10,460			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									977	977			
C. Other									20,714	20,714			
D. Total Physical Therapy Treatments									32,151	32,151			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,665	1,665			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									188	188			
C. Other									2,719	2,719			
D. Total Speech Therapy Treatments									4,572	4,572			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									7,938	7,938			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									855	855			
C. Other									20,331	20,331			
D. Total Occupational Therapy Treatments									29,124	29,124			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	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	(Specify)	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)	193,166	2,296				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	604,888	24,952				
5. Dietary Service						
a. Head Dietitian	84,090	2,058				
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	361,621	24,631				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,797	2,282				
b. Other Maintenance Workers	144,245	8,181				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	100,582	6,683				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	88,533	1,712				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	95,767	1,655				
b. RN						
1. Direct Care	1,510,571	30,836				
2. Administrative**	352,617	13,123				
c. LPN						
1. Direct Care	1,371,538	47,102				
2. Administrative**						
d. Aides and Attendants	2,509,817	156,260				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	164,234	8,122				
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	115,285	3,179				
n. Marketing						
o. Other (Specify) See Attached Schedule	76,482	2,374				
<i>A-13. Total Salary Expenditures</i>	<i>7,845,233</i>	<i>335,446</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions	\$ 76,482	2,374				
Total	\$ 76,482	2,374	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Cardiologist	\$ 9,600	64				
Physiatry Consultant	15,421	156				
Total	\$ 25,021	220	\$ -	-	\$ -	-

**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
Hughes Health & Rehabilitation, Inc.				208-C		9/30/2019			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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.

**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	
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lina Dureza	193,166			Non Discriminatory	Administrator	2,296	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	8,292	178				
3. Pharmacist	11,220	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	562,669	6,922				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,100	93				
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) Medical Staff	900	9				
9. Speech Therapist						
a. Resident Care	223,771	1,107				
b. Other						
10. Occupational Therapist						
a. Resident Care	492,335	6,871				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	25,021	220				
B-13 Total Fees Paid in Lieu of Salaries	1,357,308	15,640				

* 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 Hughes Health & Rehabilitation, Inc.		License No. 208-C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions, LLC, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Satyanani Tallapureddy, M.D., 43 Woodland Street, Hartford, CT 06105	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy of Connecticut, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
RehabCare Group, Inc., 7733 Forsyth Blvd, St. Louis, MO 63105	Physical Therapy, Speech Therapy, Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Bhumireddy, Pro Cardiovascular Care, 21 Woodland St, Suite 121, Hartford, CT 06105	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Chagnon, Trinity Health of New England, 114 Woodland Street, Hartford, CT 06105	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Sudeep Bansal, Dr. Stanley Patstein, Dr. Anil Vithala	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 195,202	195,202		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 642,572	642,572		
5. Health Insurance	\$ 1,055,355	1,055,355		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 33,774	33,774		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 13,973	13,973		
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 2,834	2,834		
d. Accounting and Auditing	\$ 54,965	54,965		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,295	10,295		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 31,399	31,399		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 59,257	59,257		
2. Cellular Phones	\$ 1,810	1,810		
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	\$ 9,000	9,000		
3. Resident Day User Fee	\$ 916,262	916,262		
Subtotal	\$ 3,026,698	3,026,698		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,026,698	3,026,698			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 13,433	13,433			
4. Employee Travel	\$ 1,502	1,502			
5. Education Expenses Related to Seminars and Conventions	\$ 6,225	6,225			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 16,105	16,105			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,498	22,498			
4. Fund-Raising***	\$				
5. Medical Records	\$ 34	34			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,563	4,563			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,624	13,624			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 325	325			
9. Subscriptions	\$ 202	202			
10. Contributions*** See Attached Schedule	\$ 850	850			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 189,144	189,144			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 21,692	21,692			
C-14 Total Administrative & General Expenditures	\$ 3,316,895	3,316,895			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 22,498		
Total Other Advertising	\$ 22,498	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CTAHCF Dues	\$ 12,810		
American Assoc. of Nursing Assessment Coordination Dues	124		
Infection Control Nurses of CT Dues	40		
ALTCM Dues	340		
ACHC Dues	310		
Total Dues	\$ 13,624	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
St. Francis Donations (Disallowed on Pg 28)	850		
Total Contributions	\$ 850	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 2,530		
Late Fees (Disallowed on Pg 28a)	3,041		
Background Checks	2,729		
Parking Fees	484		
Flowers (Disallowed on Pg 28a)	747		
Resident Missing Items (Disallowed on Pg 28a)	272		
Tax Forms	1,400		
Credit Card Fees	255		
AHCA PAC Assessment	850		
Employee Survey	6,051		
ERISA Wrap Plan Document	468		
Misc Expenses (Disallowed on Pg 28a)	2,865		
Total Other Administrative and General	\$ 21,692	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

