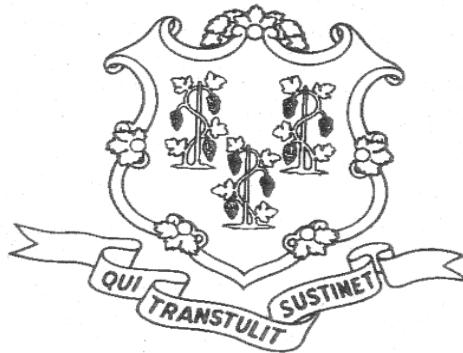


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider 07-5106
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2263	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex 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) Donald Wilcox		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	Period Covered: From 10/1/2020	To 9/30/2021			
Address of Facility 100 Randolph Road Middletown, CT 06457					
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2022			
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
860-344-0353	9/30/2021	2	37

Name of Facility (as shown on license)		Address (No. & Street, City, State, Zip)		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex H		100 Randolph Road Middletown, CT 06457		
License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider No. 07-5106

Type of Facility (Check appropriate box(es))

Chronic and Convalescent Rest Home with Nursing
 Nursing Home only (CCNH) 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
---	-------------	-------------

Has there been any change in ownership
or operation during this report year? Yes No If "Yes," explain fully.

Administrator

Name of Administrator Donald Wilcox	Nursing Home Administrator's License No.:
--	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Partners/Members

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	Report for Year Ended 9/30/2021	Page of 3 37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Athena Middlesex, LLC		100 Randolph Rd, Middletown, CT 06457	CT
Name of Partners/Members	Business Address	Title	% Owned
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member	0.3225
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member	0.4675
Senior Care Umbrella LLC	234 Church St New Haven, CT 06510	Member	0.15
L & F Schwartz Family Limited	3 Shirecrest, Avon, CT 06001	Member	0.03

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a	2263	9/30/2021	3B	37

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

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid		License No. 2263	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	%**				
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	pg 33 A2		
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	pg 17	168,673	280,719
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self insured employee health and dental insu	Pg 15 1a5	776,561	776,561
Procare LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 20 5A2	267,698	267,698
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	pg 16 m13	4,550	4,550
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Various: See attached			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/	License No. 2263	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

State of Connecticut

Annual Report of Long-Term Care Facility

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**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility		License No.		Report for Year Ended			Page of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlese		2263		9/30/2021			6 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	04/01/18	60 months	1,289	1,289
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/18/17	48 months	15,506	9,045
HP Financial, 200 Connell Drive Suite 5000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/21	36 months	8,151	6,113
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	16,447

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Athena Middlesex, LLC of Middlet	License No. 2263	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 PKF O'Connor Davies 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Dr, Shelton, CT 06484 555 Long Wharf Drive 12th Floor, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Year End Audit & Statements: Allow	\$ 19,950
2 Medicare Cost Report: Allow	\$ 2,700
3	\$
4	\$
	Charge for Services Provided \$ 22,650

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 1 Murtha Cullina, LLP 2 Midcap Financial Services, LLC 3 Goldman, Gruder & Woods 4 Treasurer/Marshall State of CT 5 Jackson Lewis/Law Office of Bruce Matzkin	Telephone Number 860-240-6000 646-896-1307 203-899-8915
---	--

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

1 185 Asylum St, Hartford, CT 06103	
2 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814	
3 200 Connecticut Ave, Norwalk, CT 06854	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Audit Letter: Allow (80); Misc Issues: Disallow (1684)	\$ 1,764
2 LOC Fees: Disallow	\$ 3,171
3 A/R Collections: Disallow	\$ 23,531
4 A/R Collections: Disallow	\$ 550
5 A/R Collections: Disallow	\$ 2,634
	Charge for Services Provided \$ 31,650

