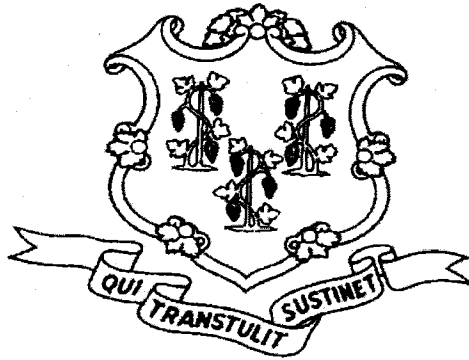


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	
Address (No. & Street, City, State, Zip Code) 29 Highland Street, West Hartford, CT 06119	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider 07-5082
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Medicaid Provider Numbers:	CCNH 2089	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Hughes Health & Rehabilitation, Inc. [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lina Dureza			Printed Name (Owner) The Eugene R. Flaxman Revocable Trust Agreement Dated 2-25-87 As Amended		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Hughes Health & Rehabilitation, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 29 Highland Street, West Hartford, CT 06119				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/8/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-236-5623	Report for Year Ended 9/30/2018	Page 2	of 37
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Name of Facility (as shown on license) Hughes Health & Rehabilitation, Inc.	Address (No. & Street, City, State, Zip) 29 Highland Street, West Hartford, CT 06119
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License Numbers: 208-C	CCNH	RHNS	(Specify)	Medicare Provider No. 075082
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input checked="" type="radio"/> Profit Corp.
<input 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="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
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Administrator

Name of Administrator Lina Dureza	Nursing Home Administrator's License No.:	001763
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:	

General Information and Questionnaire
Corporate Owners

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Hughes Health & Rehabilitation, Inc.	29 Highland Street, West Hartford, CT 06119	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
The Eugene R. Flaxman Revocable Trust Agreement Dated 2-25-87 As Amended	29 Highland Street, West Hartford, CT 06119	Owner	100	
Sandra Flaxman	29 Highland Street, West Hartford, CT 06119	President & Director		
Lina Dureza	29 Highland Street, West Hartford, CT 06119	President & Director		
Brian Flaxman	29 Highland Street, West Hartford, CT 06119	Assistant VP & Director		
Michael Wilbur	29 Highland Street, West Hartford, CT 06119	Secretary/Treasurer & Director		
Names of Stockholders Owning at Least 10% of Shares				
The Eugene R. Flaxman Revocable Trust Agreement Dated 2-25-87 As Amended	29 Highland Street, West Hartford, CT 06119	Owner	100	

General Information and Questionnaire Related Parties*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Twenty-nine Realty, LLC	29 Highland Street, West Hartford, CT 06119	<input type="radio"/>	<input checked="" type="radio"/>		Leases building to corporation	Page 22, Line 9	193,327	
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A - One level of care

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

N/A - One level of care

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

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

N/A - One level of care

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Pitney Bowes Global Financial Services LLC	<input type="radio"/>	<input checked="" type="radio"/>	1 postage meter	04/01/14	51 months	795		596
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	2 Savin copiers	06/18/08	60 months	7,653		7,390
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	1 Savin fax machine/copier	02/24/14	60 months	1,139		1,139
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	1 Savin copier	04/27/17	60 months	702		633
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	9,758

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum, LLP	185 Asylum Street, Hartford, CT 06103
2 Carney, Roy & Gerrol, P.C.	33 Cold Spring Road, Suite 412, Rocky Hill, CT 06067
3 Gitlin Campise, LLC	836 Farmington Avenue, Suite 137, West Hartford, CT 06119
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of Medicare and Medicaid Cost Reports and Reimbursement Consulting	\$ 10,329
2 Preparation of financial statements, tax returns, financial reviews	\$ 15,100
3 401K audit	\$ 17,700
4	\$
	Charge for Services Provided
	\$ 43,129

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggin and Dana, LLP	203-498-4400
2 Murtha Cullina, LLP	860-240-6000
3 Treasurer, State of Connecticut	860-702-3000
4 Robert Haber - West Hartford Constable	N/A
5 Federal Insurance Company	N/A

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

- 1 One Century Tower, New Haven, CT
- 2 185 Asylum Street, Hartford, CT
- 3 55 Elm Street, Hartford, CT 06106
- 4 1028 Farmington Avenue, Unit 2, West Hartford, CT 06107
- 5 N/A

Services Provided by This Firm (*describe fully*)

1 Affirmative Action Plan, general matters	\$ 5,094
2 General matters / Collections (Disallowed \$11,748 on page 28)	\$ 12,214
3 Conservator fees (Disallowed on page 28)	\$ 450
4 Conservator fees (Disallowed on page 28)	\$ 60
5 Legal fees for terminated employee lawsuits (cases still pending)	\$ 2,492
	Charge for Services Provided
	\$ 20,310

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C			Report for Year Ended 9/30/2018				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	170	170			170	170			170	170		
B. On last day of THIS report period	170	170			170	170			170	170		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	144	144			144	144			137	137		
B. As of midnight of THIS report period	134	134			137	137			134	134		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,474	5,474			4,648	4,648			826	826		
B. Medicaid (Conn.)	35,075	35,075			26,213	26,213			8,862	8,862		
C. Medicaid (other states)												
D. Private Pay	8,016	8,016			6,128	6,128			1,888	1,888		
E. State SSI for RCH												
F. Other (Specify) Hospice, VA, Manged Care	3,730	3,730			2,866	2,866			864	864		
G. Total Care Days During Period (3A thru F)	52,295	52,295			39,855	39,855			12,440	12,440		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	30	30			30	30						
5. Total Resident Days (3G + 4A + 4B)	52,325	52,325			39,885	39,885			12,440	12,440		

Schedule of Resident Statistics (Cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		92		29								
Per Diem Rate													
a. One bed rm.	Various		241.09		454.00								
b. Two bed rms.	Various		241.09		401.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										10,113	10,113		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										703	703		
2. Restorative Treatments													
C. Other										20,377	20,377		
D. Total Physical Therapy Treatments										31,193	31,193		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										1,477	1,477		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										142	142		
2. Restorative Treatments													
C. Other										1,570	1,570		
D. Total Speech Therapy Treatments										3,189	3,189		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										9,297	9,297		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										550	550		
2. Restorative Treatments													
C. Other										20,387	20,387		
D. Total Occupational Therapy Treatments										30,234	30,234		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	215,296	2,543				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	674,949	28,702				
5. Dietary Service						
a. Head Dietitian	85,829	2,146				
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	376,304	25,888				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,960	8,847				
b. Other Maintenance Workers	155,205	2,252				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	94,595	6,261				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	111,365	2,238				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	229,585	4,312				
b. RN						
1. Direct Care	1,655,497	42,503				
2. Administrative**	327,902	8,283				
c. LPN						
1. Direct Care	1,268,049	44,445				
2. Administrative**						
d. Aides and Attendants	2,558,651	163,309				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	166,968	7,942				
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	118,925	4,133				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,108,080	353,804				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Physiatrists	\$ 30,000	208				
Cardiologist	14,400	96				
Total	\$ 44,400	304	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2018			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Brian Flaxman	178,889			Non-Discriminatory	MDS Coordinator	2,086	A 12 b2			

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)			License No.	Report for Year Ended			Page	of		
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2018			12	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mark Finkelstein (10/1/2017 - 1/31/2018)	86,769			Non-Discriminatory	Supervise clinical and administrative affairs of the facility.	971	A 2			
Lina Dureza (2/1/2018 - 9/30/2018)	128,527			Non-Discriminatory	Supervise clinical and administrative affairs of the facility.	1,572	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		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,034	177				
3. Pharmacist	11,220	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	539,539	8,177				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	114				
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	800	8				
9. Speech Therapist						
a. Resident Care	160,060	2,208				
b. Other						
10. Occupational Therapist						
a. Resident Care	521,732	7,888				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	44,400	304				
B-13 Total Fees Paid in Lieu of Salaries	1,321,785	19,116				

