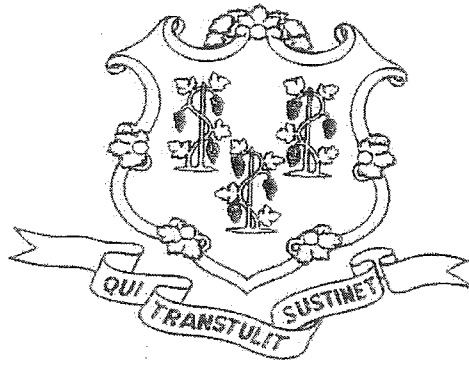


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) AVERY HEIGHTS	
Address (No. & Street, City, State, Zip Code) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 750-C	RHNS 79RH	(Specify)	Medicare Provider 07-5063
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Medicaid Provider Numbers:	CCNH 7500	RHNS 90795	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)	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2021	1	37


**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for AVERY HEIGHTS [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
		2-14-2022			
Printed Name (Administrator)			Printed Name (Owner)		
WILLIAM THOMPSON					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	CT	2/14/2022	Cheryl B. Canaro	09/30/2026	
Address of Notary Public					
53 Cinnamon Springs, South Windsor, CT 06074					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility AVERY HEIGHTS		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106				
Report Prepared By MICHELLE PASCETTA		Phone Number (860) 527-9126 x518	Date 2/15/2022	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility (860) 527-9126	Report for Year Ended 9/30/2021	Page 2	of 37
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Name of Facility (as shown on license) AVERY HEIGHTS	Address (No. & Street, City, State, Zip) 705 NEW BRITAIN AVENUE, HARTFORD, CT 06106
---	--

License Numbers:	CCNH 750-C	RHNS 79RH	(Specify)	Medicare Provider No. 07-5063
------------------	---------------	--------------	-----------	----------------------------------

Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> 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.
--	---------------------------	-------------------------------------	--------------------------

**Administrator**

Name of Administrator WILLIAM THOMPSON	Nursing Home Administrator's License No.:	001347
---	---	--------

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 3A	of 37
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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
CHURCH HOMES, INC. CONGREGATIONAL	HARTFORD, CT	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
	See Attached Page 3A.1		Non-Stock

Names of Stockholders Owning at Least 10% of Shares			



**BOARD OF DIRECTORS AND OFFICERS**  
**2021-2022**

**OFFICERS AND DIRECTORS**

**David E. Canuel, Chairman**

Res: 330 Norfolk Rd. (860) 985-0203  
Litchfield, CT 06759

**Thomas P. Kelley, Vice Chairman**

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

**Patrick J. Gilland, President/CEO**

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

**DIRECTORS**

**Margaret A. Golas**

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

**Mercedese E. Large**

Res: 39 Timberwood Road (860)-306-2388  
West Hartford, CT 06117 (860)-305-0099 (c)

**Peter B. Matthews**

Bus:  
Res: 53 Heather Glen Road (860) 478-6187  
Glastonbury, CT 06033

**Cynthia W. Shahan, Ph.D.**

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

**Larry C. Brown**

Res: 1859 Hyland Creek Drive  
Charlottesville, VA 22911 (860)-402-6670

**Kenneth H. McGovern**

Bus: President/Founder  
KMR Executive Search LLC,  
71 Raymond Road  
Suite 220A  
West Hartford, CT 06107  
Res: 243 Steele Road  
Apt. 434  
West Hartford, CT 06117 (860)-558-8291

**P. Wayne Moore**

Bus: Deputy Chief Investment Officer  
City of Hartford  
Res: 3 Buckingham Lane  
West Hartford, CT 06117 (860) 985-4456

**C. Robert Zelinger**

Bus: Partner  
Hinckley Allen  
Res: 18 Adams Road  
Simsbury, CT 06089 (860)-725-6200

**Cynthia J. Martinez, CPA**

Bus: Executive Finance Director  
NAFI Connecticut, Inc.  
Res: 185 Main Street, Suite C  
Farmington, CT 06032 (860)559-6815



DIRECTORS AND OFFICERS 2021-2022 (cont'd)

▲ **OFFICERS**

**William Pond**

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

**William Thompson**

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

**Doreen Baldoni**

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

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



## General Information and Questionnaire Related Parties\*

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Church Homes, Inc. Congregational Alliance Rehabilitation of CT, LLC	217 Avery Heights Hartford, CT 06106-4200 705 New Britain Avenue Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	Management Services - See Page 17 Rehabilitation Services	Pg. 16, Line m12 Pg. 13 Lines B5a, B9a and B10a	1,127,484 678,991	1,093,219 See Page 4a
The Heights People's United Insurance Agency	550 New Britain Avenue Hartford, CT 06106 Brattleboro, VT	<input type="radio"/>	<input checked="" type="radio"/>	Receptionist Services Property Insurance with all CHI entities	Pg. 16, Line m11 Pg. 27	112,922 234,068	112,922 234,068
Church Homes, Inc. Pension Fund	217 Avery Heights, Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Pension Fund with all CHI entities	Pg. 15	358,529	358,529
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

\* Use additional sheets if necessary.

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

**Explanation of Related Party Transactions**

**Alliance Rehab of CT, LLC -**

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

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

CALTC is funded by dues and currently has 10 corporate members representing approximately 25 entities. Avery Heights pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	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.

- In the preparation of this Report, were all costs allocated as required?  Yes  No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)  Yes  No If "No," explain fully why such allocation was not made.

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility AVERY HEIGHTS		License No. 750-C		Report for Year Ended 9/30/2021		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>								

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	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 1 CliftonLarsonAllen 2 3 4	Address (No. & Street, City, State, Zip Code) West Hartford, CT
--	--

Services Provided by This Firm (*describe fully*)

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

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

Yes     No    Page 16, Line m12

**Legal Services Information**

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

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Total Allowable Legal Fees Per Page 7A	\$	4,549
2 Legal Fees - Disallowed Per Page 7A	\$	26,083
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	30,632