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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care			License No. 2263				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					150	150						
A. On last day of PREVIOUS report period	150	150										
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents					113	113						
A. As of midnight of PREVIOUS report period	113	113										
B. As of midnight of THIS report period	107	107							107	107		
3. Total Number of Days Care Provided During Period					4,014	4,014						
A. Medicare	5,103	5,103							1,089	1,089		
B. Medicaid (Conn.)	34,388	34,388			25,452	25,452			8,936	8,936		
C. Medicaid (other states)												
D. Private Pay	1,223	1,223			850	850			373	373		
E. State SSI for RCH												
F. Other (Specify) Managed Care & VA	293	293			246	246			47	47		
G. Total Care Days During Period (3A thru F)	41,007	41,007			30,562	30,562			10,445	10,445		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	6	6							6	6		
5. Total Resident Days (3G + 4A + 4B)	41,013	41,013			30,562	30,562			10,451	10,451		

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT d	License No. 2263	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	1	98		6			2	
Per Diem Rate								
a. One bed rm.	502.69	259.88		624.00			395.76	
b. Two bed rms.	502.69	259.88		594.00			395.76	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		6,983	6,983		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		2,479	2,479		
2. Restorative Treatments					
C. Other		11,187	11,187		
D. Total Physical Therapy Treatments		20,649	20,649		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		1,142	1,142		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		391	391		
2. Restorative Treatments					
C. Other		2,642	2,642		
D. Total Speech Therapy Treatments		4,175	4,175		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		5,767	5,767		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		2,575	2,575		
2. Restorative Treatments					
C. Other		16,003	16,003		
D. Total Occupational Therapy Treatments		24,345	24,345		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		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)	143,107	2,262			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	251,677	10,755			
5. Dietary Service					
a. Head Dietitian	21,086	620			
b. Food Service Supervisor	62,917	2,180			
c. Dietary Workers	445,696	27,284			
6. Housekeeping Service					
a. Head Housekeeper	58,750	2,552			
b. Other Housekeeping Workers	220,620	15,044			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	104,046	2,285			
b. Other Maintenance Workers	83,825	3,690			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	62,834	4,761			
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	251,468	4,186			
b. RN					
1. Direct Care	233,775	4,442			
2. Administrative**	323,412	9,828			
c. LPN					
1. Direct Care	754,955	23,868			
2. Administrative**					
d. Aides and Attendants	1,523,241	75,943			
e. Physical Therapists	521,938	13,053			
f. Speech Therapists	118,461	2,652			
g. Occupational Therapists	296,476	7,777			
h. Recreation Workers	212,400	9,023			
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	170,413	6,269			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	5,861,097	228,474			

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care			License No. 2263		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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C				2263		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***										
Carol Salvietti (10/1/20-2/26/21)	63,484			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	954	A2			
Katie Lee (2/26/21-9/20/21)	76,623			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	1,268	A2			
Donald Wilcox (9/20/21-9/30/21)	3,000			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	40	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)
*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	10,842	114			
3. Pharmacist	14,040	256			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	56,280	477			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	32				
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					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	641,912	6,035			
2. Administrative***					
b. LPN					
1. Direct Care	1,167,188	11,851			
2. Administrative***					
c. Aides	989,086	17,480			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	2,879,380	36,213			

* 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
Athena Middlesex, LLC of Middletown, CT d/b/a	2263	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 573,608	573,608		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 81,225	81,225		
4. Social Security (F.I.C.A.)	\$ 405,010	405,010		
5. Health Insurance	\$ 711,664	711,664		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,850	12,850		
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*	\$ 70,656	70,656		
d. Accounting and Auditing	\$ 22,200	22,200		
e. Legal (Services should be fully described on Page 7)	\$ 31,650	31,650		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 66,085	66,085		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,036	18,036		
2. Cellular Phones	\$			
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*	\$ 2,754	2,754		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 754,828	754,828		
Subtotal	\$ 2,750,566	2,750,566		

* 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>	2,750,566	2,750,566		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,882	4,882		
3. Gifts to Staff and Residents	\$	11,046	11,046		
4. Employee Travel	\$	1,004	1,004		
5. Education Expenses Related to Seminars and Conventions	\$	1,965	1,965		
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>)	\$	28,845	28,845		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	10,512	10,512		
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	\$	2,859	2,859		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,435	7,435		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	625	625		
10. Contributions*** See Attached Schedule	\$	500	500		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	111,324	111,324		
13. Other (<i>Specify</i>) See Attached Schedule	\$	140,190	140,190		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,071,753	3,071,753		

