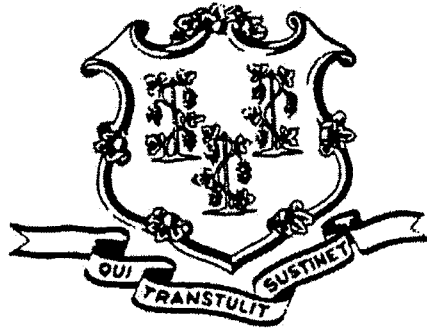


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) AVERY HEIGHTS	
Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

Medicaid Provider Numbers:	CCNH 7500	RHNS 90795	ICF-MR
----------------------------	--------------	---------------	--------

For Department Use Only

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

Michelle L. Pascetta

From: Karen Coulombe <KCoulombe@MSLC.COM>
Sent: Tuesday, December 15, 2015 11:18 AM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Michelle,
Your request to continue using a Non-DSS developed electronic Medicaid cost report for the cost year ending 9/30/2015 is approved.

Karen

Karen Coulombe
Manager
Myers and Stauffer LLC
7 Waterside Crossing
Suite 202
Windsor, CT 06095
PH 860.687.0790
FX 860.687.0810
www.mslc.com

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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General Information

Name of Facility (as licensed) AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for AVERY HEIGHTS [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) <i>Miriam E Parker</i>		Date 2/15/16	Signed (Owner)		Date
Printed Name (Administrator) MIRIAM E. PARKER, DSW			Printed Name (Owner)		
Subscribed and Sworn to before me: MARJORIE K. TESMAN	State of CT	Date 2/15/16	Signed (Notary Public) <i>Marjorie K. Tesman</i>		Comm. Expires 5/31/2020
Address of Notary Public 56 SHERWOOD ROAD BRISTOL CT 06010					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility AVERY HEIGHTS	Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106			
Report Prepared By MICHELLE PASCETTA	Phone Number (860) 527-9126 x518	Date 2/15/2016	
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 09/30/15	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 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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator MIRIAM E. PARKER, DSW		Nursing Home Administrator's License No.:	001130	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



BOARD OF DIRECTORS AND OFFICERS
2014 - 2015

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

Bus: President and Executive Director
 The First Tee (860) 316-2511
 55 Golf Club Road
 Cromwell, CT 06416
 Res: 100 Westmont (860) 233-6601
 West Hartford, CT 06117
 FAX: (860) 545-2127

Henry B. McNulty, Vice Chairman

Bus: Henry McNulty Communications
 Services (203) 699-0112
 Res: 75 Bellamy Road (203) 271-1377
 Cheshire, CT 06410-3038

Patrick J. Gilland, President/CEO

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

DIRECTORS**Gerard J. Baldwin**

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

Joseph C. Black, Jr.

Bus: Vice President, Real Estate
 Aetna, Inc. (860) 273-8854
 151 Farmington Avenue, RT32
 Hartford, CT 06156
 Res: 18 High Farm Road (860) 844-8538
 East Granby, CT 06026

DIRECTORS - continued**David E. Canuel**

Bus: Managing Director (413) 226-1903
 Babson Capital Management LLC
 1500 Main Street, Suite 1000
 Springfield, MA 01115
 Res: 211 Cricket Knoll (860) 985-0203
 Wethersfield, CT 06109
 FAX: (413) 226-2903

Robert S. Dicks, MD, FACP

Bus: Chief, Div. of Geriatric Medicine & Gerontology
 Hartford Hospital (860) 545-7043
 80 Seymour Street
 Hartford, CT 06102
 Res: 243 West Mountain Road (860) 622-1999
 West Simsbury, CT 06092
 FAX: (860) 545-7220

Elizabeth S. Gagne

Bus: Vice President, Chief Administrative Officer
 Business Insurance
 Travelers
 One Tower Square, 8th Floor, Grove Street
 Hartford, CT 06183 (860) 277-3298
 FAX: (860) 954-7383
 Res: 2 Lancaster Court (860) 676-2399
 Avon, CT 06001-3957

Peter C. Gerahi

Bus: Partner, Ernst & Young LLP
 225 Asylum Street (860) 725-3805
 Hartford, CT 06103
 FAX: (860) 296-3945
 Res: 19 Stockbridge Lane (860) 404-8864
 Avon, CT 06001

DIRECTORS AND OFFICERS 2014 - 2015 (cont'd)

DIRECTORS - continued**Patrick S. Gilligan**

Bus:
Res: 49 Whittlesey Road (203) 263-6707
Woodbury, CT 06798

Peter L. Holland

Bus: Senior Vice President
Goman+York Property Advisors, LLC
800 Connecticut Boulevard
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

Mercedes E. Large

Res: 17 Stuart Drive (860) 232-3025
Bloomfield, CT 06002
FAX: (860) 232-3026

Peter B. Matthews

Bus: Chief Financial Officer
Travelers Companies, Inc.
One Tower Square, CR04 (860) 954-2159
Hartford, CT 06183
Res: 75 Rockwood Drive (860) 620-0322
Southington, CT 06489

Patrick Y. Yung

Bus: Bain Capital Ventures
Res: 81 Inverness Road (860) 983-8809
Half Moon Bay, CA 94019

OFFICERS**Raymond A. Gasperini**

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

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
Res: 179 Under Mountain Road (860) 435-0190
Salisbury, CT 06068
FAX: (860) 435-0636

Miriam E. Parker, DSW

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106
Res: 134 Wynn Wood Drive (203) 374-4960
Fairfield, CT 06432
FAX: (860) 525-2090

Marjorie K. Tessman, Corporate Secretary

Bus: Church Homes, Inc. (860) 527-9126
217 Avery Heights
Hartford, CT 06106
Res: 56 Sherwood Road (860) 582-7880
Bristol, CT 06010
FAX: (860) 560-2469

THE DIRECTORS ARE UNCOMPENSATED EXCEPT FOR
FREE PARKING AND MEALS RECEIVED AT BOARD MEETINGS

7/27/15

General Information and Questionnaire Related Parties*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**			
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management Services - See Page 17	Pg. 16, Line m12	1,166,287
Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	Pg. 13 Lines B5a, B9a, B10a and B12	1,217,341 See Page 4a
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

* 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 -

Alliance 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 Alliance Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Alliance Rehab of CT currently services 7 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Alliance 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 Alliance Rehab of CT. Furthermore, Avery Heights did not receive profit-sharing or revenue of any kind from its relationship with Alliance 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 Alliance 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 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Direct Resident Care Consultants - Allocated based on patient days

Maintenance and Operation of Plant - Allocated based on beds

Depreciation - Allocated based on beds

The exceptions noted above more accurately reflect allocation of costs between inpatient and resident cottages.

