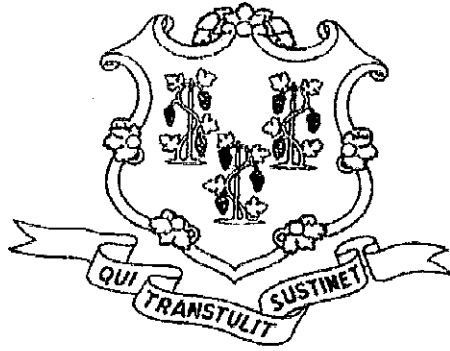


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Southington Care Center	
Address (No. & Street, City, State, Zip Code) 45 Meriden Avenue, Southington, CT 06489	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider 07-5336
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Medicaid Provider Numbers:	CCNH 2060-2	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Southington Care Center	License No. 2060-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 Southington Care Center [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>William Kowalewski</i>		Date 2/15/16	Signed (Owner)		Date
Printed Name (Administrator) William Kowalewski			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Donna Hechler</i>	State of CT	Date 2/15/16	Signed (Notary Public) <i>Donna M. Hechler</i>	Comm. Expires 6, 30, 18	
Address of Notary Public 30 Tucitto Rd, Portland, CT 06480					

(Notary Seal)

DONNA M. HECHLER
 Notary Public, State of Connecticut
 My Commission Expires June 30, 2018

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Southington Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 45 Meriden Avenue, Southington, CT 06489				
Report Prepared By Paula DePinto/Dorothy Robinson		Phone Number 860-406-6717	Date 2/15/2016	
Item	Total	CCNH	RHNS	Other
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 860-621-9559		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Southington Care Center			Address (No. & Street, City, State, Zip) 45 Meriden Avenue, Southington, CT 06489		
License Numbers:	CCNH 2060-C	RHNS	Other	Medicare Provider No. 07-5336	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator William Kowalewski			Nursing Home Administrator's License No.:	001813	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**Southington
Care Center**
Connect to healthier.™



Southington Care Center Management Board

Verified Information for 2015

<p>Rocco Orlando, M.D. 25 Drumlin Road South Glastonbury, CT 06073 <u>Rocco.Orlando@hhchealth.org</u> (860) 263-4155</p>	<p>Jeffrey Flaks 75 Westland Road Avon, CT 06001 <u>Jeffrey.Flaks@hhchealth.org</u> (860) 263-3555</p>
<p>Charles L. Johnson 1314 Town Colony Drive Middletown, CT 06457 <u>Charles.Johnson@hhchealth.org</u> (860) 263-4100</p>	

General Information and Questionnaire Related Parties*

Name of Facility Southington Care Center	License No. 2060-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 No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
See attached Listing		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
Basis for Allocation of Costs**

Name of Facility Southington Care Center	License No. 2060-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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

N/A

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
Accounting Basis

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm			Address (No. & Street, City, State, Zip Code)	
1 Blum Shapiro			39 South Main Street, 4th fl. West Hld. CT 06107	
2 Saslow Lufkin & Buggy, LLP			10 Tower Lane, Avon, CT	
3 Adjustment for overaccrued expense				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Medicare Cost Report			\$	5,795
2 Audit of Financial Statements			\$	25,219
3 Adjustment for overaccrued expense			\$	(46,089)
4			\$	
			Charge for Services Provided	
			\$	(15,075)
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Michalik, Bauer, Silva & Ciccarillo				
2 Murtha Cullina, LLP				
3 American Adjustment Bureau				
4 Wiggin & Dana				
5				
Address (No. & Street, City, State, Zip Code)				
1 35 Pearl St., New Britain, CT 06051				
2 185 Asylum Street; Hartford, CT 06103				
3 73 Feld St, PO Box 2756, Waterbury, CT 06723				
4 P.O. Box 1832, New Haven, CT 06508-1832				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Collections - disallowed p. 28			\$	2,431
2 Mandatory Staff Training			\$	136
3 Collections - disallowed p. 28			\$	105
4 Review SNF agreement, draft admission agreement, Telephone conference re Title 19 Resident			\$	3,166
5			\$	
			Charge for Services Provided	
			\$	5,838
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 1c				

SOUTHINGTON CARE CENTER

FYE 9/30/15

A&G Legal Fees

g/l # 6420-046

P. 15 1e

Date	Vendor	Amount	Description	DISALLOW
FEBRUARY	AMERICAN ADJ BUREAU	\$14.50	Collections	DISALLOW
JANUARY	AMERICAN ADJ BUREAU	\$90.00	Collections	DISALLOW
APRIL	MICHALIK,BAUER,SILVA, & CICC	\$177.50	Collections	DISALLOW
AUGUST	MICHALIK,BAUER,SILVA, & CICC	\$118.50	Collections	DISALLOW
DECEMBER	MICHALIK,BAUER,SILVA, & CICC	\$29.50	Collections	DISALLOW
JULY	MICHALIK,BAUER,SILVA, & CICC	\$518.00	Collections	DISALLOW
MARCH	MICHALIK,BAUER,SILVA, & CICC	\$391.50	Collections	DISALLOW
MAY	MICHALIK,BAUER,SILVA, & CICC	\$147.50	Collections	DISALLOW
NOVEMBER	MICHALIK,BAUER,SILVA, & CICC	\$162.50	Collections	DISALLOW
SEPTEMBER	MICHALIK,BAUER,SILVA, & CICC	\$886.00	Collections	DISALLOW
	MURTHA CULLINA, LLP	\$136.00	Mandatory Training	
	LEGAL FEES - TIES TO LEDGER	\$2,671.50		
NOVEMBER	WIGGIN & DANA	\$40.50	Renew SNF agreement, admissions agreement and tel. conference re Title 19 resident	RECLASSIFIED FROM MGMT CO. & DISALLOWED
JUNE	WIGGIN & DANA	\$3,125.00		RECLASSIFIED FROM MGMT CO. & DISALLOWED
	LEGAL FEES IN MANAGEMENT CO	\$3,165.50		
TOTAL FOR COST REPORT		\$5,796.50		