* 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		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, LLC, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Satyanani Tallapureddy, M.D., 43 Woodland Street, Hartford, CT 06105	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Raymond Chagnon, M.D., 490 Blue Hills Avenue, Hartford, CT 06112	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Stanley Rutstein, M.D., 850 Farmington Avenue, West Hartford, CT 06119	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Anil Vithala, M.D., 477 Connecticut Blvd, East Hartford, CT 06108	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy of Connecticut, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Saint Francis Medical Group, 114 Woodland Street, Hartford, CT	Physiatrists	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
ProCadiovascular Care LLC, 21 Woodland Street, Suite 121, Hartford, CT 06105	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
RehabCare Group, Inc., 7733 Forsyth Blvd, St. Louis, MO 63105	Physical Therapy, Speech Therapy, Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 214,787	214,787			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 652,925	652,925			
5. Health Insurance	\$ 1,107,210	1,107,210			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 55,423	55,423			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 14,433	14,433			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,097	1,097			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 502,985	502,985			
d. Accounting and Auditing	\$ 43,129	43,129			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,310	20,310			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 32,134	32,134			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 62,258	62,258			
2. Cellular Phones	\$ 1,691	1,691			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
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	\$ 916,241	916,241			
Subtotal	\$ 3,624,873	3,624,873			

* 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**

Hughes Health & Rehabilitation, Inc.
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Assistance Program	\$ 1,097		
Total	\$ 1,097	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,624,873	3,624,873	
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	1,585	1,585	
3. Gifts to Staff and Residents	\$	15,718	15,718	
4. Employee Travel	\$	1,675	1,675	
5. Education Expenses Related to Seminars and Conventions	\$	8,918	8,918	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	1,162	1,162	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	46,461	46,461	
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	\$	3,062	3,062	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,516	12,516	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	325	325	
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$	7,945	7,945	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	181,347	181,347	
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$	20,971	20,971	
C-14 Total Administrative & General Expenditures	\$	3,926,558	3,926,558	

* 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)
Digital advertising	\$ 13,188		
Gifts for case managers	\$ 154		
Health & Wellness Fair	\$ 284		
Media Relations	\$ 11,153		
Photographer	\$ 705		
Print advertisement	\$ 4,782		
Stretch fabric advertisement	\$ 9,540		
Website hosting monthly fee	\$ 3,450		
West Hartford Senior Day	\$ 275		
Wrights Media, LLC	\$ 2,930		
Total Other Advertising	\$ 46,461	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
American Association of Nurse Assessment Coordination (AANAC)	\$ 119		
American College of Health Care Administrators (ACHCA)	310		
Association of Long-term Care Financial Managers (ALTCFM)	340		
Connecticut Association of Health Care Facilities (CAHCF)	11,497		
Connecticut Association of Therapeutic Directors (CATRD)	40		
National Association of Directors of Nursing Administration (NADONA)	210		
Total Dues	\$ 12,516	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	\$ 295		
St. Francis - Miracles 2018 (donation)	7,650		
Total Contributions	\$ 7,945	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,075		
AHCA PAC assessment	850		
Amazon Prime membership	45		
American Express Card fees	345		
Annual Report filing	150		
Broadcast Music, Inc.	796		
Connecticut Interactive - background checks	2,524		
Flowers, Fruit Baskets (Disallowed on page 28a)	1,945		
ERISA - wrap plan document	788		
IntelliCentrics	290		
Lunch meetings (Disallowed on page 28a)	300		
National Practitioner Data Bank	4		
Navihalt - Hartford Hospital - Post Care Connect Fee	2,222		
NRC HEALTH - Employee Experience (survey)	5,762		
Parking Fees	1,274		
Replacement - resident's hearing aid (Disallowed on page 28a)	1,000		
Replacement - resident's funds (Disallowed on page 28a)	30		
Replacement - resident's clothing (Disallowed on page 28a)	42		
United States Treasury - Form 720 06/30/18	395		
Vendormatic - credentialing	434		
CTETCMAP Fee	700		
Total Other Administrative and General	\$ 20,971	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 29,109	29,109			
2. Non-Food Supplies	\$ 5,854	5,854			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,368,915	1,368,915			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 1,403,878	1,403,878			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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 type="radio"/> Yes	<input checked="" 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.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
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="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
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.

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

Name of Facility		License No.	Report for Year Ended	Page of	
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	25,280	25,280	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	156,178	156,178	
c. Other (Specify) Laundry Supplies		\$	14,431	14,431	
3D. Total Laundry Expenditures (3a + b + c)		\$	195,889	195,889	
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.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$	41,083	41,083		
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.	\$	105,440	105,440		
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	146,523	146,523		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Partner's Pharmacy		\$	305,183	305,183		
b. Medicine Cabinet Drugs		\$	58,021	58,021		
c. Medical and Therapeutic Supplies		\$	198,512	198,512		
d. Ambulance/Limousine***		\$	5,076	5,076		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	13,710	13,710		
f. X-rays and Related Radiological Procedures***		\$	28,426	28,426		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$	36,446	36,446		
i. Recreation		\$	71,891	71,891		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$	64,925	64,925		
5M. Total Resident Care Expenditures (5a - 5j)		\$	782,190	782,190		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Medical Supplies - Medicare A (Disallowed on page 29a)	\$ 6,095		
Medical Supplies - Managed Care (Disallowed on page 29a)	565		
IV - Medicare A (Disallowed on page 29a)	15,587		
IV - Medicaid	10,844		
IV - Hospice (Disallowed on page 29a)	353		
IV - Managed Care (Disallowed on page 29a)	10,859		
IV - VA (Disallowed on page 29a)	1,916		
Tube Feeding Supplies - Medicare A (Disallowed on page 29a)	3,449		
Tube Feeding Supplies - Medicaid	1,269		
Other - Medicare A (Disallowed on page 29a)	6,829		
Other - VA (Disallowed on page 29a)	6,799		
IV - House (Disallowed on page 29a)	360		
Total Other Resident Care	\$ 64,925	\$ -	\$ -

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

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C	Report for Year Ended 9/30/2018			Page 21	of 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
All Waste, Inc.	P.O. Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	38,283			22	6f
Paylocity	Arlington Heights, IL 60004	<input type="radio"/>	<input checked="" type="radio"/>		Payroll service	31,075			16	m11
Rinaldi Linen Service	47 Commons Court, Waterbur, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry service	154,138			19	3b
IT Direct, LLC	West Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>		Computer network support	36,868			16	m11
Sigmacare	Floor, New York, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>		Sigmacare software subscription	20,616			16	m11
Healthcare Services Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Supervisor	105,440			20	4b
American Data	P.O. Box 640, Sauk City, WI 53583	<input type="radio"/>	<input checked="" type="radio"/>		A/R system software maintenance	11,505			16	m11
P&J Sprinkler	67 Main Street, Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Quarterly testing of the fire sprinkler system	11,136			16	m11
Unidine	Suite 510, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dining service	1,368,915			18	2b
M&G Landscaping	P.O. Box 310453, Newington, CT 06131	<input type="radio"/>	<input checked="" type="radio"/>		Lawn care, snow removal	14,995			16	m11
Matrixcare	P.O. Box 9201, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Matrixcare software subscription	20,616			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 104,509	104,509				
b. Heat	\$ 59,331	59,331				
c. Light & Power	\$ 81,007	81,007				
d. Water	\$ 71,592	71,592				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,758	9,758				
f. Other (<i>itemize</i>)	\$ 83,617	83,617				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 409,814	409,814				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 67,577	67,577				
c. Non-Movable Equipment	\$ 30,328	30,328				
d. Movable Equipment	\$ 77,894	77,894				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 175,799	175,799				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 193,327	193,327				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 328,012	328,012				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 14,853	14,853				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 711,991	711,991				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Gas	\$ 44,106		
Garbage removal	39,511		
Total Other Repairs and Maintenance	\$ 83,617	\$ -	\$ -

