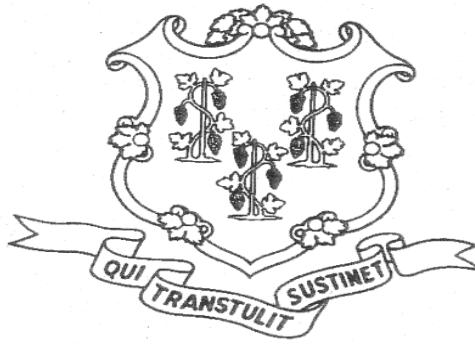


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	
Address (No. & Street, City, State, Zip Code) 89 Weid Drive Naugatuck, CT 06770	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2182-C	RHNS	(Specify)	Medicare Provider 07-5390
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2182-C	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) Naugatuck Health Care LLC d/b/a Beacon Brook Heal	License No. 2182-C	Report for Year Ended 9/30/2021	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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Melissa Vivo			Printed Name (Owner) Lawrence G. 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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 89 Weid Drive Naugatuck, CT 06770				
Report Prepared By Athena Health Care Associates	Phone Number 860-751-3900	Date 2/1/2022		
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 203-729-9889	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care		Address (No. & Street, City, State, Zip) 89 Weid Drive Naugatuck, CT 06770		
License Numbers:	CCNH 2182-C	RHNS	(Specify)	Medicare Provider No. 07-5390
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <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 Melissa Vivo		Nursing Home Administrator's License No.:	2043	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

State of Connecticut

Annual Report of Long-Term Care Facility

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**General Information and Questionnaire
Partners/Members**

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2021	Page of 3 37
Legal Name of Partnership/LLC Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		Business Address 89 Weid Drive Naugatuck, CT 06770	State(s) and/or Town(s) in Which Registered CT
Name of Partners/Members	Business Address	Title	% Owned
Lawrence G. Santilli	135 South Rd., Farmington, CT 06032	Manager	70.34
Conservators for Lawrence E.	135 South Rd., Farmington, CT 06032		14

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook H	License No. 2182-C	Report for Year Ended 9/30/2021	Page of 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 Naugatuck Health Care LLC d/b/a Beacon Brook Health		License No. 2182-C	Report for Year Ended 9/30/2021			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Page 33, A2		
Athena Health Care 401k	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Page 15 1a1	194,129	194,129
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Page 15 1a5	1,610,160	1,610,160
Procare LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy (Minority Interest)	Page 20 5a2	401,387	401,387
Athena Health Care Systems	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		see attached	see attached	see attached	see attached
Athena Health Care Systems	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Management Fee	Page 17		279,272
		<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 Naugatuck Health Care LLC d/b/a Beacon Brook	License No. 2182-C	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

19,223

* 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 Naugatuck Health Care LLC d/b/a	License No. 2182-C	Report for Year Ended 9/30/2021	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 Marcum LLP 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 555 Long Wharf Drive, New Haven, CT
---	---

Services Provided by This Firm (*describe fully*)

1 2020 Tax Return & Audit	\$ 4,249
2 9/30/20 Medicare cost report	\$ 2,700
3	\$
4	\$
	Charge for Services Provided \$ 6,949

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, LLC 2 Treasurer, State of CT 3 Murtha Cullina LLP 4 Michael Mormile (State of CT Probate Court) 5	Telephone Number 203-899-8900 860-231-2442 860-240-6000 203-720-7046
---	--

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

1 200 Connecticut Avenue, Norwalk, CT 06854	
2 186 Newington Road West Hartford, CT 06110	
3 City Place 185 Asylum Street, Hartford, CT 06103	
4 229 Church Street, Naugatuck, Ct 06770	
5	

Services Provided by This Firm (*describe fully*)

1 A/R Collections (Disallow)	\$ 11,500
2 Conservator Request (Disallow)	\$ 750
3 Misc Issues (Disallow)	\$ 2,395
4 Conservator Request (Disallow)	\$ 191
5	\$
	Charge for Services Provided \$ 14,836

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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center			License No. 2182-C				Report for Year Ended 9/30/2021				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					89	89						
A. As of midnight of PREVIOUS report period	89	89										
B. As of midnight of THIS report period	114	114							114	114		
3. Total Number of Days Care Provided During Period					4,489	4,489						
A. Medicare	6,648	6,648							2,159	2,159		
B. Medicaid (Conn.)	29,420	29,420			21,130	21,130			8,290	8,290		
C. Medicaid (other states)												
D. Private Pay	649	649			543	543			106	106		
E. State SSI for RCH	33	33							33	33		
F. Other (Specify) Managed Care	109	109			109	109						
G. Total Care Days During Period (3A thru F)	36,859	36,859			26,271	26,271			10,588	10,588		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	14	14							14	14		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	36,873	36,873			26,271	26,271			10,602	10,602		

