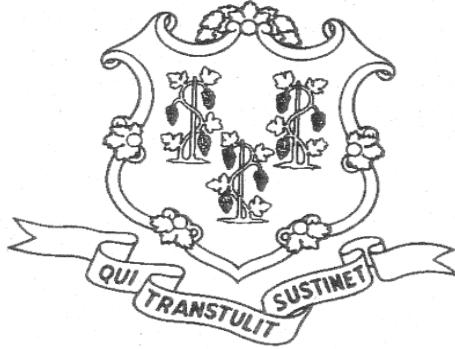


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Athena Holdins d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road, Ridgefield, CT 06877	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider 07-5395
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2247	RHNS	ICF-IID
----------------------------	--------------	------	---------

### 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) Athena Holdins d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2019	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 Athena Holdins d/b/a Laurel Ridge Health Care Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Sobha Lamontagne			Printed Name (Owner) Lawrence Santilli	
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 642 Danbury Road, Ridgefield, CT 06877				
Report Prepared By	Phone Number	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203 438-8226	Report for Year Ended 9/30/2019	Page 2										
Name of Facility (as shown on license) Athena Holdins d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip ) 642 Danbury Road, Ridgefield, CT 06877											
License Numbers:	CCNH 2247	RHNS	(Specify)										
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS)													
Type of Ownership (Check appropriate box)		<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 n/a	Date Closed n/a										
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.											
<b>Administrator</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Administrator Theresa Lebel</td> <td style="width: 50%;">Nursing Home Administrator's License No.: 001711</td> </tr> </table>				Name of Administrator Theresa Lebel	Nursing Home Administrator's License No.: 001711								
Name of Administrator Theresa Lebel	Nursing Home Administrator's License No.: 001711												
Other Operators/Owners who are assistant administrators (full or part time) of this facility. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name n/a</td> <td style="width: 50%;">License No.:</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				Name n/a	License No.:								
Name n/a	License No.:												

## **General Information and Questionnaire Partners/Members**

State of Connecticut

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

CSP-3A Rev. 10/2005

**General Information and Questionnaire  
Corporate Owners**

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Ca	License No. 2247	Report for Year Ended 9/30/2019	Page of 3A   37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
n/a			
Names of Stockholders Owning at Least 10% of Shares			
n/a			

# **General Information and Questionnaire**

## **Individual Proprietorship**

## General Information and Questionnaire

### Related Parties\*

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center		License No. 2247	Report for Year Ended 9/30/2019			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Athena Health Care	135 South Rd., Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Management Fees	Pg. 17, Pg 15 1e	674,144	248,582
Athena Health Care	135 South Rd., Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Athena Captive	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Compensation Captive	Pg 15 1a1	373,137	373,137
Athena Health Care Assoc., 401K Plan	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401K plan			
Laurelridge Landlord, LLC	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of property/Property taxes/Insurance	Pg22, L9 & L10b/Pg 2	1,002,608	1,002,608
Procare, LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg13 B3, PG 20 L5a2	275,846	275,846
		<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 Athena Holdins d/b/a Laurel Ridge Health Care	License No. 2247	Report for Year Ended 9/30/2019	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.

Not applicable

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

Not applicable

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.

Not applicable. No Non-Nursing Home Cost Centers

## 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 <span style="float: right;">of</span>
Athena Holdins d/b/a Laurel Ridge Health Care Center		2247		9/30/2019			6 <span style="float: right;">37</span>
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	DM125 Mailing system	12/21/15	63 months	753	753
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox copiers	12/28/17	50 months	11,208	11,208
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox WorkCentre 5890 Copier system	12/08/15	48 mnths	2,233	2,233
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier system	02/02/19	48 months	5,360	3,127
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655IX Copier system	02/26/19	48 months	766	447
	<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 ***	17,768

\* 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 Athena Holdings d/b/a Laurel Ridge	License No. 2247	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

#### Independent Accounting Firm

Name of Accounting Firm 1 Dworkin, Hillman, Lamorte 2 Marcum, LLP 3 Midcap Financial Services 4	Address (No. & Street, City, State, Zip Code) Four Corporate Dr., Shelton, CT 06484 555 Long Wharf Dr, New Haven, CT 06511 7255 Woodmont Ave, Bethesda, MD
---	---

Services Provided by This Firm (*describe fully*)

