

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Healthcare Visions, Inc. d/b/a Beechwood	
Address (No. & Street, City, State, Zip Code) 31 Vauxhall Street, New London, CT 06320	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2077-C	RHNS	(Specify)	Medicare Provider 07-5335
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Medicaid Provider Numbers:	CCNH 6221	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

General Information

Name of Facility (as licensed) Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Healthcare Visions, Inc. d/b/a Beechwood [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) William E. White			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 Healthcare Visions, Inc. d/b/a Beechwood		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 31 Vauxhall Street, New London, CT 06320				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 10/24/2018	
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 860-442-4363	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Healthcare Visions, Inc. d/b/a Beechwood		Address (No. & Street, City, State, Zip) 31 Vauxhall Street, New London, CT 06320		
License Numbers:	CCNH 2077-C	RHNS	(Specify)	Medicare Provider No. 07-5335
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 William E. White		Nursing Home Administrator's License No.:	1539	
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 Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Healthcare Visions, Inc. d/b/a Beechwood	31 Vauxhall Street, New London, CT 06320	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
William G. White	31 Vauxhall Street, New London, CT 06320	CEO	100	
Diane H. White	31 Vauxhall Street, New London, CT 06320	Secretary		
William E. White	31 Vauxhall Street, New London, CT 06320	President		
Names of Stockholders Owning at Least 10% of Shares				
William G. White	31 Vauxhall Street, New London, CT 06320	CEO	100	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	3B	37

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 Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Victorian Management, Inc.	31 Vauxhall Street, New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Building	Pg. 22 / Line 9	372,429	114,271
Diane H. White	31 Vauxhall Street, New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Parking Lot	Pg. 22 / Line 9	11,400	11,400
Victorian Management, Inc.	31 Vauxhall Street, New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>		Building Depreciation	Pg. 22 / Line 7b	168,521	168,521
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A - Only one level of care

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

N/A - Only one level of care

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Healthcare Visions, Inc. d/b/a Beechwood			2077-C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Accelerated Care Plus (ACP) 13828 Collections Center Drive, Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>	Rehab Equipment	06/10/09	Open Ended	9,138	9,138	
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	05/01/04	Assumed from GE	10,261	10,261	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							19,399	

* 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 Healthcare Visions, Inc. d/b/a Beec	License No. 2077-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Lond Wharf Drive, New Haven, CT 06511
2 Whittlesey & Hadley, P.C.	One Hamden Center, 2319 Whitney Ave, Suite 2A, Hamden, Connecticut C
3 Laura Smallwood Bookkeeping	61 Pine Knob Drive, South Windsor, CT 06074
4 Laura Daniels	7 Fencove Court, Old Saybrook, CT 06475

Services Provided by This Firm (*describe fully*)

1 Preparation of Medicaid and Medicare cost reports	\$ 10,709
2 Review of financial statements, preparation of tax returns, HUD refinance	\$ 30,488
3 Month End Closing	\$ 2,840
4 Month End Closing	\$ 2,375
	Charge for Services Provided
	\$ 46,412

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina LLP	860-240-6000
2	
3	
4	
5	

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

1 PO Box 150435, Hartford, CT 06115
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 General matters and collection fees (Disallowed \$26,045 on Pg. 28)	\$ 27,864
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 27,864

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

- Yes No Page 15, Line 1d

Schedule of Resident Statistics

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C		Report for Year Ended 9/30/2018				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	59	59			59	59			56	56		
B. As of midnight of THIS report period	59	59			56	56			59	59		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,396	3,396			2,852	2,852			544	544		
B. Medicaid (Conn.)	9,652	9,652			6,877	6,877			2,775	2,775		
C. Medicaid (other states)												
D. Private Pay	4,161	4,161			3,292	3,292			869	869		
E. State SSI for RCH												
F. Other (Specify)	1,987	1,987			1,224	1,224			763	763		
G. Total Care Days During Period (3A thru F)	19,196	19,196			14,245	14,245			4,951	4,951		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	45	45			40	40			5	5		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	19,241	19,241			14,285	14,285			4,956	4,956		

