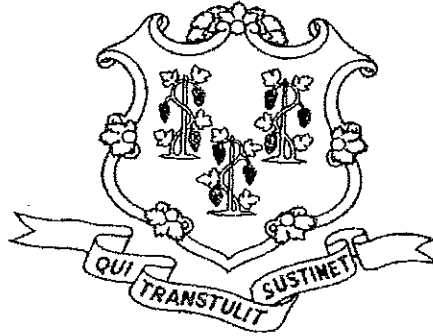


State of Connecticut



COPY

15-50

Annual Report of Long-Term Care Facility
Cost Year 2015

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.		RECEIVED FEB 17 2016
Address (No. & Street, City, State, Zip Code) 29 Highland Street, West Hartford, CT 06119		
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)		DEPT. OF SOCIAL SERVICES OFFICE OF CON AND RATE SETTINGS
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015	

License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider 075082
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Medicaid Provider Numbers:	CCNH 2089	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 1	of 37
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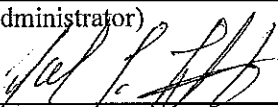
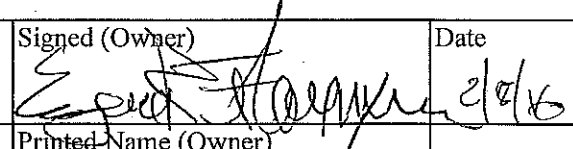
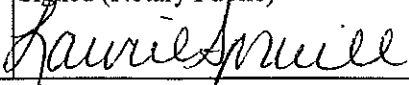
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Hughes Health & Rehabilitation, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 		Date 2/8/16	Signed (Owner) 		Date 2/8/16
Printed Name (Administrator) Mark Finkelstein			Printed Name (Owner) Eugene Flaxman		
Subscribed and Sworn to before me:	State of CT	Date 2/8/16	Signed (Notary Public) 	Comm. Expires 6/30/16	
Address of Notary Public Lehigh Hollow Rd Enfield, CT 06082					

(Notary Seal)

LAURIE SPRUILL
NOTARY PUBLIC
 MY COMMISSION EXPIRES JUNE 30, 2016

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Hughes Health & Rehabilitation, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 29 Highland Street, West Hartford, CT 06119				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/19/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-236-5623		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Hughes Health & Rehabilitation, Inc.		Address (No. & Street, City, State, Zip) 29 Highland Street, West Hartford, CT 06119		
License Numbers:	CCNH 208-C	RHNS	(Specify)	Medicare Provider No. 075082
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mark Finkelstein		Nursing Home Administrator's License No.:	396	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Hughes Health & Rehabilitation, Inc.	29 Highland Street, West Hartford, CT 06119	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Eugene Flaxman	29 Highland Street, West Hartford, CT 06119	Owner	100	
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input 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		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No		
Twenty-nine Realty, LLC	29 Highland Street, West Hartford, CT 06119	<input type="radio"/>	<input type="radio"/>	Leases building to corporation. Page 22 # 9	198,471
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.

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

Pitney Bowes EZ Lease

HUGHES HEALTH AND REHABILITATI	Pitney Bowes
Account No.: 21187232869	Inside Sales Group
Install Address:	27 Waterview Drive
29 HIGHLAND ST	Shelton, CT 06484
WEST HARTFORD CT 06119-1324	TIMOTHY FLAWS
Billing Address:	District: 0007
HUGHES HEALTH AND REHABILITATI	
29 HIGHLAND ST	
WEST HARTFORD CT 06119-1324	Template RTV

YES, I want to take advantage of your offer to REDUCE my existing Pitney Bowes Equipment payment by 30 % for 51 months.