FEES BY TYPE

Collections	\$2,535.50	Disallow
Mandatory Training for Staff	\$136.00	
Renew SNF agreement, Admissions agreement and tel. conference re Title 19 resident	\$3,165.50	
	\$5,837.00	

ATTORNEY ADDRESSES

MURTHA CULLINA	CITY PLACE I, 185 ASYLUM ST. HARTFORD, CT 06103
AMERICAN ADJUSTMENT BUREAU	73 FIELD STREET, PO BOX 2758, WATERBURY, CT 06723
MICHALIK, BAUER, SILVA, AND CICC	35 PEARL ST. SUITE 300, NEW BRITAIN, CT 06051
WIGGIN AND DANA	PO BOX 1832, NEW HAVEN, CT 06508-1832

State of Connecticut
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Schedule of Resident Statistics

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015				Report for Year Ended 9/30/2015				Page	of	
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		8	37	
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	123	123			123	123			124	124		
B. As of midnight of THIS report period	127	127			124	124			127	127		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,750	11,750			8,911	8,911			2,839	2,839		
B. Medicaid (Conn.)	22,153	22,153			16,119	16,119			6,034	6,034		
C. Medicaid (other states)												
D. Private Pay	10,289	10,289			7,867	7,867			2,422	2,422		
E. State SSI for RCH												
F. Other (Specify) Managed Care; Workers Comp.	1,181	1,181			980	980			201	201		
G. Total Care Days During Period (3A thru F)	45,373	45,373			33,877	33,877			11,496	11,496		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	49	49			44	44			5	5		
B. Other Bed Reserve Days	114	114			96	96			18	18		
5. Total Resident Days (3G + 4A + 4B)	45,536	45,536			34,017	34,017			11,519	11,519		

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington Care Center			License No. 2060-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Other			
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	Other	R.C.H.	ICF-MR				
No. of Residents	13		68		23			23					
Per Diem Rate													
a. One bed rm.	Rugs		242.32		499.00								
b. Two bed rms.					465.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								8,749	961		7,788		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								8	8				
2. Restorative Treatments								211	211				
C. Other								40,266	33,562		6,704		
D. Total Physical Therapy Treatments								49,234	34,742		14,492		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								185	163		22		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								19	19				
C. Other								692	684		8		
D. Total Speech Therapy Treatments								896	866		30		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,411	1,068		343		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								68	68				
C. Other								30,372	30,241		131		
D. Total Occupational Therapy Treatments								31,851	31,377		474		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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)	163,128	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	451,390	18,778				
5. Dietary Service						
a. Head Dietitian	57,847	1,389				
b. Food Service Supervisor	69,644	2,080				
c. Dietary Workers	404,213	29,491				
6. Housekeeping Service						
a. Head Housekeeper	38,605	1,425				
b. Other Housekeeping Workers	253,016	20,869				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,234	1,587				
b. Other Maintenance Workers	89,465	4,179				
8. Laundry Service						
a. Supervisor	20,245	748				
b. Other Laundry Workers	132,686	9,780				
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	102,004	1,981				
b. RN						
1. Direct Care	1,284,947	33,836				
2. Administrative**	287,631	6,071				
c. LPN						
1. Direct Care	1,335,941	43,794				
2. Administrative**						
d. Aides and Attendants	2,765,754	165,641				
e. Physical Therapists	711,652	21,706			296,853	9,054
f. Speech Therapists	34,961	1,376			1,211	48
g. Occupational Therapists	463,051	13,578			6,995	470
h. Recreation Workers	198,121	8,076				
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	278,512	10,134				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	87,348	4,130			2,156,310	42,834
<i>A-13. Total Salary Expenditures</i>	9,299,395	402,729			2,461,369	52,406

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

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015	Page 11	of 37	Name and Address of All Other Employment**	Line Where Claimed on Page 10	Total Hours Worked	Full Description of Services Rendered	Fringe Benefits and/or Other Payments (describe fully)	Salary Paid			Total Hours Worked	Total Hours Worked	Compensation Received
										CCNH	RHNS	Other			
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.

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

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

Name of Facility (as licensed) Southington Care Center		License No. 2060-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	Other							
Section III - Administrators***										
William Kowaleski	163,128					2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington Care Center	2060-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	3,135	120				
3. Pharmacist	10,218	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	70,322	1,473			29,333	615
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	54,100	468				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff and Psychiatric Services	4,133	36				
9. Speech Therapist						
a. Resident Care	7,749	53			268	2
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	25,099	979				
d. Other						
12. Other (Specify) See Attached Schedule	10,000	72				
B-13 Total Fees Paid in Lieu of Salaries	184,756	3,393			29,601	617

