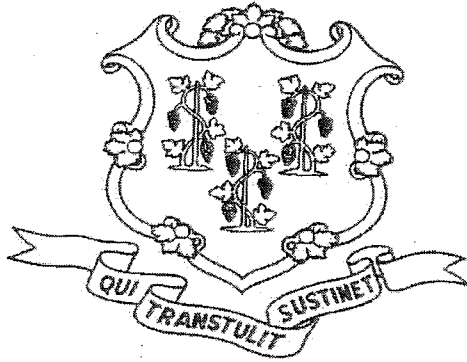


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

| | |
|---|-------------------------------------|
| Name of Facility (as licensed) AVERY HEIGHTS | |
| Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106 | |
| Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify) | |
| Report for Year Beginning 10/1/2018 | Report for Year Ending 9/30/2019 |

| | | | | |
|------------------|---------------|--------------|-----------|------------------------------|
| License Numbers: | CCNH 750-C | RHNS 79RH | (Specify) | Medicare Provider 07-5063 |
|------------------|---------------|--------------|-----------|------------------------------|

| | | | |
|----------------------------|--------------|---------------|---------|
| Medicaid Provider Numbers: | CCNH 7500 | RHNS 90795 | ICF-IID |
|----------------------------|--------------|---------------|---------|

For Department Use Only

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

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General Information

| | | | | |
|---|----------------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) AVERY HEIGHTS | License No. 750-C | Report for Year Ended 9/30/2019 | Page 1 | of 37 |
|---|----------------------|------------------------------------|-----------|----------|

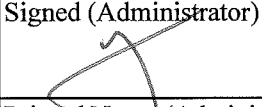
Administrator's/Owner's Certification

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 AVERY HEIGHTS [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 |
|  | | 2-5-2020 | | | |
| Printed Name (Administrator) WILLIAM THOMPSON | | | Printed Name (Owner) | | |
| Subscribed and Sworn to before me: | State of | Date | Signed (Notary Public) | | DO NOT WRITE IN THESE SPACES NOTARY PUBLIC State of Connecticut My Commission Expires March 31, 2020 |
| William Thompson | CT | 2-5-2020 | Doreen L. Baldoni | | |
| Address of Notary Public 41 Kimberly Lane Waterford, CT 06795 | | | | | |

(Notary Seal)

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 AVERY HEIGHTS | Period Covered: | From 10/1/2018 | To 9/30/2019 | |
| Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106 | | | | |
| Report Prepared By MICHELLE PASCETTA | Phone Number (860) 527-9126 x518 | Date 2/14/2020 | | |
| 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) 527-9126 | | Report for Year Ended 9/30/2019 | Page 2 | of 37 |
| Name of Facility (as shown on license) AVERY HEIGHTS | | Address (No. & Street, City, State, Zip) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106 | | |
| License Numbers: | CCNH 750-C | RHNS 79RH | (Specify) | Medicare Provider No. 07-5063 |
| Type of Facility (Check appropriate box(es)) | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | | <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | | <input type="checkbox"/> (Specify) |
| Type of Ownership (Check appropriate box) | | | | |
| <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust | | | | |
| If this facility opened or closed during report year provide: | | Date Opened | Date Closed | |
| Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully. | | | | |
| | | | | |
| Administrator | | | | |
| Name of Administrator WILLIAM THOMPSON | | Nursing Home Administrator's License No.: | 001347 | |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | |
| Name | | License No.: | | |
| | | | | |
| | | | | |
| | | | | |



BOARD OF DIRECTORS AND OFFICERS
2018 - 2019

OFFICERS AND DIRECTORS**David E. Canuel, Chairman**

Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109

Henry B. McNulty, Vice Chairman

Res: 75 Bellamy Road (October-April)
Cheshire, CT 06410-3038
14 Seacrest Road (May-Sept)
Old Saybrook, CT 06475-2920
(cell) 860-302-5545

Patrick J. Gilland, President/CEO

Bus: Church Homes, Inc. (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 235 Carriage Drive (203) 598-7684
Middlebury, CT 06762

DIRECTORS**Gerard J. Baldwin**

Bus: Retired
Res: 181 Main Street (860) 435-9996
Lakeville, CT 06039

Margaret A. Golas

Res: P.O. Box 949
Clinton, CT 06413

Patrick S. Gilligan

Bus: Vice President, Portfolio Manager
TD Bank
2461 Main Street
Glastonbury, CT 06033 (860) 652-6571
FAX: (860) 652-7998
Res: 49 Whittlesey Road (203) 263-6707
Woodbury, CT 06798

DIRECTORS -continued**Peter L. Holland**

Bus: Senior Vice President
Goman+York Property Advisors, LLC
1137 Main Street, Suite 100
East Hartford, CT 06108 (860) 280-8327
FAX: (860) 525-5700
Res: 34 Musket Trail (860) 651-9933
Simsbury, CT 06070
FAX: (860) 651-5021

Thomas P. Kelley

Res: 114 Steele Road (860) 306-2388
West Hartford, CT 06119

Mercedese E. Large

Res: 39 Timberwood Road (860) 232-3025
West Hartford, CT 06117 (860) 305-0099 (c)

Peter B. Matthews

Bus:
Res: 444 Flanders Street (860) 478-6187
Southington, CT 06489

Patrick Y. Yung

Bus: SVP of Corporate Development and
Strategic Investing
Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103
Res: 626 Morris Ave. (860) 983-8809
Bryn Mawr, PA 19010

Cynthia W. Shahan, Ph.D.

Bus: President
Shahan Consulting (203)-592-9391
1751 Meriden Road
Wolcott, CT 06716
Res: 1751 Meriden Road
Wolcott, CT 06716 (203)-879-9154

DIRECTORS AND OFFICERS 2018 - 2019 (cont'd)

OFFICERS

Raymond A. Gasperini

Bus: Vice President and Chief
Financial Officer, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 100 Hollister Drive (860) 404-2064
Avon, CT 06001

William Pond

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
FAX: (860) 435-0636
Res: 670 West Hill Road (860)-866-6729
New Hartford, CT 06057

William Thompson

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106
FAX: (860) 525-2090
Res: 133 DiRienzo Heights (860) 418-9332
Derby, CT 06418

Doreen Baldoni

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 41 Kimberly Lane (860) 689-6276
Watertown, CT 06795

General Information and Questionnaire Related Parties*

| | | | | |
|-----------------------------------|----------------------|------------------------------------|-----------|----------|
| Name of Facility AVERY HEIGHTS | License No. 750-C | Report for Year Ended 9/30/2019 | Page 4 | of 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 %** | | | | |
| Church Homes, Inc. Congregational | 217 Avery Heights Hartford, CT 06106-4200 | <input type="radio"/> | <input checked="" type="radio"/> | Management Services - See Page 17 | Pg. 16, Line m12 | 1,172,388 | 1,206,354 |
| Alliance Rehabilitation of CT, LLC | 705 New Britain Avenue Hartford, CT 06106 | <input checked="" type="radio"/> | <input type="radio"/> | Rehabilitation Services | Pg. 13 Lines B5a, B9a, | 1,124,338 | See Page 4a |
| The Heights | 550 New Britain Avenue Hartford, CT 06106 | <input type="radio"/> | <input checked="" type="radio"/> | Receptionist Services | Pg. 16, Line m11 | 99,838 | 99,838 |
| People's United Insurance Agency | Brattleboro, VT | <input checked="" type="radio"/> | <input type="radio"/> | Property Insurance with all CHI entities | Pg. 27 | 177,378 | 177,378 |
| Church Homes, Inc. Pension Fund | 217 Avery Heights, Hartford, CT 06106-4200 | <input type="radio"/> | <input checked="" type="radio"/> | Pension Fund with all CHI entities | Pg. 15 | 340,480 | 340,480 |
| | | <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.

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

Symbria Rehab, a CALTC Health Venture Partner ("Symbria Rehab of CT") is a joint venture of CALTC Ventures, LLC and Symbria (based in Warrenville, IL). CALTC Ventures, LLC and Symbria have a 40% and 60% owner interest in Symbria Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Symbria Rehab of CT currently services 5 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of rehab to Symbria Rehab of CT. Furthermore, Avery Heights did not receive profit-sharing or revenue of any kind from its relationship with Symbria Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. Avery Heights pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

General Information and Questionnaire
Basis for Allocation of Costs

| | | | | |
|-----------------------------------|----------------------|------------------------------------|-----------|----------|
| Name of Facility AVERY HEIGHTS | License No. 750-C | Report for Year Ended 9/30/2019 | Page 5 | of 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 <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.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | | Page 6 | of 37 | |
|---|---|----------------------------------|------------------------------------|------------------|--------------------------------------|--------------------------|------------------|
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Date of Lease** | Term of Lease | Annual Amount of Lease | Amount Claimed | |
| | Yes | No | | | | | |
| | <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"/> | | | | | |
| Is a Mileage Log Book Maintained for All Leased Vehicles ? | | | | | <input checked="" type="radio"/> Yes | <input type="radio"/> No | Total *** |

* 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 AVERY HEIGHTS | License No. 750-C | Report for Year Ended 9/30/2019 | Page 7 | of 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 1 Blum, Shapiro & Company, P.C. 2 3 4 | Address (No. & Street, City, State, Zip Code) West Hartford, CT |
|---|--|

Services Provided by This Firm (*describe fully*)

| | |
|---|------------------------------|
| 1 Financial audit and other accounting related services. Costs are included in the administrative management fee. | \$ |
| 2 | \$ |
| 3 | \$ |
| 4 | \$ |
| | Charge for Services Provided |
| | \$ |

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

Yes No Page 16, Line m12

Legal Services Information

| | |
|---|------------------|
| Name of Legal Firm or Independent Attorney 1 See Attached Analysis - Page 7A 2 3 4 5 | Telephone Number |
|---|------------------|

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

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Services Provided by This Firm (*describe fully*)

| | | |
|--|------------------------------|--------|
| 1 Total Allowable Legal Fees Per Page 7A | \$ | 13,800 |
| 2 Legal Fees - Disallowed Per Page 7A | \$ | 4,613 |
| 3 | \$ | |
| 4 | \$ | |
| 5 | \$ | |
| | Charge for Services Provided | |
| | \$ | 18,413 |

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

AVERY HEIGHTS
9/30/2019

Attachment Page 7A

LeClair Ryan - Richmond, VA - (804) 783-2003

| | | |
|--------------------------|--------------|---|
| General Employment Issue | 1,100 | A |
| Acevedo Case | 120 | B |
| Union Negotiations | <u>8,100</u> | A |
| Sub Total | <u>9,320</u> | |

Ford Harrison - Charlotte, NC - (980) 282-1900

| | | |
|--------------------|--------------|---|
| Union Negotiations | <u>4,480</u> | A |
| Sub Total | <u>4,480</u> | |

Wiggin & Dana - New Haven, CT - (203) 498-4380

| | | |
|-------------|--------------|---|
| Collections | <u>4,613</u> | D |
| Sub Total | <u>4,613</u> | |

Total Legal Fees

18,413

| | | |
|---|---|--------|
| A | Allowable | 13,680 |
| B | Issue has been settled in favor of the Provider | 120 |
| C | Issue is still open - no settlement to date | 0 |
| D | Disallowed | 4,613 |