Schedule of Resident Statistics (Cont'd)

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	10	29		20									
Per Diem Rate													
a. One bed rm.	Various	240.39		435.00									
b. Two bed rms.	Various	240.39		395.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,441	2,441			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									387	387			
2. Restorative Treatments													
C. Other									12,844	12,844			
D. Total Physical Therapy Treatments									15,672	15,672			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									691	691			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									30	30			
2. Restorative Treatments													
C. Other									2,522	2,522			
D. Total Speech Therapy Treatments									3,243	3,243			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,560	2,560			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									323	323			
2. Restorative Treatments													
C. Other									14,129	14,129			
D. Total Occupational Therapy Treatments									17,012	17,012			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	92,695	Disallowed				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	121,273	2,079				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	294,826	11,081				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	261,856	15,974				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	156,916	10,552				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	97,064	5,062				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	25,845	2,166				
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	104,695	2,109				
b. RN						
1. Direct Care	480,759	14,314				
2. Administrative**	198,714	6,230				
c. LPN						
1. Direct Care	539,151	18,577				
2. Administrative**						
d. Aides and Attendants	942,519	57,551				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	54,521	2,774				
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	66,705	1,060				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,437,539	149,527				

* 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
	0					
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
MDS Consultant	\$ 6,686	Contract				
Total	\$ 6,686	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
William G. White (Disallowed)	92,695			See Page 28	Rental Office, CEO/President		A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
William White Jr. (1/2/18-9/30/2018)	71,539			Group Benefits	Administrator	1,453	A2			
Kathryn Lasewicz (10/1/17-1/1/2018)	49,734			Group Benefits	Administrator	626	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	25,176	414				
2. Dentist	4,536	Monthly				
3. Pharmacist	6,240	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	279,350	4,097				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,625	180				
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) Physiatrist	18,263	93				
9. Speech Therapist						
a. Resident Care	55,449	811				
b. Other						
10. Occupational Therapist						
a. Resident Care	292,190	4,270				
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	6,686					
B-13 Total Fees Paid in Lieu of Salaries	734,515	9,961				

* 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 Healthcare Visions, Inc. d/b/a Beechwood		License No. 2077-C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Ellen Smith, 9 Sunrise Lane, Madison, CT 06443	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Healthdrive Dental Group, 888 Worcester Street, Ste 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Celtic Consulting, LLC, 507 East Main St. STE308, Torrington, CT 06790	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
All Star Therapy, 21 Waterville Rd, Avon, CT 06001	Physical, Occupational & Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
IPC Hospitalists of New England, P.C., PO Box 92284, Los Angeles, CA 90009	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Yale New Haven Health, PO Box 9403, New Haven, CT 06534	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 50 Lawrence Road, Springfield Township, New Jersey, 07081	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
HealthPro Management Services, LLC, 307 International Circle, Suite 100, Hunt Valley	Physical, Occupational & Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
L&M Physician Association, 365 Montauk Ave, New Lond, CT 06320	Physiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<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
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 133,800	133,800		
2. Disability Insurance	\$ 6,524	6,524		
3. Unemployment Insurance	\$ 71,670	71,670		
4. Social Security (F.I.C.A.)	\$ 256,275	256,275		
5. Health Insurance	\$ 256,959	256,959		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,259	3,259		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 1,196	1,196		
9. Other (Specify) See Attached Schedule	\$ 17,255	17,255		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,511	1,511		
d. Accounting and Auditing	\$ 46,412	46,412		
e. Legal (Services should be fully described on Page 7)	\$ 27,864	27,864		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 76,294	76,294		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,212	11,212		
2. Cellular Phones	\$ 2,857	2,857		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 250	250		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$ 1,266	1,266		
3. Resident Day User Fee	\$ 308,212	308,212		
Subtotal	\$ 1,222,816	1,222,816		