We are proud to extend our loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Effective Date"). This opportunity is only being offered to a select group of our long-term clients. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

NEW LEASE CONTRACT INFORMATION

This lease is for a fixed term of 51 months.
 Quarterly Payment: \$ 186.9 (Exclusive of Taxes and Fees for the ValueMAX® program)
 Rep ID: 158282 TIMOTHY FLAWS

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the Equipment currently leased under existing # 9197303 - 002 at the same payment and billing frequency, commencing on the Effective Date for the term noted above. All terms and conditions of the existing lease are incorporated in this new lease except as modified above. The faxed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

Lessee Name: HUGHES HEALTH AND REHABILITATI

Title: CONTROLLER

Signature: *Laurie Spruille*

Date: 4/7/14

Print Name: Laurie Spruille

E-mail: LSpruille@hugheshealth.com

Accepted By: _____

Inquiry/SR#: 3-4155526695

**General Information and Questionnaire
 Accounting Basis**

Name of Facility Hughes Health & Rehabilitation, In	License No. 208-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum, LLP		185 Asylum Street, Hartford, CT 06103		
2 Carney, Roy & Gerrol, P.C.		33 Cold Spring Road, Suite 412, Rocky Hill, CT 06067		
3 Gitlin Campise, LLC		836 Farmington Avenue, Suite 137, West Hartford, CT 06119		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Preparation of Medicare and Medicaid Cost Reports and Reimbursement Consulting				\$ 6,275
2 Preparation of financial statements, tax returns, financial reviews				\$ 40,200
3 401K audit				\$ 8,200
4				\$
				Charge for Services Provided
				\$ 54,675
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No		Page 15, Line 1d		
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See Attachment				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1				\$ 19,153
2				\$
3				\$
4				\$
5				\$
				Charge for Services Provided
				\$ 19,153
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No		Page 15, Line 1e		

Name of Legal Firm or Independent Attorney	Address	Telephone Number	Services Provided by This Firm	Charge for Service Provided
Wiggin and Dana, LLP	One Century Tower, New Haven, CT	203-498-4400	General labor matters	1,974
Murtha Cullina, LLP	185 Asylum Street, Hartford, CT	860-240-6000	General matters	12,302
Murtha Cullina, LLP	185 Asylum Street, Hartford, CT	860-240-6000	Collections (self-disallowed)	4,440
Treasurer, State of Connecticut			Conservator fees (self-disallowed)	300
Fred Dinardi			Conservator fees (self-disallowed)	60
Jesse Smith			Conservator fees (self-disallowed)	77
Total Charges for Services Provided				19,153

Schedule of Resident Statistics

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015						Page 8	of 37		
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH			RHNS	RHNS (Specify)
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)						
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	170	170		170		170	170				
B. On last day of THIS report period	170	170		170		170	170				
2. Number of Residents											
A. As of midnight of PREVIOUS report period	133	133		133		133	133				
B. As of midnight of THIS report period	144	144		144		144	144				
3. Total Number of Days Care Provided During Period											
A. Medicare	5,528	5,528		3,999		3,999	1,529				
B. Medicaid (Conn.)	36,431	36,431		26,769		26,769	9,662				
C. Medicaid (other states)											
D. Private Pay	8,263	8,263		6,243		6,243	2,020				
E. State SSI for RCH											
F. Other (Specify) Managed Care	855	855		696		696	159				
G. Total Care Days During Period (3A thru F)	51,077	51,077		37,707		37,707	13,370				
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	57	57		26		26	31				
5. Total Resident Days (3G + 4A + 4B)	51,134	51,134		37,733		37,733	13,401				