Schedule of Resident Statistics

| Name of Facility AVERY HEIGHTS | License No. 750-C | | Report for Year Ended 9/30/2019 | | | | Page 8 | of 37 | |
|---|----------------------|------------------------|------------------------------------|-----------------------|--------|----------------------|-----------|----------|-----------|
| | Total All Levels | Total CCNH Level | Total RHNS Level | Period 10/1 Thru 6/30 | | Period 7/1 Thru 9/30 | | | |
| | | | | Total | CCNH | RHNS | | | (Specify) |
| 1. Certified Bed Capacity | | | | | | | | | |
| A. On last day of PREVIOUS report period | 199 | 130 | 69 | 199 | 130 | 69 | 199 | 130 | |
| B. On last day of THIS report period | 199 | 130 | 69 | 199 | 130 | 69 | 199 | 130 | |
| 2. Number of Residents | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 179 | 124 | 55 | 179 | 124 | 55 | 174 | 123 | |
| B. As of midnight of THIS report period | 174 | 123 | 51 | 174 | 123 | 51 | 174 | 123 | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | |
| A. Medicare | 4,278 | 441 | 3,837 | 3,357 | 377 | 2,980 | 921 | 64 | |
| B. Medicaid (Conn.) | 50,019 | 42,450 | 7,569 | 36,906 | 31,353 | 5,553 | 13,113 | 11,097 | |
| C. Medicaid (other states) | | | | | | | | | |
| D. Private Pay | 5,826 | 1,614 | 4,212 | 4,324 | 1,298 | 3,026 | 1,502 | 316 | |
| E. State SSI for RCH | | | | | | | | | |
| F. Other (Specify) | 4,159 | 452 | 3,707 | 3,335 | 414 | 2,921 | 824 | 38 | |
| G. Total Care Days During Period (3A thru F) | 64,282 | 44,957 | 19,325 | 47,922 | 33,442 | 14,480 | 16,360 | 11,515 | |
| 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 | 48 | 6 | 42 | 42 | 6 | 36 | 6 | 6 | |
| 5. Total Resident Days (3G + 4A + 4B) | 64,330 | 44,963 | 19,367 | 47,964 | 33,448 | 14,516 | 16,366 | 11,515 | |

Schedule of Resident Statistics (Cont'd)

| Name of Facility AVERY HEIGHTS | | | License No. 750-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) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | 6 | | 116 | 24 | 2 | 26 | | | | | | | |
| Per Diem Rate | | | | | | | | | | | | | |
| a. One bed rm. | 561.73 | | 259.13 | 198.74 | 487/286 | 541/487/286 | n/a | n/a | n/a | | | | |
| b. Two bed rms. | 561.73 | | 259.13 | 198.74 | 454/276 | 504/454/276 | n/a | n/a | n/a | | | | |
| c. Three or more bed rms. | n/a | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | | | | |
| 7. Total Number of Physical Therapy Treatments | | | | | | | | | TOTAL | CCNH | RHNS | (Specify) | |
| A. Medicare - Part B | | | | | | | | | 6,658 | 4,654 | 2,004 | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | 308 | 215 | 93 | | |
| C. Other | | | | | | | | | 20,724 | 14,485 | 6,239 | | |
| D. Total Physical Therapy Treatments | | | | | | | | | 27,690 | 19,354 | 8,336 | | |
| 8. Total Number of Speech Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | | | | 499 | 349 | 150 | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | 29 | 20 | 9 | | |
| C. Other | | | | | | | | | 1,992 | 1,392 | 600 | | |
| D. Total Speech Therapy Treatments | | | | | | | | | 2,520 | 1,761 | 759 | | |
| 9. Total Number of Occupational Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | | | | 6,717 | 4,695 | 2,022 | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | 287 | 201 | 86 | | |
| C. Other | | | | | | | | | 20,810 | 14,545 | 6,265 | | |
| D. Total Occupational Therapy Treatments | | | | | | | | | 27,814 | 19,441 | 8,373 | | |

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|--|----------------------|-----------------------|-----------|--------|-----------|-------|
| EVERY HEIGHTS | 750-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) | 140,762 | 1,454 | 60,630 | 626 | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 194,195 | 7,896 | 83,646 | 3,400 | | |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | | | | | | |
| b. Food Service Supervisor | | | | | | |
| c. Dietary Workers | | | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | | | | | | |
| b. Other Housekeeping Workers | | | | | | |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | 66,011 | 1,453 | 28,494 | 627 | | |
| b. Other Maintenance Workers | 124,099 | 5,821 | 53,568 | 2,513 | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers | | | | | | |
| 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 | 147,756 | 2,928 | 63,642 | 1,262 | | |
| b. RN | | | | | | |
| 1. Direct Care | 741,217 | 19,111 | 374,525 | 9,656 | | |
| 2. Administrative** | 95,566 | 2,677 | 48,288 | 1,353 | | |
| c. LPN | | | | | | |
| 1. Direct Care | 1,306,579 | 42,453 | 660,188 | 21,451 | | |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 2,281,482 | 118,587 | 725,335 | 37,701 | | |
| e. Physical Therapists | | | | | | |
| f. Speech Therapists | | | | | | |
| g. Occupational Therapists | | | | | | |
| h. Recreation Workers | 174,574 | 7,285 | 75,195 | 3,138 | | |
| 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 | 114,848 | 4,217 | 49,469 | 1,817 | | |
| n. Marketing | 71,168 | 1,454 | 30,653 | 626 | | |
| o. Other (Specify) See Attached Schedule | | | | | | |
| <i>A-13. Total Salary Expenditures</i> | 5,458,257 | 215,336 | 2,253,633 | 84,170 | | |

* 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 |
| Total | \$ - | - | \$ - | - | \$ - | - |

Schedule of Other Fees (Page 13)

| Service | CCNH | | RHNS | | (Specify) | |
|---------------------|-----------|-------|-----------|-------|-----------|-------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| Respiratory Therapy | \$ 27,388 | 609 | \$ 11,797 | 262 | \$ - | - |
| Total | \$ 27,388 | 609 | \$ 11,797 | 262 | \$ - | - |

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

| Name of Facility (as licensed) AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | | Page 12 | of 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*** | | | | | | | | | |
| William Thompson | 140,762 | 60,630 | Standard Employee Benefits Package | Responsible for the day-to-day operations of facility | 2,080 | A.2. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 | | |
|---|----------------|-----------------------|----------------|--------------|-----------|-------|
| EVERY HEIGHTS | 750-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 | | | | | | |
| 3. Pharmacist | 13,718 | 170 | 5,909 | 73 | | |
| 4. Podiatrist | | | | | | |
| 5. Physical Therapy | | | | | | |
| a. Resident Care | 338,734 | 6,147 | 145,897 | 2,648 | | |
| b. Other | | | | | | |
| 6. Social Worker | | | | | | |
| 7. Recreation Worker | | | | | | |
| 8. Physicians | | | | | | |
| a. Medical Director (entire facility) | 22,760 | 91 | 9,803 | 39 | | |
| b. Utilization Review (Title 18 and 19 only) monthly meeting | | | | | | |
| c. Resident Care** | 4 | 1 | 2 | 1 | | |
| 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 Adv Board / Cardiologist Consultant | 27,346 | 112 | 11,779 | 48 | | |
| 9. Speech Therapist | | | | | | |
| a. Resident Care | 69,527 | 1,259 | 29,966 | 543 | | |
| b. Other | | | | | | |
| 10. Occupational Therapist | | | | | | |
| a. Resident Care | 350,183 | 6,817 | 150,846 | 2,936 | | |
| b. Other | | | | | | |
| 11. Nurses and aides and attendants | | | | | | |
| a. RN | | | | | | |
| 1. Direct Care | 27,492 | 379 | 13,891 | 192 | | |
| 2. Administrative*** | | | | | | |
| b. LPN | | | | | | |
| 1. Direct Care | 114,174 | 3,933 | 57,690 | 1,988 | | |
| 2. Administrative*** | | | | | | |
| c. Aides | | | | | | |
| d. Other | | | | | | |
| 12. Other (Specify) | | | | | | |
| See Attached Schedule | 27,388 | 609 | 11,797 | 262 | | |
| B-13 Total Fees Paid in Lieu of Salaries | 991,326 | 19,518 | 437,580 | 8,730 | | |

* 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 AVERY HEIGHTS | | License No. 750-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 | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Value Health Care Services, Inc. | Pharmacy Consultant | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Alliance Rehabilitation of CT | Physical Therapy | <input checked="" type="radio"/> | <input type="radio"/> | See Page 4a | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Starling Physicians, PC | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | | |
| HHC Physicians Care, Inc. | Physician Services | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Doris Jean Phillips | Medical Advancement | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Starling Physicians | Cardiology Consulting | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Alliance Rehabilitation of CT | Speech Therapy | <input checked="" type="radio"/> | <input type="radio"/> | See Page 4a | |
| Alliance Rehabilitation of CT | Occupational Therapy | <input checked="" type="radio"/> | <input type="radio"/> | See Page 4a | |
| Value Health Care Services, Nursefinders | Temporary Nursing | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Harborside, Nursefinders, Caring Nurses | Temporary Nursing | <input type="radio"/> | <input checked="" type="radio"/> | | |
| Alliance Rehabilitation of CT & Technical Gas Products | Respiratory Therapy | <input checked="" type="radio"/> | <input type="radio"/> | See Page 4a | |
| | | <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 |
|--|--------------|-----------------------|-----------|-----------|
| EVERY HEIGHTS | 750-C | 9/30/2019 | 15 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Administrative and General | | | | |
| a. Employee Health & Welfare Benefits | | | | |
| 1. Workmen's Compensation | \$ 286,682 | 202,905 | 83,777 | |
| 2. Disability Insurance | \$ 43,069 | 30,483 | 12,586 | |
| 3. Unemployment Insurance | \$ 927 | 656 | 271 | |
| 4. Social Security (F.I.C.A.) | \$ 590,508 | 417,945 | 172,563 | |
| 5. Health Insurance | \$ 1,319,004 | 933,554 | 385,450 | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ 6,532 | 4,623 | 1,909 | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 585,383 | 414,317 | 171,066 | |
| 8. Uniform Allowance | \$ | | | |
| 9. Other (Specify) See Attached Schedule | \$ 29,856 | 21,132 | 8,724 | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | |
| c. Bad Debts* | \$ 364,408 | 254,700 | 109,708 | |
| d. Accounting and Auditing | \$ | | | |
| e. Legal (Services should be fully described on Page 7) | \$ 18,413 | 12,869 | 5,544 | |
| f. Insurance on Lives of Owners and Operators (Specify)* | \$ | | | |
| g. Office Supplies | \$ 26,440 | 18,481 | 7,959 | |
| h. Telephone and Cellular Phones | | | | |
| 1. Telephone & Pagers | \$ 33,510 | 23,422 | 10,088 | |
| 2. Cellular Phones | \$ 17,427 | 12,180 | 5,247 | |
| 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 | \$ 1,180,652 | 825,208 | 355,444 | |
| Subtotal | \$ 4,502,811 | 3,172,475 | 1,330,336 | |

