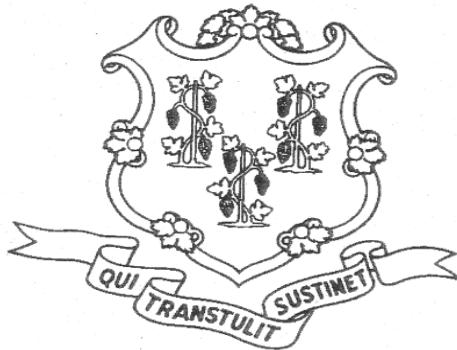


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Athena Holdings 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 checked="" 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 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider 07-5395
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Medicaid Provider Numbers:	CCNH 2247	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) Athena Holdings d/b/a Laurel Ridge Health Care Cent	License No. 2247	Report for Year Ended 9/30/2020	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 Holdings d/b/a Laurel Ridge Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	Period Covered:		From 10/1/2019	To 9/30/2020
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. 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 203 438-8226	Report for Year Ended 9/30/2020	Page 2
Name of Facility (as shown on license) Athena Holdings 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)
Medicare Provider No. 07-5395			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> 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 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	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 Sobha Lamontagne		Nursing Home Administrator's License No.:	001688
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Partners/Members

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Cent	License No. 2247	Report for Year Ended 9/30/2020	Page of 3 37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Name of Partners/Members	Business Address	Title	% Owned
Lawrence G. Santilli	135 South Road, Farmington, CT 06032	Manager	60.3728
Conservators for Lawrence E.	135 South Road, Farmington, CT 06032		14.1272
Krista Santilli	135 South Road, Farmington, CT 06032		6
Nicola Nocera	135 South Road, Farmington, CT 06032		5
see complete list attached			

General Information and Questionnaire
Corporate Owners

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C	License No. 2247	Report for Year Ended 9/30/2020	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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care C	License No. 2247	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247			Report for Year Ended 9/30/2020			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		<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, Pg15, le	602,272	210,595	
Athena Health Care	135 South Rd., Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See attachment				
Athena Captive	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Compensation Captive	Pg 15 1a1	353,313	353,313	
Athena Health Care Association 401K Plan	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401K plan				
Laurel Ridge Landlord, LLC	135 South Rd., Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of property/Property taxes/Insurance	Pg22, L9 & L10b, Pg2	993,428	993,428	
Procare, LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg13, B3, Pg20 Lu5a2	222,306	222,306	
		<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 Holdings d/b/a Laurel Ridge Health Care	License No. 2247	Report for Year Ended 9/30/2020	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.

N/A 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 of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2020			6 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 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"/>	Copier system	02/05/19	48 months	5,360	5,360
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 36551X copier system	02/26/19	48 months	766	766
	<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 ***	18,087

* 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 9/30/2020	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, LLC 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 2020 Year end audit & tax return preparation-allowed	\$ 10,100
2 Medicare cost report -allowed	\$ 2,700
3 Midcap audit fees-disallowed	\$ 3,275
4	\$
	Charge for Services Provided \$ 16,075

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/Greystone & Co. 4 Pilicy & Ryan, P.C. 5 Treasurer, State of CT/Probate Court, N Fairfield, Steven Woods	Telephone Number 203-899-8900 860-240-6000 301-760-7600/917-421-4563 860-274-0018 203-794-8508/203-790-7656
---	--

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

1 200 Connecticut Ave., Norwalk, CT 06854	
2 185 Asylum Ave., Hartford, CT 06103	
3 7255 Woodmont Ave., Bethesda, MD/152 W 57th St., New York, NY 10019	
4 365 Main St., Watertown, CT 06795	
5 1 School St., Bethel, CT 06801/POBox 371, Danbury, CT	

Services Provided by This Firm (*describe fully*)

1 A/R collections-disallowed	\$ 36,352
2 Resident power of attorney issue-disallowed	\$ 53
3 Deposit agreements/Midcap line of credit: both disallowed	\$ 8,172
4 A/R collections-disallowed	\$ 2,922
5 Conservatorship fees: disallowed	\$ 1,370
	Charge for Services Provided \$ 48,869

