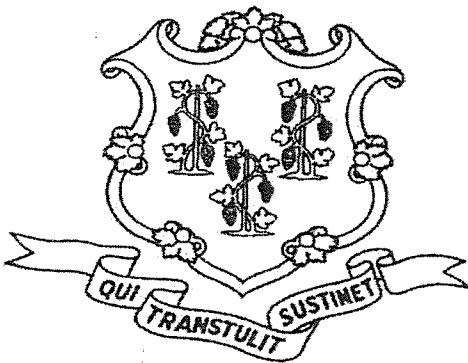


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville				
Address (No. & Street, City, State, Zip Code) 261 Summit Street, Plantsville, CT 06479				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		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 2282	RHNS	(Specify)	Medicare Provider 075420
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Medicaid Provider Numbers:	CCNH 2282	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) <u>Southington SNF, LLC OF PLANTSVILLE</u> d/b/a <u>The Summit at Plantsville</u>	License No. 2282	Report for Year Ended 9/30/2019	Page 1	of 37
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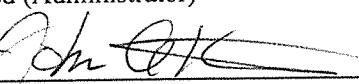
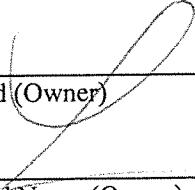
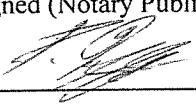
Administrator's/Owner's Certification

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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [facility name] for the cost report period beginning October 01, 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 penalties of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) 	Date 2/17/20	Signed (Owner) 	Date 2/17/20
Printed Name (Administrator) John Kelly		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2/17/20	Signed (Notary Public) 
Address of Notary Public 38 Lida Dr. Plainville CT 06062			

(Notary Seal)

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Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville	Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 261 Summit Street, Plantsville, CT 06479			
Report Prepared By Athena Health Care Associates, Inc.	Phone Number 860-751-3900	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 860-628-0634	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville	Address (No. & Street, City, State, Zip) 261 Summit Street, Plantsville, CT 06479			
License Numbers:	CCNH 2282	RHNS	(Specify)	Medicare Provider No. 075420
Type of Facility (Check appropriate box(es))				
<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)				
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 John Kelly Nursing Home Administrator's License No.: 801				
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

The Summit at Plantsville
Ownership Interests
9/30/2019

Lawrence G. Santilli	73.55%
Guardians for Lawrence E. Santilli	19.45%
Mahaney Family Limited Partnership	2.00%
Michael E. Mosier	3.00%
Marybeth Hauser	1.00%
Teresa Skinner	1.00%
	<hr/>
	100.00%

General Information and Questionnaire Corporate Owners

Name of Facility Southington SNF, LLC of Plantsville d/b/a T	License No. 2282	Report for Year Ended 9/30/2019	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC of Plantsville d/b/a The Sun	2282	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

General Information and Questionnaire
Related Parties*

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit	License No. 2282	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				
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 type="radio"/> Yes <input checked="" type="radio"/> No				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties Yes <input type="radio"/> No <input checked="" type="radio"/> %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #
Miscellaneous Facilities	Various	<input type="radio"/> <input checked="" type="radio"/> >98% <input type="radio"/> Interfacility loans		
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> >98% <input type="radio"/> Facility participates in common 401k plan		
Laurel Ridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input type="radio"/> <input checked="" type="radio"/> >98% <input type="radio"/> Bank Charges	Pg 16 Ln m13	5,257
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/> <input checked="" type="radio"/> <50% <input type="radio"/> Workers Comp Captive	Pg 15 1a1	465,396
ProCare, LTC	111 Executive Blvd, Farmingdale, NY 11735	<input type="radio"/> <input checked="" type="radio"/> <50% <input type="radio"/> Pharmacy	Pg 20 Ln 5a2	259,672
Summit Landlord	135 South Rd, Farmington, CT 06032	<input type="radio"/> <input checked="" type="radio"/> >98% <input type="radio"/> Lease of Facility	Pg 22 Ln9, 10b; Pg 27 1	910,858
Athena Health Care	135 South Rd, Farmington, CT 06032	<input type="radio"/> <input checked="" type="radio"/> <50% <input type="radio"/> See Attached		
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/> <input checked="" type="radio"/> Self Insured Employee Health & Dental Insu	Pg 15 1a5	1,156,823
		<input type="radio"/> <input checked="" type="radio"/>		1,156,823

* Use additional sheets if necessary.