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

| Description | CCNH | RHNS | (Specify) |
|-----------------------------|------------------|-----------------|------------------|
| Employee Assistance Program | \$ 478 | \$ 197 | \$ - |
| Personal Time Accrued | \$ (3,152) | \$ (1,302) | \$ - |
| Training Fund - Union | \$ 21,453 | \$ 8,857 | \$ - |
| Vaccinations | \$ 2,353 | \$ 972 | \$ - |
| Total | \$ 21,132 | \$ 8,724 | \$ - |

Schedule of Other Taxes

| Description | CCNH | RHNS | (Specify) |
|--------------------|-------------|-------------|------------------|
| | | | |
| Total | \$ - | \$ - | \$ - |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|--------------|-----------------------|-----------|-----------|
| AVERY HEIGHTS | 750-C | 9/30/2019 | 16 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | 4,502,811 | 3,172,475 | 1,330,336 | |
| l. Travel and Entertainment | | | | |
| 1. Resident Travel and Entertainment | \$ | | | |
| 2. Holiday Parties for Staff | \$ 2,347 | 1,640 | 707 | |
| 3. Gifts to Staff and Residents | \$ 2,451 | 1,713 | 738 | |
| 4. Employee Travel | \$ 326 | 228 | 98 | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 1,453 | 1,015 | 438 | |
| 6. Automobile Expense (<i>not purchase or depreciation</i>) | \$ 48,623 | 33,985 | 14,638 | |
| 7. Other (<i>Specify</i>) See Attached Schedule | \$ | | | |
| m. Other Administrative and General Expenses | | | | |
| 1. Advertising Help Wanted (<i>all such expenses</i>) | \$ | | | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 26,576 | 18,575 | 8,001 | |
| 4. Fund-Raising*** | \$ 1,500 | 1,049 | 451 | |
| 5. Medical Records | \$ | | | |
| 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** | \$ | | | |
| 7. Postage | \$ 1,610 | 1,126 | 484 | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 14,261 | 9,968 | 4,293 | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ | | | |
| 9. Subscriptions | \$ 1,620 | 1,132 | 488 | |
| 10. Contributions*** See Attached Schedule | \$ | | | |
| 11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) | \$ 232,424 | 162,452 | 69,972 | |
| 12. Administrative Management Services** | \$ 1,172,388 | 819,432 | 352,956 | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 22,172 | 15,856 | 6,316 | |
| C-14 Total Administrative & General Expenditures | \$ 6,030,562 | 4,240,646 | 1,789,916 | |

* 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) |
|-----------------------------------|-----------|----------|-----------|
| All Marketing Non-Salary Expenses | \$ 18,575 | \$ 8,001 | \$ - |
| Total Other Advertising | \$ 18,575 | \$ 8,001 | \$ - |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|-------------------|----------|----------|-----------|
| Leading Age | 9,885 | 4,257 | - |
| Amazon Prime | 83 | 36 | - |
| Total Dues | \$ 9,968 | \$ 4,293 | \$ - |

Schedule of Contributions

| Description | CCNH | RHNS | (Specify) |
|----------------------------|------|------|-----------|
| Total Contributions | \$ - | \$ - | \$ - |

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|---|-----------|----------|-----------|
| CHEFA Administration Fee | \$ 2,685 | \$ 643 | \$ - |
| Licenses - See Below | \$ 933 | \$ 402 | \$ - |
| Meetings | \$ 649 | \$ 280 | \$ - |
| Penalties | \$ 8,914 | \$ 3,839 | \$ - |
| Pre-Employment Services | \$ 2,675 | \$ 1,152 | \$ - |
| Total Other Administrative and General | \$ 15,856 | \$ 6,316 | \$ - |

Licenses:

| | |
|---|-----------------|
| CTLTCMAP | \$ 350 |
| MPLC | \$ 610 |
| Secretary of State - Legal Existence | \$ 50 |
| Emergency Services & Telecommunications | \$ 325 |
| Total Licenses | <u>\$ 1,335</u> |

Schedule C-1 - Management Services*

| Name of Facility AVERY HEIGHTS | License No. 750-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 # |
| Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200 | 1,172,388 | Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services | Page 16, Line m12 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*** 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 AVERY HEIGHTS | | License No. 750-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 | \$ 17,580 | 12,287 | 5,293 | | |
| 2. | Non-Food Supplies | \$ 2,640 | 1,845 | 795 | | |
| 3. | Other (Specify) _____ | \$ | | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | | | | | |
| | | \$ 1,871,214 | 1,307,872 | 563,342 | | |
| c. Other (Specify) _____ | | | | | | |
| | | \$ | | | | |
| 2D. Total Dietary Expenditures (2a + b + c + d) | | \$ 1,891,434 | 1,322,004 | 569,430 | | |
| 2E. Dietary Questionnaire | | Total | CCNH | RHNS | (Specify) | |
| F. | Resident Meals: Total no. of meals served per day:* | 529 | 370 | 159 | | |
| 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 checked="" type="radio"/> Yes | <input type="radio"/> No | If yes, specify cost. \$13,207 | | |
| K. | Is any revenue collected from these people? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If yes, specify amt. \$13,207 | | |
| L. | Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV, 1 | | | | | |
| 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 AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | Page 19 | of 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. | 734,686 | 513,504 | 221,182 | |
| | Amt. \$ | 29,264 | 20,454 | 8,810 | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ | 313,890 | 219,391 | 94,499 | |
| c. Other (Specify) | \$ | | | | |
| 3D. Total Laundry Expenditures (3a + b + c) | \$ | 343,154 | 239,845 | 103,309 | |
| 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.

5.c. - Medical & Therapeutic Supplies

| Description | CCNH | RHNS | (Specify) |
|--|-------------------|------------------|------------------|
| Equipment Rental - Month-to-Month - Oxygen | \$ 12,416 | \$ 5,348 | \$ - |
| Medical and Therapeutic Supplies | \$ 89,585 | \$ 38,587 | \$ - |
| Medical and Therapeutic Supplies - Chargeable - Disallowed | \$ 3,588 | \$ 1,545 | \$ - |
| Disposable Incontinent Supplies | \$ 54,279 | \$ 23,379 | \$ - |
| Nursing Minor Equipment * | \$ 8,387 | \$ 3,613 | \$ - |
| Nutritional Supplements | \$ 14,105 | \$ 6,076 | \$ - |
| Prescription Drugs Not Covered by Medicaid | \$ 832 | \$ 359 | \$ - |
| Resident Vaccinations - Disallowed | \$ 6,451 | \$ 2,779 | \$ - |
| Total Other Resident Care | \$ 189,643 | \$ 81,686 | \$ - |

* Minor Equipment and Furniture - This account represents those medical supplies that have a useful life but do not qualify to be capitalized. None of the items in this account relate to a specific patient. Examples of minor equipment include - humidifiers, small storage cabinet, oral probe, seat cushions and finger probes.

Schedule of Other Resident Care

| Description | CCNH | RHNS | (Specify) |
|----------------------------------|------------------|-----------------|------------------|
| Physical Therapy Supplies | \$ 18,581 | \$ 8,002 | \$ - |
| Total Other Resident Care | \$ 18,581 | \$ 8,002 | \$ - |

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

| Name of Facility AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | Total Cost/Page Ref.*** | | | Page 21 | of 37 |
|--|-------------------|--|------------------------------------|---|-----------|-------------------|------------|-----------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | Explanation of Relationship | Full Explanation of Service Provided* | CCNH | RHNS (Specify) | Pg | Line |
| | | | | | | | | |
| Celtic Consulting | Farmington, CT | O | | Nurse Consulting Services | 9,959 | 4,289 | | 16 m11 |
| MDI Achieve | Minneapolis, MN | O | | Computer Software Contract | 31,218 | 13,446 | | 16 m11 |
| The Heights | Hartford, CT | O | See Page 4 | Receptionist Services | 69,781 | 30,057 | | 16 m11 |
| Goman & York Property Advisors | East Hartford, CT | O | | Re-purpose RCH space | 13,979 | 6,021 | | 16 m11 |
| Crosskey Architects, LLC | Hartford, CT | O | | Re-purpose RCH space | 28,657 | 12,343 | | 16 m11 |
| A&G Purchased Services Under \$10,000 | Various | O | | Maintenance/Data Processing/Computer | 8,858 | 3,816 | | 16 m11 |
| Healthcare Services Group | Bensalem, PA | O | | Services - Personnel and Food | 1,307,872 | 563,342 | | 18 2b |
| H & H Linen Service | New Britain, CT | O | | Laundry Contract - Linens, etc. | 74,970 | 32,292 | | 19 3b |
| Healthcare Services Group | Bensalem, PA | O | | Laundry Purchased Services - Personnel | 144,421 | 62,207 | | 19 3b |
| Healthcare Services Group | Bensalem, PA | O | | Housekeeping Purchased Services | 582,732 | 251,005 | | 20 4b |

* 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).

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

| Name of Facility AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | Page of 21A 37 | | | | | |
|---|------------------|---|------------------------------------|---|--------|--------|-----------|----|------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | | Full Explanation of Service Provided* Equipment Maintenance Contract | CCNH | RHNS | (Specify) | Pg | Line |
| | | Yes | No | | | | | | |
| Stand-By Power | Bloomfield, CT | O | O | | 8,178 | 3,530 | | 22 | 6.f |
| Baystate Elevator Company | Dalton, MA | O | O | Elevator Service Contract | 19,969 | 8,620 | | 22 | 6.f |
| Augustin Malaykhan | Hartford, CT | O | O | Grounds Service | 25,612 | 11,056 | | 22 | 6.f |
| CT Temperature Controls | Cromwell, CT | O | O | HVAC | 9,632 | 4,158 | | 22 | 6.f |
| Hartford Boiler Repair | Hartford, CT | O | O | HVAC | 10,177 | 4,393 | | 22 | 6.f |
| Augustin Malaykhan | Hartford, CT | O | O | Plowing and Sanding | 7,975 | 3,442 | | 22 | 6.f |
| USA Town & Country Hauling | East Windsor, CT | O | O | Refuse Removal | 55,482 | 23,949 | | 22 | 6.f |
| Security Services of CT, Inc. | Bridgeport, CT | O | O | Security Contract | 48,285 | 20,842 | | 22 | 6.f |
| Maintenance Purchased Services Under \$10,000 | Various | O | O | General Maintenance Services | 29,652 | 12,794 | | 22 | 6.f |
| | | O | O | | | | | | |
| | | O | O | | | | | | |
| | | O | O | | | | | | |
| | | O | O | | | | | | |
| | | O | O | | | | | | |