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

Yes     No    Page 15, Line 1e

AVERY HEIGHTS  
9/30/2021

Attachment Page 7A

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

General Business Issues 3,403 A

Sub Total 3,403

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

General Employment Issues 1,146 A

Sub Total 1,146

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

Collections 26,083 D

Sub Total 26,083

Total Legal Fees 30,632

A	Allowable	4,549
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	26,083



### Schedule of Resident Statistics

Name of Facility AVERY HEIGHTS	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	License No. 750-C			Report for Year Ended 9/30/2021			Page 8	of 37	
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30					
					Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	Total RHNS	Total (Specify)			Total CCNH
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	199	130	69		199	130	69	199	130	69			
B. On last day of THIS report period	199	130	69		199	130	69	199	130	69			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	148	111	37		148	111	37	148	125	23			
B. As of midnight of THIS report period	148	125	23		148	125	23	148	125	23			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,790	1,070	2,720		3,165	950	2,215	625	120	505			
B. Medicaid (Conn.)	41,460	39,376	2,084		30,189	28,243	1,946	11,271	11,133	138			
C. Medicaid (other states)													
D. Private Pay	4,397	890	3,507		3,049	657	2,392	1,348	233	1,115			
E. State SSI for RCH													
F. Other (Specify)	2,761	466	2,295		2,190	403	1,787	571	63	508			
G. Total Care Days During Period (3A thru F)	52,408	41,802	10,606		38,593	30,253	8,340	13,815	11,549	2,266			
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	16	12	4		14	12	2	2					
5. Total Resident Days (3G + 4A + 4B)	52,424	41,814	10,610		38,607	30,265	8,342	13,817	11,549	2,268			

### Schedule of Resident Statistics (Cont'd)

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	117	1	6	15			
Per Diem Rate								
a. One bed rm.	654.43	304.57	234.11	502/295	557/502/295	n/a	n/a	n/a
b. Two bed rms.	654.43	304.57	234.11	468/284	519/468/284	n/a	n/a	n/a
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,631	2,896	735	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	86	69	17	
C. Other	11,111	8,862	2,249	
D. <b>Total Physical Therapy Treatments</b>	14,828	11,827	3,001	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	763	609	154	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	7	6	1	
C. Other	1,548	1,235	313	
D. <b>Total Speech Therapy Treatments</b>	2,318	1,850	468	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,235	2,580	655	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	28	22	6	
C. Other	11,187	8,923	2,264	
D. <b>Total Occupational Therapy Treatments</b>	14,450	11,525	2,925	

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2021	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	171,403	1,659	43,493	421		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	231,391	8,504	58,715	2,158		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	76,865	1,668	19,337	420		
b. Other Maintenance Workers	157,138	6,644	39,531	1,672		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	182,793	3,406	46,382	865		
b. RN						
1. Direct Care	908,020	21,603	359,754	8,558		
2. Administrative**						
c. LPN						
1. Direct Care	1,181,058	35,915	467,929	14,229		
2. Administrative**	46,335	1,481	18,357	587		
d. Aides and Attendants	2,276,411	110,946	651,761	31,765		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	157,551	7,096	39,978	1,800		
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	108,168	3,880	27,447	984		
n. Marketing	80,820	1,665	20,508	423		
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>5,577,953</i>	<i>204,467</i>	<i>1,793,192</i>	<i>63,882</i>		

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.  
 \*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.  
 \*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	\$ 23,626	525	\$ 5,995	133	\$ -	-
Total	\$ 23,626	525	\$ 5,995	133	\$ -	-

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021		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	Page 11	of 37
		CCNH	Salary Paid RHNS (Specify)								
<b>Section I - Operators/Owners</b>											
<b>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).</b>											

\* 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		
AVERY HEIGHTS		750-C		9/30/2021		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)							
<b>Section III - Administrators***</b>									
William Thompson	171,403	43,493	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	2,080	A.2.			
<b>Section IV - Assistant Administrators</b>									

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

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

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

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
EVERY HEIGHTS	750-C	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist	14,585	198	3,701	50		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	227,932	3,884	57,836	985		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,321	104	6,679	26		
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 Adv Board / Cardiologist Consultant	33,061	134	8,389	34		
9. Speech Therapist						
a. Resident Care	86,365	1,323	21,907	336		
b. Other						
10. Occupational Therapist						
a. Resident Care	227,271	4,816	57,680	1,222		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,867	28	1,928	11		
2. Administrative***						
b. LPN						
1. Direct Care	138,292	2,846	54,791	1,128		
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	23,626	525	5,995	133		
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>782,320</b>	<b>13,858</b>	<b>218,906</b>	<b>3,925</b>		

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>		
Value Health Care Services, Inc.	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehabilitation of CT	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
		<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, PC	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
Doris Jean Phillips	Medical Advancement	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Cardiology Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehabilitation of CT	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
Alliance Rehabilitation of CT	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
Nurse Network, Favorite Healthcare Staffing, World Wide Staffing, Caring Nurses	Temporary Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
CareerStaff Unlimited, Value Health Care, Nurse Finders, Brightstar	Temporary Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Technical Gas Products	Respiratory Therapy	<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
AVERY HEIGHTS	750-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 193,554	146,468	47,086	
2. Disability Insurance	\$ 36,274	27,450	8,824	
3. Unemployment Insurance	\$ 7,911	5,986	1,925	
4. Social Security (F.I.C.A.)	\$ 555,059	420,029	135,030	
5. Health Insurance	\$ 1,298,845	982,873	315,972	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,563	4,210	1,353	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 596,277	451,220	145,057	
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 22,070	16,701	5,369	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (27,916)	(22,266)	(5,650)	
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 30,632	24,432	6,200	
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 18,163	14,487	3,676	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 37,327	29,772	7,555	
2. Cellular Phones	\$ 23,127	18,447	4,680	
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 966,520	770,908	195,612	
<b>Subtotal</b>	\$ 3,763,406	2,890,717	872,689	

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Assistance Program	\$ 851	\$ 274	\$ -
Personal Time Accrued	\$ (3,276)	\$ (1,053)	\$ -
Training Fund - Union	\$ 22,608	\$ 7,268	\$ -
Capitalized Benefits	\$ (3,482)	\$ (1,120)	\$ -
<b>Total</b>	<b>\$ 16,701</b>	<b>\$ 5,369</b>	<b>\$ -</b>

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2021	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	3,763,406	2,890,717	872,689	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 1,445	1,153	292	
3. Gifts to Staff and Residents	\$ 1,867	1,489	378	
4. Employee Travel	\$ 32	26	6	
5. Education Expenses Related to Seminars and Conventions	\$ 90	72	18	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 6,305	5,030	1,275	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 11,324	9,033	2,291	
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	\$ 1,911	1,525	386	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 12,751	10,170	2,581	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,490	1,188	302	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 183,971	146,738	37,233	
12. Administrative Management Services**	\$ 1,127,484	899,295	228,189	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 41,483	33,115	8,368	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,153,559	3,999,551	1,154,008	