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

The Summit at Plantsville
RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50% Management Fees, Insurance Data Processing Business Promotion Payroll Postage Repairs & Maintenance Health Insurance Compliance Employee Relations Purchased Service Admin Nursing Consultant	Pg 17 Pg 27 14a Pg 16 Ln m13 Pg 16 Ln m3 Pg 16 Ln m13 Pg 16 Ln m7 Pg 22 Ln 6a Pg 15 1a5 Pg 16 L3 Pg 16 Ln m13 Pg 13 B11a2	650,850.00 1,790.00 885.00 885.00 8,082.00 42,894.00 165.00 10,011.00 5,919.00 3,136.00 2,986.00 2,489.00	256,531.00 1,790.00 885.00 885.00 8,082.00 42,894.00 165.00 10,011.00 5,919.00 3,136.00 2,986.00 2,489.00

729,207.00

344,960.00

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Southington SNF, LLC of Plantsville d/b/a The	License No. 2282	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.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles?

* 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 Southington SNF, LLC of Plantsvil	License No. 2282	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 & Sterczala 2 Marcum LLP 3 MidCap Financial Services LLC 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Dr, Suite 488, Shelton, CT 06484 555 Long Wharf Dr, 12th Fl, New Haven, CT 06511 259 W 30th St, Suite 301 NY, NY 10001
--	---

Services Provided by This Firm (describe fully)

1 2019 Year End Audit Financials	\$ 10,100
2 2018 Medicare Cost Report Preparation	\$ 2,700
3 Line of credit audit fees (disallow)	\$ 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 MidCap Financial Services LLC 2 Treasurer State of CT/Cheshire Probate Court 3 Murtha Cullina LLP 4 Marshall Vincent Messina 5	Telephone Number 203-271-6608 860-240-6000 203-271-6608
--	--

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

1 259 W 30th St, Suite 301 NY, NY 10001
2 Court of Probate, Cheshire Probate District, 84 S. Main St, Cheshire, CT 06410
3 CityPlace 1, 185 Asylum St, Hartford, CT 06103
4 Court of Probate, Cheshire Probate District, 84 S. Main St, Cheshire, CT 06410
5

Services Provided by This Firm (describe fully)

1 Line of credit audit fees (disallow)	\$ 219
2 Conservatorship (disallow)	\$ 937
3 Annual Reports	\$ 20
4 Service of Notice (disallow)	\$ 130
5	\$
	Charge for Services Provided \$ 1,306

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

Pg 15 Line 1e

Yes No

Schedule of Resident Statistics

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville		License No. 2282		Report for Year Ended 9/30/2019				Report for Year Ended 9/30/2019			
				Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30	
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS (Specify)	Total	CCNH	RHNS (Specify)
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	150	150				150	150			150	150
B. On last day of THIS report period	150	150				150	150			150	150
2. Number of Residents											
A. As of midnight of PREVIOUS report period	149	149				149	149			141	141
B. As of midnight of THIS report period	148	148				141	141			148	148
3. Total Number of Days Care Provided During Period											
A. Medicare	4,808	4,808				3,637	3,637			1,171	1,171
B. Medicaid (Conn.)	42,246	42,246				31,223	31,223			11,023	11,023
C. Medicaid (other states)											
D. Private Pay	3,928	3,928				3,244	3,244			684	684
E. State SSI for RCH											
F. Other (Specify) Managed Care	2,245	2,245				1,749	1,749			496	496
G. Total Care Days During Period (3A thru F)	53,227	53,227				39,853	39,853			13,374	13,374
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days	351	351				320	320			31	31
B. Other Bed Reserve Days	42	42				26	26			16	16
5. Total Resident Days (3G + 4A + 4B)	53,620	53,620				40,199	40,199			13,421	13,421

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC of Plantsville d/b/a TH	License No. 2282	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.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	6	123		6		13		
Per Diem Rate								
a. One bed rm.	526.95	233.01		565.00		302.78		
b. Two bed rms.	526.95	233.01		543.00		302.78		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Physical Therapy Treatments**

TOTAL CCNH RHNS (Specify)