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 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Less: Portion Allocated to Cottages	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes If "No," explain.
 No

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	\$	1,988
2 Legal Fees - Disallowed Per Page 7A	\$	53,042
3	\$	
4	\$	
5 Less: Portion allocated to cottages	\$	(2,018)
	Charge for Services Provided	
	\$	53,012

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

Murtha, Cullina, LLP - Hartford, CT - (860) 240-6000

* General Business - General Resident Issues	580	A
* General Personnel Issues	1,071	A
Department of Housing Grant	920	D
Survey	27,225	D
Collections	<u>12,591</u>	D
Sub Total	<u>42,387</u>	

Cicchiello & Cicchiello - Hartford, CT - (860) 866-1024

CHRO Complaint - Garcia	<u>12,306</u>	D
Sub Total	<u>12,306</u>	

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

* General Business - HIPAA Clarification	<u>337</u>	A
Sub Total	<u>337</u>	

Total Legal Fees

55,030

A	Allowable	1,988
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	53,042

* - General Business, General Personnel and General Survey issues - These categories of expenses relate to legal advice given for the day-to-day issues that arise as part of running a business in long term care. They are not associated with a specific "case", therefore there are no outcomes to report.

Schedule of Resident Statistics

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 09/30/15				Page 8	of 37						
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30									
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)			Total CCNH	Total RHNS (Specify)	Total CCNH	Total RHNS (Specify)		
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period		199	130	69									
B. On last day of THIS report period		199	130	69									
2. Number of Residents													
A. As of midnight of PREVIOUS report period		169	120	49									
B. As of midnight of THIS report period		163	119	44									
3. Total Number of Days Care Provided During Period													
A. Medicare		6,632	1,135	5,497			5,090	922	4,168	1,542	213	1,329	
B. Medicaid (Conn.)		42,437	33,363	9,074			31,593	24,810	6,783	10,844	8,553	2,291	
C. Medicaid (other states)													
D. Private Pay		10,225	8,970	1,255			7,861	6,779	1,082	2,364	2,191	173	
E. State SSI for RCH													
F. Other (Specify) Managed Care/Commercial		2,017	358	1,659			1,485	247	1,238	532	111	421	
G. Total Care Days During Period (3A thru F)		61,311	43,826	17,485			46,029	32,758	13,271	15,282	11,068	4,214	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days		43	13	30			41	11	30	2	2		
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)		61,354	43,839	17,515			46,070	32,769	13,301	15,284	11,070	4,214	

Schedule of Resident Statistics (Cont'd)

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay		Other State Assisted		
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	19	90	25	25	25	4			
Per Diem Rate									
a. One bed rm.	535.15	242.38	189.00	See Pg 9A	See Pg 9A	n/a		n/a	n/a
b. Two bed rms.	535.15	242.38	189.00	415/390	435/250	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	6,671	4,767	1,904	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	77	55	22	
C. Other	21,691	15,498	6,193	
D. Total Physical Therapy Treatments	28,439	20,320	8,119	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	964	689	275	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	3,454	2,468	986	
D. Total Speech Therapy Treatments	4,418	3,157	1,261	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,988	4,278	1,710	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	31	22	9	
C. Other	23,353	16,686	6,667	
D. Total Occupational Therapy Treatments	29,372	20,986	8,386	

AVERY HEIGHTS
9/30/2015

Attachment 9A

Self Pay Rates as of 9/30/15

CCH One Bedroom:

460.00
445.00
420.00

RHNS One Bedroom:

465.00
455.00
270.00
260.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
AVERY HEIGHTS	750-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	132,485	1,440	52,932	576	-	-
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	204,565	9,898	81,729	3,954	-	-
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	36,315	1,222	14,509	488	-	-
c. Dietary Workers	-	-	-	-	-	-
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	-	-	-	-	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	44,491	1,150	17,859	461	-	-
b. Other Maintenance Workers	99,105	4,393	39,781	1,763	-	-
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	140,495	2,946	56,131	1,177	-	-
b. RN						
1. Direct Care	902,117	25,167	454,951	12,692	-	-
2. Administrative**	92,373	2,660	46,585	1,342	-	-
c. LPN						
1. Direct Care	1,016,606	33,824	512,687	17,058	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	2,082,187	113,629	674,433	36,805	-	-
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	150,092	6,641	59,966	2,653	-	-
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	116,940	4,556	46,721	1,820	-	-
n. Marketing	70,770	1,432	28,274	572	-	-
o. Other (Specify) See Attached Schedule	-	-	-	-	-	-
<i>A-13. Total Salary Expenditures</i>	5,088,541	208,958	2,086,558	81,361	-	-

* 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	CCH	CCH	RHNS	RHNS	(Specify)	(Specify)
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	(Specify)	(Specify)
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	74,943	1,363	29,942	544	-	-
Total	\$ 74,943	1,363	\$ 29,942	544	\$ -	-

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2015		Page 11	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 I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2015		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***									
Miriam E. Parker	132,485	52,932	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	2,016	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
AVERY HEIGHTS	750-C	9/30/2015	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	2,001	120	799	48	-	-
3. Pharmacist	9,425	166	3,766	66	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	333,571	6,584	133,281	2,631	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	21,436	412	8,564	164	-	-
b. Utilization Review (Title 18 and 19 only) monthly meeting	-	-	-	-	-	-
c. Resident Care**	257	3	102	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 Advancement Board	1,193	12	477	5	-	-
9. Speech Therapist						
a. Resident Care	107,738	1,614	43,034	644	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	353,569	6,244	141,263	2,494	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	10,491	64	5,291	32	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	237,976	6,432	120,014	3,243	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	-	-	-	-	-	-
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	74,943	1,363	29,942	544	-	-
B-13 Total Fees Paid in Lieu of Salaries	1,152,600	23,014	486,533	9,872	-	-

* 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 9/30/2015		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Martha A. Kurilec, DMD	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Value Health Care Services, Inc.	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
		<input type="checkbox"/>	<input type="checkbox"/>			
CT Multispecialty Group	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
HHC Physicians Care, Inc. and Paul Murray	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Herbert Hoffman, MD and Doris Jean Phillips	Medical Advancement	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
Alliance Rehabilitation of CT	Occupational Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
Value Health Care Services	Temporary Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Favorite Healthcare, Harborside, KSY Home, Nursefinders and Executive Search Group	Temporary Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alliance Rehabilitation of CT	Respiratory Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a		
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