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
All Marketing Non-Salary Expenses	\$ 9,033	\$ 2,291	\$ -
<b>Total Other Advertising</b>	\$ 9,033	\$ 2,291	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	10,170	2,581	-
<b>Total Dues</b>	\$ 10,170	\$ 2,581	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CHEFA Administration Fee	\$ 2,294	\$ 549	\$ -
Licenses - See Below	\$ 3,266	\$ 826	\$ -
Penalties	\$ 26,019	\$ 6,603	\$ -
Pre-Employment Services	\$ 1,536	\$ 390	\$ -
<b>Total Other Administrative and General</b>	\$ 33,115	\$ 8,368	\$ -

## Licenses:

CTLTCMAP	\$ 350		
MPLC	\$ 628		
Secretary of State - Notary	\$ 20		
Department of Public Health	\$ 1,875		
Department of Consumer Protection	\$ 40		
Department of Construction	\$ 954		
Emergency Services & Telecommunications	\$ 225		
<b>Total Licenses</b>	\$ 4,092		

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
AVERY HEIGHTS	750-C	9/30/2021	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	1,127,484	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2021		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 24,842	19,814	5,028		
2.	Non-Food Supplies	\$ 1,352	1,078	274		
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,890,435	1,507,833	382,602		
c. Other (Specify) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 1,916,629</b>	<b>1,528,725</b>	<b>387,904</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	431	344	87		
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2021	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.	749,928	598,151	151,777
	Amt. \$	17,599	14,037	3,562
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	271,196	216,309	54,887
c. Other (Specify)	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>288,795</b>	<b>230,346</b>	<b>58,449</b>
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
EVERY HEIGHTS	750-C	9/30/2021	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	135,056	107,722	27,334	
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 66,624	53,140	13,484	
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced	135,056	107,722	27,334	
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
C. Other ( <i>Specify</i> )	Amt.	\$ 853,876	681,060	172,816	
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 920,500	734,200	186,300	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 146,990	117,241	29,749	
Value Health Care Service, Inc.					
b. Medicine Cabinet Drugs		\$ 45,795	36,527	9,268	
c. Medical and Therapeutic Supplies		\$ 290,624	231,805	58,819	
d. Ambulance/Limousine***		\$ 2,772	2,211	561	
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 4,557	3,635	922	
f. X-rays and Related Radiological Procedures***		\$ 11,587	9,242	2,345	
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h. Laboratory***		\$ 28,309	22,580	5,729	
i. Recreation		\$ 44,959	35,859	9,100	
j. Direct Management Services*		\$			
k. Indirect Management Services*		\$			
l. Other (Specify)****		\$ 14,764	11,776	2,988	
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 590,357	470,876	119,481	

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

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

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

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



**5.c. - Medical & Therapeutic Supplies**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment Rental - Month-to-Month - Oxygen	\$ 10,616	\$ 2,694	\$ -
Medical and Therapeutic Supplies	\$ 148,277	\$ 37,624	\$ -
Medical and Therapeutic Supplies - Chargeable - Disallowed	\$ 2,556	\$ 649	\$ -
Disposable Incontinent Supplies	\$ 48,605	\$ 12,333	\$ -
Nursing Minor Equipment *	\$ 5,006	\$ 1,270	\$ -
Nutritional Supplements	\$ 14,144	\$ 3,589	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 2,266	\$ 575	\$ -
Resident Vaccinations - Disallowed	\$ 335	\$ 85	\$ -
<b>Total Other Resident Care</b>	<b>\$ 231,805</b>	<b>\$ 58,819</b>	<b>\$ -</b>

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Physical Therapy Supplies	\$ 11,776	\$ 2,988	\$ -
<b>Total Other Resident Care</b>	<b>\$ 11,776</b>	<b>\$ 2,988</b>	<b>\$ -</b>

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2021	Total Cost/Page Ref.***			Page of 21   37	
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Celtic Consulting	Torrington, CT		Clinical Consulting	8,451	2,144		16	m11
MatrixCare	Minneapolis, MN		Computer Software Contract	39,276	9,966		16	m11
The Heights	Hartford, CT	See Page 4	Receptionist Services	90,068	22,854		16	m11
A&G Purchased Services Under \$10,000	Various		Maintenance/Data Processing/Computer Services - Personnel and Food	8,943	2,269		16	m11
Healthcare Services Group	Bensalem, PA			1,507,833	382,602		18	2b
Healthcare Services Group	Bensalem, PA		Laundry Purchased Services - Personnel	216,309	54,887		19	3b
Healthcare Services Group	Bensalem, PA		Housekeeping Purchased Services	681,060	172,816		20	4b

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

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

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2021	Total Cost/Page Ref.***			Page of 21A   37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Otis Elevator	Virginia Beach, VA	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service Contract	13,999	3,522			22   6.f
Augustin Malaykhan	Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Service	29,715	7,476			22   6.f
Hartford Boiler Repair	West Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	17,101	4,302			22   6.f
Augustin Malaykhan	Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Plowing and Sanding	8,707	2,191			22   6.f
USA Town & Country Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	67,322	16,936			22   6.f
Security Services of CT, Inc.	Bridgeport, CT	<input type="radio"/>	<input checked="" type="radio"/>		Security Contract	57,712	14,519			22   6.f
Maintenance Purchased Services Under \$10,000	Various	<input type="radio"/>	<input checked="" type="radio"/>		General Maintenance Services	43,316	10,904			22   6.f
		<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"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
AVERY HEIGHTS	750-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ (5,190)	(4,163)	(1,027)			
b. Heat	\$ 131,207	104,834	26,373			
c. Light & Power	\$ 240,494	192,153	48,341			
d. Water	\$ 181,209	144,785	36,424			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 297,722	237,872	59,850			
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 845,442	675,481	169,961			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 35,020	22,864	12,156			
b. Building & Building Improvements	\$ 269,169	176,295	92,874			
c. Non-Movable Equipment	\$ 148,480	90,594	57,886			
d. Movable Equipment	\$ 191,398	115,587	75,811			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 644,067	405,340	238,727			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,904	2,343	561			
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> ) Deferred Marketing	\$ 648	523	125			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 3,552	2,866	686			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 647,619	408,206	239,413			