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

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

| Name of Facility AVERY HEIGHTS | License No. 750-C | Report for Year Ended 9/30/2019 | | | Page 22 | of 37 |
|--|----------------------|------------------------------------|----------------|----------------|------------|----------|
| Item | | Total | CCNH | RHNS | (Specify) | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ | 18,903 | 13,209 | 5,694 | | |
| b. Heat | \$ | 143,281 | 100,081 | 43,200 | | |
| c. Light & Power | \$ | 249,860 | 174,525 | 75,335 | | |
| d. Water | \$ | 206,830 | 144,469 | 62,361 | | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ | | | | | |
| f. Other (<i>itemize</i>) See Attached Schedule | \$ | 307,746 | 214,962 | 92,784 | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ | 926,620 | 647,246 | 279,374 | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ | 28,754 | 18,710 | 10,044 | | |
| b. Building & Building Improvements | \$ | 280,477 | 181,057 | 99,420 | | |
| c. Non-Movable Equipment | \$ | 176,993 | 104,128 | 72,865 | | |
| d. Movable Equipment | \$ | 202,526 | 115,191 | 87,335 | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ | 688,750 | 419,086 | 269,664 | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | 2,904 | 2,343 | 561 | | |
| c. Leasehold Improvements | \$ | | | | | |
| d. Other (<i>Specify</i>) Deferred Marketing | \$ | 7,884 | 6,362 | 1,522 | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | 10,788 | 8,705 | 2,083 | | |
| 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 | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ | | | | | |
| c. Personal property taxes | \$ | | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ | 699,538 | 427,791 | 271,747 | | |

* 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) |
|--|-------------------|------------------|-------------|
| Equipment Maintenance Contract | \$ 22,491 | \$ 9,703 | \$ - |
| Refuse Removal | \$ 60,049 | \$ 25,920 | \$ - |
| Carpet/Flooring Service | \$ 901 | \$ 389 | \$ - |
| Electrician Service | \$ 1,946 | \$ 840 | \$ - |
| Elevator Service Contract | \$ 19,969 | \$ 8,620 | \$ - |
| Exterminator Service | \$ 3,073 | \$ 1,327 | \$ - |
| Grounds Service | \$ 25,612 | \$ 11,056 | \$ - |
| Heating/Air Conditioning Service | \$ 24,465 | \$ 10,561 | \$ - |
| Painting Service | \$ 196 | \$ 84 | \$ - |
| Plowing & Sanding | \$ 7,975 | \$ 3,442 | \$ - |
| Security Contract | \$ 48,285 | \$ 20,842 | \$ - |
| Total Other Repairs and Maintenance | \$ 214,962 | \$ 92,784 | \$ - |

CON VS. Non-CON Depreciation -

| <u>Asset Group</u> | <u>Cost</u> | <u>2019 Total Depreciation</u> | <u>2019 Deprec to Nursing Home</u> | <u>CCH</u> | <u>RHNS</u> | <u>RCH</u> | <u>Cottages</u> |
|--------------------------|-------------------|--|--|----------------|---------------|------------|-----------------|
| Land Improvements: | | | | | | | |
| - CON | 31,177 | 0 | 0 | 0 | 0 | 0 | 0 |
| - Non-CON | <u>1,254,047</u> | <u>28,754</u> | <u>28,754</u> | <u>18,710</u> | <u>10,044</u> | <u>0</u> | <u>0</u> |
| Totals | <u>1,285,224</u> | <u>28,754</u> | <u>28,754</u> | <u>18,710</u> | <u>10,044</u> | <u>0</u> | <u>0</u> |
| Building & Improvements: | | | | | | | |
| - CON | 5,416,174 | 134,394 | 134,394 | 106,774 | 27,620 | 0 | 0 |
| - Non-CON | <u>6,114,544</u> | <u>146,083</u> | <u>146,083</u> | <u>74,283</u> | <u>71,800</u> | <u>0</u> | <u>0</u> |
| Totals | <u>11,530,719</u> | <u>280,477</u> | <u>280,477</u> | <u>181,057</u> | <u>99,420</u> | <u>0</u> | <u>0</u> |
| Fixed Equipment: | | | | | | | |
| - CON | 2,323,161 | 0 | 0 | 0 | 0 | 0 | 0 |
| - Non-CON | <u>3,609,246</u> | <u>176,993</u> | <u>176,993</u> | <u>104,128</u> | <u>72,865</u> | <u>0</u> | <u>0</u> |
| Totals | <u>5,932,407</u> | <u>176,993</u> | <u>176,993</u> | <u>104,128</u> | <u>72,865</u> | <u>0</u> | <u>0</u> |
| Moveable Equipment: | | | | | | | |
| - CON | 616,554 | 0 | 0 | 0 | 0 | 0 | 0 |
| - Non-CON | <u>3,066,996</u> | <u>202,526</u> | <u>202,526</u> | <u>115,191</u> | <u>87,335</u> | <u>0</u> | <u>0</u> |
| Totals | <u>3,683,550</u> | <u>202,526</u> | <u>202,526</u> | <u>115,191</u> | <u>87,335</u> | <u>0</u> | <u>0</u> |

Depreciation Schedule

| Name of Facility AVERY HEIGHTS | | License No. 750-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 | 1,168,838 | | 703,880 | 889,393 | S/L | Various | 14,885 | | |
| 2. Disposals (attach schedule) | | | | | S/L | Various | | | |
| 3. Acquired during this report period (attach schedule) | 116,385 | | 116,385 | | S/L | Various | 13,869 | | |
| A-4. Subtotal | | | | | | | | 28,754 | |
| B. Building and Building Improvements | | | | | | | | | |
| 1. Acquired prior to this report period | 11,341,651 | | 6,183,082 | 9,554,909 | S/L | Various | 264,871 | | |
| 2. Disposals (attach schedule) | | | | | S/L | Various | | | |
| 3. Acquired during this report period (attach schedule) | 189,067 | | 188,408 | | S/L | Various | 15,606 | | |
| B-4. Subtotal | | | | | | | | 280,477 | |
| C. Non-Movable Equipment | | | | | | | | | |
| 1. Acquired prior to this report period | 5,908,063 | | 4,569,092 | 4,907,078 | S/L | Various | 174,885 | | |
| 2. Disposals (attach schedule) | | | | | S/L | Various | | | |
| 3. Acquired during this report period (attach schedule) | 24,344 | | 24,344 | | S/L | Various | 2,108 | | |
| C-4. Subtotal | | | | | | | | 176,993 | |
| D. Movable Equipment | | | | | | | | | |
| 1. Motor Vehicles (Specify name, model and year of each vehicle) | | | | | | | | | |
| a. Various | | | 144,931 | 390,524 | S/L | Various | 10,046 | | |
| b. | | | | | S/L | | | | |
| c. | | | | | S/L | | | | |
| d. | | | | | S/L | | | | |
| 2. Movable Equipment | | | | | | | | | |
| a. Acquired prior to this report period | | | 4,336,266 | 3,990,335 | S/L | Various | 175,091 | | |
| b. Disposals (attach schedule) | | | (289,922) | | S/L | Various | | | |
| c. Acquired during this report period (attach schedule) | | | 147,174 | | S/L | Various | 17,389 | | |
| D-3. Subtotal | | | | | | | | 202,526 | |
| E. Total Depreciation | | | | | | | | 688,750 | |

The accumulated depreciation expense reported on Page 23 is calculated on that portion of the fixed assets specifically allocated to nursing units. The accumulated depreciation expense reported on Page 31 is calculated on the entire fixed asset. Please refer to your prior year workpapers for further explanation.

Schedule of Land Improvements Acquired during this report period

| Acquisition Date | Description of Item | Total Cost | LTC Cost | Useful Life | LTC Depreciation |
|--|------------------------|-------------------|-------------------|-------------|--------------------|
| Additions: | | | | | |
| 10/1/2018 | Paving | \$ 107,310 | \$ 107,310 | 8 | \$ 13,414 |
| 3/1/2019 | Catch Basin | \$ 4,750 | \$ 4,750 | 15 | \$ 185 |
| 4/1/2019 | Emergency exit walkway | \$ 4,325 | \$ 4,325 | 8 | \$ 270 |
| Total additions for Land Improvements | | \$ 116,385 | \$ 116,385 | | \$ 13,869 * |
| 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 | Total Cost | LTC Cost | Useful Life | LTC Depreciation |
|--|---------------------------|-------------------|-------------------|-------------|--------------------|
| Additions: | | | | | |
| 10/1/2018 | Roof | \$ 139,500 | \$ 139,500 | 10 | \$ 13,950 |
| 2/1/2019 | Flooring Rm 14 | \$ 1,350 | \$ 1,350 | 5 | \$ 180 |
| 5/1/2019 | Fire Doors | \$ 2,500 | \$ 2,500 | 20 | \$ 52 |
| 5/1/2019 | Fire Doors | \$ 5,000 | \$ 5,000 | 20 | \$ 104 |
| 5/1/2019 | Carpeting | \$ 10,100 | \$ 10,100 | 5 | \$ 842 |
| 6/1/2019 | Fire Door Replacement | \$ 18,620 | \$ 18,620 | 20 | \$ 310 |
| 7/1/2019 | Guard Shack | \$ 2,923 | \$ 2,264 | 15 | \$ 38 |
| 6/1/2019 | Fire Door Replacement | \$ 6,208 | \$ 6,208 | 20 | \$ 103 |
| 8/1/2019 | Plate glass for connector | \$ 1,076 | \$ 1,076 | 15 | \$ 12 |
| 9/1/2019 | Flooring-Nursing Office | \$ 1,790 | \$ 1,790 | 10 | \$ 15 |
| Total additions for Building Improvements | | \$ 189,067 | \$ 188,408 | | \$ 15,606 * |
| 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 | Total Cost | LTC Cost | Useful Life | LTC Depreciation |
|--|---------------------|------------------|------------------|-------------|-------------------|
| Additions: | | | | | |
| 11/1/2018 | HVAC unit sta-1 | \$ 9,495 | \$ 9,495 | 10 | \$ 870 |
| 12/1/2018 | Water Heater | \$ 13,649 | \$ 13,649 | 10 | \$ 1,138 |
| 5/1/2019 | Hall Library Mural | \$ 1,200 | \$ 1,200 | 5 | \$ 100 |
| Total additions for Non-Movable Equipment | | \$ 24,344 | \$ 24,344 | | \$ 2,108 * |
| 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 | Total Cost | LTC Cost | Useful Life | LTC Depreciation |
|--|---------------------|--------------|--------------|-------------|------------------|
| Additions: | | | | | |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,686 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,686 | \$ 1,687 | 3 | \$ 515 |
| 11/1/2018 | Computer | \$ 1,687 | \$ 1,687 | 3 | \$ 515 |
| 11/1/2018 | Sonicwall-Fire wall | \$ 4,378 | \$ 3,390 | 5 | \$ 622 |
| 11/1/2018 | Laptop for med cart | \$ 2,370 | \$ 2,370 | 3 | \$ 724 |
| 12/1/2018 | Overbed Tables | \$ 4,690 | \$ 4,690 | 15 | \$ 261 |
| 1/1/2019 | Unimac Washer | \$ 13,574 | \$ 13,574 | 10 | \$ 1,018 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 581 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 580 |
| 1/1/2019 | Computer | \$ 2,322 | \$ 2,322 | 3 | \$ 580 |
| 1/1/2019 | Patient Lift | \$ 1,495 | \$ 1,495 | 10 | \$ 112 |
| 2/1/2019 | Patient Lift | \$ 2,695 | \$ 2,695 | 10 | \$ 180 |
| 3/1/2019 | Avery Server | \$ 8,251 | \$ 6,389 | 5 | \$ 745 |
| 4/1/2019 | PC with monitor | \$ 1,826 | \$ 1,826 | 3 | \$ 304 |
| 4/1/2019 | PC with monitor | \$ 1,826 | \$ 1,826 | 3 | \$ 304 |
| 4/1/2019 | PC with monitor | \$ 1,826 | \$ 1,826 | 3 | \$ 304 |
| 5/1/2019 | Stand Assist Lift | \$ 2,256 | \$ 2,256 | 10 | \$ 94 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 5/1/2019 | Computer | \$ 1,720 | \$ 1,720 | 3 | \$ 239 |
| 6/1/2019 | Unimac Dryer | \$ 4,913 | \$ 4,913 | 10 | \$ 164 |
| 6/1/2019 | Unimac Dryer | \$ 4,913 | \$ 4,913 | 10 | \$ 164 |
| 6/1/2019 | Unimac Dryer | \$ 4,913 | \$ 4,913 | 10 | \$ 164 |
| 6/1/2019 | Unimac Dryer | \$ 4,913 | \$ 4,913 | 10 | \$ 164 |
| 8/1/2019 | Computer | \$ 1,747 | \$ 1,747 | 3 | \$ 97 |
| 8/1/2019 | Computer | \$ 1,915 | \$ 1,915 | 3 | \$ 106 |
| 8/1/2019 | Electric Beds (15) | \$ 14,312 | \$ 14,312 | 12 | \$ 199 |
| 8/1/2019 | Mattresses (30) | \$ 4,620 | \$ 4,620 | 5 | \$ 154 |
| 8/1/2019 | Rosebud VC AVS Cart | \$ 2,278 | \$ 2,278 | 8 | \$ 47 |
| 8/1/2019 | Rosebud VC AVS Cart | \$ 2,278 | \$ 2,278 | 8 | \$ 47 |
| 9/1/2019 | Computer | \$ 1,109 | \$ 1,109 | 3 | \$ 31 |
| 9/1/2019 | Computer | \$ 1,109 | \$ 1,109 | 3 | \$ 31 |
| 9/1/2019 | Computer | \$ 1,636 | \$ 1,636 | 3 | \$ 45 |
| 9/1/2019 | Computer | \$ 1,636 | \$ 1,636 | 3 | \$ 45 |
| 9/1/2019 | Linen Carts (6) | \$ 2,744 | \$ 2,744 | 5 | \$ 46 |
| 9/1/2019 | Rosebud Cavs Cart | \$ 2,289 | \$ 2,289 | 8 | \$ 24 |
| Total additions for Movable Equipment | | \$ 150,023 | \$ 147,174 | | \$ 17,389 * |
| Deletions: | | | | | |
| Various | Various | \$ (289,922) | \$ (289,922) | Various | \$ - |
| Total deletions for Movable Equipment | | \$ (289,922) | \$ (289,922) | | \$ - ** |