* 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
AVERY HEIGHTS	750-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 264,214	187,379	76,835	-
2. Disability Insurance	\$ 31,155	22,095	9,060	-
3. Unemployment Insurance	\$ 33,505	23,762	9,743	-
4. Social Security (F.I.C.A.)	\$ 531,892	377,215	154,677	-
5. Health Insurance	\$ 1,123,775	796,975	326,800	-
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,668	4,020	1,648	-
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 555,201	393,745	161,456	-
8. Uniform Allowance	\$ -	-	-	-
9. Other (<i>Specify</i>) See Attached Schedule	\$ 32,230	22,858	9,372	-
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 59,564	42,560	17,004	-
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 53,012	37,878	15,134	-
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 25,995	18,574	7,421	-
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 26,585	18,996	7,589	-
2. Cellular Phones	\$ 15,186	10,851	4,335	-
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$ -	-	-	-
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ -	-	-	-
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ -	-	-	-
2. Other (<i>Specify</i>) See Attached Schedule	\$ -	-	-	-
3. Resident Day User Fee	\$ 1,113,556	795,664	317,892	-
Subtotal	\$ 3,871,538	2,752,572	1,118,966	-

* 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**

AVERY HEIGHTS
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Assistance Program	736	302	-
Personal Time Accrued	570	233	-
Training Fund - Union	19,382	7,947	-
Vaccinations	2,170	890	-
Total	\$ 22,858	\$ 9,372	\$ -

Schedule of Other Taxes

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

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,871,538	2,752,572	1,118,966	-
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ -	-	-	-
2. Holiday Parties for Staff	\$ 1,382	987	395	-
3. Gifts to Staff and Residents	\$ 2,176	1,554	622	-
4. Employee Travel	\$ 1,498	1,070	428	-
5. Education Expenses Related to Seminars and Conventions	\$ 4,539	3,243	1,296	-
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 40,936	29,250	11,686	-
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	\$ 22,334	15,959	6,375	-
4. Fund-Raising***	\$ 24,163	17,265	6,898	-
5. Medical Records	\$ -	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ -	-	-	-
7. Postage	\$ 2,969	2,123	846	-
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 18,640	13,319	5,321	-
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ -	-	-	-
9. Subscriptions	\$ 827	590	237	-
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>)	\$ 55,719	39,812	15,907	-
12. Administrative Management Services**	\$ 1,166,287	833,341	332,946	-
13. Other (<i>Specify</i>) See Attached Schedule	\$ 35,755	25,549	10,206	-
C-14 Total Administrative & General Expenditures	\$ 5,248,763	3,736,634	1,512,129	-

* 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)
Admissions Advertising	34	14	-
All Marketing Non-Salary Expenses	15,925	6,361	-
Total Other Advertising	\$ 15,959	\$ 6,375	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	13,099	5,232	-
NASW	151	61	-
BJs	69	28	-
Total Dues	\$ 13,319	\$ 5,321	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	1,799	717	-
Meetings	466	187	-
Penalties	18,135	7,246	-
Pre-Employment Services	5,149	2,056	-
Total Other Administrative and General	\$ 25,549	\$ 10,206	\$ -

Licenses:

Center for Medicaid and Medicare Services	\$ 553
Department of Public Health	\$ 1,565
Russell Phillips	\$ 350
Secretary of State - Certificate of Legal Existence	\$ 50
Department of Health and Human Services	\$ 50
Department of Consumer Protection	\$ 40
CLIA	
Sub Total	\$ 2,608
Less: Portion Allocated to Cottages	\$ (92)
Total Licenses	\$ 2,516

Schedule C-1 - Management Services*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	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	1,166,287	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	License No.	Report for Year Ended		Page	of
AVERY HEIGHTS	750-C	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 21,586	15,424	6,162		-
2. Non-Food Supplies	\$ 1,489	1,064	425		-
3. Other (Specify) _____	\$ -	-	-		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,679,370	1,199,953	479,417		-
c. Management Services**	\$ -	-	-		-
d. Other (Specify) _____	\$ -	-	-		-
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 1,702,445	1,216,441	486,004		-
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	504	360	144	-	
H. Is cost of employee meals included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify cost.	\$2,050
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify amt.	\$2,050
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV, 1	
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify amt.	
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.	881,038	629,524	251,514	-
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.	881,038	629,524	251,514	-
		Amt. \$	21,881	15,635	6,246	-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	290,083	207,272	82,811	-
c. Management Services**		\$	-	-	-	-
d. Other (Specify)		\$	-	-	-	-
3E. Total Laundry Expenditures (3a + b + c + d)		\$	311,964	222,907	89,057	-
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
L. 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 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS	750-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	135,056	96,501	38,555	-
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	21,646	15,467	6,179	-
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced	135,056	96,501	38,555	-
	by Personnel				
	Amt. \$	784,370	560,453	223,917	-
c. Management Services*	\$	-	-	-	-
d. Other (<i>Specify</i>)	\$	-	-	-	-
4E. Total Housekeeping Expenditures (4a + b + c + d)....	\$	806,016	575,920	230,096	-
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	-	-	-	-
2. Purchased from Value Health Care Service, Inc.	\$	356,374	254,638	101,736	-
b. Medicine Cabinet Drugs	\$	19,923	14,235	5,688	-
c. Medical and Therapeutic Supplies	\$	273,027	195,085	77,942	-
d. Ambulance/Limousine***	\$	2,156	1,541	615	-
e. Oxygen					
1. For Emergency Use	\$	-	-	-	-
2. Other***	\$	7,509	5,366	2,143	-
f. X-rays and Related Radiological Procedures***	\$	28,072	20,058	8,014	-
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	-	-	-	-
h. Laboratory***	\$	55,462	39,629	15,833	-
i. Recreation	\$	90,250	64,485	25,765	-
j. Other (Specify)**** See Attached Schedule	\$	21,900	15,648	6,252	-
5K. Total Resident Care Expenditures (5a - 5j)	\$	854,673	610,685	243,988	-

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	(Specify)
Equipment Rental - Month-to-Month - Oxygen & Bed Rental	\$ 17,351	\$ 6,932	\$ -
Medical and Therapeutic Supplies	\$ 114,479	\$ 45,738	\$ -
Disposable Incontinent Supplies	\$ 48,051	\$ 19,198	\$ -
Nursing Minor Equipment *	\$ 3,935	\$ 1,572	\$ -
Nutritional Supplements	\$ 4,682	\$ 1,870	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 6,587	\$ 2,632	\$ -
Total Other Resident Care	\$ 195,085	\$ 77,942	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Pastoral Care	\$ 53	\$ 21	\$ -
Physical Therapy Supplies/Equipment Rental - Month-to-Month	\$ 15,595	\$ 6,231	\$ -
Total Other Resident Care	\$ 15,648	\$ 6,252	\$ -

* 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.