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

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment Maintenance Contract	\$ 22,346	\$ 5,625	\$ -
Refuse Removal	\$ 71,852	\$ 18,079	\$ -
Electrician Service	\$ 995	\$ 250	\$ -
Elevator Service Contract	\$ 17,882	\$ 4,499	\$ -
Exterminator Service	\$ 2,397	\$ 603	\$ -
Grounds Service	\$ 29,715	\$ 7,476	\$ -
Heating/Air Conditioning Service	\$ 26,235	\$ 6,600	\$ -
Painting Service	\$ 31	\$ 8	\$ -
Plowing & Sanding	\$ 8,707	\$ 2,191	\$ -
Security Contract	\$ 57,712	\$ 14,519	\$ -
<b>Total Other Repairs and Maintenance</b>	<b>\$ 237,872</b>	<b>\$ 59,850</b>	<b>\$ -</b>

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2021 Total Depreciation</u>	<u>2021 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	31,177	0	0	0	0	0	0
- Non-CON	<u>1,327,467</u>	<u>35,020</u>	<u>35,020</u>	<u>22,864</u>	<u>12,156</u>	<u>0</u>	<u>0</u>
Totals	<u>1,358,644</u>	<u>35,020</u>	<u>35,020</u>	<u>22,864</u>	<u>12,156</u>	<u>0</u>	<u>0</u>
Building & Improvements:							
- CON	5,416,174	134,394	134,394	106,774	27,620	0	0
- Non-CON	<u>6,650,340</u>	<u>134,775</u>	<u>134,775</u>	<u>69,521</u>	<u>65,254</u>	<u>0</u>	<u>0</u>
Totals	<u>12,066,515</u>	<u>269,169</u>	<u>269,169</u>	<u>176,295</u>	<u>92,874</u>	<u>0</u>	<u>0</u>
Fixed Equipment:							
- CON	2,323,161	0	0	0	0	0	0
- Non-CON	<u>3,981,222</u>	<u>148,480</u>	<u>148,480</u>	<u>90,594</u>	<u>57,886</u>	<u>0</u>	<u>0</u>
Totals	<u>6,304,382</u>	<u>148,480</u>	<u>148,480</u>	<u>90,594</u>	<u>57,886</u>	<u>0</u>	<u>0</u>
Moveable Equipment:							
- CON	616,554	0	0	0	0	0	0
- Non-CON	<u>2,884,466</u>	<u>191,398</u>	<u>191,398</u>	<u>115,587</u>	<u>75,811</u>	<u>0</u>	<u>0</u>
Totals	<u>3,501,019</u>	<u>191,398</u>	<u>191,398</u>	<u>115,587</u>	<u>75,811</u>	<u>0</u>	<u>0</u>

**Depreciation Schedule**

Name of Facility AVERY HEIGHTS		License No. 750-C	Report for Year Ended 9/30/2021				Page 23	of 37		
Property Item	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
<b>A. Land Improvements</b>										
1. Acquired prior to this report period			1,290,134		825,176	946,748	S/L	Various	27,901	
2. Disposals (attach schedule)							S/L	Various		
3. Acquired during this report period (attach schedule)			68,510		68,510		S/L	Various	7,119	
A-4. Subtotal										35,020
<b>B. Building and Building Improvements</b>										
1. Acquired prior to this report period			12,066,514		6,907,286	10,136,085	S/L	Various	269,169	
2. Disposals (attach schedule)							S/L	Various		
3. Acquired during this report period (attach schedule)							S/L	Various		
B-4. Subtotal										269,169
<b>C. Non-Movable Equipment</b>										
1. Acquired prior to this report period			6,232,481		4,893,510	5,261,556	S/L	Various	140,701	
2. Disposals (attach schedule)							S/L	Various		
3. Acquired during this report period (attach schedule)			71,901		71,901		S/L	Various	7,779	
C-4. Subtotal										148,480
<b>D. Movable Equipment</b>										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Various	X	Var	270,917		144,931	412,451	S/L	Various	11,433	
b. Startrans Bus	X	11 2020	69,226		69,226		S/L	4	15,864	
c. 2009 Chevy Bus	X	3 2021	14,000		14,000		S/L	4	2,042	
d. Delete: 2 Buses (1/07 & 7/09)	X	VAR VAR	(105,781)		(105,781)		S/L	5		
2. Movable Equipment										
a. Acquired prior to this report period			3,422,887		4,198,604	4,093,695	S/L	Various	172,598	
b. Disposals (attach schedule)			(205,993)		(205,993)		S/L	Various	(12,937)	
c. Acquired during this report period (attach schedule)										
D-3. Subtotal			35,765		35,765		S/L	Various	2,398	
<b>E. Total Depreciation</b>										191,398
										644,067

