

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
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 2285	RHNS	(Specify)	Medicare Provider 07-5415001
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Medicaid Provider Numbers:	CCNH 2285	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) Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [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) Joel Carmichael			Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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State of Connecticut
Department of Social Services
55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/12/2022		
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	Report for Year Ended	Page	of
860-583-8483	9/30/2021	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	1660 Stafford Avenue	Bristol, CT 06010	
License Numbers:	CCNH 2285	RHNS (Specify)	Medicare Provider No. 07-5415001

Type of Facility (Check appropriate box(es))

Chronic and Convalescent
 Nursing Home only (CCNH) Rest Home with Nursing
Supervision only (RHNS) (Specify)

Type of Ownership (Check appropriate box)

Proprietorship LLC Partnership Profit Corp. Non-Profit Corp. Government Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed
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Has there been any change in ownership
or operation during this report year? Yes No If "Yes," explain fully.

Administrator

Name of Administrator Joel Carmichael	Nursing Home Administrator's License No.: 001186
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name Not Applicable	License No.:

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countrys	License No. 2285	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	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			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**				
1660 Stafford Ave, Bristol, CT 06010		<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, 9 and 10b, Pg 27	518,056	518,056
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank fees	Pg 16 Ln m13	4,523	4,523
Miscellaneous Facilities	various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33, A2		
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	319,997	319,997
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	<50%	see attached			
Procare LTC Pharmacy of CT LLC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	pharmacy services	Pg 20 5a2	295,743	295,743
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Self insured Employee Health and Dental ins	Pg 15, ln 1a5		
		<input type="radio"/>	<input checked="" type="radio"/>				847,690	847,690
		<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 Bristol CCH Group LLC of Bristol, d/b/a Count	License No. 2285	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

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 *** 13,459

* 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	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol	2285	9/30/2021	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 Midcap Financial Services, LLC	PO Box 5088, Hartford, CT 06102
4	

Services Provided by This Firm (*describe fully*)

1 Compliance Filings: Disallow	\$ 1,185
2 Medicare cost report Preparation: Allow	\$ 2,700
3 LOC audits: Disallow	\$ 6,693
4	\$
	Charge for Services Provided
	\$ 10,578

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

Yes No |Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Pilicy & Ryan, PC	860-274-0018
2 State of CT Probate/Marshall	860-584-6230
3 Midcap Financial Services, LLC	646-896-1307
4 Jackson Lewis	860-522-0404
5	

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

1 365 Main St, Watertown CT 06795	
2 111 N. Main Street, Bristol, CT	
3 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814	
4 90 State House Sq, 8th Floor, Hartford, CT 06103	
5	

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 9,791
2 Conservatorship hearings: Disallow	\$ 1,214
3 LOC lender switch: Disallow	\$ 32
4	\$
5 Annual Reports	\$ 80
	Charge for Services Provided
	\$ 11,117

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

Yes No |Pg 15, Line1e

Schedule of Resident Statistics

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285				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					90	90						
A. On last day of PREVIOUS report period	90	90										
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents					55	55						
A. As of midnight of PREVIOUS report period	55	55										
B. As of midnight of THIS report period	84	84							84	84		
3. Total Number of Days Care Provided During Period					4,220	4,220						
A. Medicare	5,245	5,245							1,025	1,025		
B. Medicaid (Conn.)	18,895	18,895			13,535	13,535			5,360	5,360		
C. Medicaid (other states)												
D. Private Pay	2,233	2,233			1,415	1,415			818	818		
E. State SSI for RCH	159	159							159	159		
F. Other (Specify) Managed Care	125	125			125	125						
G. Total Care Days During Period (3A thru F)	26,657	26,657			19,295	19,295			7,362	7,362		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	4	4							4	4		
B. Other Bed Reserve Days	39	39			30	30			9	9		
5. Total Resident Days (3G + 4A + 4B)	26,700	26,700			19,325	19,325			7,375	7,375		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Cou	License No. 2285	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)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	57		9			8	
Per Diem Rate								
a. One bed rm.	514.71	282.84		587.00			404.24	
b. Two bed rms.	514.71	282.84		566.00			404.24	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		6,224	6,224		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,430	1,430		
2. Restorative Treatments					
C. Other		9,320	9,320		
D. Total Physical Therapy Treatments		16,974	16,974		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		867	867		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		82	82		
2. Restorative Treatments					
C. Other		1,042	1,042		
D. Total Speech Therapy Treatments		1,991	1,991		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		9,360	9,360		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,259	1,259		
2. Restorative Treatments					
C. Other		9,138	9,138		
D. Total Occupational Therapy Treatments		19,757	19,757		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2285	9/30/2021	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,387	2,149			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	237,571	10,523			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	52,592	2,086			
c. Dietary Workers	322,541	22,277			
6. Housekeeping Service					
a. Head Housekeeper	57,601	2,249			
b. Other Housekeeping Workers	170,518	12,174			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	44,693	1,693			
b. Other Maintenance Workers	33,471	2,058			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	125,164	8,405			
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	132,355	2,529			
b. RN					
1. Direct Care	595,863	15,025			
2. Administrative**	393,588	12,576			
c. LPN					
1. Direct Care	677,521	23,012			
2. Administrative**					
d. Aides and Attendants	1,357,559	62,419			
e. Physical Therapists	517,930	12,002			
f. Speech Therapists	73,673	2,113			
g. Occupational Therapists	199,437	5,254			
h. Recreation Workers	192,558	7,507			
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	173,370	4,247			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	5,493,392	210,298			

