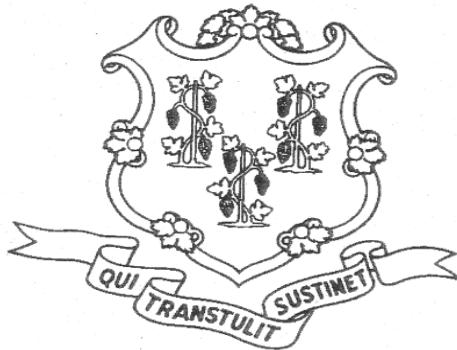


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	
Address (No. & Street, City, State, Zip Code) 261 Summit Street Plantsville, CT 06479	
Type of Facility	
<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 2282	RHNS	(Specify)	Medicare Provider 7-54220
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Medicaid Provider Numbers:	CCNH 2282	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The	License No. 2282	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [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) Carol Mortensen			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)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 261 Summit Street Plantsville, CT 06479				
Report Prepared By Athena Health Care Associates, Inc.	Phone Number 860-751-3900	Date 2/2/2022		
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
860-628-0364	9/30/2021	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit	261 Summit Street Plantsville, CT 06479		
License Numbers:	CCNH 2282	RHNS	(Specify)
			Medicare Provider No. 7-54220

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
---	-------------	-------------

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

Administrator

Name of Administrator Carol Mortensen	Nursing Home Administrator's License No.: 1846
--	---

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

Name	License No.:
Not Applicable	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a	License No. 2282	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The		License No. 2282	Report for Year Ended 9/30/2021			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility loans			
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Laurel Ridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	Pg 16 Ln m13	5,362	5,362
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	249,891	249,891
ProCare, LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20 Ln 5a2	438,776	438,776
Summit Landlord	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22 Ln9,10b; Pg 27 1	957,082	957,082
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15 1a5	1,706,151	1,706,151
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached			
		<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 Southington SNF, LLC OF PLANTSVILLE d/b/a	License No. 2282	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not applicable: No non-nursing home cost centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

3,414

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Southington SNF, LLC OF PLANT	License No. 2282	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 Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 MidCap Financial Services LLC 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 259 W 30th St, Suite 301 NY, NY 10001 555 Long Wharf Dr, 12th Fl, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Line of credit audit fees (disallow)	\$ 3,418
2 Medicare Cost Report Preparation	\$ 2,700
3	\$
4	\$
	Charge for Services Provided \$ 6,118

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

Yes No |Pg 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 MidCap Financial Services LLC 2 Treasurer State of CT/Cheshire Probate Court 3 Goldman, Gruder & Woods LLC/ Pilicy & Ryan PC 4 Marshall Joseph Marinen 5 Murtha Cullina	Telephone Number 312-258-5500 203-899-8900/ 860-274-0018
---	--

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

1 259 W 30th St, Suite 301 NY, NY 10001
2
3 200 Connecticut Ave., Norwalk, CT 06854/ 365 Main St., PO Box 760, Watertown, CT 06795
4
5 250 Trumbull St., Hartford, CT 06103

Services Provided by This Firm (*describe fully*)

1 Line of credit audit fees (disallow)	\$ 32
2 Conservatorship (disallow)	\$ 1,309
3 Collections (disallow)	\$ 5,552
4 Service of Notice (disallow)	\$ 195
5 Annual Report filing (allow)	\$ 160
	Charge for Services Provided \$ 7,248

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

Yes No |Pg 15 Line 1e

Schedule of Resident Statistics

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants			License No. 2282				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					127	127						
A. As of midnight of PREVIOUS report period	127	127										
B. As of midnight of THIS report period	146	146							146	146		
3. Total Number of Days Care Provided During Period					4,372	4,372				1,838	1,838	
A. Medicare	6,210	6,210										
B. Medicaid (Conn.)	35,065	35,065			25,626	25,626				9,439	9,439	
C. Medicaid (other states)												
D. Private Pay	3,111	3,111			2,338	2,338				773	773	
E. State SSI for RCH												
F. Other (Specify) VA & Managed Care	3,042	3,042			2,097	2,097				945	945	
G. Total Care Days During Period (3A thru F)	47,428	47,428			34,433	34,433				12,995	12,995	
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	63	63			52	52				11	11	
5. Total Resident Days (3G + 4A + 4B)	47,491	47,491			34,485	34,485				13,006	13,006	