**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 9/30/2015	Total Cost/Page Ref.***		Page of 21 37
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Pg Line
		Yes	No			
MDI Achieve	Minneapolis, MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32,591	13,021	16 m11
A&G Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7,221	2,886	16 m11
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input type="checkbox"/>	1,199,953	479,417	18 2b
H & H Linen Service	New Britain, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65,260	26,073	19 3b
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140,690	56,210	19 3b
Laundry Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,322	528	19 3b
Healthcare Services Group	Bensalem, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	560,453	223,917	20 4b
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

* 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 9/30/2015	Page of 21a 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No		CCNH	RHNS	(Specify)	Pg Line
Stand-By-Power	Bloomfield, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Maintenance Contract	6,322	2,337		22 6.f
Baystate Elevator Company	Dalton, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Service Contract	11,589	4,652		22 6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grounds Service	30,357	12,186		22 6.f
CT Temperature Controls	Cromwell, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC	11,316	4,543		22 6.f
Hartford Boiler Repair	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC	41,484	16,652		22 6.f
Augustin Malaykhan	Hartford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plowing and Sanding	11,469	4,604		22 6.f
USA Town & Country Hauling	East Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refuse Removal	45,725	18,355		22 6.f
Stericycle	Middletown, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refuse Removal	6,413	2,574		22 6.f
Security Services of CT, Inc.	Bridgeport, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Security Contract	51,573	20,703		22 6.f
Maintenance Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>	General Maintenance Services	36,276	14,548		22 6.f
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

* 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	License No.	Report for Year Ended			Page	of
AVERY HEIGHTS	750-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 132,607	94,642	37,965		-	
b. Heat	\$ 114,417	81,754	32,663		-	
c. Light & Power	\$ 234,777	167,754	67,023		-	
d. Water	\$ 203,252	145,228	58,024		-	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ -	-	-		-	
f. Other (<i>itemize</i>)	\$ 353,878	252,524	101,354		-	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,038,931	741,902	297,029		-	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 17,039	10,496	6,543		-	
b. Building & Building Improvements	\$ 329,029	230,844	98,185		-	
c. Non-Movable Equipment	\$ 154,561	99,394	55,167		-	
d. Movable Equipment	\$ 196,976	116,614	80,362		-	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 697,605	457,348	240,257		-	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ -	-	-		-	
b. Mortgage Expense	\$ 6,900	5,568	1,332		-	
c. Leasehold Improvements	\$ -	-	-		-	
d. Other (<i>Specify</i>)	\$ -	-	-		-	
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,900	5,568	1,332		-	
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)	\$ 704,505	462,916	241,589		-	

* 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	17,281	6,924	-
Refuse Removal	53,286	21,387	-
Fire Protection Services	3,764	1,511	-
Carpentry Service	1,216	488	-
Carpet/Flooring Service	214	86	-
Electrician Services	3,918	1,573	-
Elevator Service Contract	11,589	4,652	-
Exterminator Service	6,409	2,573	-
Grounds Service	30,357	12,186	-
Heating/Air Conditioning Service	57,939	23,258	-
Painting Service	3,509	1,409	-
Plowing & Sanding	11,469	4,604	-
Security Contract	51,573	20,703	-
Total Other Repairs and Maintenance	\$ 252,524	\$ 101,354	\$ -

AVERY HEIGHTS
9/30/2015

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2015 Total Depreciation</u>	<u>2015 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>1,410,230</u>	<u>39,956</u>	<u>17,039</u>	<u>10,496</u>	<u>6,543</u>	<u>0</u>	<u>22,917</u>
Totals	<u>1,441,407</u>	<u>39,956</u>	<u>17,039</u>	<u>10,496</u>	<u>6,543</u>	<u>0</u>	<u>22,917</u>
Building & Improvements:							
- CON	5,416,174	148,794	148,794	116,181	32,613	0	0
- Non-CON	<u>10,967,000</u>	<u>320,034</u>	<u>180,235</u>	<u>114,663</u>	<u>65,572</u>	<u>0</u>	<u>139,799</u>
Totals	<u>16,383,174</u>	<u>468,828</u>	<u>329,029</u>	<u>230,844</u>	<u>98,185</u>	<u>0</u>	<u>139,799</u>
Fixed Equipment:							
- CON	2,323,161	7,081	7,081	5,428	1,654	0	0
- Non-CON	<u>4,651,641</u>	<u>216,594</u>	<u>147,480</u>	<u>93,966</u>	<u>53,513</u>	<u>0</u>	<u>69,114</u>
Totals	<u>6,974,802</u>	<u>223,675</u>	<u>154,561</u>	<u>99,394</u>	<u>55,167</u>	<u>0</u>	<u>69,114</u>
Moveable Equipment:							
- CON	616,554	0	0	0	0	0	0
- Non-CON	<u>3,126,756</u>	<u>211,010</u>	<u>196,976</u>	<u>116,614</u>	<u>80,362</u>	<u>0</u>	<u>14,034</u>
Totals	<u>3,743,310</u>	<u>211,010</u>	<u>196,976</u>	<u>116,614</u>	<u>80,362</u>	<u>0</u>	<u>14,034</u>

Depreciation Schedule

Name of Facility AVERY HEIGHTS	License No. 750-C		Report for Year Ended 9/30/2015					Page 23	of 37
	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	1,421,180	-	983,392	823,280	S/L	Various	16,887		
2. Disposals (attach schedule)	-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)	20,227	-	4,851	-	S/L	Various	152	17,039	
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period	15,907,030	-	11,014,989	8,241,891	S/L	Various	320,076		
2. Disposals (attach schedule)	-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)	476,144	-	211,886	-	S/L	Various	8,953	329,029	
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period	6,539,055	-	5,306,365	4,216,755	S/L	Various	141,269		
2. Disposals (attach schedule)	-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)	435,747	-	348,996	-	S/L	Various	13,292	154,561	
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Various	354,930	-	205,166	379,963	S/L	Various	977		
b.	-	-	-	-	-	-	-		
c.	-	-	-	-	-	-	-		
d.	-	-	-	-	-	-	-		
2. Movable Equipment									
a. Acquired prior to this report period	2,967,784	-	3,652,829	3,209,772	S/L	Various	179,481		
b. Disposals (attach schedule)	-	-	-	-	S/L	-	-		
c. Acquired during this report period (attach schedule)	420,596	-	408,849	-	-	-	16,518	196,976	
D-3. Subtotal								697,605	
E. Total Depreciation									