Depreciation Schedule

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C		Report for Year Ended 9/30/2018			Page 23	of 37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period		2,636,391		2,636,391	1,647,628		Various	63,707					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		33,218		33,218			Various	3,870					
B-4. Subtotal									67,577				
C. Non-Movable Equipment													
1. Acquired prior to this report period		806,961		806,961	658,641		Various	27,437					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		20,238		20,238			Various	2,891					
C-4. Subtotal									30,328				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	959,621		959,621	826,295		Various	77,894	
b. Disposals (attach schedule)				Var	Var	(43,512)		(43,512)	(43,512)		Various		
c. Acquired during this report period (attach schedule)													
D-3. Subtotal													77,894
E. Total Depreciation													175,799

Hughes Health & Rehabilitation, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
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	Cost	Useful Life	Depreciation
Additions:				
10/31/2017	1 Overhead Door	\$ 3,165	10	\$ 317
11/28/2017	Roof and deck repairs	10,770	10	1,077
2/7/2018	Surveillance camera system	4,063	5	813
5/25/2018	Pavement repair	5,650	8	706
6/13/2018	Air conditioner unit in the kitchen	9,570	10	957
Total additions for Building Improvements		\$ 33,218		\$ 3,870 *
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	Cost	Useful Life	Depreciation
Additions:				
9/1/2018	22 Window Blinds	\$ 20,238	7	\$ 2,891
Total additions for Non-Movable Equipment		\$ 20,238		\$ 2,891 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Movable Equipment		\$ -		\$ - *
Deletions:				
6/17/1986	2 GAS GRILLS	\$ (645)	7	\$ -
12/8/1988	ROLL IN RACK W/ALUM TRA	(569)	7	-
2/28/1994	KIT LIFT	(1,253)	7	-
9/30/1998	REUPHOLSTERING FURNITURE	(7,215)	7	-
10/31/1998	REUPHOLSTER & WIND TRTM	(6,723)	7	-
7/31/2000	1 HP Deskjet printer and supplies	(1,051)	5	-
5/31/2001	2 HOYER POWER LIFTERS	(2,523)	7	-
4/4/2007	Server & installation	(23,533)	5	-
Total deletions for Movable Equipment		\$ (43,512)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

**Hughes Health & Rehabilitation
Depreciation Schedule
September 30, 2018**

Asset	Property Description	Date In Service	Cost Basis		9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation	9/30/2018 Accumulated Depreciation
Building and Building Improvements							
305	L/H IMPROVEMENTS THRU 6/30/84	6/30/84	131,265 S/L	10.00	131,265	-	131,265
306	L/H IMP	4/01/63	7,924 S/L	15.00	7,274	650	7,924
307	L/H IMP	6/30/83	32,041 S/L	10.00	32,031	10	32,041
310	UPSTAIRS BATH	2/20/86	2,075 S/L	10.00	2,075	-	2,075
311	NEW DESK AND OFFICE	8/01/86	28,883 S/L	10.00	28,883	-	28,883
312	OFFICE ADDITION	12/31/86	3,625 S/L	10.00	3,625	-	3,625
313	CLASSROOM	9/01/87	96,805 S/L	31.50	92,294	3,073	95,367
314	OTHER IMPROVEMENTS	9/01/87	11,720 S/L	31.50	11,174	372	11,546
316	PANEL FOLD DOORS INC	10/21/87	2,723 S/L	31.50	2,589	86	2,675
317	METCALF GLASS CO. WINDOW	11/02/87	5,564 S/L	31.50	5,277	177	5,454
318	MISC FOR BATH	3/18/88	7,782 S/L	31.50	7,299	247	7,546
319	TRANSFORMER PAD	12/28/88	839 S/L	31.50	771	27	798
320	1000 AMP INSTALLED FRM ST	12/28/88	2,552 S/L	31.50	2,346	81	2,427
321	600 AMPS TO 1000 AMPS	2/28/89	36,789 S/L	31.50	33,432	1,168	34,600
322	COMPLETION OF AMP SERVICE	4/17/89	25,363 S/L	31.50	22,915	805	23,720
323	INSTALL & FURNISH UNIV.	9/25/89	4,135 S/L	31.50	3,681	131	3,812
324	2 WALL HOLES 16" CON WALL	11/04/89	880 S/L	31.50	807	28	835
325	INLAID LINOLEUM	11/18/89	5,050 S/L	31.50	4,469	160	4,629
326	NEW OFFICE #1	12/15/89	55,918 S/L	31.5	49,336	1,775	51,111
327	LINOLEUM RMC-1	12/20/89	1,118 S/L	31.50	986	35	1,021
328	NEW OFFICE #2	3/26/90	91,920 S/L	31.50	80,371	2,918	83,289
329	AUTO COMFORT NEW BOILER	4/30/90	5,450 S/L	31.50	4,751	173	4,924
330	LANOU PAVING DRIVEWAY	5/31/90	1,957 S/L	31.50	1,700	62	1,762
331	NEW WIRING	8/22/90	31,706 S/L	31.50	27,303	1,007	28,310
332	RUG ADM OFFICE	8/31/90	530 S/L	31.50	457	17	474
333	NEW CHIMNEY	5/31/91	6,528 S/L	31.50	5,466	207	5,673
335	NEW CHIMNEY	7/08/91	8,900 S/L	31.50	7,405	283	7,688
337	NEW CHIMNEY	8/02/91	8,900 S/L	31.5	7,382	283	7,665
338	NEW CHIMNEY-FINAL PMT	8/14/91	8,900 S/L	31.50	7,382	283	7,665
339	200 GAL HOT WATER TK	9/25/91	3,605 S/L	31.50	2,980	114	3,094
340	SOLO MACHINE FURN	10/31/91	3,645 S/L	31.50	3,004	116	3,120
341	PLUM NEW BATHRM	2/24/92	825 S/L	31.50	671	26	697
342	KITCHEN A/C SANYO UTS	4/01/92	14,486 S/L	31.50	11,708	460	12,168
343	DINING RM A/C TOSHIBA	4/10/92	3,371 S/L	31.50	2,725	107	2,832
344	ELE WIRING-NEW A/C	4/13/92	1,950 S/L	31.50	1,576	62	1,638
345	DINING RM A/C TOSHIBA	5/07/92	2,468 S/L	31.50	1,988	78	2,066
346	WIRING OF NEW FEED TO SE	5/28/92	8,500 S/L	31.50	6,847	270	7,117
347	5000 GAL OIL TANK	6/30/92	7,000 S/L	31.50	5,620	222	5,842
348	5000 GAL OIL TANK	7/31/92	11,560 S/L	31.5	9,251	367	9,618
349	IMPRV CONN TO GENERATOR	7/31/92	15,016 S/L	31.50	12,017	477	12,494
350	4 MIRRORS & 12 OVERLAYS	7/31/92	3,070 S/L	31.50	2,457	97	2,554
351	2 OIL BURNERS & BOILERS	11/01/94	20,000 S/L	39.00	11,747	513	12,260
352	2 OIL BURNERS & 2 BOILERS	12/15/94	13,920 S/L	39.00	8,136	357	8,493
353	HOT WATER HEATER	1/06/95	3,455 S/L	39.00	2,016	89	2,105