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



Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
<b>Additions:</b>					
11/1/2020	Paving of parking lot	\$ 60,000	\$ 60,000	8	\$ 6,875
2/1/2021	Undergrnd conduit-phone sys	\$ 3,735	\$ 3,735	20	\$ 124
7/1/2021	Signs	\$ 4,775	\$ 4,775	10	\$ 120
<b>Total additions for Land Improvements</b>		<b>\$ 68,510</b>	<b>\$ 68,510</b>		<b>\$ 7,119</b> *
<b>Deletions:</b>					
<b>Total deletions for Land Improvements</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
<b>Additions:</b>					
		\$ -	\$ -	-	\$ -
<b>Total additions for Building Improvements</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>					
<b>Total deletions for Building Improvements</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
<b>Additions:</b>					
1/1/2021	Heat Exchanger Tube	\$ 4,554	\$ 4,554	15	\$ 223
4/1/2021	Gas valves for boilers	\$ 12,120	\$ 12,120	12	\$ 4,163
4/1/2021	Circulating pump	\$ 2,257	\$ 2,257	10	\$ 163
6/1/2021	Install cat 6 cables	\$ 2,835	\$ 2,835	20	\$ 893
8/1/2021	A/C Unit	\$ 17,140	\$ 17,140	10	\$ 1,778
8/1/2021	A/C unit	\$ 32,995	\$ 32,995	10	\$ 559
<b>Total additions for Non-Movable Equipment</b>		<b>\$ 71,901</b>	<b>\$ 71,901</b>		<b>\$ 7,779</b> *
<b>Deletions:</b>					
<b>Total deletions for Non-Movable Equipment</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
<b>Additions:</b>					
11/1/2020	Ice Machine	\$ 1,746	\$ 1,746	10	\$ 160
11/1/2020	Artic reach-in freezer	\$ 1,795	\$ 1,795	10	\$ 165
3/1/2021	Wireless Access Points-Laptops	\$ 4,515	\$ 4,515	5	\$ 527
5/1/2021	20 Gravity Foam Mattresses	\$ 2,920	\$ 2,920	5	\$ 243
6/1/2021	Omni Versa Ultrasound	\$ 11,061	\$ 11,061	5	\$ 737
6/1/2021	Low air mattress w pump	\$ 5,432	\$ 5,432	5	\$ 362
8/1/2021	Bedspreads	\$ 5,009	\$ 5,009	5	\$ 167
8/1/2021	Overbed Tables (30)	\$ 3,287	\$ 3,287	15	\$ 37
<b>Total additions for Movable Equipment</b>		<b>\$ 35,765</b>	<b>\$ 35,765</b>		<b>\$ 2,398</b> *
<b>Deletions:</b>					
	Deletions	\$ (205,993)	\$ (205,993)	-	\$ (12,937)
<b>Total deletions for Movable Equipment</b>		<b>\$ (205,993)</b>	<b>\$ (205,993)</b>		<b>\$ (12,937)</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021		Page 24	of 37						
		Item	Date of Acquisition Month Year			Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
<b>A. Organization Expense</b>											
1.											
2.											
3.											
A-4. Subtotal											
<b>B. Mortgage Expense</b>											
1. Bond Issuance Costs		12	2015	14 Years	42,409	14,041	S/L	Var	2,904		
2.											
3.											
B-4. Subtotal											2,904
<b>C. Leasehold Improvements and Other</b>											
1. Acquired prior to this report period		9	2017	5 Years	24,964	24,316	S/L	Var	648		
2. Disposals (attach schedule)					(24,964)	(24,964)					
3. Acquired during this report period (attach schedule)											
C-4. Subtotal											648
<b>D. Total Amortization</b>											3,552

\* 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.

Leasehold Improvements - Deferred marketing charges associated with renting Physician space to IORA. \$648 represents amortization for the month of October 2020. The space was vacated by October 31, 2020.

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

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes	<input type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1961		
2. Date Structure Completed		1961		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		10/01/61		
5. Total Licensed Bed Capacity		199		
6. Square Footage		135,056		
7. Acquisition Cost				
a. Land		72,000		
b. Building		341,918		
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	11/18/15			
c. Interest Rate for the Cost Year	2.58%			
d. Term of Mortgage (number of years)	15			
e. Amount of Principal Borrowed	5,423,429			
f. Principal balance outstanding as of 09/30/2021	3,019,684			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
AVERY HEIGHTS		750-C	9/30/2021			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 82,500	66,569	15,931	-		
Name of Lender		Rate					
Salisbury Bank and Trust		2.58%					
Address of Lender							
5 Bissell Street, Lakeville, CT 06039							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 82,500	66,569	15,931			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
AVERY HEIGHTS		750-C		9/30/2021			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				82,500	66,569	15,931		
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 82,500	66,569	15,931		
14. Insurance								
a. Insurance on Property (buildings only)				\$ 156,274	124,862	31,412		
b. Insurance on Automobiles				\$ 35,068	28,019	7,049		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 41,379	33,062	8,317		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$ 20,106	16,065	4,041		
See Page 27A								
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 252,827	202,008	50,819		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 19,070,599	14,676,235	4,394,364		

**Schedule of Other Insurance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Crime	1,076	271	-
Insurance Claim Expense - CHRO Complaint Defense Deductible	5,257	1,322	-
Insurance Claim Expense - Chapel Stain Glass Window Replacement - Disallowed - * See Note Below	14,989	3,770	-
<b>Total Other Resident Care</b>	<b>\$ 21,322</b>	<b>\$ 5,363</b>	<b>\$ -</b>

\* - The total claim is \$30,450 with a deductible of \$10,000 for total reimbursement of \$20,450. The work was started in 2020 and completed in 2021. The entire insurance claim recovery of \$20,450 was recorded in 2020. In 2020, \$18,270 of the project was recorded. The remaining balance of \$12,180 was recorded in 2021.

**D. Adjustments to Statement of Expenditures**

Name of Facility AVERY HEIGHTS			License No. 750-C	Report for Year Ended 9/30/2021	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12.n	Salaries not related to Resident Care	\$ 101,328	80,820	20,508	
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 6,000	4,786	1,214	
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B.10.	Occupational Therapy	\$ 284,951	227,271	57,680	
7.			Other - See attached Schedule	\$ 29,621	23,626	5,995	
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ (27,916)	(22,266)	(5,650)	
10.			Accounting	\$			
10a.	15	1.e	Legal	\$ 26,083	20,804	5,279	
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 21,327	17,011	4,316	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.3	Gifts, flowers and coffee shops	\$ 1,867	1,489	378	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	28b		Automobile Expense (e.g. personal use)	\$ 26,772	21,354	5,418	
18.	16	m.3	Unallowable Advertising *	\$ 11,324	9,033	2,291	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m.12	Unallowable Management Fees	\$ 38,788	30,938	7,850	
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 35,492	28,335	7,157	
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	29b		Housekeeping services to employees, guests and others who are not residents	\$ 112	89	23	
Subtotal (Items 1 - 26)				\$ 555,749	443,290	112,459	

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 30	IV.8	Grant Income - COVID Training Class - DON & ADON	\$ 4,786	\$ 1,214	\$ -
<b>Total Other Salaries Adjustment</b>			<b>\$ 4,786</b>	<b>\$ 1,214</b>	<b>\$ -</b>

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 13	B.12	Respiratory Therapy	\$ 23,626	\$ 5,995	\$ -
<b>Total Other Fees Adjustments</b>			<b>\$ 23,626</b>	<b>\$ 5,995</b>	<b>\$ -</b>

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.13	CHEFA Administration Fee	\$ 2,294	\$ 549	\$ -
16	m.13	Penalties	\$ 26,019	\$ 6,603	\$ -
30	IV.8	Medical Record Income	\$ 22	\$ 5	\$ -
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 28,335</b>	<b>\$ 7,157</b>	<b>\$ -</b>