* 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 Southington Care Center		License No. 2060-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		
United Dental Resources	dental consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare	pharmacy consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Healthcare Rehab Network	physical therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford Healthcare Affiliate	
Dr. Joseph Babiarz - ProHealth	medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Craig Bogdanski	medical director	<input checked="" type="radio"/>	<input type="radio"/>	Board Member	
Dr. Leonard Glaser	medical staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Curtland Brown III	medical staff	<input type="radio"/>	<input checked="" type="radio"/>		
Center for Geriatric and Family	psychiatric	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics	swallowing testing	<input type="radio"/>	<input checked="" type="radio"/>		
CT Rehabilitation & Spasticity	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Caring Nurses	agency nursing staff	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare	agency nursing staff	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Other	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 182,306	144,152			38,154
2. Disability Insurance	\$ 30,427	24,059			6,368
3. Unemployment Insurance	\$ 32,061	25,351			6,710
4. Social Security (F.I.C.A.)	\$ 626,730	495,564			131,166
5. Health Insurance	\$ 1,623,207	1,283,492			339,715
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 287,043	226,969			60,074
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 22,203	17,555			4,648
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 86,984	86,984			
d. Accounting and Auditing	\$ (15,075)	(15,075)			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,838	2,672			3,166
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 33,890	33,890			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 23,573	23,573			
2. Cellular Phones	\$ 2,065	2,065			
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	\$ 724,076	724,076			
Subtotal	\$ 3,665,328	3,075,327			590,001

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington Care Center	2060-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,665,328	3,075,327		590,001	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 11,169	11,169			
3. Gifts to Staff and Residents	\$ 12,370	12,370			
4. Employee Travel	\$ 3,632	3,632			
5. Education Expenses Related to Seminars and Conventions	\$ 41,449	41,449			
6. Automobile Expense (not purchase or depreciation)	\$ 12,383	12,383			
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 29,542	29,542			
2. Advertising Telephone Directory (all such expenses)***	\$ 24	24			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 15,107	6,592		8,515	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 11,618	11,618			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 15,642	15,642			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,857	3,857			
10. Contributions*** See Attached Schedule	\$ 213	213			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 132,296	132,296			
12. Administrative Management Services**	\$ 1,296,734	1,296,734			
13. Other (Specify) See Attached Schedule	\$ 462,222	207,031		255,191	
C-14 Total Administrative & General Expenditures	\$ 5,713,586	4,859,879		853,707	

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Management Company Marketing - disallowed			\$ 8,515
Business Promotion - disallowed	\$ 6,592		
Total Other Advertising	\$ 6,592	\$ -	\$ 8,515

Schedule of Dues

Description	CCNH	RHNS	Other
Dues & Membership Fees:			
AI.TCFM	\$ 160		
CALTC - disallowed	\$ 600		
Leading Age	\$ 12,734		
ECIN/Allscripts - disallowed	\$ 1,958		
The Society for Human Resource Management	\$ 190		
Total Dues	\$ 15,642	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Donations - disallowed	\$ 213		
Total Contributions	\$ 213	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Licenses	\$ 1,995		
Admin - Equipment Rental	\$ 39,119		
Bank Charges - disallowed	\$ 50,734		
Transitions of Care - disallowed	\$ 11,804		
Management Company Development - disallowed			\$ 2,409
Management Company Expenses - Non-Wage - disallowed			\$ 145,062
Records Storage	\$ 6,756		
Maintenance Agreement	\$ 99,739		
Penalties - disallowed	\$ (6,300)		
Non-Operating - Other - disallowed			\$ 94,770
Non-Operating Bank Fees - disallowed			\$ 12,950
Food for Medical Staff meetings - disallowed	\$ 582		
Bank of America - Debit - disallowed	\$ 40		
Dr. Babiarz Medical Conference - disallowed	\$ 2,548		
Consulting Fees - misc adj - disallowed	\$ 14		
Total Other Administrative and General	\$ 207,031	\$ -	\$ 255,191

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington Care Center	2060-C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare	1,296,734	Contracting & management oversight	16 / 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 Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	Other	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 332,124	332,124			
2. Non-Food Supplies	\$ 33,115	33,115			
3. Other (Specify) Dishes and utensils	\$ 2,189	2,189			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Equipment rental	\$ 640	640			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 368,068	368,068			
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other	
G. Resident Meals: Total no. of meals served per day:*	374	374			
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$4,178	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				18 2a1	
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	\$6,088	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				18 2a1	
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$6,790	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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 Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	-242	-242	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry supplies		\$	10,793	10,793	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	10,551	10,551	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* 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 Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2015		Page 20	of 37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	31,546	31,546		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	31,546	31,546		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	451,924	451,924		
b.	Medicine Cabinet Drugs	\$	17,669	17,669		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	27,710	27,710		
f.	X-rays and Related Radiological Procedures***	\$	46,045	46,045		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	39,829	39,829		
i.	Recreation	\$	55,144	55,144		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	244,024	240,909		3,115
5K.	Total Resident Care Expenditures (5a - 5j)	\$	882,345	879,230		3,115

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
Planetree - disallowed	\$ 10,381		
Planetree from Employee Relations - disallowed	\$ 437		
Medical Staff Education & Dues	\$ 629		
Medical Staff Education & Dues - disallowed	\$ 195		
Patient Personal Supplies	\$ 128		
PT Supplies - disallowed	\$ 7,333		\$ 3,059
PT Equipment Rental - disallowed	\$ 1,890		
OT Supplies - disallowed	\$ 579		\$ 9
Nursing Supplies	\$ 136,476		
Nursing Supplies - disallowed	\$ 7,411		
Enteral Feeding - Medicare - disallowed	\$ 1,150		
Enteral Feeding - Medicaid	\$ 80		
Enteral Feeding - Other	\$ 255		
Ostomy Supply - Medicare - disallowed	\$ 688		
Ostomy Supply - Medicaid	\$ 46		
Ostomy Supply - Other	\$ 252		
Ancillary - Med A Other - disallowed	\$ 2,740		
Nursing Medical Supply	\$ 57,506		
Senior Fit Supplies - disallow			\$ 47
Nursing - New Program Development	\$ 81		
Management Office Supplies - disallow	\$ 12,652		
Total Other Resident Care	\$ 240,909	\$ -	\$ 3,115

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

Name of Facility Southington Care Center		License No. 2060-C		Report for Year Ended 9/30/2015		Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***						
		Yes	No			CCNH	RHNS	Other	Pg	Line		
See attached listing		○	○									
		○	○									
		○	○									
		○	○									
		○	○									
		○	○									
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		○	○									
		○	○									
		○	○									
		○	○									

* 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).