*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 | Total Cost | LTC Cost | Useful Life | LTC 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

Amortization Schedule*

| Name of Facility AVERY HEIGHTS | Date of Acquisition | | Length of Amortization | License No. 750-C | Report for Year Ended 9/30/2019 | Basis for Computing Amortization** | Rate % | Amortization for This Year | Page 24 | of 37 |
|---|---------------------|------|------------------------|----------------------|--|------------------------------------|--------|----------------------------|------------|----------|
| | Month | Year | | | | | | | | |
| A. Organization Expense | | | | | Accumulated Amort. to Beginning of Year's Operations | | | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | | |
| B. Mortgage Expense | | | | | | | | | | |
| 1. Bond Issuance Costs | 12 | 2015 | 14 Years | | 42,409 | 8,233 | S/L | Var | 2,904 | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| B-4. Subtotal | | | | | | | | | | 2,904 |
| C. Leasehold Improvements and Other | | | | | | | | | | |
| 1. Acquired prior to this report period | 9 | 2017 | 5 Years | | 39,427 | 8,548 | S/L | Var | 7,884 | |
| 2. Disposals (attach schedule) | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | | 7,884 |
| D. Total Amortization | | | | | | | | | | 10,788 |

* 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 AVERY HEIGHTS | License No. 750-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 | 1961 | | | | |
| 2. Date Structure Completed | 1961 | | | | |
| 3. If NOT Original Owner, Date of Purchase | | | | | |
| 4. Date of Initial Licensure | 10/01/61 | | | | |
| 5. Total Licensed Bed Capacity | 199 | | | | |
| 6. Square Footage | 135,056 | | | | |
| 7. Acquisition Cost | | | | | |
| a. Land | 72,000 | | | | |
| b. Building | 341,918 | | | | |
| Part B - Owner and Related Parties | | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage |
| 1. Financing | | | | | |
| a. Type of Financing (e.g., fixed, variable) | Fixed | | | | |
| b. Date Mortgage Obtained | 11/18/15 | | | | |
| c. Interest Rate for the Cost Year | 2.58% | | | | |
| d. Term of Mortgage (number of years) | 15 | | | | |
| e. Amount of Principal Borrowed | 5,423,429 | | | | |
| f. Principal balance outstanding as of 09/30/2018 | 3,566,035 | | | | |
| 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 | | License No. | Report for Year Ended | | | Page | of |
|---|--|-------------|-----------------------|--------|-----------|------|----|
| AVERY HEIGHTS | | 750-C | 9/30/2019 | | | 26 | 37 |
| Item | | Total | CCNH | RHNS | (Specify) | | |
| 12. Interest | | | | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | | | | |
| 1. First Mortgage | | \$ 96,660 | 77,995 | 18,665 | - | | |
| Name of Lender | | Rate | | | | | |
| Salisbury Bank and Trust | | 2.58% | | | | | |
| Address of Lender | | | | | | | |
| 5 Bissell Street, Lakeville, CT 06039 | | | | | | | |
| 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) | | \$ 96,660 | 77,995 | 18,665 | | | |

(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 |
|---|--|-------------|--------|-----------------------|------------|-----------|-----------|----|
| AVERY HEIGHTS | | 750-C | | 9/30/2019 | | | 27 | 37 |
| Item | | | | Total | CCNH | RHNS | (Specify) | |
| Subtotals Brought Forward: | | | | 96,660 | 77,995 | 18,665 | | |
| 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) | | | | \$ 96,660 | 77,995 | 18,665 | | |
| 14. Insurance | | | | | | | | |
| a. Insurance on Property (buildings only) | | | | \$ 116,626 | 81,463 | 35,163 | | |
| b. Insurance on Automobiles | | | | \$ 20,963 | 14,642 | 6,321 | | |
| c. Insurance other than Property (as specified above) | | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | | \$ 38,449 | 26,856 | 11,593 | | |
| 2. Fire and Extended Coverage | | | | \$ | | | | |
| 3. Other (Specify) See Page 27A | | | | \$ 4,760 | 3,325 | 1,435 | | |
| 14d. Total Insurance Expenditures (14a + b + c) | | | | \$ 180,798 | 126,286 | 54,512 | | |
| 15. Total All Expenditures (A-13 thru C-14) | | | | \$ 20,903,212 | 14,645,264 | 6,257,948 | | |

Schedule of Other Insurance

| Description | CCNH | RHNS | (Specify) |
|---|-----------------|-----------------|------------------|
| Crime | 936 | 404 | - |
| Insurance Claim Expense - CHRO Complaint Defense Deductible | 2,389 | 1,031 | - |
| Total Other Resident Care | \$ 3,325 | \$ 1,435 | \$ - |

D. Adjustments to Statement of Expenditures

| Name of Facility AVERY HEIGHTS | | | | License No. 750-C | Report for Year Ended 9/30/2019 | Page 28 | of 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. | 10 | 12.n | Salaries not related to Resident Care | \$ 101,821 | 71,168 | 30,653 | |
| 3. | | | Occupational Therapy | \$ | | | |
| 4. | | | Other - See attached Schedule | \$ 18,062 | 12,624 | 5,438 | |
| Page 13 - Professional Fees | | | | | | | |
| 5. | 13 | B.8.c | Resident Care Physicians ** | \$ 6 | 4 | 2 | |
| 6. | 13 | B.10. | Occupational Therapy | \$ 501,029 | 350,183 | 150,846 | |
| 7. | | | Other - See attached Schedule | \$ 76,498 | 53,468 | 23,030 | |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | |
| 9. | 15 | 1.c | Bad Debts | \$ 364,408 | 254,700 | 109,708 | |
| 10. | | | Accounting | \$ | | | |
| 10a. | 15 | 1.e | Legal | \$ 4,613 | 3,224 | 1,389 | |
| 11. | | | Telephone | \$ | | | |
| 12. | 15 | 1.h.2 | Cellular Telephone | \$ 15,627 | 10,922 | 4,705 | |
| 13. | | | Life insurance premiums on the life of Owners, Partners, Operators | \$ | | | |
| 14. | 16 | 1.3 | Gifts, flowers and coffee shops | \$ 2,451 | 1,713 | 738 | |
| 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. | 28b | | Automobile Expense (e.g. personal use) | \$ 26,077 | 18,226 | 7,851 | |
| 18. | 16 | m.3 | Unallowable Advertising * | \$ 26,576 | 18,575 | 8,001 | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | |
| 20. | 16 | m.4 | Fund Raising / Contributions | \$ 1,500 | 1,049 | 451 | |
| 21. | 16 | m.12 | Unallowable Management Fees | \$ (29,869) | (20,877) | (8,992) | |
| 22. | | | Barber and Beauty | \$ | | | |
| 23. | | | Other - See attached Schedule | \$ 78,148 | 54,981 | 23,167 | |
| Page 18 - Dietary Expenditures | | | | | | | |
| 24. | 30 | IV.1 | Meals to employees, guests and others who are not residents | \$ 13,207 | 9,231 | 3,976 | |
| Page 19 - Laundry Expenditures | | | | | | | |
| 25. | | | Laundry services to employees, guests and others who are not residents | \$ | | | |
| Page 20 - Housekeeping Expenditures | | | | | | | |
| 26. | 29b | | Housekeeping services to employees, guests and others who are not residents | \$ 897 | 627 | 270 | |
| Subtotal (Items 1 - 26) | | | | \$ 1,201,051 | 839,818 | 361,233 | |

* 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) |
|--|----------|---|------------------|-----------------|-------------|
| Pg 30 | IV.8 | Restricted Fund Distribution - Recreation | \$ 12,624 | \$ 5,438 | \$ - |
| Total Other Salaries Adjustment | | | \$ 12,624 | \$ 5,438 | \$ - |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|----------|--|------------------|------------------|-------------|
| Pg 13 | B.12 | Respiratory Therapy | \$ 27,388 | \$ 11,797 | \$ - |
| Pg 30 | IV.8 | Restricted Fund Distribution - Cardiologist Consultant | \$ 26,080 | \$ 11,233 | \$ - |
| Total Other Fees Adjustments | | | \$ 53,468 | \$ 23,030 | \$ - |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|---------------------------------------|------------------|------------------|-------------|
| 30 | I8 | Grant - RCH Re-purpose Project | \$ 42,636 | \$ 18,364 | \$ - |
| 30 | I8 | Resident Transportation Reimbursement | \$ 20 | \$ 8 | \$ - |
| 30 | I8 | Medical Record Income | \$ 77 | \$ 33 | \$ - |
| 16 | m.13 | CHEFA Administration Fee | \$ 2,685 | \$ 643 | \$ - |
| 16 | m.13 | Meetings | \$ 649 | \$ 280 | \$ - |
| 16 | m.13 | Penalties | \$ 8,914 | \$ 3,839 | \$ - |
| Total Other A&G Adjustments | | | \$ 54,981 | \$ 23,167 | \$ - |