Schedule of Resident Statistics (Cont'd)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Br	License No. 2182-C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	15	94					5	
Per Diem Rate								
a. One bed rm.	595.73	280.50		617.00		481.14		
b. Two bed rms.	595.73	280.50		602.00		481.14		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	6,874	6,874	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,790	1,790	
2. Restorative Treatments			
C. Other	14,158	14,158	
D. Total Physical Therapy Treatments	22,822	22,822	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	996	996	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	304	304	
2. Restorative Treatments			
C. Other	2,089	2,089	
D. Total Speech Therapy Treatments	3,389	3,389	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	5,928	5,928	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,825	1,825	
2. Restorative Treatments			
C. Other	13,533	13,533	
D. Total Occupational Therapy Treatments	21,286	21,286	

Report of Expenditures - Salaries & Wages

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care	License No. 2182-C	Report for Year Ended 9/30/2021		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)	121,182	2,067					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	256,821	10,559					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor	70,781	2,048					
c. Dietary Workers	474,167	30,579					
6. Housekeeping Service							
a. Head Housekeeper	45,363	1,429					
b. Other Housekeeping Workers	275,354	19,461					
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	88,099	2,703					
b. Other Maintenance Workers	62,202	2,738					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	92,392	6,677					
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	251,883	4,185					
b. RN							
1. Direct Care	563,411	12,850					
2. Administrative**	575,326	18,909					
c. LPN							
1. Direct Care	1,215,777	39,214					
2. Administrative**							
d. Aides and Attendants	1,595,930	85,024					
e. Physical Therapists	556,542	15,279					
f. Speech Therapists	110,794	2,713					
g. Occupational Therapists	374,815	9,157					
h. Recreation Workers	193,681	7,398					
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	188,855	6,910					
n. Marketing							
o. Other (Specify)							
See Attached Schedule							
A-13. Total Salary Expenditures	7,113,375	279,900					

* 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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center				License No. 2182-C		Report for Year Ended 9/30/2021			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										
Not Applicable										
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).										
Not Applicable										

* 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
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center				2182-C		9/30/2021			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***										
Melissa Vivo (10/1/20-9/30/21)	121,182			Health & life insurances, Payroll taxes	Day to day operations of the nursing home facility.	2,067				
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 Naugatuck Health Care LLC d/b/a Beacon Brook H	License No. 2182-C	Report for Year Ended 9/30/2021		Page 13	of 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	14,364	7			
3. Pharmacist	13,423	32			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,000	222			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	46				
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	661	2			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	10,015	123			
2. Administrative***					
b. LPN					
1. Direct Care	70,904	816			
2. Administrative***					
c. Aides	91,288	2,780			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	230,701	3,982			

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

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

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

Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Masstek Imaging, 3 Electronics Ave., Danvers, MA 01923	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Swallowing Diagnostics, 21 Waterville Rd., Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group, 888 Worcester St., Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT, 110 Bi-County Blvd Suite 121, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Alliance Medical Group Inc. (Dr. Elser), 1801 W Olympic Blvd, File 2201, Pasadena, CA 91199	Medical Director, Physician	<input type="radio"/>	<input checked="" type="radio"/>		
MAS Staffing, 156 Harvey Rd., Londonberry, NH 03503	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Broad St., Suite 302, Newark, NJ 07102	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, Inc., 97 Elm St., Cohasset, MA 02025	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main St., Plainville, CT 06479	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care, 410 Melville Ave., Lakewood, NJ 08701	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Fusion Medical Staffing LLC, PO Box 82674, Lincoln, NE 82674	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Prospect CT Medical Foundation, 1801 W Olympic Blvd, File 2201, Pasadena, CA 91109	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Naugatuck Valley Cardiovasc Assoc, 1625 Straits Turnpike, Middlebury, CT 06782	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eye-Care Group, PO Box 22010, New York, NY 10087	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	194,129	194,129		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	76,180	76,180		
4. Social Security (F.I.C.A.)	\$	459,966	459,966		
5. Health Insurance	\$	1,132,635	1,132,635		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	26,436	26,436		
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*	\$	344,592	344,592		
d. Accounting and Auditing	\$	6,949	6,949		
e. Legal (Services should be fully described on Page 7)	\$	14,836	14,836		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	64,749	64,749		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	32,635	32,635		
2. Cellular Phones	\$	720	720		
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*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	635,330	635,330		
Subtotal		\$ 2,989,157	2,989,157		