354	KITCHEN FLOOR	1/17/95	25,350 S/L	39.00	14,760	650	15,410
355	SOLO-REMOVE OLD INSTALL	7/08/96	6,940 S/L	39.00	3,774	178	3,952
356	SOLO-A/C FOR STHEAST	7/15/96	8,500 S/L	39.0	4,622	218	4,840
357	HANDICAP RAMP N. LNGE	7/25/96	157,808 S/L	39.00	85,817	4,046	89,863
358	SOLO-ROOF TOP FANS N. WING	8/14/96	5,350 S/L	39.00	2,898	137	3,035
359	HOLMES-WIRING COMP. THA	9/12/96	6,842 S/L	39.00	3,691	175	3,866
360	SOLO-REPLACE DUCTWK S/E	1/15/97	7,406 S/L	39.00	3,933	190	4,123
361	SOLO MECHANICAL-REPLCD	10/01/97	2,314 S/L	39.0	1,157	59	1,216
362	SOLO MECHANICAL-MOUNT	10/06/97	2,972 S/L	39.0	1,487	76	1,563
363	SOLO MECHANICAL-MIXING V	3/05/98	5,479 S/L	39.0	2,683	140	2,823
364	INSTALL ROOF EXHAUST	11/30/98	1,527 S/L	39.0	739	39	778
365	PAVE PARKING AREA	12/31/98	2,133 S/L	39.0	1,028	55	1,083
366	BASEBOARD HEAT-REHAB R	9/30/99	2,074 S/L	39.0	959	53	1,012
367	CONSTRUC-REHAB ROOM	8/31/99	9,695 S/L	39.0	4,506	249	4,755
368	INSTALL FLOOR-REHAB RM	8/31/99	4,189 S/L	39.0	1,946	107	2,053
406	Addition and relocaiton of phones	10/31/99	1,078 S/L	39.00	496	28	524
407	Installastion of controlled unit a/c	11/30/99	3,604 S/L	39.00	1,648	92	1,740
408	Cut/patch roof for a/c	7/31/00	680 S/L	39.00	299	17	316
409	New a/c unit	7/31/00	5,514 S/L	39.00	2,427	141	2,568
410	Duct work	9/30/00	1,753 S/L	39.00	764	45	809
411	Flooring	9/30/00	7,950 S/L	39.00	3,466	204	3,670
412	Electrical work	9/30/00	795 S/L	39.00	346	20	366
413	AIR CONDITIONING - BACK CENTER HALLWAY	7/05/01	5,334 S/L	39.00	2,223	137	2,360
471	Southwest roof project	3/31/05	95,788 S/L	39.00	30,701	2,456	33,157
472	Back-center roof project	6/06/05	25,349 S/L	39.00	8,016	650	8,666
473	7 Back-center patient room fire doors	5/13/05	5,192 S/L	39.00	1,653	133	1,786
479	Kitchen floor	1/31/06	7,683 S/L	39.0	2,306	197	2,503
480	Electric work	3/15/06	10,500 S/L	39.0	3,107	269	3,376
481	Cieling tiles	5/25/06	4,000 S/L	39.0	1,167	103	1,270
482	Asbestos removal	6/30/06	124,110 S/L	39.0	35,933	3,182	39,115
483	Asbestos OSHA survey	3/31/06	2,650 S/L	39.0	784	68	852
492	Cieling tiles	10/01/06	3,950 S/L	39.0	1,110	101	1,211
493	Carpeting - o/s bus office	11/01/06	1,807 2000DB	7.0	1,807	-	1,807
495	Southeast roof	1/05/07	69,250 S/L	39.0	19,015	1,776	20,791
496	10 firedoors	12/05/06	2,591 S/L	39.0	716	66	782
497	Carpet - business office	6/30/07	8,607 2000DB	7.0	8,607	-	8,607
498	Center deck	7/30/08	60,261 S/L	39.0	14,228	1,545	15,773
499	Sprinkler system	7/30/08	449,447 S/L	39.0	106,119	11,524	117,643
500	Roof	10/01/07	64,750 S/L	39.0	16,533	1,660	18,193
502	Air exchange/recovery for smoking room	10/10/08	9,744 S/L	39.0	2,238	250	2,488
503	Surveillance system	11/20/08	15,929 S/L	39.0	3,624	408	4,032
504	Recirculating line (1/2")	12/05/08	7,339 S/L	39.0	1,654	188	1,842
505	Flooring - family room	12/31/08	18,733 S/L	39.0	4,223	480	4,703
506	Paint - family room	12/31/08	4,865 S/L	39.0	1,097	125	1,222
507	Window treatments - family room	12/31/08	12,900 S/L	39.0	2,908	331	3,239
508	Door monitor system	5/15/09	4,558 S/L	39.0	979	117	1,096
509	5 ton rooftop unit (a/c)	7/30/09	9,858 S/L	39.0	2,075	253	2,328
528	Electrical upgrades	3/16/10	21,211 S/L	39.0	4,102	544	4,646
529	A/C on southeast	6/30/10	12,094 S/L	39.0	2,261	310	2,571
530	Pump control & drive for main heat pump	11/30/09	4,622 S/L	39.0	934	119	1,053
532	Roof tether system	8/31/11	23,900 S/L	39.0	3,754	613	4,367
542	Vinyl Tiles - Center Hallway	12/31/11	13,054 S/L	39.0	1,939	335	2,274
543	Flooring - Rehab Room	5/31/12	5,131 S/L	39.0	708	132	840
544	16 Monitor Modules	5/31/12	6,210 S/L	39.0	856	159	1,015
545	Paving - Parking Garage	7/31/12	4,420 S/L	39.0	590	113	703
546	80' Stockade Fence	12/31/11	3,734 S/L	39.0	555	96	651

551	Dishroom Floor	6/24/13	8,515 S/L	39.0	937	218	1,155
560	Water Heater Installation	1/08/14	3,030 S/L	39.0	288	78	366
561	34,000 Watt Wall Heaters and Install	1/21/14	4,219 S/L	39.0	401	108	509
562	Therapy Room Project	5/27/14	116,884 S/L	39.0	10,115	2,997	13,112
563	Fire Alarm System	6/30/14	10,228 S/L	39.0	863	262	1,125
	<i>Prior Year Variances</i>		130,004		538,449	-	538,449
	Total Assets Added before 9/30/15		2,403,118		1,650,510	56,435	1,706,945
9/30/2015 Additions							
567	200 amp line	1/26/15	10,088 S/L	39.0	701	259	960
568	21 electric baseboard heaters installed	1/26/15	11,053 S/L	39.0	767	283	1,050
569	Window replacement	2/12/15	3,460 S/L	39.0	233	89	322
570	Social Services office renovation	8/18/15	40,407 S/L	39.0	2,202	1,036	3,238
	Total 9/30/2015 Additions		65,008		3,903	1,667	5,570
9/30/2016 Additions							
	One Bedroom Renovations	12/31/15	45,469 S/L	30.0	2,439	1,516	3,955
	Renovate Patient Room to Office	12/31/15	42,860 S/L	30.0	2,299	1,429	3,728
	Conference Room/Bathroom Ren	7/22/16	23,955 S/L	30.0	927	799	1,726
	Fuel Tank Project	9/23/16	69,917 S/L	30.0	2,406	2,331	4,737
	Total 9/30/2016 Additions		182,201		8,071	6,075	14,146
9/30/2016 Disposals							
347	5000 GAL OIL TANK	6/30/92	(7,000) S/L	31.50	(5,620)	(222)	(5,842)
348	5000 GAL OIL TANK	7/31/92	(11,560) S/L	31.5	(9,251)	(367)	(9,618)
			(18,560)		(14,871)	(589)	(15,460)
9/30/2017 Additions							
590	Rail Fence - Center Patio	8/2/2017	4,624 S/L	39.0	15	119	134
	Total 9/30/2017 Additions		4,624		15	119	134
9/30/2018 Additions							
	1 Overhead Door	10/31/2017	3,165 S/L	10	-	317	317
	Roof and deck repairs	11/28/2017	10,770 S/L	10	-	1,077	1,077
	Surveillance camera system	2/7/2018	4,063 S/L	5	-	813	813
	Pavement repair	5/25/2018	5,650 S/L	8	-	706	706
	Air conditioner unit in the kitchen	6/13/2018	9,570 S/L	10	-	957	957
			33,218		-	3,870	3,870
	Total Building and Building Improvements		2,669,608		1,647,627	67,577	1,715,204