*** 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 Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 23,743	23,743		
2.	Non-Food Supplies	\$ 5,404	5,404		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,402,068	1,402,068		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,431,215	1,431,215		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	-2,844	-2,844		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	158,459	158,459		
c. Other (Specify) Other Laundry Supplies		\$	6,214	6,214		
3D. Total Laundry Expenditures (3a + b + c)		\$	161,829	161,829		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	38,854	38,854		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	100,934	100,934		
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	139,788	139,788		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partner's Pharmacy	\$	344,415	344,415		
b.	Medicine Cabinet Drugs	\$	73,225	73,225		
c.	Medical and Therapeutic Supplies	\$	215,142	215,142		
d.	Ambulance/Limousine***	\$	9,659	9,659		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	15,903	15,903		
f.	X-rays and Related Radiological Procedures***	\$	11,217	11,217		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	41,816	41,816		
i.	Recreation	\$	69,804	69,804		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	65,084	65,084		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	846,265	846,265		

* 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

Description	CCNH	RHNS	(Specify)
	-		
Medical Supplies - Medicare A (Disallowed on Pg 29a)	\$ 3,427		
Medical Supplies - Managed Care (Disallowed on Pg 29a)	2,541		
IV - Medicare A (Disallowed on Pg 29a)	14,328		
IV - Medicaid	5,495		
IV - Managed Care (Disallowed on Pg 29a)	6,309		
IV - VA (Disallowed on Pg 29a)	16,622		
Tube Feeding Supplies - Medicare A (Disallowed on Pg 29a)	2,626		
Other - Medicare A (Disallowed on Pg 29a)	8,187		
Other - VA (Disallowed on Pg 29a)	4,287		
Rehabilitation Supplies (Disallowed on Pg 29a)	816		
IV - House (Disallowed on Pg 29a)	446		
Total Other Resident Care	\$ 65,084	\$ -	\$ -

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

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2019			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
All Waste	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Refuse Removal	38,551			22	6f
Paylocity	Arlington Heoghts, IL 60004	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Services	32,584			16	m11
IT Direct	West Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Network Support	38,613			16	m11
HealthCare Services	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping Supervisor	99,042			20	4b
American Data	PO Box 640, Sauk City, WI 53583	<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R System Software Maintenance	13,623			16	m11
Unidine	Suite 510, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dining Service	1,402,068			18	2b
M&G Landscaping	PO Box 310453, Newington, CT 06131	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lawn Care / Snow Removal	10,795			16	m11
Matrixcare	PO Box 9201, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Matrixcare Software Subscription	46,697			16	m11
Unitex Textile Rental Service	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Service	158,459			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

Annual Report of Long-Term Care Facility

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

Name of Facility	License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc	208-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 85,478	85,478				
b. Heat	\$ 49,119	49,119				
c. Light & Power	\$ 68,613	68,613				
d. Water	\$ 65,126	65,126				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,624	9,624				
f. Other (<i>itemize</i>)	\$ 85,186	85,186				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 363,146	363,146				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 65,652	65,652				
c. Non-Movable Equipment	\$ 15,866	15,866				
d. Movable Equipment	\$ 45,827	45,827				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 127,345	127,345				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 183,044	183,044				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 218,440	218,440				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 12,940	12,940				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 541,769	541,769				

* 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	(Specify)
	-		
Gas	\$ 46,635		
Garbage Removal	38,551		
Total Other Repairs and Maintenance	\$ 85,186	\$ -	\$ -