1 2019 Year end audit & tax return	\$ 10,100
2 Medicare Cost Report	\$ 2,700
3 Midcap audit fees-disallowed	\$ 3,253
4	\$
	Charge for Services Provided \$ 16,053

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

Yes     No    Pg 15, Line 1d

#### Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder & Woods 2 Murtha Cullina 3 Midcap Financial Services 4 Stephen J. Woods 5 Treasurer, State of CT/Probate Court , N. Fairfield	Telephone Number 203-899-8900 860-240-6000 301-760-7600 203-790-7656 203-794-8508
---	--

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

1 200 Connecticut Ave., Norwalk, CT 06854	
2 185 Asylum St., Hartford, CT 06103	
3 7255 Woodmont, Ave., Bethesda, MD	
4 PO Box 371, Danbury, CT 06813	
5 One School St, Bethel, CT 06801	

Services Provided by This Firm (*describe fully*)

1 A/R collections-disallowed	\$ 5,544
2 Annual report-allowed-\$20;General council-disallowed \$526	\$ 546
3 Deposit agreements-line of credit-disallowed	\$ 219
4 Conservatorship fees-disallowed	\$ 69
5 Conservatorship fees-disallowed	\$ 536
	Charge for Services Provided \$ 6,914

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

Yes     No    Pg 15, Line 1e

## Schedule of Resident Statistics

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center			License No. 2247				Report for Year Ended 9/30/2019				Page <span style="float: right;">of</span> 8 <span style="float: right;">37</span>	
	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					126	126			126	126		
A. On last day of PREVIOUS report period	126	126			126	126			126	126		
B. On last day of THIS report period	126	126			126	126			126	126		
2. Number of Residents					121	121			121	121		
A. As of midnight of PREVIOUS report period	121	121			121	121			121	121		
B. As of midnight of THIS report period	112	112			121	121			112	112		
3. Total Number of Days Care Provided During Period					4,404	4,404			1,474	1,474		
A. Medicare	5,878	5,878			26,290	26,290			8,169	8,169		
B. Medicaid (Conn.)	34,459	34,459										
C. Medicaid (other states)												
D. Private Pay	2,841	2,841			1,731	1,731			1,110	1,110		
E. State SSI for RCH												
F. Other (Specify) Managed Care	350	350			193	193			157	157		
G. Total Care Days During Period (3A thru F)	43,528	43,528			32,618	32,618			10,910	10,910		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					54	54			55	55		
A. Medicaid Bed Reserve Days	109	109			13	13			3	3		
B. Other Bed Reserve Days	16	16										
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>43,653</b>	<b>43,653</b>			<b>32,685</b>	<b>32,685</b>			<b>10,968</b>	<b>10,968</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Ca	License No. 2247	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	14	92		8			2	
Per Diem Rate								
a. One bed rm.	652.96	275.48		594.00		342.00		
b. Two bed rms.	652.96	275.48		594.00		342.00		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		4,365	4,365		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		908	908		
2. Restorative Treatments					
C. Other		13,966	13,966		
D. <b>Total Physical Therapy Treatments</b>		19,239	19,239		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		675	675	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		142	142	
2. Restorative Treatments				
C. Other		2,248	2,248	
D. <b>Total Speech Therapy Treatments</b>		3,065	3,065	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		3,452	3,452	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		679	679	
2. Restorative Treatments				
C. Other		14,282	14,282	
D. <b>Total Occupational Therapy Treatments</b>		18,413	18,413	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		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)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	134,405	2,149			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	251,576	10,522			
5. Dietary Service					
a. Head Dietitian	56,190	1,433			
b. Food Service Supervisor	59,527	2,087			
c. Dietary Workers	476,437	27,100			
6. Housekeeping Service					
a. Head Housekeeper	55,014	2,038			
b. Other Housekeeping Workers	267,366	17,153			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	106,803	2,364			
b. Other Maintenance Workers	125,124	5,414			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	161,327	10,245			
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	198,304	3,722			
b. RN					
1. Direct Care	515,044	10,774			
2. Administrative**	482,164	16,024			
c. LPN					
1. Direct Care	1,096,588	39,831			
2. Administrative**					
d. Aides and Attendants	1,915,265	105,949			
e. Physical Therapists	531,425	14,383			
f. Speech Therapists	127,955	2,598			
g. Occupational Therapists	276,017	7,207			
h. Recreation Workers	218,797	9,530			
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	181,267	6,812			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	7,236,595	297,335			

\* 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)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center				License No. 2247		Report for Year Ended 9/30/2019			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)							
<b>Section I - Operators/Owners</b>										
N/A										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
N/A										

\* 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.