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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
7/1/2015	Wood Fence	6,265	4,851	8	152
7/1/2015	Landscaping-Cott Recons Stg3	13,962	-	10	-
Total additions for Land Improvements		\$ 20,227	\$ 4,851		\$ 152 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/1/2014	Fire Door	4,601	4,602	15	307
1/1/2015	Fire door	2,581	2,581	15	129
3/1/2015	Paint exterior of cottages	14,900	-	5	-
4/1/2015	Fire door	2,485	2,485	15	83
2/1/2015	Paint walkway bridge	1,600	1,600	5	213
6/1/2015	Fire Doors	6,818	6,818	15	151
6/1/2015	Painting- Sta. 1 Renov	96,800	96,800	5	6,453
7/1/2015	Painting-Cott Recons Stg3	9,225	-	5	-
7/1/2015	Doors, window - Cott Recons Stg3	26,634	-	15	-
7/1/2015	Cottage 7,9,104 Reconstruction	213,500	-	20	-
9/1/2015	Painting Noble 2	97,000	97,000	5	1,617
Total additions for Building Improvements		\$ 476,144	\$ 211,886		\$ 8,953 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/1/2014	Call System	36,844	36,844	10	3,684
10/1/2014	Corner guards-Resident Rooms	2,579	2,579	15	172
12/1/2014	Call System	35,987	35,987	10	2,999
2/1/2015	Water heater	9,310	9,310	10	621
3/1/2015	Heater at entrance	1,058	1,058	10	62
8/1/2015	Flooring- Sta. 1 Renovation	107,905	107,905	5	3,597
7/1/2015	HVAC System-Cott Reconst-Stg3	61,446	-	15	-
7/1/2015	Hot Water Heaters-Cott Recons-Stg3	10,305	-	10	-
7/1/2015	Flooring-Cottage Reconstruct-St3	15,000	-	5	-
9/1/2015	Installation of carpeting	43,800	43,800	5	730
9/1/2015	Carpeting	61,239	61,239	5	1,021
9/1/2015	Snack bar renovation	4,488	4,488	15	25
9/1/2015	Nurse call system	35,232	35,232	10	293
9/1/2015	Lighting improvements	8,129	8,129	10	68
9/1/2015	Lighting improvements	167	167	10	1
9/1/2015	Lighting improvements	2,258	2,258	10	19
Total additions for Non-Movable Equipment		\$ 435,747	\$ 348,996		\$ 13,292 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/1/2014	Refrigerator	1,266	1,266	10	127
10/1/2014	Mattresses	3,199	3,199	10	320
10/1/2014	Wheelchair Scale	1,844	1,844	10	184
10/1/2014	Overbed Tables and Chairs	81,318	81,318	15	5,421
10/1/2014	Room signs	3,777	3,777	10	378
10/1/2014	Shades	19,172	19,172	10	1,917
10/1/2014	Washer/Dryer Cottage 4	1,111	-	10	-
11/1/2014	Ice machine	1,538	1,538	10	141
12/1/2014	Cubicle curtains	3,485	3,485	5	581
12/1/2014	Printer for admissions/marketing	1,580	1,580	5	263
12/1/2014	Food cart and supplies	2,546	2,546	10	212
2/1/2015	Tables/chairs	12,797	12,797	15	569
2/1/2015	Printer for dietary tickets	1,188	1,188	5	158
3/1/2015	Lap top	1,342	1,342	3	261
2/1/2015	Garbage Disposal for Kitchen	2,585	2,585	5	345
3/1/2015	Food carts	3,360	3,360	10	196
5/1/2015	Copier	4,098	3,173	5	264
5/1/2015	Wheelchair scales	3,645	3,645	10	152
6/1/2015	Computer St 1 Resource Rm	1,046	1,046	3	116
7/1/2015	Computer	1,034	800	3	67
7/1/2015	Plate warmer	1,733	1,733	10	43
6/1/2015	Stackable chairs	9,450	9,450	10	315
8/1/2015	Storage Cabinets	4,786	4,786	15	53
7/1/2015	Refrigerator Cot 104	246	-	10	-
7/1/2015	Refrigerator-Cot 9	246	-	10	-
7/1/2015	Refrigerator-Cot 7	246	-	10	-
7/1/2015	Microhood Cot 104	575	-	10	-
7/1/2015	Microhood Cot 9	575	-	10	-
7/1/2015	Microhood Cot 7	575	-	10	-
7/1/2015	Range Cot 104	656	-	10	-
7/1/2015	Range Cot 9	656	-	10	-
7/1/2015	Range Cot 7	656	-	10	-
7/1/2015	Dishwasher Cot 104	539	-	10	-
7/1/2015	Dishwasher Cot 9	539	-	10	-
7/1/2015	Dishwasher Cot 7	539	-	10	-
7/1/2015	Laundry Center Cot 104	1,143	-	10	-
7/1/2015	Laundry Center Cot 9	1,143	-	10	-
7/1/2015	Laundry Center Cot 7	1,143	-	10	-
9/1/2015	Equip for PT and Gym	10,370	10,370	10	86
9/1/2015	Photographs for units	10,811	10,811	10	90
8/1/2015	Bed side stands/Overbed Tables/Chairs	50,014	50,014	15	556
8/1/2015	Air Conditioner-nursing sta.	1,600	1,600	5	53
8/1/2015	Credenzas for lounge	12,512	12,512	15	139
8/1/2015	Sarah sit to stand lift	3,904	3,904	10	65
8/1/2015	Refrigerator with icemaker	1,243	1,243	10	21
8/1/2015	Shades/Drapes/Bedspreads	72,500	72,500	5	2,417
8/1/2015	Cubicle curtains	1,230	1,230	5	41
8/1/2015	Chairs/Tables	55,597	55,597	15	618
8/1/2015	Electric Beds	15,303	15,303	12	213
8/1/2015	Food Carts	3,360	3,360	10	56
8/1/2015	Braille signs	4,775	4,775	10	80
Total additions for Movable Equipment		\$ 420,596	\$ 408,849		\$ 16,518 *
Deletions:					
Total deletions for Movable Equipment		\$ -	\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Amortization Schedule*

Name of Facility AVERY HEIGHTS	Date of Acquisition		Amortization	License No. 750-C	Report for Year Ended 9/30/2015	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 - FYE 2012	2	2012		69,006	18,400	S/L	Var	6,900		
2.				-	-		-	-		
3.				-	-		-	-		
B-4. Subtotal										6,900
C. Leasehold Improvements and Other										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										6,900

* 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 9/30/2015	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="checkbox"/> Yes <input type="checkbox"/> 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		02/01/12			
c. Interest Rate for the Cost Year		3.60%			
d. Term of Mortgage (number of years)		10			
e. Amount of Principal Borrowed		8,124,565			
f. Principal balance outstanding as of 09/30/2015		5,547,827			
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	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 215,175	173,625	41,550		-	
Name of Lender		Rate					
Bank of America		3.60%					
Address of Lender							
Hartford, CT							
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)		\$ 215,175	173,625	41,550		-	