Non-Movable Equipment

3	EXE. NEW CARE/COM SYS	2/12/88	5,645 200DB	7.0	5,645	-	5,645
4	JR. EXE DEP CARE/COM SYS	2/28/88	2,289 200DB	7.0	2,289	-	2,289
5	EXE BAL ON NEW/CARE COM	5/19/88	10,373 200DB	7.0	10,373	-	10,373
6	EXE SYS DEP N/WING	6/30/88	3,578 200DB	7.0	3,578	-	3,578
13	BLINDS AND CURTAINS	2/20/91	7,122 200DB	7.0	7,122	-	7,122
14	BLINDS AND CURTAINS	6/17/91	5,800 200DB	7.0	5,800	-	5,800
15	BLINDS/VALANCS/WNDW SYS	9/30/91	9,200 200DB	7.0	9,200	-	9,200
16	MERCURY REST CABINET	10/31/91	1,200 200DB	7.0	1,200	-	1,200
17	MERCURY REST CAB. RECLASS	11/30/91	1,176 200DB	7.0	1,176	-	1,176
18	CUBICLE CURT & TRACKS	11/30/91	4,081 200DB	7.0	4,081	-	4,081
19	CUBICLE CURT & TRACKS	11/30/91	2,131 200DB	7.0	2,131	-	2,131
21	MERCURY RES/ EQUIPT 1 3BA	2/05/96	2,221 200DB	7.0	2,221	-	2,221
24	MERCURY -1 CUSTOM KIT SINK	1/21/97	981 200DB	7.0	981	-	981
28	TCI COMMUNICATIONS SW C	5/18/98	3,433 200DB	7.0	3,433	-	3,433

30	TCI COMMUNICATIONS SW B	9/16/98	14,760	200DB	7.0	14,760	-	14,760
31	EXHAUST HOODS W/FANS	7/31/99	9,350	200DB	7.0	9,350	-	9,350
400	5-sixteen button phones-deposit	4/30/00	1,961	200DB	7.0	1,961	-	1,961
401	5-sixteen button phones-balance	5/31/00	1,961	200DB	7.0	1,961	-	1,961
404	Cabling	7/31/00	1,011	200DB	7.0	1,011	-	1,011
445	Telephone system	2/02/02	20,599	200DB	7.0	20,599	-	20,599
446	Telephone System Software and Install	2/02/02	21,834	200DB	7.0	21,834	-	21,834
447	Compressor for freezer	12/12/01	4,973	200DB	7.0	4,973	-	4,973
451	11 six tier lockers	2/07/02	4,173	200DB	7.0	4,173	-	4,173
452	Voice Mail System	12/10/01	5,655	200DB	7.0	5,655	-	5,655
453	2 Oil Boilers - Remove and Replace	9/30/02	40,810	200DB	7.0	40,810	-	40,810
456	TELEPHONE SYSTEM	2/28/03	12,844	200DB	7.0	12,844	-	12,844
460	1 small boiler	2/12/04	6,901	200DB	7.0	6,901	-	6,901
461	Computer system a/p, g/l	3/31/04	8,021	200DB	7.0	8,021	-	8,021
462	Furnish and install cooling unit	5/26/04	9,677	200DB	7.0	9,677	-	9,677
463	Cooling Unit	5/26/04	12,000	200DB	7.0	12,000	-	12,000
470	Dishwasher, plumbing and installation	9/08/05	10,880	200DB	7.0	10,880	-	10,880
485	100amp 3phase line	8/16/07	4,714	200DB	7.0	4,714	-	4,714
519	Compressor for freezer	4/19/09	3,324	200DB	7.0	3,324	-	3,324
521	Boiler pressure control	9/01/09	4,622	200DB	7.0	4,622	-	4,622
524	Day pump, tank - oil tank	2/10/10	2,702	200DB	7.0	2,702	-	2,702
525	Walk-in freezer - basement	2/25/10	11,112	200DB	7.0	11,112	-	11,112
526	Wireless internet service for facility	7/28/10	10,422	200DB	5.0	10,422	-	10,422
531	Cogeneration equipment (capital lease)	10/27/09	289,247	200DB	7.0	274,785	14,462	289,247
535	Healthcare communication system	3/07/11	22,585	200DB	7.0	22,585	-	22,585
536	Basement freezer door	7/27/11	3,084	200DB	7.0	3,084	-	3,084
547	Video Door intercom	10/01/12	3,031	S/L	39.0	381	78	459
548	Power unit for elevator	10/01/12	13,294	S/L	39.0	1,690	341	2,031
549	Generator	4/02/13	184,500	150DB	15.0	69,502	12,300	81,802
	Total Assets Added before 9/30/15		799,277			655,563	27,181	682,744
	9/30/2016 Additions							
589	Dalkin 2 Ton Skyair Ceiling Unit	9/22/16	7,684	S/L	30.0	3,081	256	3,337
	Total 9/30/2016 Additions		7,684			3,081	256	3,337
	9/30/2018 Additions							
596	22 Window Blinds	9/01/18	20,238	S/L	7.0	-	2,891	2,891
	Total 9/30/2018 Additions		20,238			-	2,891	2,891
	Total Non-Moveable Equipment		827,199			658,644	30,328	688,972

Moveable Equipment

34	TEN PAINTINGS	2/08/79	500	S/L	10.00	500	-	500
46	EPCP S/S WORK TABLES	9/30/80	1,463	S/L	10.00	1,463	-	1,463
48	SIX MAPLE CHAIRS	11/13/80	323	S/L	10.00	323	-	323
53	GENDRON STRETCHER	8/31/83	409	150DB	5.00	409	-	409
55	MIRRORS	12/23/83	691	150DB	5.00	691	-	691
57	PAINTINGS	3/30/84	300	150DB	5.00	300	-	300
58	CUBICLE CURTAIN SYSTEM	3/31/84	4,578	150DB	5.00	4,578	-	4,578
66	2 PATIO CHAIRS	6/22/85	460	150DB	5.00	460	-	460
71	PICTURE	12/06/85	100	150DB	5.00	100	-	100
78	PAINTING	1/24/86	230	150DB	5.00	230	-	230
80	MIRRORS	4/29/86	640	200DB	5.00	640	-	640
85	2 GAS GRILLS	6/17/86	645	150DB	5.00	645	-	645
104	FURNITURE & EQUIPMENT	9/30/87	2,193	200DB	7.0	2,193	-	2,193