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Athena Holdins d/b/a Laurel Ridge Health Care Center				2247		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Theresa LeBel 09/11/19-09/30/19	7,889			Health/Life Ins, Payroll Taxes	Day-to-day operations of nursing home.	118	A2	Maefair Health Care, 21 Maefair Court, Trumbull, CT 06611	370	23,148
Mary Tobin 10/1/18-09/14/19	126,516			Health/Life Ins, Payroll Taxes	Day-to-day operations of nursing home.	2,031	A2			
<b>Section IV - Assistant Administrators</b>										
N/A										

\*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
		9/30/2019		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	13,684	59			
3. Pharmacist	12,233	263			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	57,780	967			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	679	6			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	5,025	14			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	19,921	232			
2. Administrative***					
b. LPN					
1. Direct Care	175,431	4,353			
2. Administrative***					
c. Aides	258,438	7,986			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	543,191	13,880			

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

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

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

## Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Nurse Network, Access Capital, Inc., 405 Park Avenue, New York, NY 10022	RN,,LPN, C N A	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Group, 1 Prestige Dr Suite 107, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Services, 135 South Rd Farmington, Ct 06032	MDS fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common owners	
Caremount Medical, P.C., PO Box 65050, Baltimore, MD 21261	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common owners-minority interest	
Western CT Medical Group, PO Box 8932 Belfast ME 04915	Physicains	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians, P.O. Box 150472, Hartford, CT 06115	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, P.O. Boxes 982, Southington, CT 06489	LPN	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialist of CT, 60 Old New Milford Road, Brookfield, CT 06804	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Southern CT Vascular Center, 6 Research Drive, Shelton, CT 06484	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Brightstar Care, 83 East Avenue, Norwalk, CT 06851	C N A's	<input type="radio"/>	<input checked="" type="radio"/>		
CT Family Orthopdeics, PO Box 1065, Windsor, Ct 06095	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Hospital, 20 Stony Hill Rd, Bethel, CT 06801	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nursing Care, LLC, 3303 Main Street, Stratford, CT 06614	LPN, C N A	<input type="radio"/>	<input checked="" type="radio"/>		
Orthocare Specialists, LLC, 60 Old New Milford Road, Brookfield, CT 06804	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho Connecticut, P.O. Box 26303, Oklahoma City, OK 73126	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho CT, PC, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Eye, 69 Sand Pit Road, Danbury, CT 06810	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Western CT Health, 79 Sandpit Road, Danbury, C	Physicians	<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
Athena Holdins d/b/a Laurel Ridge Health Care C	2247	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 373,137	373,137		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 69,171	69,171		
4. Social Security (F.I.C.A.)	\$ 493,315	493,315		
5. Health Insurance	\$ 953,693	953,693		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,504	19,504		
8. Uniform Allowance	\$			
9. Other (Specify ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 35,392	35,392		
d. Accounting and Auditing	\$ 16,053	16,053		
e. Legal (Services should be fully described on Page 7)	\$ 6,914	6,914		
f. Insurance on Lives of Owners and Operators (Specify )*	\$			
g. Office Supplies	\$ 74,425	74,425		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 78,705	78,705		
2. Cellular Phones	\$ 678	678		
i. Appraisal (Specify purpose and attach copy )*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ 34,268	34,268		
2. Other (Specify ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 794,031	794,031		
<b>Subtotal</b>	\$ 2,949,286	2,949,286		