(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		9/30/2015			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				215,175	173,625	41,550		
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)				\$ -	-	-	-	
Line of Credit								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 215,175	173,625	41,550	-	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 102,778	73,339	29,439	-	
b. Insurance on Automobiles				\$ 13,976	9,973	4,003	-	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 20,756	14,811	5,945	-	
2. Fire and Extended Coverage				\$ -	-	-	-	
3. Other (Specify)				\$ 19,073	13,610	5,463	-	
See Page 27A								
14d. Total Insurance Expenditures (14a + b + c)				\$ 156,583	111,733	44,850	-	
15. Total All Expenditures (A-13 thru C-14)				\$ 19,853,287	14,093,904	5,759,383	-	

AVERY HEIGHTS
9/30/2015

Attachment Page 27

Schedule of Other Insurance

Description	CCNH	RHNS	(Specify)
Crime	662	265	-
Insurance Claim - CHRO Complaint Defense Deductible	12,948	5,198	-
Total Other Insurance	\$ 13,610	\$ 5,463	\$ -

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
AVERY HEIGHTS				750-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$ -	-	-	-
2.	10	12.n	Salaries not related to Resident Care	\$ 99,044	70,770	28,274	-
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ 14,968	10,695	4,273	-
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 359	257	102	-
6.	13	B.10.	Occupational Therapy	\$ 494,832	353,569	141,263	-
7.			Other - See attached Schedule	\$ 104,885	74,943	29,942	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 59,564	42,560	17,004	-
10.	15	1.e	Accounting & Legal	\$ 51,097	36,510	14,587	-
11.			Telephone	\$ -	-	-	-
12.	15	1.h.2	Cellular Telephone	\$ 13,386	9,565	3,821	-
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.3	Gifts, flowers and coffee shops	\$ 2,176	1,554	622	-
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.	8b/30		Automobile Expense (e.g. personal use)	\$ 49,122	35,099	14,023	-
18.	16	m.3	Unallowable Advertising *	\$ 22,334	15,959	6,375	-
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 24,163	17,265	6,898	-
21.	16	m.12	Unallowable Management Fees	\$ (5,543)	(3,961)	(1,582)	-
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 26,034	18,601	7,433	-
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 2,050	1,465	585	-
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 and others who are not residents	\$ 777	555	222	-
Subtotal (Items 1 - 26)				\$ 959,248	685,406	273,842	-

* 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)
30	IV.8	Recreation Salaries Reimbursed by Restricted Funds	10,695	4,273	-
Total Other Salaries Adjustment			\$ 10,695	\$ 4,273	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.12	Respiratory Therapy	74,943	29,942	-
Total Other Fees Adjustments			\$ 74,943	\$ 29,942	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.13	Meetings	466	187	-
16	m.13	Penalties/Late Fees	18,135	7,246	-
Total Other A&G Adjustments			\$ 18,601	\$ 7,433	\$ -

AVERY HEIGHTS

9/30/2015

Transportation Disallowance Calculation

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Balance</u>	<u>Allowance</u>	<u>Potentially Allowable</u>
85007400	Interdepartmental Costs	(56,566)	0%	-
85007420	Interdepartmental Charges	44,858	100%	44,858
85008070	Employee Meals - Page 16	-	100%	-
85008125	Gas/Diesel - Page 16	26,896	100%	26,896
85008145	Licenses - Page 16	253	100%	253
85008330	Vehicle Repair/Maint - Page 16	27,052	100%	27,052
85008693	Pre-Employment Services - Page 16	-	100%	-
	Auto Insurance - Page 27	18,049	100%	18,049
	Depreciation - Page 22	1,262	100%	1,262
	Totals	61,804		118,370
	Allocated To Other Entities - Auto	(1,557)		
	Allocated To Other Entities - Deprec	(285)		
	Allocated To Other Entities - Insur	(4,073)		
	Net Claimed	<u>55,889</u>		
	Potentially Allowable			118,370
	Less: Insurance Claim Recovery - Disallowed			(1,901)
	Subtotal			116,469
	NF/RCH Utilization			7.44%
	Net Allowable			8,668
	Claimed			55,889
	Disallowance			<u>(47,221)</u>

Transportation Log Analysis - July 2014:

<u>Bus #</u>	<u>Starting Mileage</u>	<u>Ending Mileage</u>	<u>Total Miles</u>	<u>"Common" Miles</u>	<u>NF/RCH Miles</u>
6	106,668	108,362	1,694	74	89
7	80,528	81,721	1,193	107	157
8	78,899	80,229	1,330	153	43
	Totals		<u>4,217</u>	<u>334</u>	<u>289</u>
	Total Miles		4,217		
	Less: Common Miles		<u>(334)</u>		
	Total Resident Miles		3,883		
	NF/RCH Miles		<u>289</u>		
	% of NF/RCH Miles		<u>7.44%</u>		

Per Mark McKenn, the Provider is allowed to analyze the month of July to determine the NF/RCH 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	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 959,248	685,406	273,842	-
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 356,374	254,638	101,736	-
28.	20	5.d	Ambulance/Limousine	\$ 2,156	1,541	615	-
29.	20	5.f	X-rays, etc	\$ 28,072	20,058	8,014	-
30.	20	5.h	Laboratory	\$ 55,462	39,629	15,833	-
31.	20	5.j	Medical Supplies	\$ -	-	-	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 7,509	5,366	2,143	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 77,451	55,340	22,111	-
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	\$ 650	463	187	-
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b		Property Insurance	\$ 137	98	39	-
Other - Miscellaneous							
42.			Research or Experimental Activities	\$ -	-	-	-
43.			Radio and Television Revenue	\$ -	-	-	-
44.			Vending Machine Revenue	\$ -	-	-	-
45.			Purchase Discounts and Allowances	\$ -	-	-	-
46.			Duplications of functions or services	\$ -	-	-	-
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$ -	-	-	-
48.			Interest Income on Accounts Rec	\$ -	-	-	-
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,464	1,045	419	-
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 396	283	113	-
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,488,919	1,063,867	425,052	-

*** 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.

AVERY HEIGHTS
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.i	Cable Television	\$ 39,745	\$ 15,880	\$ -
20	5.j	Physical Therapy Supplies	\$ 15,595	\$ 6,231	\$ -
Total Other Ancillary Costs			\$ 55,340	\$ 22,111	\$ -