* 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	\$ 10,512		
Total Other Advertising	\$ 10,512	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
AHCA Media Dues	\$ 1,500		
CT Assoc of Health Care Facilities	\$ 5,935		
Total Dues	\$ 7,435	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 500		
Total Contributions	\$ 500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 4,426		
Data Processing Fees	\$ 76,513		
Bank Charges	\$ 34,097		
Payroll Processing Fees	\$ 16,789		
Employee Physicals & Background Checks	\$ 8,365		
Total Other Administrative and General	\$ 140,190	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown, CT	2263	9/30/2021	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 Road Farmington, CT 06032	168,673	Contract Attached to a Prior Year	See Below
Allocation of the above	6,988 30,361	Admin/Gen 66% Indirect 16% Direct 18%	Pg 28, Line 21
Athena Health Care Assoc., Inc 135 South Rd 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	\$ 287,321	287,321		
2. Non-Food Supplies	\$ 37,883	37,883		
3. Other (Specify) _____	\$ _____			
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)	\$ 325,204	325,204		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	337	337		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" 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.	
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 Athena Middlesex, LLC of Middletown, CT d/b/a Middl	License No. 2263	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. \$	18,308	18,308	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	17,266	17,266	
3D. Total Laundry Expenditures (3a + b + c)	\$	35,574	35,574	
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 by Personnel				
a. In-House Care	Amt.	\$ 26,476	26,476		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	26,476	26,476		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	249,681	249,681		
b. Medicine Cabinet Drugs	\$	5,417	5,417		
c. Medical and Therapeutic Supplies	\$	310,871	310,871		
d. Ambulance/Limousine***	\$	4,990	4,990		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	3,877	3,877		
f. X-rays and Related Radiological Procedures***	\$	15,113	15,113		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	43,960	43,960		
i. Recreation	\$	9,474	9,474		
j. Direct Management Services*	\$	30,361	30,361		
k. Indirect Management Services*	\$	26,988	26,988		
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	105,305	105,305		
5M. Total Resident Care Expenditures (5a - 5j)	\$	806,037	806,037		

* 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)
Medical Equip Rentals-Medicaid	\$ 18,033		
Physical Therapy Supplies	\$ 20,697		
Oxygen Concentrator Rentals	\$ 25,920		
Cable TV Services	\$ 39,150		
Medical Equip Rentals-Other	\$ 1,145		
Speech Therapy Supplies	\$ 360		
Total Other Resident Care	\$ 105,305	\$ -	\$ -

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

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

Schedule of Other Repairs and Maintenance

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	120,260	120,260			
b. Heat	\$	71,110	71,110			
c. Light & Power	\$	89,829	89,829			
d. Water	\$	77,647	77,647			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	16,447	16,447			
f. Other <i>(itemize)</i>	\$	104,168	104,168			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	479,461	479,461			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	880	880			
b. Building & Building Improvements	\$	69,874	69,874			
c. Non-Movable Equipment	\$	13,944	13,944			
d. Movable Equipment	\$	51,069	51,069			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	135,767	135,767			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	113,477	113,477			
c. Leasehold Improvements	\$	1,003	1,003			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	114,480	114,480			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	568,692	568,692			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	160,011	160,011			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	16,169	16,169			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	995,119	995,119			

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

Depreciation Schedule

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care				License No. 2263			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				880		880		S/L	Var	880			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)								S/L	Var				
A-4. Subtotal											880		
B. Building and Building Improvements				69,874		69,874		S/L	Various	69,874			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)								S/L	Various		69,874		
B-4. Subtotal													
C. Non-Movable Equipment				395,936		395,936	315,734	S/L	Various	13,944	13,944		
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)								S/L	Various				
C-4. Subtotal											13,944		
	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	1,776,561		1,776,561	1,634,403	S/L	Various	50,872		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal			9	2021	3,938		3,938		S/L	Various	197	51,069	
E. Total Depreciation												135,767	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			License No. 2263		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-HUD Mortgage	12	2018		44,077	26,959	SL		14,693	
2. Finance Fees-Refinance	9	2011	35 yrs	130,495	31,667	SL	0	98,784	
3.									
B-4. Subtotal									113,477
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2020							
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
		2021		40,115		SL	Var	1,003	
C-4. Subtotal									1,003
D. Total Amortization									114,480