Depreciation Schedule

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2019			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			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			2,669,609		2,669,609	1,715,205	S/L	Various	64,967				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			10,277		10,277		S/L	Various	685				
B-4. Subtotal										65,652			
C. Non-Movable Equipment													
1. Acquired prior to this report period			827,199		827,199	688,969	S/L	Various	15,866				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										15,866			
		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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	916,109		916,109	860,677	S/L	Various	45,827	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal													45,827
E. Total Depreciation													127,345

Schedule of Land Improvements Acquired during this report period

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

*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:				
Various	Various Building Improvement Additions	\$ 10,277	15	\$ 685
Total additions for Building Improvement		\$ 10,277		\$ 685 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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	Cost	Useful Life	Depreciation
Additions:				
Total additions for Movable Equipmen		\$ -		\$ - *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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 Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.			208-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		01/01/61		
2. Date Structure Completed		09/01/68		
3. If NOT Original Owner, Date of Purchase		01/21/61		
4. Date of Initial Licensure		01/21/61		
5. Total Licensed Bed Capacity		170		
6. Square Footage		66,699		
7. Acquisition Cost				
a. Land		73,633		
b. Building		680,101		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
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.

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 78,616	78,616		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 32,653	32,653		
D&O / Resident Trust Fund Bond / USI							
14d. Total Insurance Expenditures (14a + b + c)				\$ 111,269	111,269		
15. Total All Expenditures (A-13 thru C-14)				\$ 16,114,717	16,114,717		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 492,335	492,335		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 2,834	2,834		
10.			Accounting	\$			
10a.			Legal	\$ 5,290	5,290		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 370	370		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 2,187	2,187		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 22,498	22,498		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 850	850		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,250	16,250		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 542,614	542,614		

* 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	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 325		
16	m13	Late Fees	3,041		
16	m13	Flowers	747		
16	m13	Resident Missing Items	272		
16	m13	Misc Expenses	2,865		
15	1k2	Pass Through Entity Tax	9000		
Total Other A&G Adjustments			\$ 16,250	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 542,614	542,614		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 344,415	344,415		
28.	20	5d	Ambulance/Limousine	\$ 9,659	9,659		
29.	20	5f	X-rays, etc	\$ 11,217	11,217		
30.	20	5h	Laboratory	\$ 41,816	41,816		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 15,903	15,903		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 114,072	114,072		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,680	1,680		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 20,647	20,647		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,102,023	1,102,023		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Medical Supplies - Medicare A	\$ 3,427		
20	51	Medical Supplies - Managed Care	2,541		
20	51	IV - Medicare A	14,328		
20	51	IV - Managed Care	6,309		
20	51	IV - VA	16,622		
20	51	Tube Feeding Supplies - Medicare A	2,626		
20	51	Other - Medicare A	8,187		
20	51	Other - VA	4,287		
20	51	Rehabilitation Supplies	816		
20	51	IV - House	446		
20	5i	Cable Television Disallowance (See Attached)	54,483		
Total Other Ancillary Costs			\$ 114,072	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Resident Room Televisions Depreciation	\$ 1,680		
Total Excess Movable Equipment Depreciation			\$ 1,680	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Insurance	\$ 20,280		
30	IV 8	Miscellaneous Revenue	367		
Total Other Adjustments			\$ 20,647	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc	208-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,773,725	13,773,725				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,297,593)	(5,297,593)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 2,192,445	2,192,445				
b. Medicare Room and Board Contractual Allowance **	\$ 858,852	858,852				
4. a. Private-Pay Residents and Other	\$ 4,131,768	4,131,768				
b. Private-Pay Room and Board Contractual Allowance **	\$ (119,486)	(119,486)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 193,311	193,311				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 132,877	132,877				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ (137)	(137)				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ (704)	(704)				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 747,554	747,554				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 167,801	167,801				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 247,180	247,180				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 55,093	55,093				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 659,078	659,078				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 153,119	153,119				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,132,850)	(1,132,850)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (478,543)	(478,543)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,283,490	16,283,490				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
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>)	\$ 16,097	16,097				
V. Total Other Revenue (1 thru 8)	\$ 16,097	16,097				
VI. Total All Revenue (III +V)	\$ 16,299,587	16,299,587				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab - Medicare A	\$ 36,999		
30 II 6a	Radiology - Medicare A	9,035		
30 II 6a	Oxygen - Medicare A	3,624		
30 II 6a	IV - Medicare A	17,263		
30 II 6a	Contractual Allowance - Medicare A Therapies	(771,630)		
30 II 6a	Contractual Allowance - Medicare B Therapies	(9,775)		
30 II 6a	Contractual Allowance - MPPR	(158,762)		
30 II 6a	Contractual Allowance - Medicare A Ancillaries	(259,604)		
Total Other Resident Revenue - Medicare		\$ (1,132,850)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Lab - Managed Care	\$ 9,224		
30 II 6b	Lab - VA	5,180		
30 II 6b	Radiology - Managed Care	1,686		
30 II 6b	Radiology - VA	1,733		
30 II 6b	Oxygen - Managed Care	727		
30 II 6b	Oxygen - VA	457		
30 II 6b	IV - Private	175		
30 II 6b	IV - Managed Care	3,806		
30 II 6b	IV - VA	263		
30 II 6b	Contractual Allowance - Medicaid Therapies	(36,405)		
30 II 6b	Contractual Allowance - VA Ancillaries	(144,053)		
30 II 6b	Contractual Allowance - Medicaid Ancillaries	(29,691)		
30 II 6b	Contractual Allowance - Managed Care Ancillaries	(357,566)		
30 II 6b	Therapies - Medicaid	36,405		
30 II 6b	Ancillaries - Medicaid	29,691		
30 II 6b	IV - Private	(175)		
Total Other Resident Revenue		\$ (478,543)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Miscellaneous Revenue (Disallowed on Pg 29a)	\$ 367		
30 IV 8	Revenue from Rate Adjustment	10,337		
30 IV 8	Reversal of PY Flood Insurance Expense	5,393		
Total Other Revenue		\$ 16,097	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	467,752
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,352,377
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	6,378
5. Prepaid Expenses			\$	49,406
a. Prepaid Insurance	49,406			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	15,882
Deposits - IRS	15,882			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,891,795
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	2,679,886	\$	899,029
	Accum. Depreciation	1,780,857	Net	
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost	827,199	\$	122,364
	Accum. Depreciation	704,835	Net	
6. Movable Equipment	*Historical Cost	916,109	\$	9,605
	Accum. Depreciation	906,504	Net	
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	456,789
F/S vs C/R NBV	456,795			
See Schedule	(6)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,487,787