AVERY HEIGHTS
9/30/2019

Transportation Disallowance Calculation:

| <u>Acct. #</u> | <u>Acct. Name</u> | <u>Balance</u> | <u>Allowance</u> | <u>Potentially Allowable</u> |
|----------------|---|----------------|------------------|------------------------------|
| 85007400 | Interdepartmental Costs | (56,690) | 0% | - |
| 85007420 | Interdepartmental Charges | 53,682 | 100% | 53,682 |
| 85008002 | Advertising - Other | 140 | 100% | 140 |
| 85008070 | Employee Meals - Page 16 | - | 100% | - |
| 85008125 | Gas/Diesel - Page 16 | 20,013 | 100% | 20,013 |
| 85008145 | Licenses - Page 16 | 100 | 100% | 100 |
| 85008330 | Vehicle Repair/Maint - Page 16 | 30,900 | 100% | 30,900 |
| 85008693 | Pre-Employment Services - Page 16 | 478 | 100% | 478 |
| | Auto Insurance - Page 27 | 20,963 | 100% | 20,963 |
| | Depreciation - Page 22 | 10,046 | 100% | 10,046 |
| | Totals | 79,632 | | 136,322 |
| | Allocated To Other Entities - Auto | - | | |
| | Allocated To Other Entities - Deprec | - | | |
| | Allocated To Other Entities - Insur | - | | |
| | Net Claimed | <u>79,632</u> | | |
| | Potentially Allowable | | | 136,322 |
| | Less: Insurance Claim Recovery - Disallowed | | | - |
| | Subtotal | | | <u>136,322</u> |
| | LTC Utilization | | | <u>39.29%</u> |
| | Net Allowable | | | <u>53,555</u> |
| | Claimed | | | <u>79,632</u> |
| | Disallowance | | | <u><u>(26,077)</u></u> |

Transportation Log Analysis - July 2019:

| <u>Bus #</u> | <u>Starting Mileage</u> | <u>Ending Mileage</u> | <u>Total Miles</u> | <u>"Common" Miles</u> | <u>LTC Miles</u> |
|--------------|-------------------------|-----------------------|--------------------|-----------------------|------------------|
| 6 | 153,974 | 154,439 | 465 | 113 | 229 |
| 7 | 141,775 | 142,422 | 647 | 68 | 220 |
| 8 | 141,295 | 141,959 | 664 | 50 | 221 |
| 9 | 17,008 | 18,113 | <u>1,105</u> | <u>46</u> | <u>353</u> |
| | Totals | | <u>2,881</u> | <u>277</u> | <u>1,023</u> |
| | Total Miles | | 2,881 | | |
| | Less: Common Miles | | <u>(277)</u> | | |
| | Total Resident Miles | | 2,604 | | |
| | LTC Miles | | <u>1,023</u> | | |
| | % of LTC Miles | | <u>39.29%</u> | | |

Per Mark McKenn, the Provider is allowed to analyze the month of July to determine the LTC percentage of miles.

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

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|--|----------|----------|---|--------------------------|-----------------------|---------|-----------|
| AVERY HEIGHTS | | | | 750-C | 9/30/2019 | 29 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward | | | | \$ 1,201,051 | 839,818 | 361,233 | |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | 20 | 5.a.2 | Prescription Drugs | \$ 296,826 | 207,464 | 89,362 | |
| 28. | 20 | 5.d | Ambulance/Limousine | \$ (52) | (36) | (16) | |
| 29. | 20 | 5.f | X-rays, etc | \$ 12,773 | 8,928 | 3,845 | |
| 30. | 20 | 5.h | Laboratory | \$ 38,224 | 26,716 | 11,508 | |
| 31. | 20 | 5.c | Medical Supplies | \$ 14,363 | 10,039 | 4,324 | |
| 32. | 20 | 5.e.2 | Oxygen (non emergency) | \$ 5,621 | 3,929 | 1,692 | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ 57,445 | 40,152 | 17,293 | |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ | | | |
| 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 | \$ 22,130 | 16,313 | 5,817 | |
| Page 27 - Insurance | | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | |
| 41. | 29b/d | | Property Insurance | \$ 4,476 | 3,127 | 1,349 | |
| Other - Miscellaneous | | | | | | | |
| 42. | | | Other - Indirect | \$ | | | |
| 43. | 30 | IV.5/1 | Interest Income on Account Rec. | \$ 10,996 | 7,686 | 3,310 | |
| 44. | | | Other - Miscellaneous Administrative | \$ | | | |
| 45. | | | Management Fees Direct | \$ | | | |
| 46. | | | Management Fees Indirect | \$ | | | |
| 47. | | | Other - Direct | \$ | | | |
| Not For Profit Providers Only | | | | | | | |
| 48. | | | Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule | \$ 10,885 | 7,603 | 3,282 | |
| 49. Total Amount of Decrease (Items 1 - 48) | | | | \$ 1,674,738 | 1,171,739 | 502,999 | |

*** 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) |
|------------------------------------|----------|---------------------------|-----------|-----------|-----------|
| Pg 20 | 5.i | Cable Television | \$ 21,571 | \$ 9,291 | \$ - |
| Pg 20 | 5.1 | Physical Therapy Supplies | \$ 18,581 | \$ 8,002 | \$ - |
| Total Other Ancillary Costs | | | \$ 40,152 | \$ 17,293 | \$ - |

Schedule of Excess Movable Equipment Depreciation

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-------------|------|------|-----------|
| Total Excess Movable Equipment Depreciation | | | \$ - | \$ - | \$ - |

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|---|----------|------------------------------------|-----------|----------|-----------|
| Pg 29b | | Outpatient Therapy Allocation | \$ 583 | \$ 252 | \$ - |
| Pg 29c | | Security Allocation Reconciliation | \$ 110 | \$ 47 | \$ - |
| Pg 29d | | Physician Office Allocation | \$ 9,258 | \$ 3,996 | \$ - |
| 22 | 8.d | Deferred Marketing Expense | \$ 6,362 | \$ 1,522 | \$ - |
| Total Other Property Adjustments | | | \$ 16,313 | \$ 5,817 | \$ - |

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-------------------------------|----------|----------|-----------|
| Pg 29b | | Outpatient Therapy Allocation | \$ 272 | \$ 117 | \$ - |
| Pg 29d | | Physician Office Allocation | \$ 7,331 | \$ 3,165 | \$ - |
| Total Unallowable Building Interest | | | \$ 7,603 | \$ 3,282 | \$ - |

Outpatient Therapy Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation of Outpatient Allocation

| | |
|--|-----------------------|
| Total Square Footage | 179,198 |
| Square Footage of Therapy Space | 5,898 |
| Therapy Space as a % of Total Space | <u>3.2913%</u> |
| | |
| Total Therapy Treatments | 58,024 |
| Outpatient Therapy Treatments | 1,820 |
| Outpatient Therapy Treatments as a % of Total Treatments | <u>3.1366%</u> |
| | |
| Outpatient Allocation of Therapy Space | <u><u>0.1032%</u></u> |

Expense Items

| | | |
|-------------------|---|---------------------|
| A & G | Repairs and Maintenance | \$18,903 |
| | Interdepartmental Maintenance | 89,135 |
| | Other Maintenance | \$307,746 |
| | Heat | \$143,281 |
| | Light & Power | \$249,860 |
| | Total | <u>\$ 808,925</u> |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$835</u></u> |
| | | |
| House-keeping | Supplies | \$ 35,588 |
| | Purchased Services | 833,737 |
| | Total | <u>\$ 869,325</u> |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$897</u></u> |
| | | |
| Capital | Property Tax | - |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$0</u></u> |
| | | |
| Insurance | Property Insurance (Not Including Auto) | \$ 155,075 |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$160</u></u> |
| | | |
| Fair Rent | Real Property and Land (From 7/2016 Rate Comp Report) * | \$726,228 |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$750</u></u> |
| | | |
| Deprec & Interest | Building Depreciation | \$ 280,477 |
| | Building Interest | 96,660 |
| | Total | <u>\$ 377,137</u> |
| | Outpatient Allocation | 0.1032% |
| | Unallowable Amount | <u><u>\$389</u></u> |

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&S needs to recalculate this disallowance to include the FYE 2016, 2017, 2018 and 2019 Fair Rent additions.

CHI
 AVERY HEIGHTS
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2019

| Cost Center | Totals | Subtotal SNF | SNF Station 1 | SNF Station 2 | SNF Station 3 | Subtotal ICF | ICF | Noble Connector | RCH |
|-----------------------------------|-----------|--------------|---------------|---------------|---------------|--------------|----------|-----------------|----------|
| 3.00 Employee Benefits | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 4.01 Admin. & General | 4,576.0 | 3,231.5 | 1,922.5 | 0.0 | 1,309.0 | 754.5 | 0.0 | 754.5 | 590.0 |
| 4.02 Admin. & General | 789.5 | 94.0 | 0.0 | 0.0 | 94.0 | 695.5 | 695.5 | 0.0 | 0.0 |
| 5.00 Maintenance & Repairs | 4,317.5 | 2,488.0 | 2,488.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1,829.5 |
| 5.01 Plant Operations | 6,131.0 | 3,216.5 | 1,293.5 | 737.0 | 1,186.0 | 2,088.0 | 1,668.0 | 420.0 | 826.5 |
| 6.00 Laundry | 2,488.5 | 2,000.0 | 1,365.0 | 357.5 | 277.5 | 413.0 | 413.0 | 0.0 | 75.5 |
| 7.00 Housekeeping | 2,634.2 | 492.7 | 137.5 | 47.0 | 308.2 | 145.0 | 121.0 | 24.0 | 1,996.5 |
| 8.00 Dietary | 11,082.5 | 3,110.5 | 1,742.0 | 0.0 | 1,368.5 | 2,711.0 | 2,711.0 | 0.0 | 5,261.0 |
| 9.00 Nursing Admin. | 4,634.5 | 3,768.5 | 2,888.0 | 193.0 | 687.5 | 866.0 | 866.0 | 0.0 | 0.0 |
| 12.00 Medical Records | 1,186.1 | 1,186.1 | 0.0 | 0.0 | 1,186.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| 13.00 Social Services | 346.0 | 177.0 | 0.0 | 0.0 | 177.0 | 169.0 | 0.0 | 169.0 | 0.0 |
| 16.00 SNF - Participating | 34,959.0 | 22,445.0 | 6,685.5 | 7,845.0 | 7,914.5 | 12,514.0 | 12,514.0 | 0.0 | 0.0 |
| 17.00 NF - Non-Participating | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 18.00 Other Long Term Care | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 24.00 Oxygen | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 25.00 Physical Therapy | 3,636.0 | 3,006.0 | 0.0 | 0.0 | 3,006.0 | 630.0 | 0.0 | 630.0 | 0.0 |
| 26.00 Occupational Therapy | 1,974.4 | 1,974.4 | 0.0 | 0.0 | 1,974.4 | 0.0 | 0.0 | 0.0 | 0.0 |
| 27.00 Speech Pathology | 288.0 | 288.0 | 0.0 | 0.0 | 288.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 29.00 Medical Supplies | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 30.00 Drugs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 37.00 Home Care | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 63.00 Dentist | 147.6 | 147.6 | 66.0 | 0.0 | 81.6 | 0.0 | 0.0 | 0.0 | 0.0 |
| 63.01 Physicians Offices | 477.0 | 477.0 | 0.0 | 0.0 | 477.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 63.04 Physicians Offices - Rented | 4,987.0 | 4,987.0 | 0.0 | 0.0 | 4,987.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 63.02 Pool | 4,638.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4,638.0 | 0.0 | 4,638.0 | 0.0 |
| 63.03 Resident Cottages | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Sub Total | 89,292.8 | 53,089.8 | 18,588.0 | 9,179.5 | 25,322.3 | 25,624.0 | 18,988.5 | 6,635.5 | 10,579.0 |
| Common Area | 89,905.5 | 33,161.5 | 20,211.5 | 212.0 | 12,738.0 | 31,015.0 | 17,357.5 | 13,657.5 | 25,729.0 |
| Total Square Footage | 179,198.2 | 86,251.3 | 38,799.5 | 9,391.5 | 38,060.3 | 56,639.0 | 36,346.0 | 20,293.0 | 36,308.0 |