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE	License No. 2282	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	107		7			22	
Per Diem Rate								
a. One bed rm.	541.09	272.39		595.00			312.77	
b. Two bed rms.	541.09	272.39		573.00			312.77	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		3,391	3,391		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,274	1,274		
2. Restorative Treatments					
C. Other		11,742	11,742		
D. Total Physical Therapy Treatments		16,407	16,407		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		842	842		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		311	311		
2. Restorative Treatments					
C. Other		1,785	1,785		
D. Total Speech Therapy Treatments		2,938	2,938		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		2,488	2,488		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,467	1,467		
2. Restorative Treatments					
C. Other		11,645	11,645		
D. Total Occupational Therapy Treatments		15,600	15,600		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2282	9/30/2021	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
		Total Cost and Hours			
Item		CCNH	Hours	RHNS	Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	134,498	2,110			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	264,754	10,319			
5. Dietary Service					
a. Head Dietitian	47,482	1,453			
b. Food Service Supervisor	63,424	2,015			
c. Dietary Workers	513,326	30,437			
6. Housekeeping Service					
a. Head Housekeeper	136,996	3,452			
b. Other Housekeeping Workers	290,127	18,350			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	71,394	2,286			
b. Other Maintenance Workers	47,345	1,981			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	186,936	10,067			
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	192,980	3,400			
b. RN					
1. Direct Care	612,010	11,210			
2. Administrative**	459,767	14,724			
c. LPN					
1. Direct Care	1,459,357	48,187			
2. Administrative**					
d. Aides and Attendants	2,217,316	98,796			
e. Physical Therapists	442,434	10,528			
f. Speech Therapists	103,513	2,233			
g. Occupational Therapists	320,808	7,476			
h. Recreation Workers	231,701	11,757			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	200,279	6,355			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	7,996,447	297,136			

* 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants			License No. 2282		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) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plan				License No. 2282		Report for Year Ended 9/30/2021			Page 12	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 III - Administrators***										
Carol Mortensen (10/1/20-9/30/21)	134,498					2,110				
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
	2282	9/30/2021		13	37
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	29,865	85			
3. Pharmacist	14,070	51			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	89,000	37			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	20,167	996			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Medical Staff Meetings	1,350	13			
9. Speech Therapist					
a. Resident Care	1,800	5			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	4,135	49			
2. Administrative***					
b. LPN					
1. Direct Care	44,995	532			
2. Administrative***					
c. Aides	29,157	534			
d. Other					
12. Other (Specify) See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	234,539	2,302			

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

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

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

Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2282	9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive Dental Group, One Prestige Dr., Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd., Avon, CT 06001	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Andrew Guest, 171 Liberty St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Shahzad Zaki M.D., 1257 South Broad St., Wallingford, CT 06492	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Healthdrive Behavioral Health Services, 103 Myron St., West Springfield, MA 01089	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Garumuni DeSilva, MD, 15 Aldo Dr., Woodbridge, CT 06525	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
CT Clinical Nursing Assoc LLC, PO Box 1535, Bristol, CT 06011	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Podiatry, 888 Worcester St., Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, 97 Elm St., Cohasset, MA 02025	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, C/O Access Capital, 400 Park Ave., New York, NY 10022	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page Staffing Solutions, 260 Madison Ave., 4th Floor, New York, NY 10016	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audiology Group, 100 Crossing Blvd. Suite 300, Framingham, MA 01702	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/	2282	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 249,891	249,891		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 88,892	88,892		
4. Social Security (F.I.C.A.)	\$ 540,242	540,242		
5. Health Insurance	\$ 993,873	993,873		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,964	28,964		
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*	\$ 92,766	92,766		
d. Accounting and Auditing	\$ 6,118	6,118		
e. Legal (Services should be fully described on Page 7)	\$ 7,248	7,248		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 72,942	72,942		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 128,173	128,173		
2. Cellular Phones	\$ 724	724		
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*	\$ 70,000	70,000		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 867,727	867,727		
Subtotal	\$ 3,147,560	3,147,560		

* 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>	3,147,560	3,147,560		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,853	5,853		
3. Gifts to Staff and Residents	\$	21,275	21,275		
4. Employee Travel	\$	6,708	6,708		
5. Education Expenses Related to Seminars and Conventions	\$	6,419	6,419		
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>)	\$	12,060	12,060		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	16,655	16,655		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,611	4,611		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,974	7,974		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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**	\$	474,164	474,164		
13. Other (<i>Specify</i>) See Attached Schedule	\$	116,300	116,300		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,819,579	3,819,579		