* 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		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
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285		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***										
Joel Carmichael (10/01/20-9/30/21)	135,387			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,149	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		13	37
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	11,379	132			
3. Pharmacist	9,478	126			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	24,000	259			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	793	2			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)	300	2			
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	3,192	51			
2. Administrative***					
b. LPN					
1. Direct Care	69,311	849			
2. Administrative***					
c. Aides	217,358	4,778			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	335,811	6,199			

* 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*

* 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
Bristol CCH Group LLC of Bristol, d/b/a Countr	2285	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 319,997	319,997		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 68,755	68,755		
4. Social Security (F.I.C.A.)	\$ 366,849	366,849		
5. Health Insurance	\$ 775,081	775,081		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,928	28,928		
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*	\$ 76,970	76,970		
d. Accounting and Auditing	\$ 10,578	10,578		
e. Legal (Services should be fully described on Page 7)	\$ 11,117	11,117		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 47,339	47,339		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 117,224	117,224		
2. Cellular Phones	\$ 1,860	1,860		
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	\$ 450,984	450,984		
Subtotal	\$ 2,275,682	2,275,682		

* 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>	2,275,682	2,275,682		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,052	4,052		
3. Gifts to Staff and Residents	\$	4,046	4,046		
4. Employee Travel	\$	536	536		
5. Education Expenses Related to Seminars and Conventions	\$	3,370	3,370		
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>)	\$	15,030	15,030		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	15,216	15,216		
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	\$	3,437	3,437		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,142	6,142		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
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**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	86,923	86,923		
<i>C-14 Total Administrative & General Expenditures</i>	\$	2,415,059	2,415,059		

* 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	\$ 15,216		
Total Other Advertising	\$ 15,216	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,142		
	\$ -		
Total Dues	\$ 6,142	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 44,158		
Licenses	\$ 3,480		
Bank Charges	\$ 17,752		
Payroll Processing Fees	\$ 16,083		
Employee Physicals and Background checks	\$ 5,450		
	\$ -		
Total Other Administrative and General	\$ 86,923	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	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% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen - Other Exp	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
		9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 235,772	235,772		
2. Non-Food Supplies	\$ 30,520	30,520		
3. Other (Specify) _____ Dishes	\$			
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)	\$ 266,292	266,292		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	219	219		
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.	\$3,362
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 Bristol CCH Group LLC of Bristol, d/b/a Countryside M	License No. 2285	Report for Year Ended 9/30/2021		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	20,483	20,483	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	5,705	5,705	
3D. Total Laundry Expenditures (3a + b + c)	\$	26,188	26,188	
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. \$	39,455	39,455		
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)	\$	39,455	39,455		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	281,598	281,598		
b. Medicine Cabinet Drugs	\$	33,509	33,509		
c. Medical and Therapeutic Supplies	\$	232,322	232,322		
d. Ambulance/Limousine***	\$	4,977	4,977		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	26,097	26,097		
f. X-rays and Related Radiological Procedures***	\$	36,582	36,582		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	67,755	67,755		
i. Recreation	\$	12,816	12,816		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	102,036	102,036		
5M. Total Resident Care Expenditures (5a - 5j)	\$	797,692	797,692		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Oxygen Concentrator Rentals	\$ 14,319		
Cable TV Fees	\$ 13,772		
Medical Equipment Rental-Other	\$ 15,775		
Physical Therapy Supplies	\$ 18,762		
Occupational Therapy Supplies	\$ 337		
Medical Equipment Rental-Medicaid	\$ 39,071		
Total Other Resident Care	\$ 102,036	\$ -	\$ -