AVERY HEIGHTS  
9/30/2021

**Transportation Disallowance Calculation:**

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Balance</u>	<u>Allowance</u>	<u>Potentially Allowable</u>
85007400	Interdepartmental Costs	(68,560)	0%	-
85007420	Interdepartmental Charges	40,554	100%	40,554
85008002	Advertising - Other	-	100%	-
85008070	Employee Meals - Page 16	-	100%	-
85008125	Gas/Diesel - Page 16	14,039	100%	14,039
85008145	Licenses - Page 16	777	100%	777
85008330	Vehicle Repair/Maint - Page 16	19,143	100%	19,143
85008693	Pre-Employment Services - Page 16	352	100%	352
	Auto Insurance - Page 27	35,068	100%	35,068
	Depreciation - Page 22	29,339	100%	29,339
	Totals	70,712		139,272
	Allocated To Other Entities - Auto	-		
	Allocated To Other Entities - Deprec	-		
	Allocated To Other Entities - Insur	-		
	Net Claimed	70,712		
	Potentially Allowable			139,272
	Less: Insurance Claim Recovery - Disallowed			-
	Subtotal			139,272
	LTC Utilization			31.55%
	Net Allowable			43,940
	Claimed			70,712
	Disallowance			(26,772)

**Transportation Log Analysis - July 2021:**

<u>Bus #</u>	<u>Starting Mileage</u>	<u>Ending Mileage</u>	<u>Total Miles</u>	<u>"Common" Miles</u>	<u>LTC Miles</u>
9	34,771	35,528	757	39	366
10	6,095	8,126	2,031	87	391
11	22,742	23,204	462	21	222
	Totals		3,250	147	979
	Total Miles		3,250		
	Less: Common Miles		(147)		
	Total Resident Miles		3,103		
	LTC Miles		979		
	% of LTC Miles		31.55%		

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
AVERY HEIGHTS			750-C	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 555,749	443,290	112,459	
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5.a.2	Prescription Drugs	\$ 146,990	117,241	29,749	
28.	20	5.d	Ambulance/Limousine	\$ 2,772	2,211	561	
29.	20	5.f	X-rays, etc	\$ 11,587	9,242	2,345	
30.	20	5.h	Laboratory	\$ 28,309	22,580	5,729	
31.	20	5.c	Medical Supplies	\$ 3,625	2,891	734	
32.	20	5.e.2	Oxygen (non emergency)	\$ 4,557	3,635	922	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 51,293	40,912	10,381	
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,792	1,437	355	
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	29b/d		Property Insurance	\$ 483	386	97	
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.	30	IV.5/1	Interest Income on Account Rec.	\$ 708	564	144	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 859	686	173	
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 808,724	645,075	163,649	

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 20	5.i	Cable Television	\$ 29,136	\$ 7,393	\$ -
Pg 20	5.l	Physical Therapy Supplies	\$ 11,776	\$ 2,988	\$ -
<b>Total Other Ancillary Costs</b>			\$ 40,912	\$ 10,381	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 29b		Outpatient Therapy Allocation	\$ 74	\$ 19	\$ -
Pg 29c		Security Allocation Reconciliation	\$ -	\$ -	\$ -
Pg 29d		Physician Office Allocation	\$ 840	\$ 211	\$ -
Pg 22	8.d	Deferred Marketing Expense	\$ 523	\$ 125	\$ -
<b>Total Other Property Adjustments</b>			\$ 1,437	\$ 355	\$ -

## Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

## Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

## Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

## Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 29b		Outpatient Therapy Allocation	\$ 34	\$ 9	\$ -
Pg 29d		Physician Office Allocation	\$ 652	\$ 164	\$ -
<b>Total Unallowable Building Interest</b>			\$ 686	\$ 173	\$ -

**Outpatient Therapy Overhead**

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

Calculation of Outpatient Allocation

Total Square Footage	179,198
Square Footage of Therapy Space	5,898
Therapy Space as a % of Total Space	3.2913%
Total Therapy Treatments	31,596
Outpatient Therapy Treatments	117
Outpatient Therapy Treatments as a % of Total Treatments	0.3703%
Outpatient Allocation of Therapy Space	0.0122%

Expense Items

A & G	Repairs and Maintenance	(\$5,190)
	Interdepartmental Maintenance	100,161
	Other Maintenance	\$297,722
	Heat	\$131,207
	Light & Power	\$240,494
	Total	\$ 764,394
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$93
House-keeping	Supplies	\$ 66,624
	Purchased Services	853,876
	Total	\$ 920,500
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$112
Capital	Property Tax	-
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$0
Insurance	Property Insurance (Not Including Auto)	\$ 197,653
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$24
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$726,228
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$89
Deprec & Interest	Building Depreciation	\$ 269,169
	Building Interest	82,500
	Total	\$ 351,669
	Outpatient Allocation	0.0122%
	Unallowable Amount	\$43

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&S needs to recalculate this disallowance to include the FYE 2016 thru 2021 Fair Rent additions.

CHI  
 AVERY HEIGHTS  
 SQUARE FOOTAGE STATISTICS  
 CYE SEPTEMBER 30, 2021

Cost Center	Totals	Subtotal SNF	SNF Station 1	SNF Station 2	SNF Station 3	Subtotal ICF	ICF	Noble Connector	Avery House
3.00 Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4.01 Admin. & General	3,980.0	3,061.5	1,922.5	0.0	1,139.0	754.5	0.0	754.5	164.0
4.02 Admin. & General	789.5	94.0	0.0	0.0	94.0	695.5	695.5	0.0	0.0
5.00 Maintenance & Repairs	4,317.5	2,488.0	2,488.0	0.0	0.0	0.0	0.0	0.0	1,829.5
5.01 Plant Operations	6,131.0	3,216.5	1,293.5	737.0	1,186.0	2,088.0	1,668.0	420.0	826.5
6.00 Laundry	2,488.5	2,000.0	1,365.0	357.5	277.5	413.0	413.0	0.0	75.5
7.00 Housekeeping	2,727.5	586.0	137.5	47.0	401.5	145.0	121.0	24.0	1,996.5
8.00 Dietary	11,082.5	3,110.5	1,742.0	0.0	1,368.5	2,711.0	2,711.0	0.0	5,261.0
9.00 Nursing Admin.	4,634.5	3,768.5	2,888.0	193.0	687.5	866.0	866.0	0.0	0.0
12.00 Medical Records	1,186.1	1,186.1	0.0	0.0	1,186.1	0.0	0.0	0.0	0.0
13.00 Social Services	346.0	177.0	0.0	0.0	177.0	169.0	0.0	169.0	0.0
16.00 SNF - Participating	34,959.0	22,445.0	6,685.5	7,845.0	7,914.5	12,514.0	12,514.0	0.0	0.0
17.00 NF - Non-Participating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18.00 Other Long Term Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24.00 Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25.00 Physical Therapy	3,636.0	3,006.0	0.0	0.0	3,006.0	630.0	0.0	630.0	0.0
26.00 Occupational Therapy	1,974.4	1,974.4	0.0	0.0	1,974.4	0.0	0.0	0.0	0.0
27.00 Speech Pathology	288.0	288.0	0.0	0.0	288.0	0.0	0.0	0.0	0.0
29.00 Medical Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30.00 Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37.00 Home Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
63.00 Dentist	147.6	147.6	66.0	0.0	81.6	0.0	0.0	0.0	0.0
63.01 Physicians Offices	477.0	477.0	0.0	0.0	477.0	0.0	0.0	0.0	0.0
63.04 Physicians Offices - Rented	4,987.0	4,987.0	0.0	0.0	4,987.0	0.0	0.0	0.0	0.0
63.02 Pool	4,638.0	0.0	0.0	0.0	0.0	4,638.0	0.0	4,638.0	0.0
63.03 Resident Cottages	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub Total	88,790.1	53,013.1	18,588.0	9,179.5	25,245.6	25,624.0	18,988.5	6,635.5	10,153.0
Common Area	90,408.2	33,238.2	20,211.5	212.0	12,814.7	31,015.0	17,357.5	13,657.5	26,155.0
Total Square Footage	179,198.2	86,251.3	38,799.5	9,391.5	38,060.3	56,639.0	36,346.0	20,293.0	36,308.0
	179,198.2						Pool >>>>>	(7,834.0)	