* 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	\$ 16,655		
Total Other Advertising	\$ 16,655	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,974		
Total Dues	\$ 7,974	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank charges	\$ 24,932		
Payroll Processing Fees	\$ 19,336		
Licensing	\$ 150		
Employee Physicals/ Background Checks	\$ 9,544		
Data Processing	\$ 62,338		
Total Other Administrative and General	\$ 116,300	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Southington SNF, LLC OF PLANTSVILLE	License No. 2282	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 Associates, Inc, 135 South Rd, Farmington, CT 06032	659,740	Full Management Services	See below
	435,428	Admin/Gen 66%	Pg 16 Line 12
Allocations of the above	105,558	Indirect 16%	Pg 18 Line 2C
	118,754	Direct 18%	Pg 20, Line 5J
Athena Health Care Associates, Inc, 135 South Rd, Farmington, CT 06032	38,736	Admin/Gen-Other Expenses	Pg 16, Line 12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 419,501	419,501		
2. Non-Food Supplies	\$ 78,855	78,855		
3. Other (Specify) _____ Dishes	\$ 787	787		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services	\$ 105,558	105,558		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 604,701	604,701		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	388	388		
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.	\$892
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The S	License No. 2282	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. \$	16,114	16,114	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	9,853	9,853	
3D. Total Laundry Expenditures (3a + b + c)	\$	25,967	25,967	
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.	\$ 69,399	69,399		
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)	\$	69,399	69,399		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	411,055	411,055		
b. Medicine Cabinet Drugs	\$	15,092	15,092		
c. Medical and Therapeutic Supplies	\$	365,178	365,178		
d. Ambulance/Limousine***	\$	29,848	29,848		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	23,490	23,490		
f. X-rays and Related Radiological Procedures***	\$	31,539	31,539		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	53,036	53,036		
i. Recreation	\$	15,091	15,091		
j. Direct Management Services*	\$	118,754	118,754		
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	90,037	90,037		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,153,120	1,153,120		

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

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

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

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

Schedule of Other Resident Care

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

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	116,822	116,822			
b. Heat	\$	45,435	45,435			
c. Light & Power	\$	168,674	168,674			
d. Water	\$	52,898	52,898			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	3,414	3,414			
f. Other <i>(itemize)</i>	\$	95,105	95,105			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	482,348	482,348			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	14,751	14,751			
c. Non-Movable Equipment	\$	4,691	4,691			
d. Movable Equipment	\$	66,557	66,557			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	85,999	85,999			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	1,746	1,746			
c. Leasehold Improvements	\$	39,604	39,604			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	41,350	41,350			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	661,223	661,223			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	137,679	137,679			
c. Personal property taxes	\$	12,296	12,296			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	938,547	938,547			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville				License No. 2282			Report for Year Ended 9/30/2021				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				69,574		69,574	69,574	S/L	Various					
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements				562,055		562,055	490,095	S/L	Various	14,751				
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
B-4. Subtotal														
C. Non-Movable Equipment				257,103		257,103	244,720	S/L	Various	4,691				
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	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		
		Yes	No	Month	Year	Exclusive of Land								
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	1,824,267		1,824,267	1,604,472	S/L	Various	65,272		
b. Disposals (attach schedule)														
c. Acquired during this report period (attach schedule)														
D-3. Subtotal				9	2021	17,029		17,029		S/L	Various	1,285		
E. Total Depreciation												66,557		
												85,999		

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:					
5/31/2021	Steam table	\$ 6,512	7	\$ 465	
5/31/2021	Thermal printer	\$ 1,057	5	\$ 106	
5/31/2021	Wet/ dry vacuum and floor scrubber	2021	8	126	
5/31/2021	New battery	2085	5	209	
8/31/2021	3 air conditioners	2229	5	223	
9/30/2021	3 recliners	3125	10	156	
Total additions for Movable Equipment		\$ 17,029		\$ 1,285	*
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 attached	see attached	\$ 80,883	see attached	\$ 5,574	
Total additions for Leasehold Improvements		\$ 80,883		\$ 5,574	*
Deletions:					
Total deletions for Leasehold Improvements		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summ			License No. 2282		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-Key Bank	2	2018	3 years	15,715	13,969	S/L		1,746	
2. Finance Fees-Greystone	9	2019	Pending	58,070		S/L			
3.									
B-4. Subtotal									1,746
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2020	Various	350,278	145,791	S/L	Various	34,030	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		9	2021	Various	80,883		S/L	Various	5,574
C-4. Subtotal									39,604
D. Total Amortization									41,350