5,724 5,724

358 358

10,753 10,753

16,835 16,835

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Speech Therapy Treatments**

2,551 2,551

231 231

1,748 1,748

4,530 4,530

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Occupational Therapy Treatments**

3,895 3,895

764 764

8,046 8,046

12,705 12,705

Report of Expenditures - Salaries & Wages

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Pl	License No. 2282	Report for Year Ended 9/30/2019		Page 10	of 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)	128,276	2,128			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	247,320	10,317			
5. Dietary Service					
a. Head Dietitian	14,096	427			
b. Food Service Supervisor	58,645	2,080			
c. Dietary Workers	478,764	29,379			
6. Housekeeping Service					
a. Head Housekeeper	49,495	2,114			
b. Other Housekeeping Workers	218,920	16,578			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	61,898	2,176			
b. Other Maintenance Workers	48,181	2,236			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	182,405	10,850			
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	185,599	3,669			
b. RN					
1. Direct Care	499,783	10,566			
2. Administrative**	500,276	13,895			
c. LPN					
1. Direct Care	1,231,502	45,122			
2. Administrative**					
d. Aides and Attendants	2,261,514	125,781			
e. Physical Therapists	384,935	11,148			
f. Speech Therapists	136,651	2,828			
g. Occupational Therapists	249,186	6,437			
h. Recreation Workers	220,893	11,419			
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	177,597	6,304			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	7,335,936	315,454			

* 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)

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

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

** Include all employment worked during the cost year.

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

*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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Sun	License No. 2282	Report for Year Ended 9/30/2019		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
*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	12,218	119			
3. Pharmacist	14,331	184			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	84,750	362			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	11,411	117			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Medical Staff Meetings	900	6			
9. Speech Therapist					
a. Resident Care					
b. Other	4,079	41			
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	2,489	80			
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify) See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	130,178	909			

* 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.

The Summit at Plantsville
Medical Director Schedule
9/30/2019

Name	Expense	Hours	Title
Anthony Ciardella, MD	46,250	137.35	Medical Director
Garumuni DeSilva, MD	22,500	8.70	Medical Director
Leonard Glaser, MD	<u>16,000</u>	<u>216.40</u>	Assistant Medical Director
	<u>84,750</u>	<u>362.45</u>	

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

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit		License No. 2282		Report for Year Ended 9/30/2019		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Health Drive Dental Group, One Prestige Dr, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>				
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Anthony Ciardella, 360-14 North Main St, Southington, CT 06479	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
Quest Diagnostics, PO Box 844217, Boston, MA 02284	Lab Services	<input type="radio"/>	<input checked="" type="radio"/>				
ProCare, LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest			
Leonard Glaser, 360 Main St, Southington, CT 06489	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
Eye Care Group, 1201 West Maint St, Ste100, Waterbury, CT 06708	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
Masstex, 3 Electronics Ave Ste 201, Danvers, <A 01923-1099	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Health Drive Eye Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
Health Drive Podiatry, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Spar, PO Box 609, Southington, CT 06489	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
Giosa and Brown, 455 Lewis Ave, Suite 206, Meriden, CT 06451	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
Starling Physicians, 2110 Silas Deane Hgwy, Rocky Hill, CT 06067	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
CT Clinical Nursing, PO Box 1535, Bristol, CT 06111	Wound Management	<input type="radio"/>	<input checked="" type="radio"/>				
Garumuni DeSilva, MD, 15 Aldo Dr, Woodbridge, CT, 06525	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
PACT, LLC, 322 East Main St, Suite 1B, Branford, CT 06405	Physician	<input type="radio"/>	<input checked="" type="radio"/>				
Athena Health Care Associates Inc, 135 South Rd, Farmington, CT 06032	MDS Fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners			
		<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
Southington SNF, LLC of Plantsville d/b/a The S	2282	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 465,396	465,396		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 129,174	129,174		
4. Social Security (F.I.C.A.)	\$ 489,703	489,703		
5. Health Insurance	\$ 1,023,008	1,023,008		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,953	31,953		
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*	\$ 48,941	48,941		
d. Accounting and Auditing	\$ 16,053	16,053		
e. Legal (Services should be fully described on Page 7)	\$ 1,306	1,306		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 60,562	60,562		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 63,368	63,368		
2. Cellular Phones	\$			
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 250	250		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ 28,480	28,480		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,029,953	1,029,953		
Subtotal	\$ 3,388,147	3,388,147		