Schedule of Resident Statistics (Cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.			License No. 208-C			Report for Year Ended 9/30/2015			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	
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	10	107		26			1						
Per Diem Rate													
a. One bed rm.		237.46		432.00		Hospice							
b. Two bed rms.	Various	237.46		382.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							6,767	6,767					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							837	837					
2. Restorative Treatments													
C. Other							14,297	14,297					
D. Total Physical Therapy Treatments							21,901	21,901					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							614	614					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							38	38					
2. Restorative Treatments													
C. Other							2,145	2,145					
D. Total Speech Therapy Treatments							2,797	2,797					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							6,542	6,542					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							772	772					
2. Restorative Treatments													
C. Other							14,040	14,040					
D. Total Occupational Therapy Treatments							21,354	21,354					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes	<input type="radio"/> No			
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	161,158	2,238				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	624,216	26,159				
5. Dietary Service						
a. Head Dietitian	80,523	2,085				
b. Food Service Supervisor	75,136	2,254				
c. Dietary Workers	633,326	41,479				
6. Housekeeping Service						
a. Head Housekeeper	63,570	2,013				
b. Other Housekeeping Workers	354,061	25,304				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,227	2,307				
b. Other Maintenance Workers	157,579	9,067				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	78,615	5,727				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	83,717	2,076				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	231,842	4,467				
b. RN						
1. Direct Care	1,302,809	37,037				
2. Administrative**	438,942	8,435				
c. LPN						
1. Direct Care	1,357,937	48,068				
2. Administrative**						
d. Aides and Attendants	2,544,996	167,402				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	145,610	8,098				
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	86,081	3,657				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,490,345	397,873				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Physiatrists	\$ 30,000	204				
Cardiologist	\$ 12,000	42				
MDS Consultant	\$ 6,301	72				
Total	\$ 48,301	318	\$ -	-	\$ -	-

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C		Report for Year Ended 9/30/2015			Page 11	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Brian Flaxman	218,990		Non-Discriminatory	MDS Coordinator, weekend Administrator,	2,350	A 12 b2			

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Hughes Health & Rehabilitation, Inc.		License No. 208-C		Report for Year Ended 9/30/2015			Page 12	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Mark Finkelstein	161,158		Non-Discriminatory	Supervise clinical and administrative affairs of the facility.	2,238	A.2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,000	7				
3. Pharmacist	11,220	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	381,983	5,715				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	120				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	1,400	14				
9. Speech Therapist						
a. Resident Care	112,259	1,609				
b. Other						
10. Occupational Therapist						
a. Resident Care	381,201	5,645				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	48,301	318				
B-13 Total Fees Paid in Lieu of Salaries	974,364	13,668				

* 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 Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Morris H. Kotick, D.D.S., 241 Park Road, West Hartford, CT 06119	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Satyanani Tallapureddy, M.D., 43 Woodland Street, Hartford, CT 06105	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Raymond Chagnon, M.D., 490 Blue Hills Avenue, Hartford, CT 06112	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy of Connecticut, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Saint Francis Medical Group, 114 Woodland Street, Hartford, CT	Physiatrists	<input type="radio"/>	<input checked="" type="radio"/>		
RehabCare Group, Inc., 7733 Forsyth Blvd, St. Louis, MO 63105	Physical Therapy, Speech Therapy, Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Stanley Rutstein, M.D., 850 Farmington Avenue, West Hartford, CT 06119	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Anil Vithala, M.D., 477 Connecticut Blvd, East Hartford, CT 06108	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Greater Hartford Cardiology Group, P.C., 1000 Asylum Avenue, Suite 4300, Hartford, CT 06105	Physician Services, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Paul Guardino, M.D., 501 Farmington Avenue, Farmington, CT 06032	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consulting	MDS Consultant, ARD Rehab audit	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
I. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 246,927	246,927			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 726,272	726,272			
5. Health Insurance	\$ 1,288,650	1,288,650			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 42,732	42,732			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 676	676			
8. Uniform Allowance	\$ 17,665	17,665			
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 364,035	364,035			
d. Accounting and Auditing	\$ 54,675	54,675			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 19,153	19,153			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 29,014	29,014			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 38,509	38,509			
2. Cellular Phones	\$ 1,976	1,976			
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	\$ 250	250			
3. Resident Day User Fee	\$ 944,933	944,933			
Subtotal	\$ 3,775,467	3,775,467			

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

(Carry Subtotals forward to next page)