113	METCALFE GLASS CO NEW R	5/05/88	1,265	200DB	7.0	1,265	-	1,265
123	ROLL IN RACK W/ALUM TRA	12/08/88	569	200DB	7.0	569	-	569
129	2 LOUIS SV ARM CHAIRS	6/09/89	1,117	200DB	7.0	1,117	-	1,117
138	1 CONF TABLE/2 CHAIRS	11/30/89	1,675	200DB	7.0	1,675	-	1,675
139	13 CHAIRS & 3 DESKS	12/07/89	4,071	200DB	7.0	4,071	-	4,071
145	FILE CABINET	2/03/90	875	200DB	7.0	875	-	875
147	DISHWASHER TABLE	3/12/90	356	200DB	7.0	356	-	356
149	SANSUI DISC PLAYER	4/16/90	702	200DB	7.0	702	-	702
150	36 CHAIRS	4/30/90	3,044	200DB	7.0	3,044	-	3,044
152	GRAINGER COMPRESSOR	5/31/90	1,279	200DB	7.0	1,279	-	1,279
156	STYLIX FILE CABINETS DPMT	7/21/90	1,800	200DB	7.0	1,800	-	1,800
157	FILE CABINETS	7/31/90	2,624	200DB	7.0	2,624	-	2,624
163	VICTOR DINOVI PICTURES	9/07/90	566	200DB	7.0	566	-	566
164	3 DESKS	9/12/90	1,361	200DB	7.0	1,361	-	1,361
165	30 FILE CABINETS	9/17/90	5,004	200DB	7.0	5,004	-	5,004
181	BED, DRESSER & BEDSD CAB	10/31/91	951	200DB	7.0	951	-	951
183	4 DRESSERS	11/30/91	1,524	200DB	7.0	1,524	-	1,524
191	PUR FURN FOR LNGE	2/28/93	1,206	200DB	7.0	1,206	-	1,206
196	VALUE OFFICE FURN FILE CA	8/31/93	705	200DB	7.0	705	-	705
199	KIT LIFT	2/28/94	1,253	200DB	7.0	1,253	-	1,253
200	25 CHESTS, CAB (BEDS DISP)	9/02/94	11,354	200DB	7.0	11,354	-	11,354
204	JOERNS - 10 HIGHBACK CHRS	6/16/95	1,489	200DB	7.0	1,489	-	1,489
206	VALUE-18 SECR CHAIRS	8/31/95	2,265	200DB	7.0	2,265	-	2,265
207	JOERNS-25 BEDROOM SET	8/31/95	9,936	200DB	7.0	9,936	-	9,936
210	VALUE-LATERAL FILE CAB	1/16/96	928	200DB	7.0	928	-	928
212	1 MULTI PUR. WHLCR SCALE	2/08/96	2,216	200DB	7.0	2,216	-	2,216
215	GENERAL MED-WHEELCHR 22	6/30/96	501	200DB	7.0	501	-	501
218	VALUE - 1 5 DRAWER FILE	6/30/96	885	200DB	7.0	885	-	885
220	VALUE 1 5 DRAWER/6 CHRS	8/31/96	1,671	200DB	7.0	1,671	-	1,671
237	GEN MED-1 WHEELCHR & ELE	8/31/97	533	200DB	7.0	533	-	533
239	GEN MED-SCALE	9/30/97	636	200DB	7.0	636	-	636
240	UNIMAC WASHER MODEL UW	10/17/97	3,000	200DB	7.0	3,000	-	3,000
243	1 DIGITAL SCALE-GEN'L MED	11/30/97	636	200DB	7.0	636	-	636
251	GENERAL MEDICAL-2 WHEEL	2/28/98	1,006	200DB	7.0	1,006	-	1,006
260	3 DRAWER LATERAL CABINET	6/30/98	519	200DB	7.0	519	-	519
263	NEW FURNITURE DEPOSET-EH	8/31/98	6,000	200DB	7.0	6,000	-	6,000
265	MIXER FOR KITCHEN	9/30/98	3,940	200DB	7.0	3,940	-	3,940
269	REHUPHOLSTERING FURNITURE	9/30/98	7,215	200DB	7.0	7,215	-	7,215
270	REUPHOLSTER & WIND TRTM	10/31/98	6,723	200DB	7.0	6,723	-	6,723
288	B EQUIP - THERAPY RM	8/31/99	13,440	200DB	7.0	13,440	-	13,440
291	NETWORK HUB	9/30/99	1,078	200DB	5.0	1,078	-	1,078
296	6 DESKS, CHAIRS, & DRAWERS	8/31/99	3,452	200DB	7.0	3,452	-	3,452
298	3 DESKS, CHAIRS & DRAWERS	9/30/99	1,745	200DB	7.0	1,745	-	1,745
372	8 Single hampers	10/31/99	1,089	200DB	7.0	1,089	-	1,089
385	50 Stack chairs	6/30/00	1,468	200DB	7.0	1,468	-	1,468
389	5-three drawer dressers	7/31/00	1,745	200DB	7.0	1,745	-	1,745
391	1 HP Deskjet printer and supplies	7/31/00	1,051	200DB	5.0	1,051	-	1,051
395	25 bed side tables and four drawer dressers	8/31/00	13,970	200DB	7.0	13,970	-	13,970
399	10 high back resident chair	8/20/00	1,855	200DB	7.0	1,855	-	1,855
424	PRIVACY CURTAINS	5/24/01	1,491	200DB	7.0	1,491	-	1,491
426	2 HOYER POWER LIFTERS	5/31/01	2,523	200DB	7.0	2,523	-	2,523
428	LASER PRINTER	6/12/01	2,682	200DB	5.0	2,682	-	2,682
429	BOWLS, PLATES, SAUCERS, CUPS	7/23/01	4,000	200DB	7.0	4,000	-	4,000
431	2 MAYTAG WASHERS	7/10/01	1,124	200DB	7.0	1,124	-	1,124
433	1 HIGH BACK RESIDENT CHAIR	8/29/01	2,158	200DB	7.0	2,158	-	2,158
434	BOWLS, PLATES, SAUCERS, CUPS	8/22/01	4,505	200DB	7.0	4,505	-	4,505

435	BOWLS (DEPOSIT)	9/26/01	325	200DB	7.0	325	-	325
436	4 VITAL SIGN MONITORS	9/27/01	13,180	200DB	7.0	13,180	-	13,180
438	ICE MACHINE	9/27/01	2,009	200DB	7.0	2,009	-	2,009
440	2 Power Lifters	11/19/01	2,523	200DB	7.0	2,523	-	2,523
442	Treatment Carts	2/15/02	20,423	200DB	7.0	20,423	-	20,423
454	2 PRIMEAIRE COMPLETE WITH MATTRESS	10/11/02	6,328	200DB	7.0	6,328	-	6,328
455	SNOW BLOWER	1/07/03	2,575	200DB	7.0	2,575	-	2,575
457	6 bedside and 4-drawer chests	3/19/04	2,988	200DB	7.0	2,988	-	2,988
458	1 Primeaire complete with mattress	4/19/04	3,530	200DB	7.0	3,530	-	3,530
459	1 primeair complete with mattress	8/05/04	2,597	200DB	7.0	2,597	-	2,597
465	2 Primeaire complete w/mattress, 5 Prima	11/04/04	6,360	200DB	7.0	6,360	-	6,360
466	2 Sling m Corset clips, Lifts	11/29/04	7,986	200DB	7.0	7,986	-	7,986
467	4 Desktop computers	5/17/05	6,478	200DB	5.0	6,478	-	6,478
468	1 Coagucheck Machine	5/19/05	2,608	200DB	7.0	2,608	-	2,608
469	1 Mobile stand up lift raisa	8/18/05	4,744	200DB	7.0	4,744	-	4,744
474	16 Smart thermal induc base	12/09/05	10,928	200DB	7.0	10,928	-	10,928
475	2 Primeair w/ mattress	1/24/06	5,093	200DB	7.0	5,093	-	5,093
476	Drying/storage carts - kitchen	1/31/06	9,740	200DB	7.0	9,740	-	9,740
477	SAE mattress & blower	3/31/06	3,760	200DB	7.0	3,760	-	3,760
486	Server & installation	4/04/07	23,533	200DB	5.0	23,533	-	23,533
487	90 mattresses	5/23/07	19,080	200DB	7.0	19,080	-	19,080
488	2 bariatric beds	6/30/07	10,854	200DB	7.0	10,854	-	10,854
489	Powered patient lift & bariatric sling	6/30/07	7,130	200DB	7.0	7,130	-	7,130
501	2 wheelchair scales & handrails	5/31/08	7,085	200DB	7.0	7,085	-	7,085
510	TV & wall mount	11/06/08	1,471	200DB	5.0	1,471	-	1,471
511	155 wardrobes	5/01/09	52,227	200DB	7.0	52,227	-	52,227
512	9 dining tables - family room	12/31/08	12,230	200DB	7.0	12,230	-	12,230
513	2 table trucks - family room	12/31/08	1,628	200DB	7.0	1,628	-	1,628
514	15 stacking dining chairs - family room	12/31/08	6,122	200DB	7.0	6,122	-	6,122
515	2 sofas - family room	12/31/08	4,719	200DB	7.0	4,719	-	4,719
516	5 club chairs - family room	12/31/08	6,932	200DB	7.0	6,932	-	6,932
517	4 corner tables - family room	12/31/08	2,184	200DB	7.0	2,184	-	2,184
518	(3) 80" mattresses	3/31/09	6,079	200DB	7.0	6,079	-	6,079
522	6-pan electric steamer	2/05/10	8,587	200DB	7.0	8,587	-	8,587
533	2 mattresses	8/23/11	4,637	200DB	7.0	4,637	-	4,637
534	Hardware & software for online data backup	9/21/11	5,355	200DB	5.0	5,355	-	5,355
539	Vapor steam cleaner	11/30/11	2,818	200DB	5.0	2,818	-	2,818
540	Southbend Range	5/08/12	4,812	200DB	5.0	4,812	-	4,812
541	Wheelchair scale	8/31/12	3,515	200DB	7.0	3,515	-	3,515
550	160 Beds	1/14/13	203,978	200DB	7.0	158,466	29,140	187,606
552	Deluxe Hoyer Lifts	10/31/12	4,265	200DB	7.0	3,314	609	3,923
553	Dell PowerEdge Server	12/31/12	27,933	200DB	5.0	26,324	1,609	27,933
554	Vital Signs Monitor	2/19/13	3,297	200DB	7.0	2,561	471	3,032
555	Server Project	2/27/13	5,531	200DB	5.0	5,212	319	5,531
556	Refrigerator	7/31/13	3,861	200DB	7.0	3,000	552	3,552
557	7 Samsung TV	8/31/13	2,690	200DB	7.0	2,089	384	2,473
558	Oversized Wheelchair scal	10/31/13	3,515	200DB	7.0	2,417	502	2,919
559	90 Arm Chairs	12/12/13	23,220	200DB	7.0	15,966	3,317	19,283
564	TS Recumbent Cross Trainer	7/24/14	6,321	200DB	7.0	4,347	903	5,250
565	Industrial food Processor	8/12/14	3,811	200DB	7.0	2,621	544	3,165
566	Biosway Portable Balance System	9/19/14	7,259	200DB	7.0	4,992	1,037	6,029
	Total Assets Added before 9/30/15		766,155			701,783	39,385	741,169
571	Vital Signs Monitor 6400	11/12/14	3,721	200DB	5.0	2,649	744	3,393
572	Vital Sign Monitor	12/19/14	3,055	200DB	5.0	2,175	611	2,786
573	Vital Sign Monitor	12/19/14	3,055	200DB	5.0	2,175	611	2,786