* 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
		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		3,388,147	3,388,147		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	7,225	7,225		
3. Gifts to Staff and Residents	\$	26,917	26,917		
4. Employee Travel	\$	350	350		
5. Education Expenses Related to Seminars and Conventions	\$	7,020	7,020		
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>)	\$	6,000	6,000		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	19,916	19,916		
4. Fund-Raising***	\$				
5. Medical Records	\$	(20)	(20)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,803	4,803		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,609	10,609		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	1,706	1,706		
9. Subscriptions	\$	625	625		
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**	\$	468,297	468,297		
13. Other (<i>Specify</i>) See Attached Schedule	\$	116,948	116,948		
C-14 Total Administrative & General Expenditures	\$	4,058,543	4,058,543		

* 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	\$ 19,916		
Total Other Advertising	\$ 19,916	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Monthly Dues	\$ 10,174		
ALTCFM	\$ 85		
CAHCF Mutual Aid Program	\$ 350		
Total Dues	\$ 10,609	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 46,448		
Bank Charges	\$ 17,062		
Payroll Processing Fees	\$ 22,252		
Utility Audit	\$ 4,366		
Licenses	\$ 700		
Penalties CMS 2019-01-LTC-234	\$ 9,952		
Employee Physicals and Background Checks	\$ 12,879		
MDS Fill in Position	\$ 2,989		
Department of Labor Fine	\$ 300		
Total Other Administrative and General	\$ 116,948	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC of Plantsville d/b/	2282	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 Associates, Inc, 135 South Rd, Farmington, CT 06032	650,850	Full Management Services	See below
	429,561	Admin/Gen 66%	Pg 16 Line 12
Allocations of the above	104,136	Indirect 16%	Pg 18 Line 2C
	117,153	Direct 18%	Pg 20, Line 5J
Athena Health Care Associates, Inc, 135 South Rd, Farmington, CT 06032	38,736	Admin/Gen-Other Expenses	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
		9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 368,671	368,671		
2. Non-Food Supplies	\$ 53,441	53,441		
3. Other (Specify) _____ Dishes & Utensils	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Indirect Portion of Management Fee	\$ 104,136	104,136		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 526,248	526,248		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	437	437		
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.	\$705
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit	License No. 2282	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. \$	17,964	17,964		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Laundry Supplies	\$	8,806	8,806		
3D. Total Laundry Expenditures (3a + b + c)	\$	26,770	26,770		
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2018

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 by Personnel				
a. In-House Care	Amt.	\$ 33,552	33,552		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 33,552	33,552		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from ProCare	\$	227,832	227,832		
b. Medicine Cabinet Drugs	\$	9,301	9,301		
c. Medical and Therapeutic Supplies	\$	351,435	351,435		
d. Ambulance/Limousine***	\$	916	916		
e. Oxygen					
1. For Emergency Use	\$	37,520	37,520		
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	16,231	16,231		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	29,057	29,057		
i. Recreation	\$	47,761	47,761		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$	117,153	117,153		
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	89,760	89,760		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 926,966	926,966		

* 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

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).

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		22	37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	119,966	119,966		
b. Heat	\$	68,976	68,976		
c. Light & Power	\$	165,518	165,518		
d. Water	\$	59,592	59,592		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	16,551	16,551		
f. Other (<i>itemize</i>)	\$	92,988	92,988		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	523,591	523,591		
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$	2,214	2,214		
b. Building & Building Improvements	\$	26,405	26,405		
c. Non-Movable Equipment	\$	6,852	6,852		
d. Movable Equipment	\$	66,987	66,987		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	102,458	102,458		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$	5,238	5,238		
c. Leasehold Improvements	\$	27,641	27,641		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	32,879	32,879		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	703,126	703,126		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	130,877	130,877		
c. Personal property taxes	\$	11,294	11,294		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	980,634	980,634		