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 Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247				Report for Year Ended 9/30/2020				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					126	126						
A. On last day of PREVIOUS report period	126	126										
B. On last day of THIS report period	126	126							126	126		
2. Number of Residents					121	121						
A. As of midnight of PREVIOUS report period	121	121										
B. As of midnight of THIS report period	103	103							103	103		
3. Total Number of Days Care Provided During Period					3,654	3,654						
A. Medicare	4,308	4,308							654	654		
B. Medicaid (Conn.)	34,578	34,578			26,180	26,180			8,398	8,398		
C. Medicaid (other states)												
D. Private Pay	1,518	1,518			1,127	1,127			391	391		
E. State SSI for RCH												
F. Other (Specify)	52	52			52	52						
G. Total Care Days During Period (3A thru F)	40,456	40,456			31,013	31,013			9,443	9,443		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	13	13			13	13						
B. Other Bed Reserve Days	24	24			4	4			20	20		
5. Total Resident Days (3G + 4A + 4B)	40,493	40,493			31,030	31,030			9,463	9,463		

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C	License No. 2247	Report for Year Ended 9/30/2020	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)
	CCNH	RHNS	(Specify)	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								
Per Diem Rate								
a. One bed rm.	587.17	280.35		624.00		334.54		
b. Two bed rms.	587.17	280.35		594.00		334.54		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		4,389	4,389		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,361	1,361		
2. Restorative Treatments					
C. Other		7,851	7,851		
D. Total Physical Therapy Treatments		13,601	13,601		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		1,030	1,030	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		358	358	
2. Restorative Treatments				
C. Other		1,791	1,791	
D. Total Speech Therapy Treatments		3,179	3,179	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		5,559	5,559	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		1,340	1,340	
2. Restorative Treatments				
C. Other		8,182	8,182	
D. Total Occupational Therapy Treatments		15,081	15,081	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	131,880	2,179			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	293,837	10,656			
5. Dietary Service					
a. Head Dietitian	66,308	1,538			
b. Food Service Supervisor	70,815	2,182			
c. Dietary Workers	558,552	27,438			
6. Housekeeping Service					
a. Head Housekeeper	58,725	1,965			
b. Other Housekeeping Workers	310,594	16,820			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	122,634	2,422			
b. Other Maintenance Workers	139,596	5,233			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	195,389	11,213			
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	235,911	4,199			
b. RN					
1. Direct Care	625,519	11,242			
2. Administrative**	534,454	15,694			
c. LPN					
1. Direct Care	1,260,827	38,144			
2. Administrative**					
d. Aides and Attendants	2,262,433	102,805			
e. Physical Therapists	509,498	13,240			
f. Speech Therapists	136,347	2,609			
g. Occupational Therapists	298,829	7,014			
h. Recreation Workers	195,329	8,026			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	257,068	7,460			
n. Marketing					
o. Other (Specify) See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	8,264,545	292,079			

* 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 Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2020			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
N/A										
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.

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 Holdings d/b/a Laurel Ridge Health Care Center				2247		9/30/2020			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***										
Theresa Lebel 10/1/19-10/26/19	8,483					136	A2			
Sobha Lamontagne 10/20/19-09/30/20	123,397					2,043	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2247	9/30/2020		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	13,684	137			
3. Pharmacist	11,900	119			
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	730			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	1,229	10			
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	2,936	8			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	9,819	194			
2. Administrative***					
b. LPN					
1. Direct Care	121,728	2,272			
2. Administrative***					
c. Aides	23,145	850			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	242,221	4,320			

* 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
	2247	9/30/2020		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"/>		
Health Drive Dental Group, 100 Crossing Blvd., Framingham, MA 01702	Dentist	<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"/>		
Associated Neurologists, 69 Sand Pit Road, Suite 300, Danbury, CT 06810	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	
Masstex, 3 Electronics Avenue, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Urology Associates of Danbury, 51-53 Kenosia Avenue, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, P.O. Boxes 982, Southington, CT 06489	Nursing	<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"/>		
Norton & Associates, 34 Elm Street, Cohasset, MA 02025	Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
NOA Diagnostics, 6851 Jericho Turnpike-Suite 150, Syosset, NY 11791	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group, Inc., P.O. Box 415126, Boston, MA 02241	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	RN, 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"/>		
		<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
		9/30/2020		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	353,313	353,313		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	65,076	65,076		
4. Social Security (F.I.C.A.)	\$	573,646	573,646		
5. Health Insurance	\$	957,634	957,634		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	23,006	23,006		
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*	\$	112,127	112,127		
d. Accounting and Auditing	\$	16,075	16,075		
e. Legal (Services should be fully described on Page 7)	\$	48,869	48,869		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	58,867	58,867		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	99,955	99,955		
2. Cellular Phones	\$	1,329	1,329		
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*	\$	(45,129)	(45,129)		
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	760,609	760,609		
Subtotal		\$ 3,025,377	3,025,377		