* 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**

Healthcare Visions, Inc. d/b/a Beechwood
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Employee Benefits	\$ 11,628		
Employee Relations	\$ 5,477		
Employee Assistance Program	\$ 150		
Total	\$ 17,255	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Sales Tax	\$ 391		
Motor Vehicle Tax	\$ 875		
Total	\$ 1,266	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,222,816	1,222,816		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$	5,726	5,726		
4. Employee Travel \$	3,788	3,788		
5. Education Expenses Related to Seminars and Conventions \$	5,842	5,842		
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	6,710	6,710		
7. Other (<i>Specify</i>) See Attached Schedule \$				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$	11,496	11,496		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$	1,178	1,178		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule \$	13,145	13,145		
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 \$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	5,219	5,219		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	506	506		
9. Subscriptions \$				
10. Contributions*** See Attached Schedule \$	4,492	4,492		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	50,516	50,516		
12. Administrative Management Services** \$				
13. Other (<i>Specify</i>) See Attached Schedule \$	25,671	25,671		
C-14 Total Administrative & General Expenditures	\$ 1,357,105	1,357,105		

* 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)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Various Advertisements	\$ 13,145		
Total Other Advertising	\$ 13,145	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT ACHCA	\$ 310		
CATRD	\$ 30		
ALTCFM	\$ 85		
CAHCF	\$ 4,094		
Mutual Aide	\$ 700		
Total Dues	\$ 5,219	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Donations	\$ 4,492		
Total Contributions	\$ 4,492	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Late Fees (Disallowed)	\$ 169		
Pre Employment Expenses	\$ 4,390		
Licensing Fees	\$ 2,786		
Equipment Rental	\$ (372)		
Routine Bank Charges	\$ 571		
Other Bank Charges (Disallowed)	\$ 17,908		
Collection Fees (Disallowed)	\$ 219		
Total Other Administrative and General	\$ 25,671	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood		License No. 2077-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 139,388	139,388		
2.	Non-Food Supplies	\$ 15,899	15,899		
3.	Other (Specify) _____ Other Dietary Supplies	\$ 3,007	3,007		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 158,294	158,294		
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 checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input 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.	\$7
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30, Line IV 1
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beechwood		2077-C	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	3,809	3,809		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Other Laundry Supplies		\$	8,420	8,420		
3D. Total Laundry Expenditures (3a + b + c)		\$	12,229	12,229		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beechwood		2077-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	31,132	31,132		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	31,132	31,132		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partners Pharmacy	\$	211,644	211,644		
b.	Medicine Cabinet Drugs	\$	60,989	60,989		
c.	Medical and Therapeutic Supplies	\$	84,735	84,735		
d.	Ambulance/Limousine***	\$	5,489	5,489		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	10,844	10,844		
f.	X-rays and Related Radiological Procedures***	\$	12,844	12,844		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	13,247	13,247		
i.	Recreation	\$	13,344	13,344		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	23,448	23,448		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	436,584	436,584		

* 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)
	0		
Equipment Rental Nursing (Disallow)	\$ 8,216		
Title 19 Medical Supply	\$ 333		
Oxygen Rental (Disallowed)	\$ 6,841		
Medical Rental - Billable (Disallowed)	\$ 4,627		
Supplies - Rehab	\$ 1,852		
Splint/Brace Supplies (Disallow)	\$ 506		
W/C Parts & Cushions	\$ 1,073		
Total Other Resident Care	\$ 23,448	\$ -	\$ -