* 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
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,989,157	2,989,157		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,978	5,978		
3. Gifts to Staff and Residents	\$	12,775	12,775		
4. Employee Travel	\$	504	504		
5. Education Expenses Related to Seminars and Conventions	\$	7,015	7,015		
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>)	\$	24,060	24,060		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	11,080	11,080		
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	\$	4,823	4,823		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	4,728	4,728		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	380	380		
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**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	154,480	154,480		
C-14 Total Administrative & General Expenditures	\$	3,214,980	3,214,980		

* 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	\$ 11,080		
Total Other Advertising	\$ 11,080	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,643		
ALTCFM	\$ 85		
Total Dues	\$ 4,728	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 2,823		
Bank Charges	\$ 51,726		
Payroll Processing Fees	\$ 22,797		
Employee Physicals & Background Checks	\$ 11,773		
Data Processing Fees	\$ 65,361		
Total Other Administrative and General	\$ 154,480	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Naugatuck Health Care LLC d/b/a Beacon	License No. 2182-C	Report for Year Ended 9/30/2021	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc, Inc 135 South Rd, Farmington, CT 06032		Contract attached to a prior year	See Below
Allocation of Above		Admin/ Gen 66%	Pg 16, line 12
Allocation of Above		Indirect 16%	Pg 18, line 2c
Allocation of Above		Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc, Inc 135 South Rd, Farmington, CT 06032		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
	2182-C	9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 305,987	305,987		
2. Non-Food Supplies	\$ 34,355	34,355		
3. Other (Specify) _____ Dishes	\$ 4,058	4,058		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 344,400	344,400		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	303	303		
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)				
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.	\$336
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 Naugatuck Health Care LLC d/b/a Beacon Brook Health	License No. 2182-C	Report for Year Ended 9/30/2021	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. \$	13,905	13,905	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (<i>Specify</i>) Supplies	\$	9,186	9,186	
3D. Total Laundry Expenditures (3a + b + c)	\$	23,091	23,091	
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
		9/30/2021		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. \$	61,750	61,750		
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)	\$	61,750	61,750		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	387,123	387,123		
b. Medicine Cabinet Drugs	\$	3,700	3,700		
c. Medical and Therapeutic Supplies	\$	341,873	341,873		
d. Ambulance/Limousine***	\$	10,381	10,381		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	24,609	24,609		
f. X-rays and Related Radiological Procedures***	\$	25,692	25,692		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	27,216	27,216		
i. Recreation	\$	12,408	12,408		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	77,489	77,489		
5M. Total Resident Care Expenditures (5a - 5j)	\$	910,491	910,491		

* 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).

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

Name of Facility	License No.	Report for Year Ended		Page of
Naugatuck Health Care LLC d/b/a Beacon Br	2182-C	9/30/2021		22 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 212,563	212,563		
b. Heat	\$ 58,571	58,571		
c. Light & Power	\$ 154,733	154,733		
d. Water	\$ 70,858	70,858		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 19,223	19,223		
f. Other (<i>itemize</i>)	\$ 96,732	96,732		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 612,680	612,680		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$ 966	966		
b. Building & Building Improvements	\$ 292,211	292,211		
c. Non-Movable Equipment	\$ 5,950	5,950		
d. Movable Equipment	\$ 40,747	40,747		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 339,874	339,874		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 15,426	15,426		
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 15,426	15,426		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 206,793	206,793		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 10,805	10,805		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 572,898	572,898		

* 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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center				License No. 2182-C			Report for Year Ended 9/30/2021				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				162,495		162,495	159,086	S/L	Various	966		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal											966	
B. Building and Building Improvements												
1. Acquired prior to this report period				9,501,382		9,501,382	6,350,002	S/L	Various	289,874		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				25,963		25,963				2,337		
B-4. Subtotal											292,211	
C. Non-Movable Equipment												
1. Acquired prior to this report period				321,794		321,794	296,751	S/L	Various	5,950		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal											5,950	
	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	2020	1,085,170		1,085,170	923,608	S/L	Various	40,307	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2021	8,777		8,777		S/L	Various	440	
D-3. Subtotal											40,747	
E. Total Depreciation											339,874	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

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

Schedule of Building Improvements Acquired during this report period

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

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

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2021	ice machine	\$ 4,597	10	\$ 230
7/31/2021	chair scale	\$ 2,090	10	\$ 105
9/30/2021	chair scale	2090	10	105
Total additions for Movable Equipment		\$ 8,777		\$ 440 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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