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

Hughes Health & Rehabilitation, Inc.
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	-		
Business Entity Tax	\$ 250		
Total	\$ 250	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,775,467	3,775,467		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 5,482	5,482		
3. Gifts to Staff and Residents	\$ 20,862	20,862		
4. Employee Travel	\$ 13,950	13,950		
5. Education Expenses Related to Seminars and Conventions	\$ 14,360	14,360		
6. Automobile Expense (not purchase or depreciation)	\$			
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 3,129	3,129		
2. Advertising Telephone Directory (all such expenses)***	\$ 7,904	7,904		
3. Advertising Other (Specify)*** See Attached Schedule	\$ 49,193	49,193		
4. Fund-Raising***	\$			
5. Medical Records	\$ 3,060	3,060		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 20	20		
7. Postage	\$ 3,358	3,358		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 12,887	12,887		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 325	325		
9. Subscriptions	\$ 149	149		
10. Contributions*** See Attached Schedule	\$ 19,455	19,455		
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 199,603	199,603		
12. Administrative Management Services**	\$			
13. Other (Specify) See Attached Schedule	\$ 33,469	33,469		
C-14 Total Administrative & General Expenditures	\$ 4,162,673	4,162,673		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Ad design	\$ 580		
Marketing items	\$ 1,842		
Marketing services	\$ 10,768		
Media relations	\$ 19,705		
Print advertising	\$ 18,498		
Website	\$ 3,175		
Women's Choice Award	\$ 2,625		
Total Other Advertising	\$ 49,193	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
AANAC	\$ 110		
American College of Health Care Administrators (ACHCA)	\$ 560		
Association of Long-term Care Financial Managers (ALTCFM)	\$ 240		
Connecticut Association of Health Care Facilities (CAHCF)	\$ 11,497		
NADONALTC	\$ 115		
American Express Membership Fees	\$ 365		
Total Dues	\$ 12,887	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Public relations - donations	\$ 3,455		
Saint Francis Foundation - donation	\$ 16,000		
Total Contributions	\$ 19,455	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 1,965		
Annual Report	\$ 150		
Auto Repairs - Visitors (self-disallowed)	\$ 700		
Background Checks	\$ 601		
BJ's Membership Fee	\$ 25		
Clothing For Employee (self-disallowed)	\$ 294		
Credentialing	\$ 200		
Flowers, Fruit Baskets for Staff (self-disallowed)	\$ 4,110		
Hearing Aid Replacement (self-disallowed)	\$ 3,981		
Joint Commission (self-disallowed)	\$ 2,500		
Lady Katherine Outing (self-disallowed)	\$ 922		
Late Payment Fees, Finance Charges (self-disallowed)	\$ 2,351		
Lost Items - Residents (self-disallowed)	\$ 32		
LTC-MAP Fee	\$ 350		
Lunch & Dinner Meetings (self-disallowed)	\$ 1,468		
Medicare Refund (self-disallowed)	\$ 1,890		
National Research Corp. - Resident Satisfaction Survey	\$ 4,978		
Nightingale Award Nomination (self-disallowed)	\$ 160		
Parking Fees	\$ 788		
Patient-Centered Outcomes Research Institute fee	\$ 233		
Permissions licensing	\$ 2,441		
Photography	\$ 2,539		
Plaque	\$ 851		
Total Other Administrative and General	\$ 33,469	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 17 of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 503,908	503,908			
2. Non-Food Supplies	\$ 59,122	59,122			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 563,030	563,030			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$49
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					PG30 Line IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	16,587	16,587	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	139,403	139,403	
c.	Management Services**	\$			
d.	Other (Specify) Supplies	\$	900	900	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	156,890	156,890	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	54,676	54,676		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	40,732	40,732		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	95,408	95,408		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Partners Pharmacy	\$	206,381	206,381		
b.	Medicine Cabinet Drugs	\$	31,161	31,161		
c.	Medical and Therapeutic Supplies	\$	267,749	267,749		
d.	Ambulance/Limousine***	\$	4,690	4,690		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	11,740	11,740		
f.	X-rays and Related Radiological Procedures***	\$	23,926	23,926		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	26,077	26,077		
i.	Recreation	\$	61,826	61,826		
j.	Other (Specify)**** See Attached Schedule	\$	33,430	33,430		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	666,980	666,980		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
IV - Medicare A (Self-Disallow)	\$ 15,360		
IV - Medicaid	\$ 2,269		
IV - Managed Care (Self-Disallow)	\$ 2,213		
IV - House (Self-Disallow)	\$ 137		
Medical Supplies - Medicare A (Self-Disallow)	\$ 1,315		
Tube Feeding Supplies - Medicare A (Self-Disallow)	\$ 4,256		
Other - Medicare A (Self-Disallow)	\$ 3,339		
Rehabilitation Supplies	\$ 3,357		
Rehabilitation Supplies - OT (self-disallow)	\$ 787		
Nursing Station Supplies - ICD-10 Books	\$ 397		
Total Other Resident Care	\$ 33,430	\$ -	\$ -