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

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Strategic Health Care Solutions	2-8 Forest Glenn Circle, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	None	Strategic Contracts Negotiation	22,333			16	m11
American Health Tech	P.O. Box 936171, Atlanta, GA 31193	<input type="radio"/>	<input checked="" type="radio"/>	None	Electronic Health R cords	23,257			15	1g
Data Integrity	267 North Road, Hopkinton, RI 02833	<input type="radio"/>	<input checked="" type="radio"/>	None	Computer Contract Services	18,382			16	m11
ProCaire, LLC	P.O. Box 801, Tolland, CT 06084	<input type="radio"/>	<input checked="" type="radio"/>	None	Oxygen Company	17,685			20	5E2 &
Yale New Haven Health	P.O. Box 120019, Stamford, CT 06912	<input type="radio"/>	<input checked="" type="radio"/>	None	Laboratory	11,372			20	5h
Partners Pharmacy of CT	P.O. Box 9689, Uniondale, NY 11555	<input type="radio"/>	<input checked="" type="radio"/>	None	Pharmacy	211,644			20	5a2
		<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
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 48,178	48,178				
b. Heat	\$ 37,027	37,027				
c. Light & Power	\$ 81,658	81,658				
d. Water	\$ 32,765	32,765				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 19,399	19,399				
f. Other (<i>itemize</i>)	\$ 12,929	12,929				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 231,956	231,956				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 168,521	168,521				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 55,095	55,095				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 223,616	223,616				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 4,881	4,881				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,881	4,881				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 383,829	383,829				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 95,087	95,087				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 707,413	707,413				

* 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)
	0		
Waste Disposal (no single contract over \$10K)	\$ 12,929		
Total Other Repairs and Maintenance	\$ 12,929	\$ -	\$ -

Depreciation Schedule

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood			License No. 2077-C			Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			5,055,638		5,055,638	3,953,759	S/L	Various	168,521				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										168,521			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Various Vehicles (See listing attached)				Var	Var	172,456		172,456	81,624	S/L	5 Years	22,503	
b. Disposal of Honda Pilot				9	2018	(48,441)		(48,441)	(23,413)				
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	403,228		403,228	313,509	S/L	Various	31,681	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	16,397		16,397		S/L	Various	911	
D-3. Subtotal													55,095
E. Total Depreciation													223,616

Healthcare Visions, Inc. d/b/a Beechwood
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*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 Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/16/2018	Software Upgrade	\$ 7,232	5	\$ 603
6/15/2018	Copier	\$ 1,765	5	\$ 118
8/20/2018	Copier	\$ 6,605	5	\$ 110
3/31/2018	Air Mattress	\$ 795	5	\$ 80
Total additions for Movable Equipmen		\$ 16,397		\$ 911 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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 Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Healthcare Visions, Inc. d/b/a Beechwood			2077-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	74,015	55,657	S/L	Var	4,881	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									4,881
D. Total Amortization									4,881

* 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 Healthcare Visions, Inc. d/b/a Beechw	License No. 2077-C	Report for Year Ended 9/30/2018	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		01/01/55		
2. Date Structure Completed		01/01/55		
3. If NOT Original Owner, Date of Purchase		03/08/93		
4. Date of Initial Licensure		04/01/91		
5. Total Licensed Bed Capacity		60		
6. Square Footage		47,000		
7. Acquisition Cost				
a. Land		10,466		
b. Building		17,785		
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	04/21/16			
c. Interest Rate for the Cost Year	3.83%			
d. Term of Mortgage (number of years)	18			
e. Amount of Principal Borrowed	3,659,568			
f. Principal balance outstanding as of 9/30/2018	3,325,486			
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
Healthcare Visions, Inc. d/b/a Beechw		2077-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Healthcare Visions, Inc. d/b/a Beech		2077-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense				\$ 23,854	23,854		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 23,854	23,854		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 17,882	17,882		
b. Insurance on Automobiles				\$ 10,541	10,541		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$ 31,970	31,970		
3. Other (Specify) D&O Insurance, Private Cyber Liability				\$ 12,131	12,131		
14d. Total Insurance Expenditures (14a + b + c)				\$ 72,524	72,524		
15. Total All Expenditures (A-13 thru C-14)				\$ 7,203,145	7,203,145		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Healthcare Visions, Inc. d/b/a Beechwood			2077-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 92,695	92,695		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,511	1,511		
10.	15	1d	Accounting	\$ 33	33		
10a.			Legal	\$ 26,045	26,045		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,777	1,777		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 5,726	5,726		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 1,986	1,986		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 14,323	14,323		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 4,492	4,492		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 52,812	52,812		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 7	7		
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)				\$ 201,407	201,407		