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Athena Middlesex, LLC of Middletow	License No. 2263	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	03/07/02			
4. Date of Initial Licensure	03/07/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	65,200			
b. Building	5,400,000			

Part B - Owner and Related Parties

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

1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	03/29/11			
c. Interest Rate for the Cost Year	4.32%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	8,023,900			
f. Principal balance outstanding as of _____				

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)	Fixed			
h. Date of Refinancing	12/30/20			
i. New Interest Rate	2.95%			
j. Term of Mortgage (number of years)	25			
k. Amount of Principal Borrowed	6,989,900			
l. Principal Outstanding on Note Paid-Off	6,864,920			

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		\$ 153744	153,744			
Name of Lender		Rate				
Key Bank		4.23%				
Address of Lender						
8115 Preston Rd Suite 500, Dallas, TX 75225						
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)		\$ 153,744	153,744			

(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:			153,744	153,744		
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 = \$21,076; Line of Credit Interest = \$47,829			\$	68,905	68,905	
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	222,649	222,649	
14. Insurance						
a. Insurance on Property (buildings only)			\$	119,004	119,004	
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)			\$	119,004	119,004	
15. Total All Expenditures (A-13 thru C-14)			\$	14,821,754	14,821,754	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2263	9/30/2021	28 37	
			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.	10	A12	Occupational Therapy	\$ 296,476	296,476		
4.			Other - See attached Schedule	\$ 9,246	9,246		
<i>Page 13 - Professional Fees</i>							
5.	13	B8C	Resident Care Physicians **	\$ 32	32		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 70,656	70,656		
10.	15	1d&e	Accounting	\$ 30,206	30,206		
10a.			Legal	\$ 31,570	31,570		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 11,046	11,046		
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.	16	m2&	Unallowable Advertising *	\$ 10,512	10,512		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 2,754	2,754		
20.	16	m4&	Fund Raising / Contributions	\$ 500	500		
21.			Unallowable Management Fees	\$ 73,950	73,950		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 34,097	34,097		
<i>Page 18 - Dietary Expenditures</i>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$			
<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)			\$ 571,045	\$ 571,045			

* 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:Salary & Benefits	\$ 9,246		
Total Other Salaries Adjustment			\$ 9,246	\$ -	\$ -

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	\$ 34,097		
Total Other A&G Adjustments			\$ 34,097	\$ -	\$ -

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	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			2263	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 571,045	571,045		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 249,681	249,681		
28.	20	5d	Ambulance/Limousine	\$ 4,990	4,990		
29.	20	5f	X-rays, etc	\$ 15,113	15,113		
30.	20	5h	Laboratory	\$ 43,960	43,960		
31.	20	5c	Medical Supplies	\$ 18,640	18,640		
32.	20	5e2	Oxygen (non emergency)	\$ 3,877	3,877		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,445	41,445		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 9,089	9,089		
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.	\$ 277	277		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 20,168	20,168		
46.			Management Fees Indirect	\$ 17,927	17,927		
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)			\$ 996,212	996,212		

*** 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>)	\$ 19,161,946	19,161,946				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,858,382)	(10,858,382)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,579,441	1,579,441				
b. Medicare Room and Board Contractual Allowance **	\$ (11,739)	(11,739)				
4. a. Private-Pay Residents and Other	\$ 2,427,096	2,427,096				
b. Private-Pay Room and Board Contractual Allowance **	\$ (567,441)	(567,441)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 141,323	141,323				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 140,086	140,086				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (140,086)	(140,086)				
2. a. Medical Supplies - Medicare	\$ 3,640	3,640				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 760	760				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (760)	(760)				
3. a. Physical Therapy - Medicare	\$ 714,092	714,092				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (547,974)	(547,974)				
c. Physical Therapy - Non-Medicare	\$ 395,750	395,750				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (395,750)	(395,750)				
4. a. Speech Therapy - Medicare	\$ 205,640	205,640				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (159,087)	(159,087)				
c. Speech Therapy - Non-Medicare	\$ 155,835	155,835				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (155,835)	(155,835)				
5. a. Occupational Therapy - Medicare	\$ 596,598	596,598				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (469,062)	(469,062)				
c. Occupational Therapy - Non-Medicare	\$ 418,930	418,930				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (418,930)	(418,930)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 183,604	183,604				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,399,695	12,399,695				
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>)	\$ 599	599				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 599	599				
VI. Total All Revenue (III +V)	\$ 12,400,294	12,400,294				