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

For C/R 12,459.0

CHI  
 AVERY HEIGHTS  
 THERAPY REVENUE RECONCILIATION -  
 THERAPY LOGS VS. GENERAL LEDGER  
 FYE SEPTEMBER 30, 2021  
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032003200	0.00	0.00	0.00	0.00	0.00	
Medicaid	86		3,756.52	1101032003210	3,756.52	0.00	0.00	3,756.52	0.00	
Medicare A	4,720		184,584.94	1101032003230	184,491.00	93.94	0.00	184,584.94	0.00	
Medicare B	3,631		137,648.43	1101032003240	137,742.37	(93.94)	0.00	137,648.43	0.00	
HMO - MA	3,600		144,438.81	1101032003260	145,087.61	(648.80)	0.00	144,438.81	0.00	
HMO - COMM	2,791		108,450.47	1101032003265	107,714.39	736.08	0.00	108,450.47	0.00	
<b>Total P/T</b>	<b>14,828</b>		<b>578,879.17</b>		<b>578,791.89</b>	<b>87.28</b>	<b>0.00</b>	<b>578,879.17</b>	<b>0.00</b>	

Occupational Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032013200	0.00	0.00	0.00	0.00	0.00	
Medicaid	28		1,664.88	1101032013210	1,664.88	0.00	0.00	1,664.88	0.00	
Medicare A	4,936		203,681.02	1101032013230	203,581.46	99.56	0.00	203,681.02	0.00	
Medicare B	3,235		129,939.54	1101032013240	130,039.10	(99.56)	0.00	129,939.54	0.00	
HMO - MA	3,863		161,343.22	1101032013260	162,026.94	(683.72)	0.00	161,343.22	0.00	
HMO - COMM	2,388		97,171.55	1101032013265	96,400.55	771.00	0.00	97,171.55	0.00	
<b>Total O/T</b>	<b>14,450</b>		<b>593,800.21</b>		<b>593,712.93</b>	<b>87.28</b>	<b>0.00</b>	<b>593,800.21</b>	<b>0.00</b>	

Speech Therapy:

Inpatient - Inst. 01	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1101032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	7		647.63	1101032023210	647.63	0.00	0.00	647.63	0.00	
Medicare A	654		61,617.85	1101032023230	61,617.85	0.00	0.00	61,617.85	0.00	
Medicare B	763		71,437.25	1101032023240	71,437.25	0.00	0.00	71,437.25	0.00	
HMO - MA	442		42,478.87	1101032023260	42,478.87	0.00	0.00	42,478.87	0.00	
HMO - COMM	452		42,361.48	1101032023265	42,265.96	95.52	0.00	42,361.48	0.00	
<b>Total S/T</b>	<b>2,318</b>		<b>218,543.08</b>		<b>218,447.56</b>	<b>95.52</b>	<b>0.00</b>	<b>218,543.08</b>	<b>0.00</b>	

**Security Disallowance:**

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

Security Contract - Account #83008710	145,921
Total Security Costs to be Allocated	145,921
 Bed Allocation:	
CCH	130
RHNS	69
RCH	0
	199
Independent Living Cottages	56
Independent Living Apartments	147
	402
	402
Independent Living Apartments & Cottages	203
Total Beds Campus	402
Percentage of Total ILA to Total Beds	50.50%
Total Security Costs to be Allocated	145,921
% for ILA and Cottages	50.50%
Allocation to ILA and Cottages	73,690
Facility Allocation	(73,690)
Additional Allocation to The Heights	-



AVERY HEIGHTS  
9/30/2021

**Physician Office Space Overhead**

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

Calculation of Physician Office Space Allocation

Total Square Footage	179,198
Square Footage of Physician Office Space - 4,987 square feet / 12 (1 month = 10/2020)	416
Physician Office Space as a % of Total Space	0.2321%
Physician Office Space	0.2321%

Expense Items

A & G	Repairs and Maintenance - IORA is responsible	\$0
	Other Maintenance - Groundskeeping	37,191
	Other Maintenance - Plowing & Sanding	10,898
	Other Maintenance - HVAC	32,835
	Other Maintenance - Remainder - IORA is responsible	0
	Heat	131,207
	Light & Power	240,494
	Total	\$ 452,625
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$1,051
House-keeping	Supplies - IORA is responsible	\$ -
	Purchased Services - IORA is responsible	0
	Total	\$ -
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$0
Capital	Property Tax	-
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$0
Insurance	Property Insurance (Not Including Auto)	\$ 197,653
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$459
Fair Rent	Real Property - Physician Space is already excluded from fair rent	\$0 *
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$0
Deprec & Interest	Building Depreciation	\$ 269,169
	Building Interest	82,500
	Total	\$ 351,669
	Physician Office Allocation	0.2321%
	Unallowable Amount	\$816