* 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)
10	A1	Bill White's Salary	\$ 92,695		
Total Other Salaries Adjustment			\$ 92,695	\$ -	\$ -

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)
15	Var	Owner Benefits	\$ 9,713		
15	1g	Office Supplies	\$ 11,741		
16	m13	Late Fees (Disallowed)	\$ 169		
16	m13	Other Bank Charges (Disallowed)	\$ 17,908		
16	m13	Collection Fees (Disallowed)	\$ 219		
15	1A9	Employee Relations	\$ 5,477		
15	1K2	Motor Vehicle Taxes	\$ 875		
16	L6	Automobile Expense	6,710		
Total Other A&G Adjustments			\$ 52,812	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood				2077-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 201,407	201,407		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 211,644	211,644		
28.	20	5d	Ambulance/Limousine	\$ 5,489	5,489		
29.	20	5f	X-rays, etc	\$ 12,844	12,844		
30.	20	5h	Laboratory	\$ 13,247	13,247		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 10,844	10,844		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,090	26,090		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 22,503	22,503		
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	\$ 10,541	10,541		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14C3	Property Insurance	\$ 7,988	7,988		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ (28,761)	(28,761)		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 493,836	493,836		

*** 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.

Healthcare Visions, Inc. d/b/a Beechwood
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Equipment Rental Nursing (Disallow)	\$ 8,216		
20	51	Oxygen Rental (Disallowed)	\$ 6,841		
20	51	Medical Rental - Billable (Disallowed)	\$ 4,627		
20	51	Splint/Brace Supplies (Disallow)	\$ 506		
20	5i	Cable (See attached)	\$ 5,900		
Total Other Ancillary Costs			\$ 26,090	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
31	B7	Motor Vehicle Disallowance	\$ 22,503		
Total Excess Movable Equipment Depreciation			\$ 22,503	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 10,541		
Total Other Property Adjustments			\$ 10,541	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Lease Buyout (Disallow)	\$ 7,565		
30	IV 8	Settlement (Disallow)	\$ 2,373		
30	IV 8	Other Income (Disallow)	\$ 10,242		
30	IV 8	Gain on Disposal of Asset (Disallow)	\$ 7,972		
30	IV 5	Interest Income	\$ 385		
22	6G	Outpatient - Overhead	\$ 239		
22	10b	Outpatient - Taxes	\$ 98		
27	14a	Outpatient - Property Insurance	\$ 18		
30	IV 8	Recovery of Bad Debt	\$ (57,653)		
Total Other Adjustments			\$ (28,761)	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,405,586	3,405,586				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,121,700)	(1,121,700)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,352,880	1,352,880				
b. Medicare Room and Board Contractual Allowance **	\$ 790,950	790,950				
4. a. Private-Pay Residents and Other	\$ 2,283,221	2,283,221				
b. Private-Pay Room and Board Contractual Allowance **	\$ 100,342	100,342				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 145,356	145,356				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 71,468	71,468				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,279	1,279				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 244	244				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,012,806	1,012,806				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 313,576	313,576				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 83,800	83,800				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 24,600	24,600				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,224,990	1,224,990				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 331,862	331,862				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,338,216)	(2,338,216)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (618,522)	(618,522)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,064,522	7,064,522				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 7	7				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 385	385				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 116	116				
8. Other (<i>Specify</i>)	\$ 90,366	90,366				
V. Total Other Revenue (1 thru 8)	\$ 90,874	90,874				
VI. Total All Revenue (III +V)	\$ 7,155,396	7,155,396				