179,198.2

Pool >>>> (7,834.0)

| | |
|-------------------------|---------|
| Total Square Footage | 179,198 |
| Less: Cottages | 0 |
| Less: Pool | (7,834) |
| Facility Square Footage | 171,364 |
| PT Square Footage | 3,636 |
| OT Square Footage | 1,974 |
| ST Square Footage | 288 |
| Therapy Square Footage | 5,898 |

For C/R 12,459.0

CHI
 AVERY HEIGHTS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2019
 Balanced? Yes

Physical Therapy:

| Inpatient - Inst. 01 | # of Units Per Logs | Unit Charge | Revenue Per Log | G/L # | Revenue Per G/L | Adjust. to G/L | PMA Adj. Revenue | Adjusted Revenue | Difference | Explanation |
|----------------------|------------------------|----------------|---------------------|---------------|---------------------|-------------------|---------------------|---------------------|-------------|-------------|
| Private | 0 | | 0.00 | 1101032003200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Medicaid | 308 | | 12,295.25 | 1101032003210 | 12,295.25 | 0.00 | 0.00 | 12,295.25 | 0.00 | |
| Medicare A | 9,714 | | 374,801.32 | 1101032003230 | 373,692.40 | 1,108.92 | 0.00 | 374,801.32 | 0.00 | |
| Medicare B | 6,658 | | 252,092.89 | 1101032003240 | 249,317.33 | 2,775.56 | 0.00 | 252,092.89 | 0.00 | |
| HMO - MA | 7,241 | | 279,743.21 | 1101032003260 | 280,747.11 | (1,003.90) | 0.00 | 279,743.21 | 0.00 | |
| HMO - COMM | 3,769 | | 142,278.36 | 1101032003265 | 144,326.89 | (2,048.53) | 0.00 | 142,278.36 | 0.00 | |
| Total P/T | 27,690 | | 1,061,211.03 | | 1,060,378.98 | 832.05 | 0.00 | 1,061,211.03 | 0.00 | |

Occupational Therapy:

| Inpatient - Inst. 01 | # of Units Per Logs | Unit Charge | Revenue Per Log | G/L # | Revenue Per G/L | Adjust. to G/L | PMA Adj. Revenue | Adjusted Revenue | Difference | Explanation |
|----------------------|------------------------|----------------|---------------------|---------------|---------------------|-------------------|---------------------|---------------------|-------------|-------------|
| Private | 0 | | 0.00 | 1101032013200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Medicaid | 287 | | 11,924.49 | 1101032013210 | 11,924.49 | 0.00 | 0.00 | 11,924.49 | 0.00 | |
| Medicare A | 9,336 | | 375,844.90 | 1101032013230 | 374,566.93 | 1,277.97 | 0.00 | 375,844.90 | 0.00 | |
| Medicare B | 6,717 | | 268,962.97 | 1101032013240 | 267,457.29 | 1,505.68 | 0.00 | 268,962.97 | 0.00 | |
| HMO - MA | 7,504 | | 308,454.54 | 1101032013260 | 309,609.65 | (1,155.11) | 0.00 | 308,454.54 | 0.00 | |
| HMO - COMM | 3,970 | | 160,829.85 | 1101032013265 | 161,191.41 | (361.56) | 0.00 | 160,829.85 | 0.00 | |
| Total O/T | 27,814 | | 1,126,016.75 | | 1,124,749.77 | 1,266.98 | 0.00 | 1,126,016.75 | 0.00 | |

Speech Therapy:

| Inpatient - Inst. 01 | # of Units Per Logs | Unit Charge | Revenue Per Log | G/L # | Revenue Per G/L | Adjust. to G/L | PMA Adj. Revenue | Adjusted Revenue | Difference | Explanation |
|----------------------|------------------------|----------------|--------------------|---------------|--------------------|-------------------|---------------------|---------------------|-------------|-------------|
| Private | 0 | | 0.00 | 1101032023200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Medicaid | 29 | | 2,710.32 | 1101032023210 | 2,710.32 | 0.00 | 0.00 | 2,710.32 | 0.00 | |
| Medicare A | 1,032 | | 98,057.43 | 1101032023230 | 98,057.43 | 0.00 | 0.00 | 98,057.43 | 0.00 | |
| Medicare B | 499 | | 47,144.68 | 1101032023240 | 46,864.88 | 279.80 | 0.00 | 47,144.68 | 0.00 | |
| HMO - MA | 649 | | 61,757.02 | 1101032023260 | 62,191.62 | (434.60) | 0.00 | 61,757.02 | 0.00 | |
| HMO - COMM | 311 | | 29,439.61 | 1101032023265 | 29,098.53 | 341.08 | 0.00 | 29,439.61 | 0.00 | |
| Total S/T | 2,520 | | 239,109.06 | | 238,922.78 | 186.28 | 0.00 | 239,109.06 | 0.00 | |

Security Disallowance:

Avery Heights "charges" The Heights for security services based on full-time equivalents and residents. Per 2007 Medicaid audit, a more accurate reflection of costs is beds. The following calculation determines the disallowance:

| | |
|--|-----------------|
| Security Contract - Account #83008710 | 140,013 |
| Total Security Costs to be Allocated | <u>140,013</u> |
| Bed Allocation: | |
| CCH | 130 |
| RHNS | 69 |
| RCH | <u>0</u> |
| | 199 |
| Independent Living Cottages | 58 |
| Independent Living Apartments | <u>147</u> |
| Total Beds Campus | <u>404</u> |
| Independent Living Apartments & Cottages | 205 |
| Total Beds Campus | 404 |
| Percentage of Total ILA to Total Beds | 50.74% |
| Total Security Costs to be Allocated | 140,013 |
| % for ILA and Cottages | <u>50.74%</u> |
| Allocation to ILA and Cottages | 71,043 |
| Facility Allocation | <u>(70,886)</u> |
| Additional Allocation to The Heights | <u>157</u> |

AVERY HEIGHTS
9/30/2019

Physician Office Space Overhead

The physician office space is being rented effective September 1, 2017. It should be noted, the area of the building allocated to physician offices is already excluded from the fair rent schedule. The following overhead costs associated with the physician office, based on the lease language calculated as follows:

Calculation of Physician Office Space Allocation

| | |
|---|---------|
| Total Square Footage | 179,198 |
| Square Footage of Physician Office Space - 4,987 square feet / 12 (1 month) | 4,987 |
| Physician Office Space as a % of Total Space | 2.7830% |
| Physician Office Space | 2.7830% |

Expense Items

| | | |
|-------------------|--|------------|
| A & G | Repairs and Maintenance - IORA is responsible | \$0 |
| | Other Maintenance - Groundskeeping | 36,668 |
| | Other Maintenance - Plowing & Sanding | 11,417 |
| | Other Maintenance - HVAC | 35,026 |
| | Other Maintenance - Remainder - IORA is responsible | 0 |
| | Heat | 143,281 |
| | Light & Power | 249,860 |
| | Total | \$ 476,252 |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$13,254 |
| House-keeping | Supplies - IORA is responsible | \$ - |
| | Purchased Services - IORA is responsible | 0 |
| | Total | \$ - |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$0 |
| Capital | Property Tax | - |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$0 |
| Insurance | Property Insurance (Not Including Auto) | \$ 155,075 |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$4,316 |
| Fair Rent | Real Property - Physician Space is already excluded from fair rent | \$0 * |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$0 |
| Deprec & Interest | Building Depreciation | \$ 280,477 |
| | Building Interest | 96,660 |
| | Total | \$ 377,137 |
| | Physician Office Allocation | 2.7830% |
| | Unallowable Amount | \$10,496 |

F. Statement of Revenue

| Name of Facility | License No. | Report for Year Ended | | | Page | of |
|--|----------------------|-----------------------|------------------|-----------|------|----|
| AVERY HEIGHTS | 750-C | 9/30/2019 | | | 30 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| I. Resident Room, Board & Routine Care Revenue | | | | | | |
| 1. a. Medicaid Residents (CT only) | \$ 21,314,247 | 18,611,299 | 2,702,948 | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (9,136,307) | (7,885,659) | (1,250,648) | | | |
| 2. a. Medicaid (All other states) | \$ | | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | | |
| 3. a. Medicare Residents (all inclusive) | \$ 2,196,063 | 197,265 | 1,998,798 | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ 214,920 | (24,926) | 239,846 | | | |
| 4. a. Private-Pay Residents and Other | \$ 5,007,559 | 1,096,280 | 3,911,279 | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ (554,209) | (20,624) | (533,585) | | | |
| II. Other Resident Revenue | | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ 213,644 | 149,325 | 64,319 | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ (213,644) | (149,325) | (64,319) | | | |
| c. Prescription Drugs - Non-Medicare | \$ 167,201 | 116,864 | 50,337 | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ (167,157) | (116,833) | (50,324) | | | |
| 2. a. Medical Supplies - Medicare | \$ 1,250 | 874 | 376 | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ (1,250) | (874) | (376) | | | |
| c. Medical Supplies - Non-Medicare | \$ 894 | 625 | 269 | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ (894) | (625) | (269) | | | |
| 3. a. Physical Therapy - Medicare | \$ 623,009 | 435,454 | 187,555 | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ (429,554) | (300,238) | (129,316) | | | |
| c. Physical Therapy - Non-Medicare | \$ 437,368 | 305,700 | 131,668 | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ (395,913) | (276,724) | (119,189) | | | |
| 4. a. Speech Therapy - Medicare | \$ 144,922 | 101,273 | 43,649 | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ (98,716) | (68,984) | (29,732) | | | |
| c. Speech Therapy - Non-Medicare | \$ 94,001 | 65,689 | 28,312 | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ (71,598) | (50,033) | (21,565) | | | |
| 5. a. Occupational Therapy - Medicare | \$ 641,596 | 448,430 | 193,166 | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ (426,983) | (298,431) | (128,552) | | | |
| c. Occupational Therapy - Non-Medicare | \$ 483,154 | 337,690 | 145,464 | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ (359,986) | (251,605) | (108,381) | | | |
| 6. a. Other (Specify) - Medicare | \$ | | | | | |
| b. Other (Specify) - Non-Medicare | \$ 2,190 | 1,531 | 659 | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 19,685,807 | 12,423,418 | 7,262,389 | | | |
| IV. Other Revenue* | | | | | | |
| 1. Meals sold to guests, employees & others | \$ 13,207 | 9,231 | 3,976 | | | |
| 2. Rental of rooms to non-residents | \$ 97,118 | 67,880 | 29,238 | | | |
| 3. Telephone | \$ | | | | | |
| 4. Rental of Television and Cable Services | \$ 4,040 | 2,824 | 1,216 | | | |
| 5. Interest Income (Specify) | \$ 8,876 | 6,204 | 2,672 | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ | | | | | |
| 8. Other (Specify) | \$ 207,936 | 145,336 | 62,600 | | | |
| V. Total Other Revenue (1 thru 8) | \$ 331,177 | 231,475 | 99,702 | | | |
| VI. Total All Revenue (III + V) | \$ 20,016,984 | 12,654,893 | 7,362,091 | | | |