* 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

Depreciation Schedule

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville		License No. 2282		Report for Year Ended 9/30/2019		Report for Year Ended 9/30/2019		Page 23		Page 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		69,574		69,574	67,360	SL	Var	2,214			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal									2,214		
B. Building and Building Improvements											
1. Acquired prior to this report period		562,053		562,053	442,188	SL	Var	26,405			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal									26,405		
C. Non-Movable Equipment											
1. Acquired prior to this report period		257,103		257,103	232,095	SL	Various	6,852			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal									6,852		
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. 1996 Dodge Caravan	X	10/2019	7,493		7,493	7,493	SL	5			
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period		9/2018	1,717,399		1,717,399	1,470,606	SL	Various	60,584		
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)		9/2019	56,520		56,520	SL	Var	6,403			
D-3. Subtotal									66,987		
E. Total Depreciation									102,458		

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2018	Parking Lot Repairs	\$ 9,923	8	\$ 620
1/1/2019	Fire Doors	\$ 14,923	10	\$ 746
1/1/2019	Dining Room Air Conditioner Motor	2344	5	234
3/1/2019	Water Tank System	45811	20	1145
3/1/2019	Heating Repairs	2160	5	216
4/1/2019	Electrical Wiring	2366	5	237
4/1/2019	Reclass Generator per FY18 Cost Report Review	-4300	5	-430
6/1/2019	Air Conditioner Condenser	4885	15	163
7/1/2019	Relocate & Replace Sprinkler Heads	1678	5	168
7/1/2019	Replace Main Drain Valve	1140	5	114
8/1/2019	Plaster Ceiling Over Dryers	3797	12	158
8/1/2019	Water Tank Project Analysis	1700	20	43
Total additions for Leasehold Improvement		\$ 86,427		\$ 3,414 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility							Report for Year Ended 9/30/2019			Page 24		of 37	
			Date of Acquisition		Length of Amortization		Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization	Rate % for This Year	Totals		
Item			Month	Year	Month	Year							
A. Organization Expense													
1.													
2.													
3.													
A-4. Subtotal													
B. Mortgage Expense													
1. Finance Fees Key Bank		2	2018	3 years			15,715		3,492	SL			
2. Finance Fees - Greystone		9	2019	pending			58,070			SL			
3.													
B-4. Subtotal													
C. Household Improvements and Other													
1. Acquired prior to this report period	9	2018	Various		244,046		85,393	SL		Var	24,227		
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)	9	2019	various		86,427			SL		Var	3,414		
C-4. Subtotal													
D. Total Amortization											27,641		
											32,879		

* Straight-line method must be used.

** Specify which of the following bases were used:

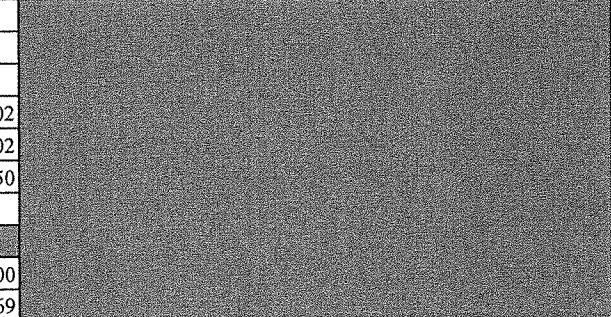
A. Minimum of 5 years or 60 months.

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 Southington SNF, LLC of Plantsville	License No. 2282	Report for Year Ended 9/30/2019	Page 25	of 37																				
11. Property Questionnaire																								
Part A Is the property either owned by the Facility <input checked="" type="radio"/> Yes <input type="radio"/> No or leased from a Related Party?* <small>*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.</small>																								
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td></td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td>08/01/02</td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>08/01/02</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>150</td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td>880,000</td> </tr> <tr> <td> b. Building</td> <td>4,371,469</td> </tr> </table>		Description	Total	1. Date Land Purchased		2. Date Structure Completed		3. If NOT Original Owner, Date of Purchase	08/01/02	4. Date of Initial Licensure	08/01/02	5. Total Licensed Bed Capacity	150	6. Square Footage		7. Acquisition Cost		a. Land	880,000	b. Building	4,371,469			
Description	Total																							
1. Date Land Purchased																								
2. Date Structure Completed																								
3. If NOT Original Owner, Date of Purchase	08/01/02																							
4. Date of Initial Licensure	08/01/02																							
5. Total Licensed Bed Capacity	150																							
6. Square Footage																								
7. Acquisition Cost																								
a. Land	880,000																							
b. Building	4,371,469																							
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/Key Bank																							
b. Date Mortgage Obtained	03/29/12																							
c. Interest Rate for the Cost Year	3.22%/6.92%																							
d. Term of Mortgage (number of years)	30																							
e. Amount of Principal Borrowed	9,526,089																							
f. Principal balance outstanding as of 9/30/19	6,813,355																							
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.