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
AVERY HEIGHTS	750-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 18,890,769	18,070,520	820,249			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,356,042)	(6,964,979)	(391,063)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,970,487	507,596	1,462,891			
b. Medicare Room and Board Contractual Allowance **	\$ 626,887	192,600	434,287			
4. a. Private-Pay Residents and Other	\$ 3,585,974	695,446	2,890,528			
b. Private-Pay Room and Board Contractual Allowance **	\$ (436,351)	(45,410)	(390,941)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 97,663	77,897	19,766			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (97,663)	(77,897)	(19,766)			
c. Prescription Drugs - Non-Medicare	\$ 88,608	70,675	17,933			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (85,530)	(68,220)	(17,310)			
2. a. Medical Supplies - Medicare	\$ 41	33	8			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (41)	(33)	(8)			
c. Medical Supplies - Non-Medicare	\$ 222	177	45			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (222)	(177)	(45)			
3. a. Physical Therapy - Medicare	\$ 322,233	257,017	65,216			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (209,289)	(166,932)	(42,357)			
c. Physical Therapy - Non-Medicare	\$ 256,559	204,635	51,924			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (215,167)	(171,620)	(43,547)			
4. a. Speech Therapy - Medicare	\$ 133,055	106,134	26,921			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (61,831)	(49,321)	(12,510)			
c. Speech Therapy - Non-Medicare	\$ 85,392	68,115	17,277			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (58,380)	(46,568)	(11,812)			
5. a. Occupational Therapy - Medicare	\$ 333,621	266,089	67,532			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (228,382)	(182,152)	(46,230)			
c. Occupational Therapy - Non-Medicare	\$ 260,093	207,444	52,649			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (209,598)	(167,171)	(42,427)			
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 840	670	170			
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 17,693,948	12,784,568	4,909,380			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$ 11,528	9,195	2,333			
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 2,370	1,890	480			
5. Interest Income (Specify)	\$ 606	483	123			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 3,655,488	2,915,660	739,828			
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 3,669,992	2,927,228	742,764			
<b>VI. Total All Revenue (III + V)</b>	\$ 21,363,940	15,711,796	5,652,144			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 13	Respiratory Therapy - Private	\$ 670	\$ 170	\$ -
<b>Total Other Resident Revenue</b>		\$ 670	\$ 170	\$ -

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31 A8	Accounts Receivable		\$ 483	\$ 123	\$ -
<b>Total Interest Income</b>			\$ 483	\$ 123	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 I8	Finance Charges - Disallowed	\$ 81	\$ 21	\$ -
Pg 30 I8	Grant - Completing COVID Classes - Disallowed	\$ 4,786	\$ 1,214	\$ -
Pg 30 I8	Grant - State of CT - Purchase of Bus	\$ 44,028	\$ 11,172	\$ -
Pg 30 I8	Grant - Government	\$ 999,384	\$ 253,586	\$ -
Pg 30 I8	Medical Records Revenue - Disallowed	\$ 22	\$ 5	\$ -
Pg 30 I8	UHC Dividend - No expense associated with this revenue - no disallowance	\$ 11,912	\$ 3,023	\$ -
Pg 30 I8	Flu Vaccine Revenue - Expense already disallowed	\$ 3,752	\$ 952	\$ -
Pg 30 I8	Endowment Income Unrestricted - no disallowance	\$ 5,186	\$ 1,316	\$ -
Pg 30 I8	Extraordinary Income - PPP Loan Forgiveness	\$ 1,856,828	\$ 471,157	\$ -
Pg 30 I8	Gain on Sale of Equipment	\$ (10,319)	\$ (2,618)	\$ -
<b>Total Other Revenue</b>		\$ 2,915,660	\$ 739,828	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	(646,062)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,687,419
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(216,858)
4 Inventories			\$	65,122
5. Prepaid Expenses			\$	16,145
a. Prepaid Other	16,145			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,905,766</b>
B. Fixed Assets				
1. Land			\$	72,000
2. Land Improvements	*Historical Cost	1,358,644	\$	167,790
	Accum. Depreciation	1,190,854		Net
3. Buildings	*Historical Cost	12,066,514	\$	1,639,660
	Accum. Depreciation	10,426,854		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	6,304,382	\$	1,024,622
	Accum. Depreciation	5,279,760		Net
6. Movable Equipment	*Historical Cost	3,252,659	\$	613,521
	Accum. Depreciation	2,639,138		Net
7. Motor Vehicles	*Historical Cost	248,362	\$	74,750
	Accum. Depreciation	173,612		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	26,650
Projects In Progress	26,650			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>3,618,993</b>

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref Line Ref Description

<b>Total Other Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

<b>Total Notes Payable</b>			\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	5,524,759
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	25,464
Bond Issuance Costs (Net)		25,464		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	25,464
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	5,550,223

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
AVERY HEIGHTS		750-C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	(29,338)
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	501,396
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	16,707
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	284,014
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	19,910
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	576,583
Accrued Expenses		69,177	General Reserve - Curren	36,525	
Nursing Home Tax		264,200			
Nursing Home Tax		135,074			
Resident Deposits		71,607	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,369,272

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,369,272	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 2,735,670
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,735,670
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,104,942



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

Name of Facility	License No.	Report for Year Ended	Page	of
EVERY HEIGHTS	750-C	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(848,060)
6. Gain or Loss for Period			\$	2,293,341
10/1/2020 thru 9/30/2021				
7. Total Net Worth			\$	1,445,281
<b>C. Total Reserves and Net Worth</b>			\$	1,445,281
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,550,223

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
AVERY HEIGHTS	750-C	9/30/2021	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2020		\$	(1,076,896)
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	21,363,940
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	19,070,599
D.	Net Income or Deficit		\$	2,293,341
E.	Balance		\$	1,216,445
F.	Additions			
	1. Additional Capital Contributed ( <i>itemize</i> )			
	2. Other ( <i>itemize</i> )			
	Transfers to Operating Fund	202,186		
	Transfer to Restricted Fund	26,650		
F-3.	Total Additions		\$	228,836
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.	<b>Balance at End of Period</b>		\$	1,445,281
	09/30/21			

### I. Preparer's/Reviewer's Certification

Name of Facility AVERY HEIGHTS	License No. 750-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting & Reimbursement	Date Signed <i>2/14/2022</i>		
Printed Name of Preparer Michelle Pascetta				
Address Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		
Contacted Person Regarding Additional Information Needed Regarding This Report Michelle Pascetta		Phone Number (860) 527-9126 x518		
Contact Email Address mpascetta@churchhomes.org				