574	Vital Sign Monitor	12/22/14	3,055	200DB	5.0	2,175	611	2,786	
575	Vital Sign Monitor	12/22/14	3,055	200DB	5.0	2,175	611	2,786	
576	VitaScan LT Bladder Scanner System	4/10/15	9,171	200DB	5.0	6,530	1,834	8,364	
577	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	351	89	440	
578	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	351	89	440	
579	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	351	89	440	
580	Low airloss alternating pressure mattress	4/15/15	623	200DB	7.0	351	89	440	
581	1 settee, 2 lounge chairs	4/28/15	3,331	200DB	7.0	1,874	476	2,350	
	Televisions*	10/01/14	13,891	S/L	5.0	8,334	2,778	11,112	
582	Dell Computer Lease	10/01/14	122,098	200DB	5.0	86,934	24,420	111,354	
	Total 9/30/2015 Additions		166,924			116,424	33,052	149,476	
	9/30/2016 Additions								
587	2 Stearn Tables	10/26/15	4,259	200DB	15.0	3,142	284	3,426	
588	2 Settees, 6 Lounge Chairs, 5 Tables, 2 Resident Room Televisions*	3/22/16	11,295	200DB	12.0	7,838	941	8,779	
		10/01/15	7,274	200DB	5.0	2,910	1,455	4,365	
	Total 9/30/2016 Additions		22,828			13,889	2,680	16,569	
	9/30/2016 Disposals								
431	2 MAYTAG WASHERS	7/10/01	(1,124)	200DB	7.0	(1,124)	-	(1,124)	
			(1,124)			(1,124)	-	(1,124)	
	9/30/2017 Additions								
591	EZ Way Smart Lifts x3 (Capital Lease)	7/01/17	17,864	200DB	7.0	9,251	2,552	11,803	
	Resident Room Televisions*	10/01/16	1,127	200DB	5.0	225	225	450	
	Total 9/30/2017 Additions		18,992			9,477	2,777	12,254	
	9/30/2017 Disposals								
129	2 Louis SV Arm Chairs	6/09/89	(1,117)	200DB	7.0	(1,117)	-	(1,117)	
191	PUR FURN FOR LNGE	2/28/93	(1,206)	200DB	7.0	(1,206)	-	(1,206)	
240	UNIMAC WASHER MODEL UW	10/17/97	(3,000)	200DB	7.0	(3,000)	-	(3,000)	
429	BOWLS, PLATES, SAUCERS, CUPS	7/23/01	(4,000)	200DB	7.0	(4,000)	-	(4,000)	
434	BOWLS, PLATES, SAUCERS, CUPS	8/22/01	(4,505)	200DB	7.0	(4,505)	-	(4,505)	
435	BOWLS (DEPOSIT)	9/26/01	(325)	200DB	7.0	(325)	-	(325)	
	Total 9/30/2017 Disposals		(14,153)			(14,153)	-	(14,153)	
	9/30/2018 Disposals								
85	2 GAS GRILLS	6/17/86	(645)	200DB	7.0	-	-	(645)	
123	ROLL IN RACK W/ALUM TRA	12/08/88	(569)	200DB	7.0	-	-	(569)	
199	KIT LIFT	2/28/94	(1,253)	200DB	7.0	-	-	(1,253)	
269	REHUPHOLSTERING FURNITURE	9/30/98	(7,215)	200DB	7.0	-	-	(7,215)	
270	REUPHOLSTER & WIND TRTM	10/31/98	(6,723)	200DB	7.0	-	-	(6,723)	
391	1 HP Deskjet printer and supplies	7/31/00	(1,051)	200DB	5.0	-	-	(1,051)	
426	2 HOYER POWER LIFTERS	5/31/01	(2,523)	200DB	7.0	-	-	(2,523)	
486	Server & installation	4/04/07	(23,533)	200DB	5.0	-	-	(23,533)	
	Total 9/30/2018 Disposals		(43,511)			-	-	(43,511)	
	Total Moveable Equipment		916,112			826,297	77,894	860,682	
	Total Fixed Assets		4,412,919			3,132,568	175,799	3,264,858	

Amortization Schedule*

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	01/01/61			
2. Date Structure Completed	09/01/68			
3. If NOT Original Owner, Date of Purchase	01/21/61			
4. Date of Initial Licensure	01/21/61			
5. Total Licensed Bed Capacity	170			
6. Square Footage	66,699			
7. Acquisition Cost				
a. Land	73,633			
b. Building	680,101			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
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1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Hughes Health & Rehabilitation, Inc		208-C		9/30/2018		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	17,434	17,434	
Lease = \$1,632 / Tax = \$6,570 / Late = \$9,232							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	17,434	17,434	
14. Insurance							
a. Insurance on Property (buildings only)				\$	76,267	76,267	
b. Insurance on Automobiles				\$	1,323	1,323	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	27,530	27,530	
Crime & Emp Dishonesty, Flood, D&O, Patient Trust E							
14d. Total Insurance Expenditures (14a + b + c)				\$	105,120	105,120	
15. Total All Expenditures (A-13 thru C-14)				\$	17,129,262	17,129,262	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 521,732	521,732		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 502,985	502,985		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 12,258	12,258		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 251	251		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 2,368	2,368		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 46,461	46,461		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 7,945	7,945		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,642	3,642		
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)				\$ 1,097,642	1,097,642		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 325		
16	m13	Flowers, Fruit Baskets	1,945		
16	m13	Lunch meetings	300		
16	m13	Replacement - resident's hearing aid	1,000		
16	m13	Replacement - resident's funds	30		
16	m13	Replacement - resident's clothing	42		
Total Other A&G Adjustments			\$ 3,642	\$ -	\$ -

CT Nursing Homes
Cell Phone Disallowance Parameters

<u>Beds</u>	<u>No. of Phones</u>	<u>Allowable Per Month</u>	<u>Total Allowable</u>
1-100	3	\$ 30	\$ 1,080
101-200	4	\$ 30	\$ 1,440
201-300	5	\$ 30	\$ 1,800
301-400	6	\$ 30	\$ 2,160

Beds	170
Allowable Expense	\$ 1,440
Cell Phone Expense	1,691
Disallowance	\$ 251

Pg 15, 1.h.2.