* 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)
	Retroactives	\$ 15,902		
	Misc Revenue from CRF Funding	\$ 167,702		
	Total Other Resident Revenue	\$ 183,604	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	n/a	\$ 277		
pg 32, L D	Interest on Escrow Accounts	805,790	\$ 322		
	Total Interest Income		\$ 599	\$ -	\$ -

Schedule of Other Revenue

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

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>)			\$ 64,654
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,426,435
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (358,863)
4 Inventories			\$ 22,672
5. Prepaid Expenses			\$ 191,912
a. Prepaid Insurance			114,165
b. Prepaid Expenses			67,623
c. Prepaid Health Insurance			10,124
d. See Schedule			
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$ (119,514)
8. Other Current Assets (<i>itemize</i>)			\$ 280,260
A/R Related Parties			280,260
See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,507,556
B. Fixed Assets			
1. Land			\$
2. Land Improvements			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
3. Buildings			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
4. Leasehold Improvements			\$ 39,112
*Historical Cost 40,115			\$
Accum. Depreciation 1,003			Net
5. Non-Movable Equipment			\$ 66,258
*Historical Cost 395,936			\$
Accum. Depreciation 329,678			Net
6. Movable Equipment			\$ 86,219
*Historical Cost 1,771,433			\$
Accum. Depreciation 1,685,214			Net
7. Motor Vehicles			\$
*Historical Cost _____			
Accum. Depreciation _____			Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 659,046
See Schedule			659,046
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 850,635

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ 659,046

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ 2,425

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)		\$ 1,185,169

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown	2263	9/30/2021	32 37
Account			Amount
Total Brought Forward:			\$ 2,358,191
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>)			\$ 2,425
See Schedule		2,425	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 2,425
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,360,616

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of										
Athena Middlesex, LLC of Middletown, CT d	2263	9/30/2021	33	37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 3,118,267										
2. Notes Payable (<i>itemize</i>)				\$ 1,725,411										
Notes Payable				1,725,411										
See Schedule														
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> <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>)				\$ 224,791										
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$										
6. Accrued Payroll Taxes Payable				\$ 345,265										
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>)				\$ 1,802,241										
Acc'd Operating Expenses				401,273										
Acc'd Health Insurance				7,845										
Acc'd Expense-CT State Sales Tax				360										
Provider Taxes Due				1,394,614										
Acc'd Property Taxes				(1,851) See Schedule										
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 7,215,975										

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT	License No. 2263	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			7,215,975	
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,185,169
See Schedule	1,185,169			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,185,169
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,401,144

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown	2263	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				\$ 548,900
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (4,167,968)
6. Gain or Loss for Period		10/1/2020	thru	9/30/2021
				\$ (2,421,460)
7. Total Net Worth				\$ (6,040,528)
C. Total Reserves and Net Worth				\$ (6,040,528)
D. Total Liabilities, Reserves, and Net Worth				\$ 2,360,616

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown,	2263	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ (4,329,920)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 12,400,294
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 14,821,754
D. Net Income or Deficit				\$ (2,421,460)
E. Balance				\$ (6,751,380)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2020 HHS Revenue		942,444		
Health Insurance		(231,592)		
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$ 710,852
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				\$ (6,040,528)
Report for Year Ended 09/30/21				

I. Preparer's/Reviewer's Certification

Name of Facility Athena Middlesex, LLC of Middletown,	License No. 2263	Report for Year Ended 9/30/2021	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Preparer/Reviewer Certification

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

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