* 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)
		0		
30 II 6a	Lab	\$ 10,568		
30 II 6a	Equipment Rental	\$ 5,974		
30 II 6a	Other Services	\$ 4,558		
30 II 6a	Radiology	\$ 12,352		
30 II 6a	Contractual Allowances	\$ (2,371,668)		
Total Other Resident Revenue - Medicare		\$ (2,338,216)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Lab	\$ 3,611		
30 II 6b	Equipment Rental	\$ 10,477		
30 II 6b	Other Services	\$ 234,855		
30 II 6b	Radiology	\$ 1,030		
30 II 6b	Contractual Allowances	\$ (868,495)		
Total Other Resident Revenue		\$ (618,522)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Interest Income on Acct's Rec.	1,277,028	\$ 245		
30 IV 5	Interest Income	220,639	\$ 140		
Total Interest Income			\$ 385	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Lease Buyout (Disallow)	\$ 7,565		
30 IV 8	Settlement (Disallow)	\$ 2,373		
30 IV 8	Adj. Employee Loan to Actual - No associated expense	\$ 4,561		
30 IV 8	Recovery of Bad Debt	\$ 57,653		
30 IV 8	Other Income (Disallow)	\$ 10,242		
30 IV 8	Gain on Disposal of Asset (Disallow)	\$ 7,972		
Total Other Revenue		\$ 90,366	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	220,639
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,277,028
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	7,347
4. Inventories			\$	
5. Prepaid Expenses			\$	32,239
a. Prepaid Expenses	152			
b. Prepaid Taxes	25,831			
c. Prepaid Utilities	6,256			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(8,041)
Patient Refunds	(8,041)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,529,212
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
4. Leasehold Improvements	*Historical Cost	74,015	\$	13,477
	Accum. Depreciation	60,538		
	Net			
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
6. Movable Equipment	*Historical Cost	419,625	\$	73,524
	Accum. Depreciation	346,101		
	Net			
7. Motor Vehicles	*Historical Cost	124,015	\$	43,301
	Accum. Depreciation	80,714		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	449
CR vs FS NBV	449			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	130,751

* 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
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	1,659,963
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
3. Buildings			*Historical Cost <u>5,055,638</u>	
			Accum. Depreciation <u>4,122,280</u>	Net
			\$	933,358
4. Non-Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
5. Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
6. Motor Vehicles			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	933,358
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
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>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,593,321

* 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 Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	504,034
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	28,553
Name of Lender	Purpose	Amount	Date Due	
	Subaru Outback Loan	16,278		
	Honda CRV Lease	12,275		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	87,681
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>)			\$	81,554
Patient Rec Fund		3,125	Customer Deposits	15,485
Suspense - Flexible Spending		(11,618)	Provider Tax Payable	81,851
104(k) Payble		18	Accrued Benefits	3,521
HUD Suspense Account		(10,828)	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	701,822

* 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 Healthcare Visions, Inc. d/b/a Beechwood		License No. 2077-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				701,822	
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>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 446,396	
Office Loan Payable		60,396			
Loan Payable		386,000			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 446,396	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,148,218	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	933,358
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	933,358
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	389,972
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	120,773
7. Total Net Worth			\$	511,745
C. Total Reserves and Net Worth			\$	1,445,103
D. Total Liabilities, Reserves, and Net Worth			\$	2,593,321

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Healthcare Visions, Inc. d/b/a Beechwood	2077-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	445,843
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,155,396
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,034,623
D. Net Income or Deficit			\$	120,773
E. Balance			\$	566,616
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total Expenses Pg 27 7,203,145				
CR vs FS Depreciation (168,522)				
Total Expenses 7,034,623				
2. Other (<i>itemize</i>)				
Prior Period Adjustment			(378)	
F-3. Total Additions			\$	(378)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	54,493
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Distribution to Stockholders			54,493	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	54,493
H. Balance at End of Period		09/30/18	\$	511,745

I. Preparer's/Reviewer's Certification

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No. 2077-C	Report for Year Ended 9/30/2018	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		Date Signed
Printed Name of Preparer				
Matthew S. Bovolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Annual Report Contact			Phone Number	
Bill White			860-442-4363	
Annual Report Contact Email Address				
Facebook.com/BeechwoodRehav/				

Error Check

Level Item

Reported as