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)
29b		Outpatient Therapy Allocation	\$ 574	\$ 231	\$ -
29c		Security Allocation Reconciliation	\$ (111)	\$ (44)	\$ -
Total Other Property Adjustments			\$ 463	\$ 187	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV.8	Miscellaneous Income	\$ 900	\$ 360	\$ -
30	IV.8	Finance Charges - Resident	\$ 132	\$ 53	\$ -
30	IV.8	Returned Check Fee	\$ 13	\$ 6	\$ -
Total Other Adjustments			\$ 1,045	\$ 419	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
29b		Outpatient Therapy Allocation	\$ 283	\$ 113	\$ -
Total Unallowable Building Interest			\$ 283	\$ 113	\$ -

EVERY HEIGHTS
9/30/2015

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	135,056
Square Footage of Therapy Space	5,350
Therapy Space as a % of Total Space	<u>3.9613%</u>
Total Therapy Treatments	62,229
Outpatient Therapy Treatments	1,514
Outpatient Therapy Treatments as a % of Total Treatments	<u>2.4329%</u>
Outpatient Allocation of Therapy Space	<u><u>0.0964%</u></u>

Expense Items

A & G	Repairs and Maintenance	\$132,607
	Other Maintenance	353,878
	Heat	114,417
	Light & Power	234,777
	Total	<u>\$ 835,679</u>
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$805</u>
House-keeping	Supplies	\$ 21,646
	Purchased Services	784,370
	Total	<u>\$ 806,016</u>
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$777</u>
Capital	Property Tax	-
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$0</u>
Insurance	Property Insurance (Not Including Auto)	\$ 142,607
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$137</u>
Fair Rent	Real Property and Land (From 7/2014 Rate Comp Report) *	\$726,228
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$700</u>
Deprec & Interest	Moveable Equipment Depreciation (Not Including Auto)	\$ 195,999
	Interest	215,175
	Total	<u>\$ 411,174</u>
	Outpatient Allocation	0.0964%
	Unallowable Amount	<u>\$396</u>

The Fair Rent figure comes from the 7/2014 Rate Computation Report which includes fixed assets through FYE 2013. M&S needs to recalculate this disallowance to include the FYE 2014 Fair Rent additions.

CHI
 AVERY HEIGHTS
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2015

Cost Center	Totals	Subtotal SNF	SNF Station 1	SNF Station 2	SNF Station 3	Subtotal ICF	ICF	Noble Connector	RCH	Subtotal Cottages	Cottages
3.00 Employee Benefits	0.0	0.0	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	0.0	0.0
4.02 Admin. & General	789.5	94.0	0.0	0.0	94.0	695.5	695.5	0.0	0.0	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	0.0	0.0
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	0.0	0.0
6.00 Laundry	2,488.5	2,000.0	1,365.0	357.5	277.5	413.0	413.0	0.0	75.5	0.0	0.0
7.00 Housekeeping	2,567.5	426.0	137.5	47.0	241.5	145.0	121.0	24.0	1,996.5	0.0	0.0
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	0.0	0.0
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	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	0.0	0.0
13.00 Social Services	346.0	177.0	0.0	0.0	177.0	169.0	169.0	169.0	0.0	0.0	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	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	0.0	0.0
18.00 Other Long Term Care	5,065.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5,065.5	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	0.0	0.0
25.00 Physical Therapy	3,006.0	3,006.0	0.0	0.0	3,006.0	0.0	0.0	0.0	0.0	0.0	0.0
26.00 Occupational Therapy	2,056.0	2,056.0	0.0	0.0	2,056.0	0.0	0.0	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	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	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	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	0.0	0.0
63.00 Dentist	66.0	66.0	66.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.01 Physicians Offices	5,464.0	5,464.0	0.0	0.0	5,464.0	0.0	0.0	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	0.0	0.0
63.03 Resident Cottages	44,431.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	44,431.0	44,431.0
Sub Total	138,092.6	53,023.1	18,588.0	9,179.5	25,255.6	24,994.0	18,988.5	6,005.5	15,644.5	44,431.0	44,431.0
Common Area	85,636.7	33,228.2	20,211.5	212.0	12,804.7	31,645.0	17,357.5	14,287.5	20,663.5	0.0	0.0
Total Square Footage	223,629.2	86,251.3	38,799.5	9,391.5	38,060.3	56,639.0	36,346.0	20,293.0	36,308.0	44,431.0	44,431.0

Pool >>>>>

For C/R

Total Square Footage	223,629
Less: Cottages	(44,431)
Less: Pool	(7,834)
Facility Square Footage	171,364
PT Square Footage	3,006
OT Square Footage	2,056
ST Square Footage	288
Therapy Square Footage	5,350

CHI
 AVERY HEIGHTS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2015
 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	298		10,415.39	1101032003200	11,352.86	(937.47)	0.00	10,415.39	0.00	
Medicaid	77		2,861.08	1101032003210	2,861.08	0.00	0.00	2,861.08	0.00	
Medicare A	15,190		538,461.94	1101032003230	538,461.94	0.00	0.00	538,461.94	0.00	
Medicare B	6,671		240,044.90	1101032003240	240,048.17	(3.27)	0.00	240,044.90	0.00	
HMO - MA	4,249		150,621.91	1101032003260	150,621.91	0.00	0.00	150,621.91	0.00	
HMO - COMM	1,954		69,677.14	1101032003265	72,118.91	(2,441.77)	0.00	69,677.14	0.00	
Total P/T	28,439		1,012,082.36		1,015,464.87	(3,382.51)	0.00	1,012,082.36	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	95		3,517.37	1101032013200	4,642.78	(1,125.41)	0.00	3,517.37	0.00	
Medicaid	31		1,293.37	1101032013210	1,293.37	0.00	0.00	1,293.37	0.00	
Medicare A	16,826		628,414.92	1101032013230	628,414.92	0.00	0.00	628,414.92	0.00	
Medicare B	5,988		225,290.07	1101032013240	224,828.51	461.56	0.00	225,290.07	0.00	
HMO - MA	4,537		170,085.89	1101032013260	170,085.89	0.00	0.00	170,085.89	0.00	
HMO - COMM	1,895		70,363.91	1101032013265	69,622.22	741.69	0.00	70,363.91	0.00	
Total O/T	29,372		1,098,965.53		1,098,887.69	77.84	0.00	1,098,965.53	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	0		0.00	1101032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	2,792		182,452.58	1101032023230	182,452.58	0.00	0.00	182,452.58	0.00	
Medicare B	964		77,795.87	1101032023240	77,797.22	(1.35)	0.00	77,795.87	0.00	
HMO - MA	514		31,973.86	1101032023260	31,973.86	0.00	0.00	31,973.86	0.00	
HMO - COMM	148		13,039.91	1101032023265	13,039.91	0.00	0.00	13,039.91	0.00	
Total S/T	4,418		305,262.22		305,263.57	(1.35)	0.00	305,262.22	0.00	