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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						
12 B7. <i>Total Building Interest Expense (A1 - A4 + B5)</i>	\$					

(Carry Subtotals forward to next page)

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

Name of Facility Southington SNF, LLC of Plantsvi	License No. 2282	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)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	16,931	16,931		
Vender Interest \$12,559, LOC \$4,372						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	16,931	16,931		
14. Insurance						
a. Insurance on Property (buildings only)		\$	85,053	85,053		
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)		\$	85,053	85,053		
15. Total All Expenditures (A-13 thru C-14)		\$	14,644,402	14,644,402		

D. Adjustments to Statement of Expenditures

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Plan				License No. 2282	Report for Year Ended 9/30/2019		Page of 28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 249,186	249,186		
4.			Other - See attached Schedule	\$ 35,773	35,773		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 11,411	11,411		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 48,941	48,941		
10.	15	1d	Accounting	\$ 3,253	3,253		
10a.			Legal	\$ 1,286	1,286		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 26,917	26,917		
15.	16	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.	16	m2&c	Unallowable Advertising *	\$ 19,916	19,916		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 28,730	28,730		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 253,603	253,603		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,020	29,020		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 705	705		
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)				\$ 708,741	708,741		

* 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	Community Coordinator/Marketing: Salary & Benefits	\$ 35,773		
Total Other Salaries Adjustment			\$ 35,773	\$ -	\$ -

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	8n	Disallowed Dues	\$ 1,706		
16	M13	Bank Charges	\$ 17,062		
16	M13	CMS Case No. 2019-01-LTC 234	\$ 9,952		
16	M13	Department of Labor Fine	\$ 300		
Total Other A&G Adjustments			\$ 29,020	\$ -	\$ -

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

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Pi				License No. 2282	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 708,741	708,741			
<i>Page 20 - Resident Care Supplies***</i>								
27.	20	5a1&	Prescription Drugs	\$ 227,832	227,832			
28.	20	5d	Ambulance/Limousine	\$ 916	916			
29.	20	5f	X-rays, etc	\$ 16,231	16,231			
30.	20	5h	Laboratory	\$ 29,057	29,057			
31.	20	5c	Medical Supplies	\$ 15,880	15,880			
32.	20	500	Oxygen (non emergency)	\$ 37,520	37,520			
33.			Occupational Therapy	\$ 24	24			
34.			Other - See Attached Schedule	\$ 29,840	29,840			
<i>Page 22 - Maintenance and Property</i>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,532	10,532			
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	\$				
<i>Page 27 - Insurance</i>								
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
<i>Other - Miscellaneous</i>								
42.			Other - Indirect	\$ 24,795	24,795			
43.	30	IV5	Interest Income on Account Rec.	\$ 85	85			
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$ 69,164	69,164			
46.			Management Fees Indirect	\$ 61,479	61,479			
47.			Other - Direct	\$				
<i>Not For Profit Providers Only</i>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.	<i>Total Amount of Decrease (Items 1 - 48)</i>			\$ 1,232,096	1,232,096			

*** 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

Total Other Adjustments		\$ 24,795	\$ -	\$ -

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref Line Ref Description

CCNH

RHNS

Attachment Page 29
(Specify)

Schedule of Unallowable Building Interest

Page Ref Line Ref Description

CCNH

RHNS

(Specify)