* 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)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	3,025,377	3,025,377		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,620	2,620		
3. Gifts to Staff and Residents	\$	19,318	19,318		
4. Employee Travel	\$	3,040	3,040		
5. Education Expenses Related to Seminars and Conventions	\$	6,596	6,596		
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>)	\$	17,448	17,448		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	9,954	9,954		
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	\$	4,604	4,604		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,936	8,936		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	371	371		
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**	\$	408,560	408,560		
13. Other (<i>Specify</i>) See Attached Schedule	\$	120,476	120,476		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,627,300	3,627,300		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 9,954		
Total Other Advertising	\$ 9,954	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 8,936		
Total Dues	\$ 8,936	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Energy audit fee	\$ 2,302		
Licenses	\$ 480		
Bank fees	\$ 21,031		
Payroll processing fees	\$ 23,849		
Employee physicals & background checks	\$ 6,118		
State of CT Citation 2018-64, \$6K/CMS 2019-01-LTC0075	\$ 6,960		
Data processing	\$ 59,736		
Total Other Administrative and General	\$ 120,476	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2020	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.	569,740	Contract attached to a prior year	See below
135 South Road		Admin/General 66%	Pg 16, Line 12
Farmington, CT 06032		Indirect 16%	Pg 18, Line 2C
		Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc.	32,532	Admin/General 66%	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
		9/30/2020		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 314,650	314,650		
2. Non-Food Supplies	\$ 49,560	49,560		
3. Other (Specify) _____ Dishes & utensils	\$ 3,000	3,000		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management services	\$ 91,158	91,158		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 458,368	458,368		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	332	332		
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$1,352
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 18, 2a1
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.	\$40
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$40
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility	License No.	Report for Year Ended		Page of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2020	19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	19,197	19,197	
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) Supplies	\$	7,793	7,793	
3D. Total Laundry Expenditures (3a + b + c)	\$	26,990	26,990	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		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. \$	43,654	43,654		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	43,654	43,654		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	210,537	210,537		
b. Medicine Cabinet Drugs	\$	357	357		
c. Medical and Therapeutic Supplies	\$	232,393	232,393		
d. Ambulance/Limousine***	\$	8,679	8,679		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	17,837	17,837		
f. X-rays and Related Radiological Procedures***	\$	23,639	23,639		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	46,480	46,480		
i. Recreation	\$	16,264	16,264		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	149,483	149,483		
5M. Total Resident Care Expenditures (5a - 5j)	\$	705,669	705,669		

* 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	\$ 102,554		
Cable TV fees	\$ 12,921		
Physical therapy supplies	\$ 9,512		
Medical Equipment rental-Medicaid	\$ 10,841		
Oxygen concentrator rentals	\$ 7,965		
Medical Equipment rental-Other	\$ 5,690		
Total Other Resident Care	\$ 149,483	\$ -	\$ -

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

* 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).

Schedule of Other Repairs and Maintenance

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

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	86,639	86,639			
b. Heat	\$	62,722	62,722			
c. Light & Power	\$	129,282	129,282			
d. Water	\$	70,570	70,570			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	18,087	18,087			
f. Other <i>(itemize)</i>	\$	94,869	94,869			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	462,169	462,169			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	4,290	4,290			
b. Building & Building Improvements	\$	20,815	20,815			
c. Non-Movable Equipment	\$	9,064	9,064			
d. Movable Equipment	\$	48,250	48,250			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	82,419	82,419			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	5,301	5,301			
c. Leasehold Improvements	\$	88,449	88,449			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	93,750	93,750			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	681,860	681,860			
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	\$	14,212	14,212			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,089,448	1,089,448			

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

Depreciation Schedule

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center				License No. 2247			Report for Year Ended 9/30/2020				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				58,327		58,327	32,722	S/L		4,290			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											4,290		
B. Building and Building Improvements													
1. Acquired prior to this report period				790,401		790,401	754,483	S/L		20,815			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											20,815		
C. Non-Movable Equipment													
1. Acquired prior to this report period				328,728		328,728	271,407	S/L		9,064			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											9,064		
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period			9	2019	1,851,749		1,851,749	1,686,867	S/L	various	45,996		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal												48,250	
E. Total Depreciation												82,419	

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 C3

Schedule of Movable Equipment Acquired during this report period

***Ties to Page 23, Line D2c**

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

***Ties to Page 24, Line C3**

Amortization Schedule*

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance fees	2	2018	36 months	15,904	8,835			5,301	
2.									
3.									
B-4. Subtotal									5,301
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2019	various	1,056,314	297,997		Varies	84,931	
2. Disposals (attach schedule)	9	2020		(9,146)				(254)	
3. Acquired during this report period (attach schedule)									
	9	2020	various	80,760				3,772	
C-4. Subtotal									88,449
D. Total Amortization									93,750