Name of Individual or Company	Address	Related Yes No	Explanation of Relationship	Full Explanation of Service Provided	Total Cost/Page Ref.		Pg	Line
					CCNH	RHNS Specify		
Aegis Energy	55 Jackson St., Holyoke, MA 01101-2511	x		co-generator	12,292		22	6a & f
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	x		trash removal	23,585		22	6f
Connecticut Computer Services, Inc.	101 East Summer St., Plantsville, CT 06479	x		computer maintenance, consulting and education	51,701	5,708	16	L5 & m13
Cox Communications	P.O. Box 39, Newark, NJ 07101-0039	x		cable tv, telephone and Internet	22,680	5,398	16 & 20	m13 & 5f
Eversource	P.O. Box 650032, Dallas, TX 75265-0034	x		electricity and gas	61,420	3,650	16 & 22	m13, 22b & 22c
Harmony Healthcare International, Inc.	430 Boston St., Topsfield, MA 01983	x		nursing education and Medicare consulting	35,784		16 & 20	L5, m13 & 5f
HealthMedX, LLC	5100 N. Towne Centre Dr., Ozark, MD 65721	x		software provider and consultant	34,744		16	L5, m11, m13
Hospital of Central Connecticut	100 Grand St., New Britain, CT 06050	x	Affiliate of Hartford Healthcare	lab & X-ray services, physicals, advertising	39,659	280	16, 20 & 22	m3, 5f, 5h, 6a
J. Morrissey	289 Broad St., Windsor, CT 06095	x		nurse recruitment	25,575		16	m1
Leading Age CT	110 Barnes Road, Wallingford, CT 06492	x		seminars & meetings	15,588	379	16	L5, m8, m11, m13
MobileUSA	P.O. Box 17462, Baltimore, MD 21297-0518	x		X-rays	42,836		20	5f
Relias Learning LLC	111 Corning Rd., Suite 250, Cary, NC 27518	x		staff education	13,373		16	L5
Robin Lee Michel	169 Summit St., Plantsville, CT 06479	x		marketing for management company	27,710		16	m13
Ryan Business Systems, Inc.	455 Governor's Hwy, South Windsor, CT 06074	x		copier/printer maintenance	13,567	1,015	16	m13
Schmidt Lawn Care	P.O. Box 1035, Southington, CT 06489	x		grounds maintenance and snow removal	13,724		22	6f
Suburban Propane	P.O. Box 300, Whippany, NJ 07981-0300	x		gas and propane	14,479		22	6a & b
Trans Canada Power Marketing LTD.	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808	x		electricity	43,455		22	6c
Victoria Triano	33 Bellevue Ave., Southington, CT 06489	x		pastoral services	15,631		16 & 20	L3 & 5f
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448	x		copier/printer rental	39,119		16	m13
Yankee Gas	P.O. Box 650034, Dallas, TX 75265-0034	x		gas and propane	18,648	929	16 & 22	m13 & 6b

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 87,298	87,298				
b. Heat	\$ 71,570	71,570				
c. Light & Power	\$ 78,159	78,159				
d. Water	\$ 59,460	59,460				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 73,400	73,400				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 369,887	369,887				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 34,483	34,483				
b. Building & Building Improvements	\$ 237,976	225,520		12,456		
c. Non-Movable Equipment	\$ 7,047	7,047				
d. Movable Equipment	\$ 167,055	167,055				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 446,561	434,105		12,456		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,119	2,119				
c. Leasehold Improvements	\$ 21,835	21,835				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 23,954	23,954				
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	\$ 52,494	52,494				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 21,912	21,912				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 544,921	532,465		12,456		

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See sub schedule	\$ 73,311	3	\$ 12,241
	See sub schedule	\$ 68,015	5	\$ 3,699
	Total additions for Movable Equipment	\$ 141,326		\$ 15,940 *
Deletions:				
	See sub schedule	\$ (109,847)	5	\$ (15,768)
	Total deletions for Movable Equipment	\$ (109,847)		\$ (15,768) **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See sub schedule	\$ 19,608	5	\$ 1,964
	Total additions for Leasehold Improvement	\$ 19,608		\$ 1,964 *
Deletions:				
	Total deletions for Leasehold Improvement	\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