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 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	152,815	152,815			
b. Heat	\$	62,773	62,773			
c. Light & Power	\$	76,488	76,488			
d. Water	\$	34,207	34,207			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	13,459	13,459			
f. Other (<i>itemize</i>)	\$	117,773	117,773			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	457,515	457,515			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	12,049	12,049			
d. Movable Equipment	\$	30,096	30,096			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	42,145	42,145			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	11,844	11,844			
c. Leasehold Improvements	\$	53,593	53,593			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	65,437	65,437			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	337,047	337,047			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	99,190	99,190			
c. Personal property taxes	\$	26,568	26,568			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	570,387	570,387			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 12,892		
Rubbish Removal	\$ 44,593		
Snow Removal	\$ 13,421		
Supplies	\$ 45,564		
Exterminating	\$ 1,303		
Total Other Repairs and Maintenance	\$ 117,773	\$ -	\$ -

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attachment			
	5 Year	\$ 8,703	5	\$ 870
	10 Year	5449.58	10	272.479
	20 Year	1755	20	43.875
Total additions for Movable Equipment		\$ 15,908		\$ 1,187 *
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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attachment			
	20 Year	\$ 76,711	20	\$ 1,918
	10 Year	11483.33	10	574.1665
	15 Year	1696	15	56.53333333
Total additions for Leasehold Improvements		\$ 89,891		\$ 2,548 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			License No. 2285		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 - LOC	2	2018	3	59,367	51,451			7,916	
2. Midcap LOC Annual Fee	2	2021	1	3,928				3,928	
3. HUD Application				3,163					
B-4. Subtotal									11,844
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2020	Various	1,466,896	1,076,580	s/l	various	51,044	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021	Various	89,891		s/l	various	2,548	
C-4. Subtotal									53,592
D. Total Amortization									65,436

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	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	08/27/03			
4. Date of Initial Licensure	08/27/03			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land	400,000			
b. Building	2,320,000			

Part B - Owner and Related Parties

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

1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	21			
e. Amount of Principal Borrowed	2,976,000			
f. Principal balance outstanding as of _____	1,884,901			

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 Bristol CCH Group LLC of Bristol, d	License No. 2285	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	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			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) Vendor Into = 24,635 LOC Int = 239,057		\$	177,187	177,187		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	177,187	177,187		
14. Insurance						
a. Insurance on Property (buildings only)		\$	85,504	85,504		
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)		\$	85,504	85,504		
15. Total All Expenditures (A-13 thru C-14)		\$	10,664,482	10,664,482		

D. Adjustments to Statement of Expenditures

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor o			License No. 2285	Report for Year Ended 9/30/2021		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 199,437	199,437		
4.			Other - See attached Schedule	\$ 6,475	6,475		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$ 793	793		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 76,970	76,970		
10.			Accounting	\$ 7,878	7,878		
10a.			Legal	\$ 11,037	11,037		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,140	1,140		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 4,046	4,046		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 15,216	15,216		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (120,224)	(120,224)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 17,752	17,752		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$ 3,362	3,362		
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 223,882	223,882			

* 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	12b2	Marketing Salaries & Benefits	\$ 6,475		
Total Other Salaries Adjustment			\$ 6,475	\$ -	\$ -

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	\$ 17,752		
Total Other A&G Adjustments			\$ 17,752	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 223,882	223,882		
			<i>Page 20 - Resident Care Supplies***</i>				
27.			Prescription Drugs	\$ 281,598	281,598		
28.			Ambulance/Limousine	\$ 4,977	4,977		
29.			X-rays, etc	\$ 36,582	36,582		
30.			Laboratory	\$ 67,755	67,755		
31.			Medical Supplies	\$ 39,449	39,449		
32.			Oxygen (non emergency)	\$ 26,097	26,097		
33.			Occupational Therapy	\$ 337	337		
34.			Other - See Attached Schedule	\$ 27,947	27,947		
			<i>Page 22 - Maintenance and Property</i>				
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 2,641	2,641		
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	\$ 10,172	10,172		
43.			Interest Income on Account Rec.	\$ 603	603		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (32,788)	(32,788)		
46.			Management Fees Indirect	\$ (29,145)	(29,145)		
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>	\$ 660,107	660,107		