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (6)
Total Other Fixed Assets (Itemize)			\$ (6)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	7,379,582
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 (<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>)			\$	29,046
Organization Expense		546		
Land Held for Sale (Net Impairment Valuation)		28,500		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	29,046
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,408,628

* 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
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,705,352
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	(6,933)
Name of Lender	Purpose	Amount	Date Due	
	Equipment Lease	(6,933)		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	131,109
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>)			\$	1,599,554
Exchange Account	(440) Accrued Rent	183,044		
401K Payroll Deduction	4,040 Accrued Sales Tax	62		
Life Insurance Payroll Deduction	(2,758) Holdings account	1,303,738		
Accrued Property Taxes	111,868 See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,429,082

* 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 Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,429,082	
Liabilities (cont'd)				
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>)				\$ 562,543
Name and Address of Lender	Amount	Loan Date		
Eugene R. Flaxman & Family	562,543			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 562,543
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,991,625

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2019	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 (<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			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	16,650
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,210,300
6. Gain or Loss for Period			\$	190,053
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	3,417,003
C. Total Reserves and Net Worth			\$	3,417,003
D. Total Liabilities, Reserves, and Net Worth			\$	7,408,628

H. Changes in Total Net Worth

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	3,226,947
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,299,587
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,109,534
D. Net Income or Deficit			\$	190,053
E. Balance			\$	3,417,000
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total Expenses per Page 27			\$16,114,717	
F/S vs C/R Depreciation			(5,183)	
Total Expenses per F/S			\$16,109,534	
2. Other (<i>itemize</i>)				
Rounding				3
F-3. Total Additions			\$	3
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. Balance at End of Period		09/30/19	\$	3,417,003

I. Preparer's/Reviewer's Certification

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Laurie Spruill			860-236-5623	
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