\* 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**

Attachment Page 15

## **Schedule of Other Employee Benefits**

## Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	2,949,286	2,949,286		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,800	5,800		
3. Gifts to Staff and Residents	\$	26,288	26,288		
4. Employee Travel	\$	3,825	3,825		
5. Education Expenses Related to Seminars and Conventions	\$	18,789	18,789		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	8,870	8,870		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	12,930	12,930		
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	\$	4,799	4,799		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	8,916	8,916		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	576	576		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	455,996	455,996		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	135,239	135,239		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	3,631,314	3,631,314		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 12,930		
<b>Total Other Advertising</b>	<b>\$ 12,930</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 8,916		CAHCF
<b>Total Dues</b>	<b>\$ 8,916</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Other Professional fees	\$ 7,638		
Licenses	\$ 1,070		
Bank fees	\$ 23,625		
Payroll processing fees	\$ 20,646		
Employee physicals and background checks	\$ 15,703		
Data processing	\$ 46,930		
State of CT Citation 2018-64	\$ 6,000		
CMS 2019-01-LTC0075 penalty	\$ 13,627		
<b>Total Other Administrative and General</b>	<b>\$ 135,239</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdins d/b/a Laurel Ridge Health	2247	9/30/2019	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 #
Athena Health Care Assoc, Inc., 135 South Rd. Farmington, CT 06032	641,612	Contract attached to a prior year	See Below
Allocation of the above:	423,464	Admin/General 66%	Pg 16, Line 12
	102,658	Indirect 16%	Pg 18, Lie 2C
	115,490	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc, Inc., 135 South Rd. Farmington, CT 06032	32,532	Admin/General	Pg 16, Line 12

\* 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
	2247	9/30/2019		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 281,987	281,987		
2. Non-Food Supplies	\$ 48,334	48,334		
3. Other (Specify) _____ Dishes & utensils	\$ 519	519		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management services	\$ 102,658	102,658		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 433,498</b>	<b>433,498</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$272
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$447
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg18, Line 2a1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2019	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. \$	20,057	20,057	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	5,827	5,827	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	25,884	25,884	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
H. Where is the revenue received reported in the Cost Report?				(Page/Line Item)
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>K. Where is the revenue received reported in the Cost Report?</b>				(Page/Line Item)

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	40,074	40,074		
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 (Specify)	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	40,074	40,074		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	255,934	255,934		
b. Medicine Cabinet Drugs	\$	3,564	3,564		
c. Medical and Therapeutic Supplies	\$	211,665	211,665		
d. Ambulance/Limousine***	\$	12,064	12,064		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	26,536	26,536		
f. X-rays and Related Radiological Procedures***	\$	22,841	22,841		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	48,671	48,671		
i. Recreation	\$	28,289	28,289		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	165,134	165,134		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	774,698	774,698		

\* 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)
Management fee-direct	\$ 115,490		
Cable TV fees	\$ 11,937		
Physical therapy supplies	\$ 18,832		
Medical equipment rental-Medicaid	\$ 3,021		
Oxygen concentrator rentals	\$ 6,357		
Medical equipment rental-Other	\$ 9,497		
<b>Total Other Resident Care</b>	<b>\$ 165,134</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center				License No. 2247	Report for Year Ended 9/30/2019				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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,758				16	m13
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	24,866				22	6f
Air Temp Mechanical Services	360 Captain Lewis Dr., Southington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical & Maintenance Services	17,317				22	6f
Kleiber Landscaping and Tree Design	35 Fairview Ave., Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	31,003				22	6f
Procare	111 Executive Blvd., Farmingdale, NY	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Services	275,846				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"/>								
		<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
Athena Holdins d/b/a Laurel Ridge Health Ca	2247	9/30/2019		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 95,372	95,372		
b. Heat	\$ 64,380	64,380		
c. Light & Power	\$ 103,990	103,990		
d. Water	\$ 70,134	70,134		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 17,768	17,768		
f. Other ( <i>itemize</i> )	\$ 104,792	104,792		
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 456,436	456,436		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 4,375	4,375		
b. Building & Building Improvements	\$ 33,963	33,963		
c. Non-Movable Equipment	\$ 10,140	10,140		
d. Movable Equipment	\$ 51,782	51,782		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 100,260	100,260		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 5,301	5,301		
c. Leasehold Improvements	\$ 81,427	81,427		
d. Other ( <i>Specify</i> )	\$			
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 86,728	86,728		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 718,523	718,523		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 217,207	217,207		
c. Personal property taxes	\$ 14,784	14,784		
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,137,502	1,137,502		