SOUTHINGTON CARE CENTER FYE 2015 FIXED ASSET ADDITIONS

Description	Asset ID	Useful Life	Qty	Cost Basis	Accum Depr	Net Book
P.23 BUILDING IMPROVEMENTS						
REHAB/FIRST FLOOR UPGRADE	8I-00230-1	10	1	\$255,202.82	\$12,784.59	\$242,418.23
SOUND SYSTEM	8I-00231-1	10	1	\$3,614.00	\$181.05	\$3,432.95
GENERATOR PLATFORM	8I-00232-1	10	1	\$12,805.00	\$641.48	\$12,163.52
MAGNETIC DOOR LOCKS	8I-00233-1	10	1	\$3,772.00	\$188.96	\$3,583.04
				\$275,393.82	\$13,796.08	\$261,597.74
ROOF UPGRADES	8ID-00070-1	20	1	\$18,615.00	\$466.33	\$18,148.67
				\$18,615.00	\$466.33	\$18,148.67
				\$0.00	\$0.00	\$0.00
P.23 NON-MOVABLE EQUIPMENT						
P. 23 MOVABLE EQUIPMENT						
LAPTOPS - SCC	COM-00116-1	3	2	\$3,484.00	\$581.73	\$2,902.27
STORAGE PROJECT	COM-00117-1	3	1	\$23,467.78	\$3,918.43	\$19,549.35
COMPUTER UPGRADES	COM-00122-1	3	1	\$8,712.16	\$1,454.68	\$7,257.48
DOMAIN CONTROLLER UPGRADE	COM-0021-1	3	1	\$4,101.44	\$684.82	\$3,416.62
LAPTOPS	MCCOM-00008-1	3	1	\$4,266.00	\$712.30	\$3,553.70
MATTRESSES	FURN-01159-1	3	1	\$29,280.12	\$4,888.93	\$24,391.19
				\$73,311.50	\$12,240.89	\$61,050.61
EMR HARDWARE	COM-00118-1	5	1	\$11,952.80	\$1,197.19	\$10,755.61
SERVER INSTALL	COM-00119-1	5	1	\$11,362.00	\$1,138.07	\$10,223.93
EMR SOFTWARE	COM-00120-1	5	1	\$91,080.85	\$0.00	\$91,080.85
LOBBY FURNITURE	FURN-01156-1	5	1	\$2,044.50	\$204.79	\$1,839.71
CONDENSING UNIT	FURN-01157-1	5	1	\$4,423.22	\$443.05	\$3,980.17
TV'S AND MOUNTS	FURN-01158-1	5	3	\$3,139.96	\$314.51	\$2,825.45
2 VITAL SIGN MONITORS	FURN-01160-1	5	1	\$4,011.88	\$401.86	\$3,610.02
				\$68,014.81	\$3,699.47	\$64,315.34
P. 23 MOVABLE EQUIPMENT				\$141,326.31	\$15,940.36	\$125,385.95
P. 23 AUTO				\$0.00	\$0.00	\$0.00
P.23 LAND IMPROVEMENTS						
PARKING LOT LIGHTS	L1-00065-1	5	1	\$9,971.30	\$998.77	\$8,972.53
SIDEWALK REPAIR PHASE 2	L1-00066-1	5	1	\$23,850.00	\$2,388.92	\$21,461.08
				\$33,821.30	\$3,387.69	\$30,433.61
P. 23 LEASEHOLD IMPROVEMENTS						
SIGNAGE FY2015	MC-00003-1	5	1	\$19,607.77	\$1,964.00	\$17,643.77
				\$19,607.77	\$1,964.00	\$17,643.77
20 Assets			23	\$519,845.05	\$35,554.46	\$484,270.59

RECLASSIFIED OUT OF MC COMP TO COMP AT YEAR END

Southington Care Center
Retired Assets fy2015

COST	DESCRIPTION & SALVAGE	ACUMULATED DEPRECIATION	NET BOOK VALUE	PROCEEDS	GAIN RECOGNIZED	LOSS RECOGNIZED
COM-00115-2	9/24/2014 EMR PROJECT 2014	3/31/2015 Personal \$0.00 \$0.00	9/30/2015 5 \$62,999.10 \$0.00	\$0.00	\$0.00	Abandonment (\$62,999.10)
COM-00120-1	10/24/2014 EMR SOFTWARE - HEALTHMEDX	10/23/2014 Personal \$0.00 (\$690.30)	9/30/2015 5 \$31,771.15 (\$690.30)	\$0.00	\$0.00	Abandonment (\$31,771.15)
	HealthMedX Invoice # 0A-5436 was not capitalized	\$0.00	\$0.00			
\$109,846.72		\$15,766.77	\$94,079.95	\$0.00	\$0.00	\$94,770.25 posted to non op
\$0.00		\$0.00	\$0.00			
2 Assets				Disallow amount that should not have posted to loss		690.30 DISALLOW (\$94,079.95)

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

Amortization Schedule*

Name of Facility Southington Care Center	License No. 2060-C	Report for Year Ended 9/30/2015		Page 24	of 37	
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**			Rate %
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized			
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. Series B	9 11 2014	38 years	70,219	5,699		1,848
2. Series C			10,290	658		271
3.						
B-4. Subtotal						2,119
C. Leasehold Improvements and Other						
1. Acquired prior to this report period	1 2014	5	99,412	9,963		19,871
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
			19,608			1,964
C-4. Subtotal						21,835
D. Total Amortization						23,954

* 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 Southington Care Center		License No. 2060-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="radio"/> Yes		<input type="radio"/> No	
				If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		variable			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year		variable			
d. Term of Mortgage (number of years)		40			
e. Amount of Principal Borrowed		7,031,283			
f. Principal balance outstanding as of		7,031,283			
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
Southington Care Center		2060-C	9/30/2015			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 68,419	68,419			
Name of Lender		Rate					
Hartford Healthcare (Related Party)							
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 68,419	68,419			