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Athena Holdings d/b/a Laurel Ridge H	License No. 2247	Report for Year Ended 9/30/2020	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 _____	8,762,881			

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 9/30/2020			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						
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 9/30/2020			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)			\$	1,752	1,752	
A. Item	Rate	Amount				
Lighting fixture-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)			\$	1,752	1,752	
12. D. Other Interest Expense (Specify)			\$	26,375	26,375	
Vendor Interest/Line of Credit interest & fees						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	28,127	28,127	
14. Insurance						
a. Insurance on Property (buildings only)			\$	100,181	100,181	
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$	100,181	100,181	
15. Total All Expenditures (A-13 thru C-14)			\$	15,048,672	15,048,672	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		CCNH	RHNS	28 37
			Item Description	Total Amount of Decrease		
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$ 298,829	298,829	
4.			Other - See attached Schedule	\$ 6,131	6,131	
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$ 1,229	1,229	
6.			Occupational Therapy	\$		
7.			Other - See attached Schedule	\$		
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.			Bad Debts	\$ 112,127	112,127	
10.			Accounting	\$ 3,275	3,275	
10a.			Legal	\$ 48,869	48,869	
11.			Telephone	\$		
12.			Cellular Telephone	\$ 969	969	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$ 19,318	19,318	
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 *	\$ 9,954	9,954	
19.			Income Tax / Corporate Business Tax	\$ (45,129)	(45,129)	
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$ 319,083	319,083	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 27,991	27,991	
Page 18 - Dietary Expenditures						
24.			Meals to employees, guests and others who are not residents	\$ 40	40	
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)			\$ 802,686	802,686		

* 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	\$ 6,131		
Total Other Salaries Adjustment			\$ 6,131	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank fees	\$ 21,031		
16	m13	Penalties-State of CT Citation 2019-54	\$ 6,960		
Total Other A&G Adjustments			\$ 27,991	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2020		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 802,686	802,686		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 210,537	210,537		
28.			Ambulance/Limousine	\$ 8,679	8,679		
29.			X-rays, etc	\$ 23,639	23,639		
30.			Laboratory	\$ 46,480	46,480		
31.			Medical Supplies	\$ 17,000	17,000		
32.			Oxygen (non emergency)	\$ 17,837	17,837		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7,392	7,392		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 7,300	7,300		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 29	29		
44.			Other - Miscellaneous Administrative	\$ 9,321	9,321		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,150,900	1,150,900		

*** 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

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,508,851	17,508,851				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,675,994)	(7,675,994)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,723,056	1,723,056				
b. Medicare Room and Board Contractual Allowance **	\$ 149,388	149,388				
4. a. Private-Pay Residents and Other	\$ 1,796,820	1,796,820				
b. Private-Pay Room and Board Contractual Allowance **	\$ (399,671)	(399,671)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 126,379	126,379				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (126,379)	(126,379)				
c. Prescription Drugs - Non-Medicare	\$ 104,362	104,362				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (104,362)	(104,362)				
2. a. Medical Supplies - Medicare	\$ 4,400	4,400				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 537,485	537,485				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (437,028)	(437,028)				
c. Physical Therapy - Non-Medicare	\$ 180,170	180,170				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (180,170)	(180,170)				
4. a. Speech Therapy - Medicare	\$ 291,075	291,075				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (237,697)	(237,697)				
c. Speech Therapy - Non-Medicare	\$ 94,185	94,185				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (94,185)	(94,185)				
5. a. Occupational Therapy - Medicare	\$ 616,400	616,400				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (486,723)	(486,723)				
c. Occupational Therapy - Non-Medicare	\$ 179,870	179,870				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (179,870)	(179,870)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 513,185	513,185				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 13,903,547	13,903,547			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 29	29				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 6,562	6,562				
V. Total Other Revenue (1 thru 8)		\$ 6,591	6,591			
VI. Total All Revenue (III +V)		\$ 13,910,138	13,910,138			