\* 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)
Groundskeeping	\$ 20,463		
Rubbish removal	\$ 24,845		
Snow removal	\$ 17,271		
Supplies	\$ 42,213		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 104,792</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center				License No. 2247			Report for Year Ended 9/30/2019				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		
<b>A. Land Improvements</b>											4,375		
1. Acquired prior to this report period				58,327		58,327	28,347	S/L					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)											4,375		
<b>A-4. Subtotal</b>													
<b>B. Building and Building Improvements</b>											33,963		
1. Acquired prior to this report period				790,403		790,403	719,087	S/L					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)											33,963		
<b>B-4. Subtotal</b>													
<b>C. Non-Movable Equipment</b>											10,140		
1. Acquired prior to this report period				310,129		310,129	259,088						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)											10,140		
<b>C-4. Subtotal</b>													
	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								51,782	
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.												50,163	
b.													
c.													
d.												50,163	
2. Movable Equipment													
a. Acquired prior to this report period		9	2018	1,849,890		1,849,890	1,637,262	S/L	Various				
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)		9	2019	20,457		20,457		S/L	Various				
<b>D-3. Subtotal</b>												100,260	
<b>E. Total Depreciation</b>													

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

**\*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
<b>Additions:</b>				
10/18/2020	(4) HP laptops	\$ 2,076	3	\$ 346
1/19/2020	Canon Ice Maker & Ice bin	\$ 3,125	10	\$ 156
5/19/2020	Storage container	3430	10	171.49
7/19/2020	Patio sets (5)	7646	10	382.28
8/19/2020	Dukane Pro 200 Master Station-nurse call system	2000	5	200
8/19/2020	Metaviewer scanning software	2180	3	363.27
<b>Total additions for Movable Equipment</b>		\$ 20,457		\$ 1,619 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2018	Boiler expansion tank	\$ 4,818	10	\$ 241
10/1/2018	Asphalt work	\$ 6,070	8	\$ 379
11/1/2018	Circuit boards for generator	2519	10	\$ 126
11/1/2018	Electrical for hot water heater	5286	10	\$ 264
11/1/2018	Hot water heater	6213	10	\$ 311
11/1/2018	Eemax inline electric tankless water heater	2175	10	\$ 109
11/1/2018	Eemax inline electric tankless water heater	2175	10	\$ 109
12/1/2018	CPU & control module for generator	4600	5	\$ 460
2/1/2019	Condenser pump	2723	10	\$ 136
4/1/2019	Condenser coils and fan blade	13065	15	\$ 436
4/1/2019	Back flow preventers (2)	7630	10	\$ 382
5/1/2019	Compressor for A/C unit with repiping	3010	12	\$ 125
7/1/2019	Wood flooring in conference/vinyl flooring	7293	10	\$ 365
7/1/2019	Carpet	2111	5	\$ 211
7/1/2019	Exterior pipe railing at front entrance	9146	15	\$ 305
<b>Total additions for Leasehold Improvements</b>		\$ 78,834		\$ 3,958 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvements</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

## Amortization Schedule\*

Name of Facility Athena Holdins d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1. Finance Fees	2	2018	36 months	15,904	3,534			5,301	
2.									
3.									
<b>B-4. Subtotal</b>									5,301
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2018	Various	977,480	216,875	S/L	Various	77,469	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		9	2019	Various	78,834	S/L	Various	3,958	
<b>C-4. Subtotal</b>									81,427
<b>D. Total Amortization</b>									86,728

\* 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 Athena Holdins d/b/a Laurel Ridge He	License No. 2247	Report for Year Ended 9/30/2019	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/12/01			
4. Date of Initial Licensure	01/12/01			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	1,687,627			
b. Building	9,308,667			

##### Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	10,300,900			
f. Principal balance outstanding as of	8,968,141			

##### 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 9/30/2019			Page 26	of 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						
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	\$					

(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 9/30/2019			Page 27	of 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)			\$	2,588	2,588	
A. Item	Rate	Amount				
Light fixtures/energy upgrade	6.70%	69,894				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$	2,588	2,588	
12. D. Other Interest Expense (Specify)			\$	56,090	56,090	
Vendor interest = \$14,395/line of cr int & fees=\$41,695						
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)			\$	58,678	58,678	
14. Insurance						
a. Insurance on Property (buildings only)		\$	74,282	74,282		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)		\$				
1. Umbrella ( <i>Blanket Coverage</i> )		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures</b> (14a + b + c)			\$	74,282	74,282	
15. <b>Total All Expenditures</b> (A-13 thru C-14)			\$	14,412,152	14,412,152	