(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
Southington Care Center		2060-C		9/30/2015			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				68,419	68,419			
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 68,419	68,419			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 20,597	20,597			
b. Insurance on Automobiles				\$ 2,848	2,848			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 43,646	43,646			
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 67,091	67,091			
15. Total All Expenditures (A-13 thru C-14)				\$ 20,031,535	16,671,287		3,360,248	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Southington Care Center			2060-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	12g	Occupational Therapy	\$ 470,046	463,051		6,995
4.	10	12o	Other - See attached Schedule	\$ 2,156,310			2,156,310
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 122,990	93,389		29,601
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	c	Bad Debts	\$ 86,984	86,984		
10.	15	1e	Accounting & Legal	\$ (9,373)	(12,539)		3,166
11.			Telephone	\$			
12.	15	1h1	Cellular Telephone	\$ 625	625		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ (274)	(274)		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 15,131	6,616		8,515
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 213	213		
21.	16	m12	Unallowable Management Fees	\$ 1,296,734	1,296,734		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,508,078	666,052		842,026
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 5,647,464	2,600,851		3,046,613

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

(Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	12o	Good Life Fitness Wages			\$ 61,945
10	12o	Management Company Wages			\$ 2,094,365
Total Other Salaries Adjustment			\$ -	\$ -	\$ 2,156,310

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	b2	Dental Purchased Services - United Dental	\$ 3,135		
13	b8e	Psychiatric Consulting Fees - Geriatric & Family Consultants	\$ 2,183		
13	b9a	Speech Therapy Patient Care - Swallowing Diagnostics	\$ 7,749		\$ 268
13	b5a	Physical Therapy - Patient Care - Hartford Healthcare Rehab Network	\$ 70,322		\$ 29,333
13	b12	Other Consultants - CT Rehab & Spasticity	\$ 10,000		
Total Other Fees Adjustments			\$ 93,389	\$ -	\$ 29,601

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 38,154
15	1a2	Benefits related to Outpatient Therapy - Disability Insurance			\$ 6,368
15	1a3	Benefits related to Outpatient Therapy - Unemployment Insurance			\$ 6,710
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$ 131,166
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 195,205
15	1a5	Health Insurance - Management Benefits	\$ 545,980		\$ 144,510
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 60,074
15	1a9	Benefits related to Outpatient Therapy - Employee Physicals			\$ 2,941
15	1a9	Benefits related to Outpatient Therapy - Employee Assistance Program			\$ 185
15	1a9	Benefits related to Outpatient Therapy - - Other Benefits			\$ 1,522
15	1a9	Employee Physicals - Preplacement Physicals	\$ 9,805		
16	1L2	Employee Relations - Parties for Staff in excess of 1	\$ 11,169		
16	1L3	Employee Relations - Gifts in excess of \$25 or discriminatory in nature	\$ 1,454		
16	1L5	Nursing Education & Seminars - Leading Age Webinar on Medicare	\$ 75		
16	1L5	Nursing Education & Seminars - Harmony Healthcare International	\$ 195		
16	m8	Dues - CALTC	\$ 600		
16	m8	Dues - BCIN/Allscripts	\$ 1,958		

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington Care Center				2060-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 5,647,464	2,600,851		3,046,613
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 451,924	451,924		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 46,045	46,045		
30.	20	5h	Laboratory	\$ 39,829	39,829		
31.			Medical Supplies	\$			
32.	20	e2	Oxygen (non emergency)	\$ 27,710	27,710		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 48,571	45,456		3,115
Page 22 - Maintenance and Property							
35.	22	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,681	6,681		
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	\$ 21,835	21,835		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	20	5j	Radio and Television Revenue	\$ 7,733	7,733		
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.	30	IV 8	Interest Income on Accounts Rec	\$ 3,473	3,473		
49.	30	IV8	Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,099,763	336,763		2,763,000
Not For Profit Providers Only							
50.	22	7b	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 25,241	12,785		12,456
51. Total Amount of Decrease (Items 1 - 50)				\$ 9,426,269	3,601,085		5,825,184

*** 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.

Southington Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5j	Planetree	\$ 10,381		
20	5j	Planetree from employee relatons	\$ 437		
20	5j	PT Supplies	\$ 7,333		\$ 3,059
20	5j	PT Equipment Rental	\$ 1,890		
20	5j	OT Supplies	\$ 579		\$ 9
20	5j	Enteral Feeding - Medicare	\$ 1,150		
20	5j	Ostomy Supply - Medicare	\$ 688		
20	5j	Ancillary - Med A Other	\$ 2,740		
20	5j	Senior Fit Supplies			\$ 47
20	5j	Management Office Supplies	\$ 12,652		
20	5j	Nursing - Supplies - KCI Wound vacs	\$ 7,411		
20	5j	Medical Staff Education & Dues - Harmony Healthcare International	\$ 195		
Total Other Ancillary Costs			\$ 45,456	\$ -	\$ 3,115

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7d	Depreciation - Management Co Movable Equipment Depreciation	\$ 269		
22	7d	Depreciation - Management Co Computer Equipment Depreciation	\$ 6,412		
Total Excess Movable Equipment Depreciation			\$ 6,681	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8c	Depreciation - Management Co Leasehold Improvement Depreciation	\$ 21,835		
Total Other Property Adjustments			\$ 21,835	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	Van Fee Income	\$ 21,788		
30	IV8	Management Fee Income			\$ 2,273,337
30	IV8	Miscellaneous Income	\$ 5,570		
30	IV8	PT Outpatient Med B - disallowed			\$ 269,904
30	IV8	Contractual Allowance PT Outpatient Med B - disallowed			\$ (878)
30	IV8	PT Outpatient Managed Care - disallowed			\$ 253,981
30	IV8	Contractual Allowance PT Outpatient Managed Care - disallowed			\$ (51,240)
30	IV8	Contractual Allowance Occupational Therapy Outpatient Managed Care - disallowed			\$ (216)
30	IV8	Occupational Therapy Outpatient Med B - disallowed			\$ 14,007
30	IV8	Contractual Allowance Occupational Therapy Med B - disallowed			\$ (155)
30	IV8	Speech Therapy Outpatient Med B - disallowed			\$ 1,545
30	IV8	Good Life Fit - Senior Fit Revenue - disallowed			\$ 34,785
30	IV8	Temporarily Restricted Released fo Operations	\$ 309,405		
30	IV8	BHC - Other Income - disallowed			\$ 26,600
30	IV8	BHC - Interest Income - disallowed			\$ 48,050
30	IV8	BHC - Realized Gain on Investment - disallowed			\$ 161,468
30	IV8	BIIC - Unrealized Gain on Investment - disallowed			\$ (268,188)
Total Other Adjustments			\$ 336,763	\$ -	\$ 2,763,000