AVERY HEIGHTS
9/30/2015

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	143,404
Total Security Costs to be Allocated	<u>143,404</u>
Bed Allocation:	
CCH	130
RHNS	69
RCH	<u>0</u>
	199
Independent Living Cottages	<u>58.00</u>
	257.00
Independent Living Apartments	<u>137.00</u>
	<u>394.00</u>
Independent Living Apartments (The Heights)	137
Total Avery Heights Beds	394.00
Percentage of Total ILA to Total Beds	34.77%
Total Security Costs to be Allocated	143,404
% for The Heights based on beds	<u>34.77%</u>
Allocation to The Heights	49,862
Facility Allocation	<u>(50,062)</u>
Additional Allocation to The Heights	<u>(200)</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
AVERY HEIGHTS	750-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,644,800	13,576,935	3,067,865			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,955,846)	(5,574,333)	(1,381,513)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,899,885	464,890	2,434,995			
b. Medicare Room and Board Contractual Allowance **	\$ 588,400	66,687	521,713			
4. a. Private-Pay Residents and Other	\$ 5,410,485	4,138,740	1,271,745			
b. Private-Pay Room and Board Contractual Allowance **	\$ (55,080)	(16,917)	(38,163)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 465,052	332,292	132,760			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (465,052)	(332,292)	(132,760)			
c. Prescription Drugs - Non-Medicare	\$ 120,939	86,414	34,525			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (115,439)	(82,484)	(32,955)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 778,510	556,255	222,255			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (594,849)	(425,027)	(169,822)			
c. Physical Therapy - Non-Medicare	\$ 233,575	166,892	66,683			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (182,251)	(130,220)	(52,031)			
4. a. Speech Therapy - Medicare	\$ 260,250	185,969	74,281			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (182,766)	(130,600)	(52,166)			
c. Speech Therapy - Non-Medicare	\$ 45,014	32,166	12,848			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (35,577)	(25,422)	(10,155)			
5. a. Occupational Therapy - Medicare	\$ 853,244	609,663	243,581			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (676,403)	(483,306)	(193,097)			
c. Occupational Therapy - Non-Medicare	\$ 245,643	175,518	70,125			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (196,786)	(140,608)	(56,178)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,422	1,730	692			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,088,170	13,052,942	6,035,228			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,050	1,465	585			
2. Rental of rooms to non-residents	\$					
3. Telephone and Telegraph	\$					
4. Rental of Television and Cable Services	\$ 6,630	4,737	1,893			
5. Interest Income (<i>Specify</i>)	\$ 25	20	5			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 57,807	41,301	16,506			
V. Total Other Revenue (1 thru 8)	\$ 66,512	47,523	18,989			
VI. Total All Revenue (III +V)	\$ 19,154,682	13,100,465	6,054,217			

* 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)
Page 13	Respiratory Therapy - Private	\$ 1,200	\$ 480	\$ -
Page 13	Respiratory Therapy - HMO	\$ -	\$ -	\$ -
Page 20	Oxygen - Private - PY	\$ 7	\$ 3	\$ -
Page 20	Laboratory - Private	\$ 51	\$ 20	\$ -
Page 20	Laboratory - Private - PY	\$ 54	\$ 22	\$ -
Page 20	Laboratory - HMO - PY	\$ (35)	\$ (15)	\$ -
Page 20	Radiology - Private	\$ 262	\$ 105	\$ -
Page 20	Radiology - HMO - PY	\$ 191	\$ 77	\$ -
Total Other Resident Revenue		\$ 1,730	\$ 692	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg. 31 A.8	Accounts Receivable		20	5	-
Total Interest Income			\$ 20	\$ 5	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg. 30 I.8	Finance Charges - Resident	\$ 132	\$ 53	\$ -
Pg. 30 I.8	Insurance Recovery - Auto	\$ 1,050	\$ 422	\$ -
Pg. 30 I.8	United Health Care - Efficiency Program	\$ 900	\$ 360	\$ -
Pg. 30 I.8	Flu Vaccine Revenue - PY - Expense already disallowed	\$ 1,240	\$ 496	\$ -
Pg. 30 I.8	Returned Check Fee	\$ 13	\$ 6	\$ -
Pg. 30 I.8	Endowment Income - Unrestricted	\$ 9,281	\$ 3,708	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Recreation	\$ 10,695	\$ 4,273	\$ -
Pg. 30 I.8	Restricted Fund Distribution - Fundraising - Already Disallowed	\$ 17,990	\$ 7,188	\$ -
Total Other Revenue		\$ 41,301	\$ 16,506	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(1,642,140)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,577,300
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(34,461)
4. Inventories			\$	77,758
5. Prepaid Expenses			\$	26,898
a. Prepaid Other	26,898			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	5,355
B. Fixed Assets				
1. Land			\$	628,006
2. Land Improvements	*Historical Cost	1,441,407	\$	230,025
	Accum. Depreciation	1,211,382		Net
3. Buildings	*Historical Cost	16,383,174	\$	5,745,677
	Accum. Depreciation	10,637,497		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	6,974,802	\$	2,075,383
	Accum. Depreciation	4,899,419		Net
6. Movable Equipment	*Historical Cost	3,388,380	\$	1,316,064
	Accum. Depreciation	2,072,316		Net
7. Motor Vehicles	*Historical Cost	354,930	\$	209
	Accum. Depreciation	354,721		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	8,671
Deposits On Fixed Assets	8,671			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	10,004,035

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	10,009,390
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>)			\$	43,706
Bond Issuance Costs (Net)		43,706		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	43,706
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,053,096

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	517,769
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	462,181
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,752
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	781,187
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	16,643
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	397,289
Accrued Expenses		(21,406)	Resident Deposits	60,730	
Accrd Pmt In Lieu Of Tax		30,365			
Nursing Home Tax		279,314			
Resident Personal Funds		48,286			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,189,821

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,189,821	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 4,766,640	
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>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,766,640	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,956,461	

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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2015	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			\$	3,982,603
6. Gain or Loss for Period			\$	(896,250)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	3,086,353
C. Total Reserves and Net Worth			\$	3,086,353
D. Total Liabilities, Reserves, and Net Worth			\$	10,042,814

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	4,302,584
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	19,154,682
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	19,853,287
D. Net Income or Deficit			\$	(698,605)
E. Balance			\$	3,603,979
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Cottages - Profit				(197,645)
Transfers to Operating Fund				(319,983)
F-3. Total Additions			\$	(517,628)
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			\$	3,086,351
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2015	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 Director of Budgeting & Reimbursement	Date Signed 2/15/2016		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		