## **D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		2247	9/30/2019	28   37
			Item Description	Total Amount of Decrease	CCNH	RHNS
						(Specify)
<b>Page 10 - Salaries and Wages</b>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$ 276,017	276,017	
4.			Other - See attached Schedule	\$ 9,978	9,978	
<b>Page 13 - Professional Fees</b>						
5.			Resident Care Physicians **	\$ 679	679	
6.			Occupational Therapy	\$		
7.			Other - See attached Schedule	\$		
<b>Pages 15 &amp; 16 - Administrative and General</b>						
8.			Discriminatory Benefits	\$		
9.			Bad Debts	\$ 35,392	35,392	
10.			Accounting	\$ 3,253	3,253	
10a.			Legal	\$ 6,894	6,894	
11.			Telephone	\$		
12.			Cellular Telephone	\$ 318	318	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$ 26,288	26,288	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.			Unallowable Advertising *	\$ 12,930	12,930	
19.			Income Tax / Corporate Business Tax	\$ 34,268	34,268	
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$ 280,871	280,871	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 43,252	43,252	
<b>Page 18 - Dietary Expenditures</b>						
24.			Meals to employees, guests and others who are not residents	\$ 272	272	
<b>Page 19 - Laundry Expenditures</b>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<b>Page 20 - Housekeeping Expenditures</b>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ 730,412	730,412		

\* 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	12M	Marketing activities	\$ 9,978		
<b>Total Other Salaries Adjustment</b>			\$ 9,978	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank fees	\$ 23,625		
16	M13	State of CT Citation 2018-64	\$ 6,000		
16	M13	CMS 2019-01-LTC 0075 penalty	13627		
<b>Total Other A&amp;G Adjustments</b>			\$ 43,252	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Athena Holdins d/b/a Laurel Ridge Health Care Center			2247	9/30/2019		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 730,412	730,412		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 255,934	255,934		
28.			Ambulance/Limousine	\$ 12,064	12,064		
29.			X-rays, etc	\$ 22,841	22,841		
30.			Laboratory	\$ 48,671	48,671		
31.			Medical Supplies	\$ 12,600	12,600		
32.			Oxygen (non emergency)	\$ 26,536	26,536		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 12,808	12,808		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,630	7,630		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 8,498	8,498		
45.			Management Fees Direct	\$ 76,601	76,601		
46.			Management Fees Indirect	\$ 68,090	68,090		
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,282,685	1,282,685		

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

### **Schedule of Other Ancillary Costs**

### **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

### **Schedule of Other - Indirect Adjustments**

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

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

Attachment Page 29

### **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 18,455,023	18,455,023				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,933,592)	(8,933,592)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 2,533,488	2,533,488				
b. Medicare Room and Board Contractual Allowance **	\$ 515,026	515,026				
4. a. Private-Pay Residents and Other	\$ 2,680,633	2,680,633				
b. Private-Pay Room and Board Contractual Allowance **	\$ (415,680)	(415,680)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 161,205	161,205				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (161,205)	(161,205)				
c. Prescription Drugs - Non-Medicare	\$ 146,806	146,806				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (146,806)	(146,806)				
2. a. Medical Supplies - Medicare	\$ 8,160	8,160				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 788,871	788,871				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (678,787)	(678,787)				
c. Physical Therapy - Non-Medicare	\$ 215,150	215,150				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (215,150)	(215,150)				
4. a. Speech Therapy - Medicare	\$ 297,870	297,870				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (261,299)	(261,299)				
c. Speech Therapy - Non-Medicare	\$ 94,595	94,595				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (94,595)	(94,595)				
5. a. Occupational Therapy - Medicare	\$ 773,329	773,329				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (683,932)	(683,932)				
c. Occupational Therapy - Non-Medicare	\$ 196,735	196,735				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (196,735)	(196,735)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 3,458	3,458				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,082,568	15,082,568				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 17	17				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 53,248	53,248				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 53,265	53,265				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,135,833	15,135,833				

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

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

**Schedule of Other Resident Revenue - Medicare**

### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 2,261		
	X-Ray	\$ 1,197		
<b>Total Other Resident Revenue</b>		\$ 3,458	\$ -	\$ -

### Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31, LA2	Accounts Receivable interest	17	\$ 17		
<b>Total Interest Income</b>			\$ 17	\$ -	\$ -