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Page of 21 37
			Yes	No			CCNH	RHNS (Specify)	Pg Line	
All Waste, Inc.			<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	40,732			20 4b
Paylocity			<input type="radio"/>	<input checked="" type="radio"/>		Payroll service	23,342			16 m11
Rinaldi Linen Service			<input type="radio"/>	<input checked="" type="radio"/>		Laundry service	139,403			19 3b
IT Direct, LLC			<input type="radio"/>	<input checked="" type="radio"/>		Computer network support	26,542			16 m11
Sigmacare			<input type="radio"/>	<input checked="" type="radio"/>		Sigmacare software subscription	74,081			16 m11
Sanford Rose & Associates			<input type="radio"/>	<input checked="" type="radio"/>		Recruiter Fees	29,056			16 m11
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 110,379	110,379			
b. Heat	\$ 41,428	41,428			
c. Light & Power	\$ 68,404	68,404			
d. Water	\$ 46,574	46,574			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,915	8,915			
f. Other (<i>itemize</i>)	\$ 18,690	18,690			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 294,390	294,390			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 56,364	56,364			
c. Non-Movable Equipment	\$ 30,289	30,289			
d. Movable Equipment	\$ 89,200	89,200			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 175,853	175,853			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 198,471	198,471			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 100,503	100,503			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 38,141	38,141			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 512,968	512,968			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Gas	\$ 18,690		
Total Other Repairs and Maintenance	\$ 18,690	\$ -	\$ -

Depreciation Schedule

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements								
1. Acquired prior to this report period	755,998			755,998				
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period	2,404,347		2,404,347	1,483,575		Various	55,795	
2. Disposals (attach schedule)	(1,230)		(1,230)	(413)		Various		
3. Acquired during this report period (attach schedule)	65,009		65,009			Various	569	
B-4. Subtotal								56,364
C. Non-Movable Equipment								
1. Acquired prior to this report period	799,277		799,277	577,223		Various	30,289	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								30,289
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period			804,066	614,739		Various	56,148	
b. Disposals (attach schedule)			(37,911)	(37,911)		Various		
c. Acquired during this report period (attach schedule)			166,924			Various	33,052	
D-3. Subtotal								89,200
E. Total Depreciation								175,853

Hughes Health & Rehabilitation, Inc.
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/26/2015	200 amp line	\$ 10,088	39	\$ 183
1/26/2015	21 electric baseboard heaters installed	\$ 11,053	39	\$ 201
2/12/2015	Window replacement	\$ 3,461	39	\$ 55
8/18/2015	Social Services office renovation	\$ 40,407	39	\$ 130
Total additions for Building Improvement		\$ 65,009		\$ 569 *
Deletions:				
8/22/2001	ROLLWER AWNING RECOVERED	\$ (1,230)		
Total deletions for Building Improvement		\$ (1,230)		\$ - **

*Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/12/2014	Vital Sign Monitor 6400	\$ 3,721	5.0	\$ 744
12/19/2014	Vital Sign Monitor	\$ 3,055	5.0	\$ 611
12/19/2014	Vital Sign Monitor	\$ 3,055	5.0	\$ 611
12/22/2014	Vital Sign Monitor	\$ 3,055	5.0	\$ 611
12/22/2014	Vital Sign Monitor	\$ 3,055	5.0	\$ 611
4/10/2015	VitaScan LT Bladder Scanner System	\$ 9,171	5.0	\$ 1,834
4/15/2015	4 Low airloss alternating pressure mattress	\$ 2,492	7.0	\$ 356
4/28/2015	1 settee, 2 lounge chairs	\$ 3,331	7.0	\$ 476
10/1/2014	Dell Computer Lease	\$ 122,098	5.0	\$ 24,420
10/1/2014	Televisions	\$ 13,891	5.0	\$ 2,778
Total additions for Movable Equipmen		\$ 166,924		\$ 33,052
Deletions:				
1/31/1994	30 BEDS, CHESTS, CABINETS	\$ (37,911)	7	
Total deletions for Movable Equipmen		\$ (37,911)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Hughes Health & Rehabilitation, Inc.	Date of Acquisition		Length of Amortization	License No. 208-C	Report for Year Ended 9/30/2015	Basis for Computing Amortization**	Rate %	Page 24	of 37
	Month	Year							
A. Organization Expense					Accumulated Amort. to Beginning of Year's Operations				Totals
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	01/01/61			
2. Date Structure Completed	09/01/68			
3. If NOT Original Owner, Date of Purchase	01/21/61			
4. Date of Initial Licensure	01/21/61			
5. Total Licensed Bed Capacity	170			
6. Square Footage	66,699			
7. Acquisition Cost				
a. Land	73,633			
b. Building	680,101			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Hughes Health & Rehabilitation, Inc		208-C		9/30/2015			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) Interest Expense on Capitalized Leases				\$	41,780	41,780		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	41,780	41,780		
14. Insurance								
a. Insurance on Property (buildings only)				\$	91,117	91,117		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify) D&O, Flood, 401K Fiduciary Liability, Business Auto, E				\$	34,857	34,857		
14d. Total Insurance Expenditures (14a + b + c)				\$	125,974	125,974		
15. Total All Expenditures (A-13 thru C-14)				\$	16,084,802	16,084,802		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.				208-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 381,201	381,201		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 364,035	364,035		
10.	15	1e	Accounting & Legal	\$ 4,877	4,877		
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 536	536		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	m13	Gifts, flowers and coffee shops	\$ 4,110	4,110		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	1.4.	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 9,965	9,965		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2-m	Unallowable Advertising *	\$ 57,097	57,097		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 19,455	19,455		
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 20	20		
23.			Other - See attached Schedule	\$ 14,563	14,563		
Page 18 - Dietary Expenditures							
24.	30	IV.1.	Meals to employees, guests and others who are not residents	\$ 49	49		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 855,908	855,908		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Auto Repairs - Visitors (self-disallowed)	\$ 700		
16	m13	Clothing For Employee (self-disallowed)	\$ 294		
16	m13	Hearing Aid Replacement (self-disallowed)	\$ 3,981		
16	m13	Lady Katherine Outing (self-disallowed)	\$ 922		
16	m13	Late Payment Fees, Finance Charges (self-disallowed)	\$ 2,351		
16	m13	Lost Items - Residents (self-disallowed)	\$ 32		
16	m13	Lunch & Dinner Meetings (self-disallowed)	\$ 1,468		
16	m13	Nightingale Award Nomination (self-disallowed)	\$ 100		
16	m13	Joint Commission (self-disallowed)	\$ 2,500		
16	m13	Medicare Refund (self-disallowed)	\$ 1,890		
16	m8a	Dues to Chamber of Commerce	\$ 325		
Total Other A&G Adjustments			\$ 14,563	\$ -	\$ -

Hughes Health & Rehabilitation
Travel Disallowance
9/30/2015

	<u>Amount</u>
Travel to AHCA in Orlando, FL - One representative	\$ 1,576
Quality Award Training	\$ 135
Travel to AHCA Conference in Bermuda (self-disallow 100%)	\$ 7,692
NADONA Conference in Detroit - Two representatives (self-disallow 50%)	\$ 4,546
Total Travel - Page 16, line 14	<u>\$ 13,950</u>
Disallowed Travel	<u><u>\$ 9,965</u></u> <i>Page 28, Line 16</i>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Hughes Health & Rehabilitation, Inc.			208-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 855,908	855,908		
Page 20 - Resident Care Supplies***							
27.	20	5a.2	Prescription Drugs	\$ 206,381	206,381		
28.	20	5d	Ambulance/Limousine	\$ 4,690	4,690		
29.	20	5f	X-rays, etc	\$ 23,926	23,926		
30.	20	5h	Laboratory	\$ 26,077	26,077		
31.			Medical Supplies	\$			
32.	20	5e.2	Oxygen (non emergency)	\$ 11,740	11,740		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 74,194	74,194		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 27	27		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,202,943	1,202,943		