****Ties to Page 24, Line C2**

Amortization Schedule*

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care			License No. 2182-C		Report for Year Ended 9/30/2021			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 - Santander	9	2016	6 years	91,342	17,862	S/L		15,426	
2. Finance Fees - Greystone		2019		60,710					
3.									
B-4. Subtotal									15,426
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									15,426

* 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 Naugatuck Health Care LLC d/b/a Bea	License No. 2182-C	Report for Year Ended 9/30/2021	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				
4. Date of Initial Licensure	11/01/93			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	546,300			
b. Building	5,739,513			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	08/15/16			
c. Interest Rate for the Cost Year	3.31%			
d. Term of Mortgage (number of years)	6			
e. Amount of Principal Borrowed	10,300,000			
f. Principal balance outstanding as of	8,841,988			

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 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$	301814	301,814			
Name of Lender	Rate					
Sovereign Bank	Variable					
Address of Lender						
Reading, PA						
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)	\$	301,814	301,814			

(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 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			301,814	301,814		
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) Vendor Interest \$5,146			\$	5,146	5,146	
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	306,960	306,960	
14. Insurance						
a. Insurance on Property (buildings only)			\$	129,051	129,051	
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)			\$	129,051	129,051	
15. Total All Expenditures (A-13 thru C-14)			\$	13,520,377	13,520,377	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Ce				2182-C	9/30/2021		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	\$ 374,815	374,815		
4.			Other - See attached Schedule	\$ 3,264	3,264		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 46	46		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 344,592	344,592		
10.	15	1d	Accounting	\$ 6,949	6,949		
10a.			Legal	\$ 14,836	14,836		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 300	300		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 12,775	12,775		
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&c3	Unallowable Advertising *	\$ 11,080	11,080		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ (184,320)	(184,320)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 51,726	51,726		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 336	336		
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)				\$ 636,399	636,399		

* 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	A12m	Marketing Salaries & Benefits	\$ 3,084		
30	IV8	Misc Income	\$ 180		
Total Other Salaries Adjustment			\$ 3,264	\$ -	\$ -

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 charges	\$ 51,726		
Total Other A&G Adjustments			\$ 51,726	\$ -	\$ -

State of Connecticut

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

Name of Facility			License No.	Report for Year Ended		Page of	
Naugatuck Health Care LLC d/b/a Beacon Brook Health Car			2182-C	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 636,399	636,399		
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 387,123	387,123		
28.	20	5d	Ambulance/Limousine	\$ 10,381	10,381		
29.	20	5f	X-rays, etc	\$ 25,692	25,692		
30.	20	5b	Laboratory	\$ 27,216	27,216		
31.	20	5c	Medical Supplies	\$ 23,511	23,511		
32.	20	5e2	Oxygen (non emergency)	\$ 24,609	24,609		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 20,308	20,308		
			Page 22 - Maintenance and Property				
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,757	5,757		
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.	30	IV5	Interest Income on Account Rec.	\$ 41	41		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ (50,269)	(50,269)		
46.	20	5j	Management Fees Indirect	\$ (44,684)	(44,684)		
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)	\$ 1,066,084	1,066,084		

*** 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 9/30/2021			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,789,767	17,789,767				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,101,145)	(10,101,145)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,835,477	2,835,477				
b. Medicare Room and Board Contractual Allowance **	\$ 312,138	312,138				
4. a. Private-Pay Residents and Other	\$ 1,660,713	1,660,713				
b. Private-Pay Room and Board Contractual Allowance **	\$ (446,855)	(446,855)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 221,913	221,913				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (221,913)	(221,913)				
c. Prescription Drugs - Non-Medicare	\$ 175,721	175,721				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (175,721)	(175,721)				
2. a. Medical Supplies - Medicare	\$ 10,911	10,911				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (7,471)	(7,471)				
c. Medical Supplies - Non-Medicare	\$ 2,813	2,813				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,813)	(2,813)				
3. a. Physical Therapy - Medicare	\$ 891,179	891,179				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (695,374)	(695,374)				
c. Physical Therapy - Non-Medicare	\$ 302,650	302,650				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (302,650)	(302,650)				
4. a. Speech Therapy - Medicare	\$ 287,130	287,130				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (229,303)	(229,303)				
c. Speech Therapy - Non-Medicare	\$ 111,690	111,690				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (111,690)	(111,690)				
5. a. Occupational Therapy - Medicare	\$ 862,337	862,337				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (671,522)	(671,522)				
c. Occupational Therapy - Non-Medicare	\$ 298,110	298,110				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (298,110)	(298,110)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 786,336	786,336				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 13,284,318	13,284,318			
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>)	\$ 41	41				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 240,863	240,863				
V. Total Other Revenue (1 thru 8)		\$ 240,904	240,904			
VI. Total All Revenue (III +V)		\$ 13,525,222	13,525,222			