Hughes Health & Rehabilitation
Travel Disallowance
9/30/2018

	<u>Amount</u>
Travel to ACHCA in Las Vegas, NV - One representative	\$ 1,675
Total Travel - Page 16, line L4	<u>\$ 1,675</u>
Disallowed Travel	<u><u>\$ -</u></u> <i>Page 28, Line 16</i>

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

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,097,642	1,097,642		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 305,183	305,183		
28.	20	5d	Ambulance/Limousine	\$ 5,076	5,076		
29.	20	5f	X-rays, etc	\$ 28,426	28,426		
30.	20	5h	Laboratory	\$ 36,446	36,446		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 13,710	13,710		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 105,248	105,248		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,680	1,680		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 15,642	15,642		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,609,053	1,609,053		

*** 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.

Hughes Health & Rehabilitation, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV (See attached)	\$ 52,436		
20	5l	Medical Supplies - Medicare A	6,095		
20	5l	Medical Supplies - Managed Care	565		
20	5l	IV - Medicare A	15,587		
20	5l	IV - Hospice	353		
20	5l	IV - Managed Care	10,859		
20	5l	IV - VA	1,916		
20	5l	Tube Feeding Supplies - Medicare A	3,449		
20	5l	Other - Medicare A	6,829		
20	5l	Other - VA	6,799		
20	5l	IV - House	360		
Total Other Ancillary Costs			\$ 105,248	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Insurance	\$ 15,503		
30	IV 8	Navigator Group Purchasing	80		
30	IV 8	VA Escort Service (CNA goes with resident to an appointment and VA reim	59		
Total Other Adjustments			\$ 15,642	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Hughes Health & Rehabilitation
Disallowance Schedule for Cable TV
9/30/2018

Total Cable TV Expense	<u>Amount</u> 56,036 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
Disallowed Cable TV	<u><u>\$ 52,436</u></u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 14,150,353	14,150,353				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,654,248)	(5,654,248)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,328,806	2,328,806				
b. Medicare Room and Board Contractual Allowance **	\$ 780,422	780,422				
4. a. Private-Pay Residents and Other	\$ 4,782,663	4,782,663				
b. Private-Pay Room and Board Contractual Allowance **	\$ (141,408)	(141,408)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 248,790	248,790				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 168,536	168,536				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 69	69				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 766,031	766,031				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 148,321	148,321				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 197,307	197,307				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 26,160	26,160				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 748,668	748,668				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 151,819	151,819				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (1,178,247)	(1,178,247)				
b. Other (Specify) - Non-Medicare	\$ (473,592)	(473,592)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,050,450	17,050,450				
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)	\$ 204	204				
V. Total Other Revenue (1 thru 8)	\$ 204	204				
VI. Total All Revenue (III + V)	\$ 17,050,654	17,050,654				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab - Medicare A	\$ 37,170		
30 II 6a	Radiology - Medicare A	22,619		
30 II 6a	Oxygen - Medicare A	5,329		
30 II 6a	IV - Medicare A	10,419		
30 II 6a	Contractual Allowance - Medicare A Therapies	(832,726)		
30 II 6a	Contractual Allowance - Medicare B Therapies	(15,898)		
30 II 6a	Contractual Allowance - MPPR	(81,602)		
30 II 6a	Contractual Allowance - Medicare A Ancillaries	(323,558)		
Total Other Resident Revenue - Medicare		\$ (1,178,247)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Lab - Managed Care	\$ 9,136		
30 II 6b	Lab - VA	4,399		
30 II 6b	Radiology - Managed Care	3,329		
30 II 6b	Radiology - VA	3,932		
30 II 6b	Oxygen - Hospice	192		
30 II 6b	Oxygen - Managed Care	1,059		
30 II 6b	Oxygen - VA	699		
30 II 6b	IV - Managed Care	9,651		
30 II 6b	IV - VA	2,559		
30 II 6b	Contractual Allowance - Medicaid Therapies	(22,370)		
30 II 6b	Contractual Allowance - VA Ancillaries	(158,237)		
30 II 6b	Contractual Allowance - Medicaid Ancillaries	(24,607)		
30 II 6b	Contractual Allowance - Hospice Ancillaries	(753)		
30 II 6b	Contractual Allowance - Managed Care Ancillaries	(327,776)		
30 II 6b	Therapies - Medicaid	22,370		
30 II 6b	Ancillaries - Medicaid - Oxygen Rev	2,825		
Total Other Resident Revenue		\$ (473,592)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Misc. Cash Found (No expense associated)	\$ 65		
30 IV 8	Navigator Group Purchasing	80		
30 IV 8	VA Escort Service (CNA goes with resident to an appointment and VA reimburses)	59		
Total Other Revenue		\$ 204	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	526,286
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,027,600
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	6,378
5. Prepaid Expenses			\$	53,541
a. Prepaid Insurance	53,541			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,613,805
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>2,669,609</u>		\$	954,404
	Accum. Depreciation <u>1,715,205</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>827,199</u>		\$	138,230
	Accum. Depreciation <u>688,969</u>	Net		
6. Movable Equipment	*Historical Cost <u>916,109</u>		\$	55,432
	Accum. Depreciation <u>860,677</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	451,605
F/S vs C/R NBV	451,605			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,599,671

* 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
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	5,213,476
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>)				
Organization Expense			546	\$
Land Held for Sale (Net Impairment Valuation)			28,500	\$
See Schedule				\$
			\$	29,046
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
			\$	29,046
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
			\$	5,242,522

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,184,037
2. Notes Payable (<i>itemize</i>)				\$	7,670
Capital Lease - Scales					7,670
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	116,035
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>)				\$	115,086
Exchange Account		5,754	Accrued Sales Tax	138	
AFLAC Payroll Deduction		(3,764)			
Life Insurance Payroll Deduction		(2,480)			
Accrued Property Taxes		115,438	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,422,828

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,422,828	
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>)				\$ 592,747	
Name and Address of Lender	Amount	Loan Date			
Eugene R. Flaxman & Family	592,747				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 592,747	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,015,575	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	16,650
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,236,601
6. Gain or Loss for Period			\$	(26,304)
10/1/2017 thru 9/30/2018				
7. Total Net Worth			\$	3,226,947
C. Total Reserves and Net Worth			\$	3,226,947
D. Total Liabilities, Reserves, and Net Worth			\$	5,242,522

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2018	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2017			\$	3,249,360
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,050,654
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,076,958
D.	Net Income or Deficit			\$	(26,304)
E.	Balance			\$	3,223,056
F.	Additions				
1.	Additional Capital Contributed (<i>itemize</i>)				
	Total Expenditures Page 27	\$17,129,262			
	F/S vs C/R Depreciation	(52,304)			
	Total F/S Expenditures	\$17,076,958			
2.	Other (<i>itemize</i>)				
	Prior Period Adjustment	3,891			
F-3.	Total Additions			\$	3,891
G.	Deductions				
1.	Drawings of Owners/Operators/Partners (<i>Specify</i>)		\$		
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2.	Other Withdrawings (<i>Specify</i>)		\$		
	Purpose	Amount			
3.	Total Deductions			\$	
H.	Balance at End of Period		09/30/18	\$	3,226,947

I. Preparer's/Reviewer's Certification

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2018	Page 37	of 37
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Check appropriate category


Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

(Specify)

Preparer/Reviewer Certification

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.

Signature of Preparer 	Title PRINCIPAL	Date Signed 1/24/19
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Printed Name of Preparer Matthew S. Bavolack

Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
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Annual Report Contact Laurie Spruill	Phone Number 860-236-5623
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Annual Report Contact Email Address lspruill@hugheshealth.com
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Subject to the attached accountants' consulting report