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

Hughes Health & Rehabilitation, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV - See attached	\$ 46,787		
20	5j	Medical Supplies - Medicare A (Self-Disallow)	\$ 1,315		
20	5j	IV - Medicare A (Self-Disallow)	\$ 15,360		
20	5j	IV - Managed Care (Self-Disallow)	\$ 2,213		
20	5j	Tube Feeding Supplies - Medicare A (Self-Disallow)	\$ 4,256		
20	5j	Other - Medicare A (Self-Disallow)	\$ 3,339		
20	5j	Rehabilitation Supplies - OT (self-disallow)	\$ 787		
20	5j	IV - House (Self-Disallow)	\$ 137		
Total Other Ancillary Costs			\$ 74,194	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	FTC Settlement (Self-disallowed)	\$ 27		
Total Other Adjustments			\$ 27	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Hughes Health & Rehabilitation
Disallowance Schedule for Cable TV
9/30/2015**

	<u>Amount</u>	
Total Cable TV Expense	50,387	TB Linked

Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600

Disallowed Cable TV	<u><u>\$ 46,787</u></u>
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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,745,682	13,745,682			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,103,808)	(5,103,808)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,210,428	2,210,428			
b. Medicare Room and Board Contractual Allowance **	\$ 749,250	749,250			
4. a. Private-Pay Residents and Other	\$ 3,587,537	3,587,537			
b. Private-Pay Room and Board Contractual Allowance **	\$ 6,965	6,965			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 204,037	204,037			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 30,928	30,928			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 519	519			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 570,428	570,428			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 35,521	35,521			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 171,699	171,699			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 9,480	9,480			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 567,239	567,239			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 35,391	35,391			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,083,220)	(1,083,220)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (111,446)	(111,446)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,626,630	15,626,630			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 49	49			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 280	280			
V. Total Other Revenue (1 thru 8)	\$ 329	329			
VI. Total All Revenue (III +V)	\$ 15,626,959	15,626,959			

* 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)
		-		
116a	Lab - Medicare A	\$ 27,392		
116a	Radiology - Medicare A	\$ 31,251		
116a	Oxygen - Medicare A	\$ 4,538		
116a	IV - Medicare A	\$ 20,805		
116a	Contractual Allowance - Medicare A Therapies	\$ (784,876)		
116a	Contractual Allowance - Medicare B Therapies	\$ (6,493)		
116a	Contractual Allowance - MPPR	\$ (87,813)		
116a	Contractual Allowance - Medicare A Ancillaries	\$ (288,024)		
	Total Other Resident Revenue - Medicare	\$ (1,083,220)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
116b	Lab - Managed Care	\$ 2,177		
116b	Radiology - Managed Care	\$ 3,727		
116b	Oxygen - Managed Care	\$ 643		
116b	IV - Private	\$ 350		
116b	IV - Managed Care	\$ 608		
116b	Contractual Allowance - Medicaid Therapies	\$ (26,890)		
116b	Contractual Allowance - Medicaid Ancillaries	\$ (19,150)		
116b	Contractual Allowance - Hospice Ancillaries	\$ (408)		
116b	Contractual Allowance - Managed Care Ancillaries	\$ (117,843)		
116b	Ancillaries - Medicaid	\$ 46,040		
116b	IV - Private	\$ (700)		
	Total Other Resident Revenue	\$ (111,446)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
1V8	Legal Settlement	\$ 210		
1V8	FTC Settlement (Self-disallowed)	\$ 27		
1V8	Medicaid Rate Adjustments	\$ 836		
1V8	Loss on Dispsal of Equipment	\$ (793)		
	Total Other Revenue	\$ 280	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	845,612
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,411,917
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	6,378
5. Prepaid Expenses			\$	91,668
a. Prepaid Expenses	91,668			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	10,856
Deposits - IRS 7519	10,856			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,366,431
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>2,468,126</u>		\$	928,600
	Accum. Depreciation <u>1,539,526</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>799,277</u>		\$	191,765
	Accum. Depreciation <u>607,512</u>	Net		
6. Movable Equipment	*Historical Cost <u>933,079</u>		\$	267,051
	Accum. Depreciation <u>666,028</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	408,444
FS to CR difference	408,445			
Rounding	(1)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,795,860