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)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 22,855,143	22,855,143				
b. Medicaid Room and Board Contractual Allowance **	\$ (13,108,242)	(13,108,242)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,568,726	2,568,726				
b. Medicare Room and Board Contractual Allowance **	\$ (301,336)	(301,336)				
4. a. Private-Pay Residents and Other	\$ 3,393,299	3,393,299				
b. Private-Pay Room and Board Contractual Allowance **	\$ (485,692)	(485,692)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 154,345	154,345				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (147,461)	(147,461)				
c. Prescription Drugs - Non-Medicare	\$ 217,765	217,765				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (217,765)	(217,765)				
2. a. Medical Supplies - Medicare	\$ 880	880				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 630	630				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (630)	(630)				
3. a. Physical Therapy - Medicare	\$ 794,443	794,443				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (655,487)	(655,487)				
c. Physical Therapy - Non-Medicare	\$ 69,222	69,222				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (69,222)	(69,222)				
4. a. Speech Therapy - Medicare	\$ 374,589	374,589				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (263,208)	(263,208)				
c. Speech Therapy - Non-Medicare	\$ 94,412	94,412				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (94,412)	(94,412)				
5. a. Occupational Therapy - Medicare	\$ 619,357	619,357				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (513,148)	(513,148)				
c. Occupational Therapy - Non-Medicare	\$ 105,808	105,808				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (105,808)	(105,808)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 14,148	14,148				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,300,356	15,300,356				
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>)	\$ 40,455	40,455				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 31,492	31,492				
V. Total Other Revenue (1 thru 8)	\$ 71,947	71,947				
VI. Total All Revenue (III +V)	\$ 15,372,303	15,372,303				

* 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)
N/A	Medicare Retroactive	\$ 3,775		
N/A	Medicaid Retroactive	\$ 10,373		
Total Other Resident Revenue - Medicare		\$ 14,148	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 32 Ln D	Interest on Notes Receivable	1,137,764	\$ 40,370		
Pg 32 Ln A	Medicare and Medicaid Interest		\$ 85		
Total Interest Income		\$ 40,455	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Revenue		\$ 31,492	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 17,003	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,176,415	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 120	
4. Inventories			\$ 25,899	
5. Prepaid Expenses			\$ 368,140	
a. Prepaid Insurance		343,879		
b. Prepaid Expenses Other		5,150		
c. Prepaid Property & Income Tax		19,111		
d. See Schedule				
6. Interest Receivable			\$ 102,817	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 216,269	
Related Party		216,269		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,906,663	
B. Fixed Assets			\$	
1. Land			\$	
2. Land Improvements	*Historical Cost	69,574	\$	
	Accum. Depreciation	69,574	Net	
3. Buildings	*Historical Cost	562,053	\$	93,460
	Accum. Depreciation	468,593	Net	
4. Leasehold Improvements	*Historical Cost	330,473	\$	217,439
	Accum. Depreciation	113,034	Net	
5. Non-Movable Equipment	*Historical Cost	257,103	\$	18,156
	Accum. Depreciation	238,947	Net	
6. Movable Equipment	*Historical Cost	1,748,115	\$	210,522
	Accum. Depreciation	1,537,593	Net	
7. Motor Vehicles	*Historical Cost	7,493	\$	
	Accum. Depreciation	7,493	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 25,804	
Excluded Movable Equipment		25,804		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 565,381	

* 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

Total Other Assets		\$ -

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)		\$ -

THE SUMMIT AT PLANTSVILLE
PREPAID EXPENSES-OTHER #1580-010
9/30/2019

	<u>Balance</u>
FLMA Online License 12/1/17-12/31/20	490.94 5138
Email Services 9/1/19-2/28/20 (6 months)	2,607.38 5148
Chamber of Commerce Dues 1/1/19-12/31/19	243.75 5135
Data Processing 9/1/19-8/31/20 (12 months)	1,808.13 5138
TOTAL AT 9/30/19	<u>5,150.19</u>
	9/30/2019

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC of Plantsville d/	2282	9/30/2019	32 37
Account		Amount	
Total Brought Forward:		\$ 2,472,044	
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$ 880,000
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	4,371,469 1,924,194 Net	\$ 2,447,275
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)			\$ 3,327,275
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$ 4,306,111
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (3,062,908)
Name and Address	Amount	Loan Date	
Due From Related Party	(3,062,908)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$ 78,306
Project Development	13,252		
Deferred Finance Fees	65,054		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,321,509
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 7,120,828