### **Schedule of Other Revenue**

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
		Account	Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	8,409
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,553,975
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	18,823
5. Prepaid Expenses			\$	617,187
a. Prepaid Insurance		325,241		
b. Prepaid Interest		11,714		
c. Prepaid Expenses-Other		280,232		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	145,489
A/R Related Parties		145,489		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,343,883
B. Fixed Assets			\$	
1. Land			\$	
2. Land Improvements	*Historical Cost	58,327	\$	25,605
	Accum. Depreciation	32,722	Net	
3. Buildings	*Historical Cost	790,403	\$	37,353
	Accum. Depreciation	753,050	Net	
4. Leasehold Improvements	*Historical Cost	1,056,314	\$	758,012
	Accum. Depreciation	298,302	Net	
5. Non-Movable Equipment	*Historical Cost	310,129	\$	40,901
	Accum. Depreciation	269,228	Net	
6. Movable Equipment	*Historical Cost	1,870,347	\$	181,303
	Accum. Depreciation	1,689,044	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	16,527
Equipment Carryforward AJE		17,963		
See Schedule		(1,436)		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,059,701

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

(Carry Total forward to next page )

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

<b>Total Other Other Fixed Assets (Itemize)</b>		\$ (1,436)

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

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

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	32	37
		Account	Amount	
		Total Brought Forward:	\$ 3,403,584	
C.	Leasehold or like property recorded for Equity Purposes.			
1.	Land		\$	800,000
2.	Land Improvements	*Historical Cost Accum. Depreciation	Net	\$
3.	Buildings	*Historical Cost Accum. Depreciation	9,000,000 4,320,125	Net \$ 4,679,875
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	<b>Total Leasehold or Like Properties</b> (C1 thru 7)		\$	5,479,875
D.	Investment and Other Assets			
1.	Deferred Deposits		\$	
2.	Escrow Deposits		\$	
3.	Organization Expense	*Historical Cost Accum. Depreciation	Net	\$
4.	Goodwill (Purchased Only)		\$	3,919,211
5.	Investments Related to Resident Care (itemize)		\$	
6.	Loans to Owners or Related Parties (itemize)		\$	(2,070,610)
	Name and Address	Amount	Loan Date	
	Dueto/from Related	(2,070,610)	3/29/12	
7.	Other Assets (itemize)		\$	171,749
	Deposits-IRS/Utility Deposits	43,770		
	Deferred Finance Fees/Project Development	127,979		
	See Schedule			
D-8.	<b>Total Investments and Other Assets</b> (Lines D1 thru 7)		\$	2,020,350
D-9.	<b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)		\$	10,903,809

\* 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								
Athena Holdins d/b/a Laurel Ridge Health Care	2247	9/30/2019	33   37								
Account			Amount								
<b>Liabilities</b>											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 1,535,569								
2. Notes Payable ( <i>itemize</i> )			\$ 325,263								
Line of Credit			219,563								
Due to Related Party			105,700								
See Schedule											
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$ 190,673								
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$								
6. Accrued Payroll Taxes Payable			\$ 4,276								
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> )			\$ 329,355								
Accrued Operating Expenses			126,438								
Accrued CT Sales Tax			71								
Provider Tax Payable			200,068								
Accrued Health Insurance			2,778 See Schedule								
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			<b>\$ 2,385,136</b>								

\* 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 Athena Holdins d/b/a Laurel Ridge Health C	License No. 2247	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,385,136	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )			\$ 30,225	
Name of Lender	Purpose	Amount	Date Due	
Graybar Financial Services	Energy upgrades	30,225	12/10/21	
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> )			\$ 1,310,393	
Due to Related-Landlord	1,279,903			
Mckesson Note	30,490			
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$ 1,340,618	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ 3,725,754	

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	35	37
		Account	Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,679,875
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			\$	5,479,875
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	956,532
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ 723,681
7. Total Net Worth			\$	1,680,213
<b>C. Total Reserves and Net Worth</b>				\$ 7,160,088
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 10,885,842

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Holdins d/b/a Laurel Ridge Heal	2247	9/30/2019	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 1,388,786		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 15,135,833		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 14,412,152		
D. Net Income or Deficit				\$ 723,681		
E. Balance				\$ 2,112,467		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Prepaid Expens-net adj.				2,825		
Rounding				(1)		
2. Other ( <i>itemize</i> )				(435,078)		
F-3. Total Additions				\$ (432,254)		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip )		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ 1,680,213		
Report for Year Ended 09/30/2019						

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

Name of Facility Athena Holdins d/b/a Laurel Ridge Health	License No. 2247	Report for Year Ended 9/30/2019	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

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer  Athena Health Care Associates, Inc.		
Address 135 South Road, Farmington, CT 06032		Phone Number 860 751-3900
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Contact Email Address		