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7b	Depreciation - Building Improvements - Physical Therapy Area Floor Upgrade Yr 1 of 10	\$ 12,785		
22	7b	Non-Operating Depreciation			\$ 12,456
Total Unallowable Building Interest			\$ 12,785	\$ -	\$ 12,456

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Southington Care Center	2060-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 9,966,851	9,966,851				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,713,112)	(4,713,112)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,911,096	3,911,096				
b. Medicare Room and Board Contractual Allowance **	\$ 680,073	680,073				
4. a. Private-Pay Residents and Other	\$ 6,943,644	6,943,644				
b. Private-Pay Room and Board Contractual Allowance **	\$ 15,949	15,949				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 337,122	337,122				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (337,122)	(337,122)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 873,207	861,437		11,770		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (902,684)	(882,255)		(20,429)		
c. Physical Therapy - Non-Medicare	\$ 1,005,351	1,005,351				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (1,004,232)	(1,004,232)				
4. a. Speech Therapy - Medicare	\$ 54,424	53,905		519		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (38,983)	(38,983)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 901,708	901,034		674		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (858,671)	(858,646)		(25)		
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ 1,984	1,984				
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,836,605	16,844,096		(7,491)		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 3,131,387	368,387		2,763,000		
V. Total Other Revenue (1 thru 8)	\$ 3,131,387	368,387		2,763,000		
VI. Total All Revenue (III +V)	\$ 19,967,992	17,212,483		2,755,509		

* 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.

SOUTHINGTON CARE CENTER

FY 9/30/15

MISCELLANEOUS INCOME

COST REPORT PAGE 30 IV 8

F:\CCSHS\Accounting\SCCMEDICAID COST REPORT\FY2015\SCC FY15 COST REPORT

G/L NAME	AMOUNT
Miscellaneous Income	\$30,170.21

Cost Report

G/L DESCRIPTION	AMOUNT
CALTC Member Distribution	\$5,400.00
CALTC Member Distribution	\$8,400.00
CALTC Member Distribution	\$10,800.00
CALTC Rebates - disallow	\$194.36
McKesson Rebate - disallow	\$1,024.08
WB Mason Rebate - disallow	\$1,316.04
WB Mason Rebate - disallow	\$1,088.97
Misc - disallow	\$1,946.76

ties to ledger **\$30,170.21**

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,463,916
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,956,236
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	33,567
5. Prepaid Expenses			\$	66,314
a. Prepaid Taxes	20,309			
b. Prepaid Insurance	10,894			
c. Prepaid Other (see sub schedule)	35,111			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	583,836
Due from Affiliates	561,607			
Miscellaneous Receivable (see sub schedule)	21,970			
Good Life Fitness Receivable	259			
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,103,869
B. Fixed Assets				
1. Land			\$	810,000
2. Land Improvements	*Historical Cost	326,114	\$	179,446
	Accum. Depreciation	146,668	Net	
3. Buildings	*Historical Cost	4,393,646	\$	3,256,948
	Accum. Depreciation	1,136,698	Net	
4. Leasehold Improvements	*Historical Cost	119,020	\$	87,222
	Accum. Depreciation	31,798	Net	
5. Non-Movable Equipment	*Historical Cost	54,669	\$	21,903
	Accum. Depreciation	32,766	Net	
6. Movable Equipment	*Historical Cost	1,026,142	\$	427,644
	Accum. Depreciation	598,498	Net	
7. Motor Vehicles	*Historical Cost	42,230	\$	21,111
	Accum. Depreciation	21,119	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,804,274

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

(Carry Total forward to next page)

SOUTHINGTON CARE CENTER		
PREPAID ANALYSIS		
Prepaid Other		
FYE 9/30/15		
DESCRIPTION	ACCOUNT #	YEAR END BALANCE
D&O LIABILITY	6420-076	1,167.66
TAX CUSHION		600.00
JUNE TAX CUSION		600.00
LEADING AGE		1,956.90
TAX CUSHION		4,600.00
LEADING AGE NEW YORK	6420-028	1,379.73
CT COMPUTER	6420-028	919.50
SBS GP ENHANCEMENT PLAN	6420-028	891.70
ITS NEVER 2 LATE	6420-062	515.65
LEADING AGE	6420-024	1,041.70
RELIAS ANNUAL FEE	6420-080	6,836.70
CT COMPUTER MAINT. AGREEMENT	6420-028	2,047.36
RYAN BUSINESS TO PPD		6,588.60
DAKIN TO PPD		1,000.00
CREDIT CT COMPUTER		(438.08)
CT COMPUTER		2,496.00
CT COMPUTER		1,593.84
CT COMPUTER		4,480.92
HARMONY HEALTHCARE		(3,154.46)
MISCELLANEOUS		(13.22)
SEPTEMBER 2015		35,110.50