* 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 Southington SNF, LLC of Plantsville d/b/a Th	License No. 2282	Report for Year Ended 9/30/2019	Page 33	of 37		
Account			Amount			
Liabilities						
A. Current Liabilities						
1. Trade Accounts Payable				\$ 1,155,265		
2. Notes Payable (<i>itemize</i>)				\$ (370,896)		
Loans Related Parties		166,360				
Line of Credit - Key Bank		(537,256)				
See Schedule						
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$		
Name of Lender		Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 228,112		
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$		
6. Accrued Payroll Taxes Payable				\$ 7,764		
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>)				\$ 389,311		
Accrued Health Insurance		4,025				
Accrued Operating Expenses		126,956				
Accrued Expenses - CT Sales & Use		836				
Provider Tax Due		257,494 See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,409,556		

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

(Carry Total forward to next page)

SUMMIT AT PLANTSVILLE
ACCRUED EXPENSES-OPERATING
9/30/2019

HEALTH INSURANCE IBNR 9/30/18	30,571.77
9/30/19 Audit Fees	10,100.00
Payroll Processing	1,282.37
Water Invoice	5,836.28
Sewer Invoice	6,949.39
Gas Invoice - Sept	1,765.05
Gas Invoice - Sept	1,753.03
Gas Invoice - Aug	1,727.32
Entity Tax 2019 Landlord Manager	250.00
Lab FY19 Invoices	6,683.28
Data Processing Sept	192.56
Payroll Processing Sept	415.67
Electricity Sept	37.78
Pharmacy August	19,134.98
PharmacySept	21,739.92
Health Insurance Processing Fee Aug	1,868.25
Bank Fee Reimbursement July-Sept	1,793.11
Maint Supplies Sept	167.18
Jan-Mar Unemployment Tax	420.00
Sept Adjustment Health Ins from Estimate to Actual	(15,756.30)
Electricity Sept	12,217.06
Physician Services Aug&Sept	666.03
Workers Compensation Audit FY19	10,607.00
Sept Copier	1,192.17
Dental Consultants Aug	1,357.50
Dental Consultants Sept	1,357.50
Oxygen Sept	2,627.19

126,956.09

G/L Balance 9/30/19 **126,956.09**

Variance -

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G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC of Plantsville d/b/a	License No. 2282	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,409,556
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 698,394
Name and Address of Lender	Amount	Loan Date		
Due to Related Party	698,394	None		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (711,281)
Notes Payable - Related Landlord				(752,807)
Notes Payable - McKesson				41,526
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (12,887)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,396,669

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC of Plantsville	2282	9/30/2019	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$ 880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$ 2,447,275
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				\$ 3,327,275
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$ (400,000)
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 2,068,983
6. Gain or Loss for Period 10/1/2018 thru 9/30/2019				\$ 727,901
7. Total Net Worth				\$ 2,396,884
C. Total Reserves and Net Worth				\$ 5,724,159
D. Total Liabilities, Reserves, and Net Worth				\$ 7,120,828

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H. Changes in Total Net Worth

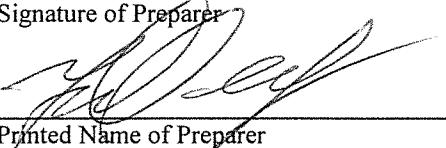
Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC of Plantsville d/b	2282	9/30/2019	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ 1,639,566
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 15,372,303
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 14,644,402
D. Net Income or Deficit			\$ 727,901
E. Balance			\$ 2,367,467
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Health Insurance Adjustment			50,720
Accrue FY18 Income Tax AJE			(21,300)
Rounding			(3)
2. Other (<i>itemize</i>)			
F-3. Total Additions			\$ 29,417
G. Deductions			
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$
Name and Address (No., City, State, Zip)			
2. Other Withdrawings (<i>Specify</i>)			\$
Purpose			
3. Total Deductions			\$
H. <i>Balance at End of Period</i>			\$ 2,396,884

I. Preparer's/Reviewer's Certification

Name of Facility Southington SNF, LLC of Plantsville d/b/a	License No. 2282	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 CFO	Date Signed 2/17/2020
Printed Name of Preparer Athena Health Care Associates, Inc.		
Address 135 South Rd, Farmington, CT 06032		Phone Number 860-751-3900
Contacted Person Regarding Additional Information Needed Regarding This Report Michael Mosier		Phone Number 860-751-3900
Contact Email Address mmosier@athenahealthcare.com		