* 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	Misc Revenue from 2021 CRF funding	\$ 128,608		
	Misc Revenue from 2020 CRF funding	\$ 657,728		
	Total Other Resident Revenue	\$ 786,336	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	N/A	\$ 41		
	Total Interest Income		\$ 41	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Bad Debts Recovery	\$ 240,683		
N/A	Misc Income	\$ 180		
	Total Other Revenue	\$ 240,863	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 345,433
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 2,731,446
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4 Inventories				\$ 20,953
5. Prepaid Expenses				\$ 451,052
a. Prepaid Insurance				259,447
b. Prepaid Expense				20,443
c. Prepaid Interest				25,611
d. See Schedule				145,551
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$ (202,175)
8. Other Current Assets (<i>itemize</i>)				\$ 6,318
Mortgage Reserve Fund				6,318
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 3,353,027
B. Fixed Assets				
1. Land				\$ 546,300
2. Land Improvements				\$ 2,443
*Historical Cost 162,495				
Accum. Depreciation 160,052				Net
3. Buildings				\$ 2,885,132
*Historical Cost 9,527,345				
Accum. Depreciation 6,642,213				Net
4. Leasehold Improvements				\$
*Historical Cost				
Accum. Depreciation				Net
5. Non-Movable Equipment				\$ 19,093
*Historical Cost 321,794				
Accum. Depreciation 302,701				Net
6. Movable Equipment				\$ 120,183
*Historical Cost 1,084,538				
Accum. Depreciation 964,355				Net
7. Motor Vehicles				\$
*Historical Cost				
Accum. Depreciation				Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 9,411
Carryforward Equipment Adjustment 9,411				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 3,582,562

* 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

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	
		Project Development	\$ 215,434
Total Other Assets			\$ 215,434

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
		9/30/2021	32	37
Account				Amount
Total Brought Forward:				\$ 6,935,589
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost			\$
	Accum. Depreciation	Net		\$
3. Buildings	*Historical Cost			\$
	Accum. Depreciation	Net		\$
4. Non-Movable Equipment	*Historical Cost			\$
	Accum. Depreciation	Net		\$
5. Movable Equipment	*Historical Cost			\$
	Accum. Depreciation	Net		\$
6. Motor Vehicles	*Historical Cost			\$
	Accum. Depreciation	Net		\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			\$
	Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)				\$ 2,773,128
Unamortized Bed License	2,497,302			
Deferred Finance Fees	60,392			
See Schedule	215,434			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 2,773,128
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 9,708,717

* 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
Naugatuck Health Care LLC d/b/a Beacon Bro	2182-C	9/30/2021	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 2,313,969
2. Notes Payable (<i>itemize</i>) Due from Related Party			\$ 3,626,261
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>)			\$ 313,785
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 321,180
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>)			\$ 7,677
11. Accrued Income Taxes*			\$
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,200,203
Acc'd Operating Expenses			79,482
Acc'd Expense - CT Sales Tax			(143)
Provider Taxes Due			1,108,917
Acc'd Health Insurance			11,947 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 7,783,075

* 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 Naugatuck Health Care LLC d/b/a Beacon B	License No. 2182-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			7,783,075	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 8,841,988
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>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 8,841,988
C. Total All Liabilities (Lines A-13 + B-5)				\$ 16,625,063

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	35	37
		Account	Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(3,023,643)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,897,548)
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 4,845
7. Total Net Worth			\$	(6,916,346)
C. Total Reserves and Net Worth				\$ (6,916,346)
D. Total Liabilities, Reserves, and Net Worth				\$ 9,708,717

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Naugatuck Health Care LLC d/b/a Beacc	2182-C	9/30/2021	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ (6,366,634)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 13,525,222		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 13,520,377		
D. Net Income or Deficit				\$ 4,845		
E. Balance				\$ (6,361,789)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Health Insurance				\$ (129,353)		
				\$ (425,204)		
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$ (554,557)		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (6,916,346)		
Report for Year Ended 09/30/21						

I. Preparer's/Reviewer's Certification

Name of Facility Naugatuck Health Care LLC d/b/a Beacon	License No. 2182-C	Report for Year Ended 9/30/2021	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	Phone Number	
135 South Road Farmington, CT 06032	860-751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Neil Kluczowski	860-751-3986	
Contact Email Address		
nkluczowski@athenahealthcare.com		