* 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 Southington SNF, LLC OF PLANTS	License No. 2282	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	08/01/02			
4. Date of Initial Licensure	08/01/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	880,000			
b. Building	4,371,469			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.92%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,526,089			
f. Principal balance outstanding as of _____	6,389,276			

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
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)		\$	15,237	15,237		
Vendor Interest						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	15,237	15,237		
14. Insurance						
a. Insurance on Property (buildings only)		\$	163,760	163,760		
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)		\$	163,760	163,760		
15. Total All Expenditures (A-13 thru C-14)		\$	15,503,644	15,503,644		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2282	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	A12g	Occupational Therapy	\$ 320,808	320,808		
4.			Other - See attached Schedule	\$ 36,784	36,784		
<i>Page 13 - Professional Fees</i>							
5.	13	B8c	Resident Care Physicians **	\$ 5,804	5,804		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 92,766	92,766		
10.	15	1d	Accounting	\$ 3,418	3,418		
10a.			Legal	\$ 10,506	10,506		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 364	364		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 21,275	21,275		
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.	18	m2&	Unallowable Advertising *	\$ 16,655	16,655		
19.	15	k1	Income Tax / Corporate Business Tax	\$ 70,000	70,000		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 260,434	260,434		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,952	24,952		
<i>Page 18 - Dietary Expenditures</i>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 892	892		
<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)			\$ 864,658	\$ 864,658			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing salary & benefits	\$ 36,784		
Total Other Salaries Adjustment			\$ 36,784	\$ -	\$ -

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	\$ 24,952		
Total Other A&G Adjustments			\$ 24,952	\$ -	\$ -

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	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Sunn			2282	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 864,658	864,658		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 411,055	411,055		
28.	20	5d	Ambulance/Limousine	\$ 29,848	29,848		
29.	20	5f	X-rays, etc	\$ 31,539	31,539		
30.	20	5b	Laboratory	\$ 53,036	53,036		
31.	20	5c	Medical Supplies	\$ 15,000	15,000		
32.	20	5e2	Oxygen (non emergency)	\$ 23,490	23,490		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,189	41,189		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 10,312	10,312		
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.	\$ 1,153	1,153		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 71,027	71,027		
46.	20	5j	Management Fees Indirect	\$ 63,135	63,135		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,615,442	1,615,442		

*** 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>)		\$ 20,174,404	20,174,404			
b. Medicaid Room and Board Contractual Allowance **		\$ (11,284,478)	(11,284,478)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 3,565,628	3,565,628			
b. Medicare Room and Board Contractual Allowance **		\$ (354,467)	(354,467)			
4. a. Private-Pay Residents and Other		\$ 3,546,059	3,546,059			
b. Private-Pay Room and Board Contractual Allowance **		\$ (773,304)	(773,304)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 274,357	274,357			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (274,357)	(274,357)			
c. Prescription Drugs - Non-Medicare		\$ 336,836	336,836			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (336,836)	(336,836)			
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$				
3. a. Physical Therapy - Medicare		\$ 709,104	709,104			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (622,215)	(622,215)			
c. Physical Therapy - Non-Medicare		\$ 160,700	160,700			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (160,700)	(160,700)			
4. a. Speech Therapy - Medicare		\$ 284,650	284,650			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (246,491)	(246,491)			
c. Speech Therapy - Non-Medicare		\$ 78,140	78,140			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (78,140)	(78,140)			
5. a. Occupational Therapy - Medicare		\$ 698,267	698,267			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (618,668)	(618,668)			
c. Occupational Therapy - Non-Medicare		\$ 161,700	161,700			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (161,700)	(161,700)			
6. a. Other (<i>Specify</i>) - Medicare		\$				
b. Other (<i>Specify</i>) - Non-Medicare		\$ 1,405,546	1,405,546			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 16,484,035	16,484,035			
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>)		\$ 39,376	39,376			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 144,219	144,219			
V. Total Other Revenue (1 thru 8)		\$ 183,595	183,595			
VI. Total All Revenue (III +V)		\$ 16,667,630	16,667,630			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