SOUTHINGTON CARE CENTER
MISCELLANEOUS ACCOUNTS RECEIVABLE
FYE 9/30/15 #1014-060

	DR (CR)
PHARMACY A/R	15,000.00
GERIATRIC CARE A/R	<u>6,968.75</u>
BALANCE FY 2015	<u><u>21,968.75</u></u>

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	10,908,143
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>)			\$	2,783,279
Unrestricted Investments		2,706,053		
Permanently Restricted Assets		5,193		
Cost of Issuance Series B&C		72,033		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,783,279
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,691,422

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended		Page	of
Southington Care Center		2060-C	9/30/2015		33	37
Account					Amount	
Liabilities						
A. Current Liabilities						
1. Trade Accounts Payable					\$	291,679
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>)					\$	569,602
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)					\$	
6. Accrued Payroll Taxes Payable					\$	
7. Medicare Final Settlement Payable					\$	
8. Medicare Current Financing Payable					\$	
9. Mortgage Payable (<i>Current Portion</i>)					\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)					\$	
11. Accrued Income Taxes*					\$	
12. Other Current Liabilities (<i>itemize</i>)					\$	1,125,188
Deferred Revenue		26,014	State of CT (provider tax)	194,855		
Accrued Expenses (see sub schedule)		319,886				
Due to Third Parties		76,136				
Due to Affiliates		508,297				
A-13. Total Current Liabilities (Lines A1 thru 12)					\$	1,986,469

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

(Carry Total forward to next page)

SOUTHINGTON CARE CENTER

ACCRUED EXPENSES

FYE 9/30/15

#2103-040

DESCRIPTION	Account #	Balance
ACCRUE HEALTHMEDX	6420-001	50,000.00
		<u>50,000.00</u>
ACCRUE ACCOUNTING FE	6420-054	1,204.86
ACCRUE ACCOUNTING	6420-054	4,335.00
		<u>5,539.86</u>
ACCRUE AEGIS QRTLY	6820-022	(1,461.24)
ACCRUE AEGIS	6820-022	1,020.00
ACCRUE AEGIS	6820-022	1,020.00
ACCRUE AEGIS	6820-022	1,020.00
		<u>1,598.76</u>
ACCRUE WATER	6820-034	112.23
ACCRUE WATER BILL	6820-034	1,450.00
ACCRUE SEWERS	6820-034	2,240.00
ACCRUE WATER	6820-034	1,450.00
		<u>5,252.23</u>
ACCRUE EMPLOYEE TRAI	6920-005	10,000.00
		<u>10,000.00</u>
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	2,223.85
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	10,107.82
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	20,000.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE WORKERS COMF	6920-034	2,600.00
ACC ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
ACCRUE ACTUARY FEES	6920-034	280.00
accrue jordan actuary fees	6920-034	3,360.00
		<u>41,651.67</u>
REVERSE OCT NOV DEC (GRANT	681.00
GRANT ADJ	GRANT	4,800.00
GRANT ADJ	GRANT	(3,633.50)
		<u>1,847.50</u>
ACCRUE PHARMACY	REVERSING	38,602.38
ACCRUE SUE V WAGES	REVERSING	1,122.54
ACCRUE PERRY WAGES	REVERSING	1,238.79
ACCRUE AUDREY WAGES	REVERSING	1,190.21
ACCRUE MEDLINE	REVERSING	463.12
ACCRUE BANK OF AMERIC	REVERSING	3,151.57
ACCRUE GAS	REVERSING	3,000.00
ACCRUE MED DIR FEES	REVERSING	4,300.00
ACCRUE MCKESSON	REVERSING	3,994.79
ACCRUE GERICATRIC MEI	REVERSING	1,440.38
HARMONY	REVERSING	(6,308.92)
WORKERS COMP	REVERSING	10,000.00
		<u>62,194.86</u>
at risk payments	BONUS	132,300.00
ACCRUE AT RISK PAYMEN	BONUS	9,500.00
		<u>141,800.00</u>
rounding to tie to GL		1.00
TOTAL FY 2015		<u>319,885.88</u>

G. Balance Sheet (cont'd)

Name of Facility Southington Care Center		License No. 2060-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,986,469	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 7,031,283	
Name and Address of Lender	Amount	Loan Date			
Hartford Healthcare	7,031,283				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 490,585	
Workers Compensation		490,585			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 7,521,868	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,508,337	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2015	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			\$	285,203
6. Total Reserves			\$	285,203
B. Net Worth				
1. Owner's Capital			\$	3,961,473
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(48)
6. Gain or Loss for Period			\$	(63,543)
7. Total Net Worth			\$	3,897,882
C. Total Reserves and Net Worth			\$	4,183,085
D. Total Liabilities, Reserves, and Net Worth			\$	13,691,422

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington Care Center	2060-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	3,961,473
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	19,967,992
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	20,031,535
D. Net Income or Deficit			\$	(63,543)
E. Balance			\$	3,897,930
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Donor Restricted Assets				289,796
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	289,796
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>)			\$	4,641
Purpose		Amount		
Integrated Care Partners Capital Loss Funding		4,593		
To reconcile prior year Cost Report to GL balances		48		
3. Total Deductions			\$	4,641
H. Balance at End of Period			\$	4,183,085
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Southington Care Center	License No. 2060-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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
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>Paula DePinto</i> <i>Dorothy Robinson</i>	Title Director of Finance Sr. Financial Analyst	Date Signed 2/15/16 2/15/16		
Printed Name of Preparer Paula DePinto/Dorothy Robinson				
Address Address 80 Meriden Ave, Southington, CT 06489		Phone Number 860-406-6717/860-378-8022		