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	5,162,291
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	73,633
2. Land Improvements	*Historical Cost	755,998		
	Accum. Depreciation	755,998	Net	\$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	\$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	\$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	\$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	73,633
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>)			\$	29,046
Organization Expense		546		
Land held for sale (net of impairment valuation a		28,500		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	29,046
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,264,970

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	980,607
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	319,247
Name of Lender	Purpose	Amount	Date Due		
See Attached	Capitalized Leases	319,247	Various		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	182,350
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	99,531
Exchange Account		6,634	Accrued Sales Tax	275	
AFLAC Payroll Deduction - PRE T		435	Accrued Insurance	42,286	
Life Insurance Payroll Deduction		(5,085)			
Accrued Property Taxes		54,986			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,581,735

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

(Carry Total forward to next page)

Account	Amount		
Liabilities			
A. Current Liabilities			
3. Loans Payable for Equipment (Current portion) (Itemize)	\$ 319,247		
Name of Lender	Purpose		
Amount	Date Due		
Quail Capital Corp First American Equipment Finance	Capitalized Leases - Cogeneration Equipment	70,725	February 2017
First American Equipment Finance	Capitalized Leases - Beds	33,771	October 2017
First American Equipment Finance	Capitalized Leases - Generator	82,464	April 2017
First American Equipment Finance	Capitalized Leases - Beds	41,005	January 2017
Dell Financial Services	Capitalized Leases - Laptops	91,281	August 2017

G. Balance Sheet (cont'd)

Name of Facility Hughes Health & Rehabilitation, Inc.		License No. 208-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,581,735	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 3,021,961
Name and Address of Lender	Amount	Loan Date			
Eugene R. Flaxman	3,021,961	9/30/06			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 3,021,961
C. Total All Liabilities (Lines A-13 + B-5)					\$ 4,603,696

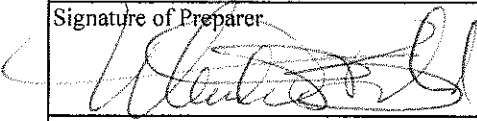
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.	208-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	73,633
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			\$	73,633
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	16,650
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,028,834
6. Gain or Loss for Period	10/1/2014	thru 9/30/2015	\$	(457,843)
7. Total Net Worth			\$	587,641
C. Total Reserves and Net Worth			\$	661,274
D. Total Liabilities, Reserves, and Net Worth			\$	5,264,970

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Hughes Health & Rehabilitation, Inc.		208-C	9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,045,234
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,626,959
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,084,802
D.	Net Income or Deficit			\$	(457,843)
E.	Balance			\$	587,391
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	Total Expenditures PG 27				
	Depreciation Adjustment				
	Total Expenditures Line C 16078971				
	2. Other <i>(itemize)</i>				
	Prior Year Adjustment		250		
F-3.	Total Additions			\$	250
G.	Deductions				
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
	2. Other Withdrawings <i>(Specify)</i>			\$	
	Purpose		Amount		
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/15	\$	587,641

I. Preparer's/Reviewer's Certification

Name of Facility Hughes Health & Rehabilitation, Inc.	License No. 208-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 		Title PRINCIPAL		Date Signed 2/4/16
Printed Name of Preparer Matthew S. Bovolack				
Address 555 Long Wharf Drive, New Haven, CT 06511			Phone Number 203-781-9600	

Error Check

Reported as

Level Item

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Name Hughes Health & Rehabilitation, Inc.

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: Not Applicable

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: Not Applicable

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: Not Applicable

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: Not Applicable

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: Not Applicable

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