* 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) |
|--|-------------|------|------|-----------|
| | | | | |
| Total Other Resident Revenue - Medicare | | \$ - | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|-------------------------------|----------|--------|-----------|
| Pg 13 | Respiratory Therapy - Private | \$ 1,531 | \$ 659 | \$ - |
| Total Other Resident Revenue | | \$ 1,531 | \$ 659 | \$ - |

Interest Income

Account

| Page Ref | Account | Balance | CCNH | RHNS | (Specify) |
|------------------------------|---------------------|---------|----------|----------|-----------|
| Pg 31 A8 | Accounts Receivable | | \$ 6,204 | \$ 2,672 | \$ - |
| Total Interest Income | | | \$ 6,204 | \$ 2,672 | \$ - |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------------------------|--|------------|------------|-----------|
| Pg 30 I8 | Finance Charges | \$ 1,482 | \$ 638 | \$ - |
| Pg 30 I8 | Grant - RCH Repurpose Project | \$ 42,636 | \$ 18,364 | \$ - |
| Pg 30 I8 | Grant - RCH Repurpose Project - Already Disallowed in FYE 2015 | \$ 11,533 | \$ 4,967 | \$ - |
| Pg 30 I8 | Insurance Recovery - Lightning Strike - No operating expenses related to this recovery | \$ 29,136 | \$ 12,550 | \$ - |
| Pg 30 I8 | Insurance Recovery - Water Heater - No operating expenses related to this recovery | \$ 9,540 | \$ 4,109 | \$ - |
| Pg 30 I8 | Resident Transportation Reimbursement | \$ 20 | \$ 8 | \$ - |
| Pg 30 I8 | Class Action Settlement - Rehabcare - no offsetting expense - no disallowance | \$ 101 | \$ 44 | \$ - |
| Pg 30 I8 | Medical Record Income | \$ 77 | \$ 33 | \$ - |
| Pg 30 I8 | UHC Dividend - No expense associated with this revenue - no disallowance | \$ 1,541 | \$ 664 | \$ - |
| Pg 30 I8 | Flu Vaccine Revenue - Expense already disallowed | \$ 3,918 | \$ 1,688 | \$ - |
| Pg 30 I8 | Endowment Income Unrestricted - no disallowance | \$ 8,262 | \$ 3,559 | \$ - |
| Pg 30 I8 | Loss on Sale of Equipment | \$ (2,662) | \$ (1,147) | \$ - |
| Pg 30 I8 | Restricted Fund Distributions - Fundraising - Already disallowed | \$ 1,048 | \$ 452 | \$ - |
| Pg 30 I8 | Restricted Fund Distributions - Recreation | \$ 12,624 | \$ 5,438 | \$ - |
| Pg 30 I8 | Restricted Fund Distributions - Physician Consultants | \$ 26,080 | \$ 11,233 | \$ - |
| Total Other Revenue | | \$ 145,336 | \$ 62,600 | \$ - |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------|-----------------------|--------|-------------|
| AVERY HEIGHTS | 750-C | 9/30/2019 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | (2,368,688) |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 2,240,406 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | 15,870 |
| 4 Inventories | | | \$ | 75,060 |
| 5. Prepaid Expenses | | | \$ | 24,787 |
| a. Prepaid Other | 24,787 | | | |
| b. _____ | | | | |
| c. _____ | | | | |
| d. See Schedule | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| _____ | | | | |
| See Schedule | | | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | (12,565) |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | 72,000 |
| 2. Land Improvements | *Historical Cost | 1,285,223 | \$ | 163,437 |
| | Accum. Depreciation | 1,121,786 | | Net |
| 3. Buildings | *Historical Cost | 11,530,718 | \$ | 1,676,462 |
| | Accum. Depreciation | 9,854,256 | | Net |
| 4. Leasehold Improvements | *Historical Cost | | \$ | |
| | Accum. Depreciation | | | Net |
| 5. Non-Movable Equipment | *Historical Cost | 5,932,407 | \$ | 872,470 |
| | Accum. Depreciation | 5,059,937 | | Net |
| 6. Movable Equipment | *Historical Cost | 3,412,632 | \$ | 878,798 |
| | Accum. Depreciation | 2,533,834 | | Net |
| 7. Motor Vehicles | *Historical Cost | 270,917 | \$ | 39,875 |
| | Accum. Depreciation | 231,042 | | Net |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 3,703,042 |

* 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 | | | \$ - |

| | | | |
|-------------------------------|--|--|-------------|
| | | | |
| Total Prepaid Expenses | | | \$ - |

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

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

| | | | |
|---|--|--|-------------|
| | | | |
| Total Other Current Assets (Itemize) | | | \$ - |

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

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

| | | | |
|---|--|--|-------------|
| | | | |
| Total Other Other Fixed Assets (Itemize) | | | \$ - |

Schedule of Other Assets Page 32 Line D7

| Page Ref | Line Ref | Description | |
|---------------------------|----------|-------------|-------------|
| | | | |
| Total Other Assets | | | \$ - |

| | | | |
|---------------------------|--|--|-------------|
| | | | |
| Total Other Assets | | | \$ - |

Schedule of Notes Payable (Itemize) Page 33 Line A2

| Page Ref | Line Ref | Description | |
|----------------------------|----------|-------------|-------------|
| | | | |
| Total Notes Payable | | | \$ - |

| | | | |
|----------------------------|--|--|-------------|
| | | | |
| Total Notes Payable | | | \$ - |

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

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

| | | | |
|--|--|--|-------------|
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ - |

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

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

| | | | |
|--|--|--|-------------|
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ - |

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|-------------|-----------------------|---------------------------|-----------|
| AVERY HEIGHTS | 750-C | 9/30/2019 | 32 | 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 3,690,477 |
| 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>) | | | \$ | 54,267 |
| Bond Issuance Costs (Net) | | 31,272 | | |
| Deferred Marketing (Net) | | 22,995 | | |
| See Schedule | | | | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ | 54,267 |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ | 3,744,744 |

* 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 |
|--|---------|-------------|-----------------------|-----------|------------------|
| AVERY HEIGHTS | | 750-C | 9/30/2019 | 33 | 37 |
| Account | | | | Amount | |
| Liabilities | | | | | |
| A. Current Liabilities | | | | | |
| 1. Trade Accounts Payable | | | | \$ | 199,922 |
| 2. Notes Payable (<i>itemize</i>) | | | | \$ | |
| _____ | | | | | |
| _____ | | | | | |
| See Schedule | | | | | |
| 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) | | | | \$ | |
| Name of Lender | Purpose | Amount | Date Due | | |
| | | | | | |
| | | | | | |
| 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) | | | | \$ | 484,256 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | | \$ | 19,336 |
| 7. Medicare Final Settlement Payable | | | | \$ | |
| 8. Medicare Current Financing Payable | | | | \$ | |
| 9. Mortgage Payable (<i>Current Portion</i>) | | | | \$ | 269,383 |
| 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) | | | | \$ | 23,512 |
| 11. Accrued Income Taxes* | | | | \$ | |
| 12. Other Current Liabilities (<i>itemize</i>) | | | | \$ | 540,108 |
| Accrued Expenses | | 65,586 | Resident Deposits | 68,359 | |
| Nursing Home Tax | | 307,691 | | | |
| Suspense | | 3,675 | | | |
| Resident Personal Funds | | 94,797 | See Schedule | | |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | | \$ | 1,536,517 |

* 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 AVERY HEIGHTS | | License No. 750-C | Report for Year Ended 9/30/2019 | Page 34 | of 37 |
| Account | | | | Amount | |
| Total Brought Forward: | | | | 1,536,517 | |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | | |
| Name of Lender | | Purpose | Amount | Date Due | \$ |
| | | | | | |
| 2. Mortgages Payable | | | | | \$ 3,296,652 |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | | |
| Name and Address of Lender | | Amount | Loan Date | | |
| | | | | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | | \$ 36,525 |
| General Reserve | | 36,525 | | | |
| | | | | | |
| See Schedule | | | | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | | \$ 3,333,177 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | | \$ 4,869,694 |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|--------|-------------|
| EVERY HEIGHTS | 750-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 | | | \$ | |
| 3. Paid-in Surplus | | | \$ | |
| 4. Treasury Stock | | | \$ | |
| 5. Cumulated Earnings | | | \$ | (238,722) |
| 6. Gain or Loss for Period | 10/1/2018 | thru 9/30/2019 | \$ | (886,228) |
| 7. Total Net Worth | | | \$ | (1,124,950) |
| C. Total Reserves and Net Worth | | | \$ | (1,124,950) |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 3,744,744 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|--------|-------------|
| EVERY HEIGHTS | 750-C | 9/30/2019 | 36 | 37 |
| Account | | | Amount | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2018 | | | \$ | (1,796,410) |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 20,016,984 |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 20,903,212 |
| D. Net Income or Deficit | | | \$ | (886,228) |
| E. Balance | | | \$ | (2,682,638) |
| F. Additions | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | |
| 2. Other (<i>itemize</i>) | | | | |
| Transfers to Operating Fund | | 1,519,671 | | |
| Transfer to Restricted Fund | | 38,017 | | |
| F-3. Total Additions | | | \$ | 1,557,688 |
| 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 | \$ | (1,124,950) |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|--|---|---|---------------------------------|
| Name of Facility AVERY HEIGHTS | License No. 750-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 checked="" 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 <i>Michelle Pascetta</i> | | Title <i>Director of Revenue</i> | | Date Signed <i>2/10/2020</i> |
| Printed Name of Preparer Michelle Pascetta | | | | |
| Address Address 217 Avery Heights, Hartford, CT 06106-4200 | | | Phone Number (860) 527-9126 x518 | |
| Contacted Person Regarding Additional Information Needed Regarding This Report Michelle Pascetta | | | Phone Number (860) 527-9126 x518 | |
| Contact Email Address mpascetta@churchhomes.org | | | | |