*** 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>)	\$ 10,752,941	10,752,941			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,752,901)	(5,752,901)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,308,233	1,308,233			
b. Medicare Room and Board Contractual Allowance **	\$ (19,841)	(19,841)			
4. a. Private-Pay Residents and Other	\$ 2,826,879	2,826,879			
b. Private-Pay Room and Board Contractual Allowance **	\$ (485,126)	(485,126)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 114,182	114,182			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (114,182)	(114,182)			
c. Prescription Drugs - Non-Medicare	\$ 185,369	185,369			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (185,369)	(185,369)			
2. a. Medical Supplies - Medicare	\$ 20,449	20,449			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 26,541	26,541			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 543,049	543,049			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (191,992)	(191,992)			
c. Physical Therapy - Non-Medicare	\$ 376,320	376,320			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (376,320)	(376,320)			
4. a. Speech Therapy - Medicare	\$ 148,110	148,110			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (112,050)	(112,050)			
c. Speech Therapy - Non-Medicare	\$ 84,835	84,835			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (84,835)	(84,835)			
5. a. Occupational Therapy - Medicare	\$ 677,406	677,406			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (468,417)	(468,417)			
c. Occupational Therapy - Non-Medicare	\$ 352,185	352,185			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (352,185)	(352,185)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 100,278	100,278			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,373,559	9,373,559			
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>)	\$ 603	603			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 603	603			
VI. Total All Revenue (III +V)	\$ 9,374,162	9,374,162			

* 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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest on A/R	\$ 603			
Total Interest Income		\$ 603	\$ -	\$ -	

Schedule of Other Revenue

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
			31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	46,079
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,161,171
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(592,135)
4. Inventories			\$	16,940
5. Prepaid Expenses			\$	(8,516)
a. Prepaid Insurance		(29,713)		
b. Prepaid Health Insurance		18,082		
c. Prepaid expenses		3,115		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(46,599)
8. Other Current Assets (<i>itemize</i>)			\$	6,692
A/R Related Parties		6,692		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	583,632
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation	Net		
4. Leasehold Improvements	*Historical Cost	1,542,765	\$	426,614
	Accum. Depreciation	1,116,151 Net		
5. Non-Movable Equipment	*Historical Cost	273,118	\$	45,682
	Accum. Depreciation	227,436 Net		
6. Movable Equipment	*Historical Cost	881,296	\$	68,812
	Accum. Depreciation	812,484 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	11,091
See Schedule		11,091		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	552,199

* 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

	Moveable Equipment Carryforward	\$ 7,611
	Misc Fixed Asset system Difference	\$ 3,480
Total Other Other Fixed Assets (Itemize)		\$ 11,091

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)		\$ -

G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	Report for Year Ended 9/30/2021	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 1,135,831
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	481,847
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost 2,320,000 Accum. Depreciation 1,283,926	Net	\$	1,036,074
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)			\$	1,517,921
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)			\$	325,968
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>)			\$	128,276
Project Development	125,113			
Deferred Finance fees	3,163			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	454,244
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,107,996

* 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										
Bristol CCH Group LLC of Bristol, d/b/a Cou	2285	9/30/2021	33	37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 1,432,937										
2. Notes Payable (<i>itemize</i>)				\$ 7,389,842										
Loans				(102,906)										
Line of Credit				7,492,748										
See Schedule														
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of Lender</th> <th style="text-align: left;">Purpose</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Date Due</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td></td></tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due						
Name of Lender	Purpose	Amount	Date Due											
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 212,067										
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$										
6. Accrued Payroll Taxes Payable				\$ 245,077										
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>)				\$ 969,424										
Provider Taxes Due				784,466 Acc'd Property Taxes (5,731)										
Acc'd Health Insurance				(3,801)										
Acc'd Operating Expenses				193,320										
Acc'd Expense - Sales Tax				1,170 See Schedule										
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 10,249,347										

* 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 Bristol CCH Group LLC of Bristol, d/b/a Co	License No. 2285	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			10,249,347	
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>)			\$ 229,706	
Name and Address of Lender	Amount	Loan Date		
Related Party	215,273			
Accrued Rent to LL	14,433			
4. Other Long-Term Liabilities (<i>itemize</i>)			\$ 977,139	
Due to Landlord				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 1,206,845	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 11,456,192	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a	2285	9/30/2021	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$ 481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$ 1,036,074
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				\$ 1,517,921
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ (902,364)
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (7,673,433)
6. Gain or Loss for Period		10/1/2020	thru	\$ (1,290,320)
7. Total Net Worth				\$ (9,866,117)
C. Total Reserves and Net Worth				\$ (8,348,196)
D. Total Liabilities, Reserves, and Net Worth				\$ 3,107,996

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a	2285	9/30/2021	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ (8,357,064)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 9,374,162		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 10,664,482		
D. Net Income or Deficit				\$ (1,290,320)		
E. Balance				\$ (9,647,384)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Accounting				(8,938)		
Health Insurance 2021				(209,794)		
Rounding				(1)		
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$ (218,733)		
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				\$ (9,866,117)		

I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	Report for Year Ended 9/30/2021	Page 37	of 37
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Check appropriate category

<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)
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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
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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

Lynn Rinaldi	Phone Number
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Contact Email Address

lrinaldi@athenahealthcare.com