* 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)
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Miscellaneous revenue from CRF funds	\$ 512,543		
		\$ 642		
	Total Other Resident Revenue	\$ 513,185	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, L A2	Accounts receivable interest	\$ 29			
	Total Interest Income	\$ 29	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad debt recoveries	\$ 4,860		
	Nursing supply rebate	\$ 1,702		
	Total Other Revenue	\$ 6,562	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2020	31 37
Account			Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 226,849
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,584,976
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (871,256)
4. Inventories			\$ 18,184
5. Prepaid Expenses			\$ 264,304
a. Prepaid Insurance			134,967
b. Prepaid Interest			12,330
c. Prepaid Expenses (<i>itemize</i>)			117,007
d. See Schedule			
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$ (500,000)
8. Other Current Assets (<i>itemize</i>)			\$ 145,489
A/R Related Parties			145,489
See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 868,546
B. Fixed Assets			
1. Land			\$
2. Land Improvements	*Historical Cost	58,327	\$ 21,315
	Accum. Depreciation	37,012	Net
3. Buildings	*Historical Cost	790,401	\$ 15,103
	Accum. Depreciation	775,298	Net
4. Leasehold Improvements	*Historical Cost	1,127,928	\$ 741,482
	Accum. Depreciation	386,446	Net
5. Non-Movable Equipment	*Historical Cost	328,728	\$ 48,257
	Accum. Depreciation	280,471	Net
6. Movable Equipment	*Historical Cost	1,862,914	\$ 127,797
	Accum. Depreciation	1,735,117	Net
7. Motor Vehicles	*Historical Cost		\$
	Accum. Depreciation		Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 10,660
Equipment Carryforward AJE			10,660
See Schedule			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 964,614

* 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

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

32	D7	Deposits-IRS/Utility Deposits	\$ 44,800
32	D7	Deferred Finance fees/Amortization of finance fees	\$ 71,057
32	D7	Project Development	\$ 394,328
Total Other Assets			\$ 510,185

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2020	32 37
Account		Amount	
		Total Brought Forward:	\$ 1,833,160
C. Leasehold or like property recorded for Equity Purposes.			
1. Land		\$ 800,000	
2. Land Improvements	*Historical Cost 9,000,000 Accum. Depreciation 4,550,895 Net	\$ 4,449,105	
3. Buildings	*Historical Cost Accum. Depreciation Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation Net	\$	
7. Minor Equipment-Not Depreciable		\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)		\$ 5,249,105	
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	
	(2,070,610)	3/29/12	
7. Other Assets (itemize)		\$ 510,185	
See Schedule	510,185		
D-8. Total Investments and Other Assets (Lines D1 thru 7)		\$ 2,358,786	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)		\$ 9,441,051	

* 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 Holdings d/b/a Laurel Ridge Health Ca	2247	9/30/2020	33	37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 1,512,407										
2. Notes Payable (<i>itemize</i>)				\$ (289,114)										
Line of credit				156,295										
Due to related party				(445,409)										
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 style="text-align: left;">Name of Lender</th> <th style="text-align: left;">Purpose</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Date Due</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><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>)				\$ 286,224										
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$										
6. Accrued Payroll Taxes Payable				\$ 265,041										
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>)				\$ 622,628										
Accrued health insurance				4,879										
Accrued operating expenses				56,162										
Accrued expense-CT sales tax				80										
Provider taxes				561,507 See Schedule										
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,397,186										

* 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 Holdings d/b/a Laurel Ridge Health	License No. 2247	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,397,186	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$ 16,362	
Name of Lender	Purpose	Amount	Date Due	
Graybar	energy upgrade	16,362	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>)			\$ 1,313,225	
Due to related party-landlord			1,313,225	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 1,329,587	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 3,726,773	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge H	2247	9/30/2020	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$ 800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$ 4,449,105
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				\$ 5,249,105
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 1,603,457
6. Gain or Loss for Period 10/1/2019 thru 9/30/2020				\$ (1,139,717)
7. Total Net Worth				\$ 463,740
C. Total Reserves and Net Worth				\$ 5,712,845
D. Total Liabilities, Reserves, and Net Worth				\$ 9,439,618

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Hea	2247	9/30/2020	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$ 1,680,213	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$ 13,910,388	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$ 15,050,105	
D. Net Income or Deficit			\$ (1,139,717)	
E. Balance			\$ 540,496	
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Health Insurance Adjustment			(22,660)	
State Income Tax Adjustment			(54,100)	
Building Improvements Deprec-2019			1,433	
Rounding			4	
F-3. Total Additions			\$ (75,323)	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawals <i>(Specify)</i>			\$	
Purpose			Amount	
3. Total Deductions			\$	
H. Balance at End of Period		09/30/20	\$ 465,173	

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge Health	License No. 2247	Report for Year Ended 9/30/2020	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		