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

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

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

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Misc Revenue from 2021 CRF Funding	\$ 440,049		
	Misc Revenue from 2020 CRF Funding	\$ 965,497		
	Total Other Resident Revenue	\$ 1,405,546	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 32 ln D	Interest on Note Receivable Related Party	1,137,764	\$ 38,223		
Pg 32 ln A	Medicare and Medicaid Interest		\$ 1,153		
	Total Interest Income		\$ 39,376	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 144,219		
	Total Other Revenue	\$ 144,219	\$ -	\$ -

G. Balance Sheet

Name of Facility Southington SNF, LLC OF PLANTSVI	License No. 2282	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 56,894	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,139,728	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 26,792	
5. Prepaid Expenses			\$ 190,552	
a. Prepaid Health Insurance		176,821		
b. Other Prepaid Expenses		5,342		
c. Prepaid Property Taxes		8,389		
d. See Schedule				
6. Interest Receivable			\$ 180,355	
7. Medicare Final Settlement Receivable			\$ (2,294)	
8. Other Current Assets (<i>itemize</i>)			\$ 474,406	
A/R Related Parties		474,406		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 2,066,433	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	69,574	\$	
	Accum. Depreciation	69,574	Net	
3. Buildings	*Historical Cost	562,053	\$	57,209
	Accum. Depreciation	504,844	Net	
4. Leasehold Improvements	*Historical Cost	431,161	\$	245,766
	Accum. Depreciation	185,395	Net	
5. Non-Movable Equipment	*Historical Cost	257,103	\$	7,692
	Accum. Depreciation	249,411	Net	
6. Movable Equipment	*Historical Cost	1,836,123	\$	165,094
	Accum. Depreciation	1,671,029	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	5,172
Excluded Movable Equipment		5,172		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	480,933

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2021	32 37
Account			Amount
Total Brought Forward:			\$ 2,547,366
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$ 880,000
2. Land Improvements	*Historical Cost _____	Accum. Depreciation _____	\$ _____
3. Buildings	*Historical Cost _____	4,371,469	\$ _____
	Accum. Depreciation _____	2,157,713	\$ 2,213,756
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	\$ _____
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	\$ _____
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation _____	\$ _____
7. Minor Equipment-Not Depreciable			\$ _____
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 3,093,756
D. Investment and Other Assets			
1. Deferred Deposits			\$ _____
2. Escrow Deposits			\$ _____
3. Organization Expense	*Historical Cost _____	Accum. Depreciation _____	\$ _____
4. Goodwill (Purchased Only)			\$ 4,306,111
5. Investments Related to Resident Care (<i>itemize</i>)			\$ _____
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (3,062,908)
Name and Address	Amount	Loan Date	
Due from Related Party	(3,062,908)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$ 383,024
Deferred Finance Fees	64,370		
Project Development	318,654		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,626,227
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 7,267,349

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

G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE d	License No. 2282	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 2,195,916
2. Notes Payable (<i>itemize</i>)				\$ (3,253,511)
Due From Related Facilities				(475,621)
Line of Credit				(2,777,890)
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 368,611
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 371,691
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*				\$ 88,013
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,877,443
Acc'd Operating Expenses		319,611	Acc'd Personal Prop Tax	869
Acc'd Expense - CT State Sales Tax		782		
Provider Tax Due		1,546,672		
Acc'd Health Insurance		9,509	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,648,163

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

G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE	License No. 2282	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,648,163	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	698,394
Name and Address of Lender	Amount	Loan Date		
Due to Related Party	698,394	None		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	(522,845)
Due to Related - Landlord		(522,845)		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	175,549
C. Total All Liabilities (Lines A-13 + B-5)			\$	1,823,712

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

Name of Facility Southington SNF, LLC OF PLANTS	License No. 2282	Report for Year Ended 9/30/2021	Page 35	of 37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	2,213,756
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	3,093,756
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(400,000)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,585,893
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 1,163,988
7. Total Net Worth			\$	2,349,881
C. Total Reserves and Net Worth				\$ 5,443,637
D. Total Liabilities, Reserves, and Net Worth				\$ 7,267,349

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVIL	2282	9/30/2021	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 1,598,933		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 16,667,630		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 15,503,642		
D. Net Income or Deficit				\$ 1,163,988		
E. Balance				\$ 2,762,921		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Health Insurance 2020				(358,321)		
State Income Tax 2020				(32,000)		
Rent Expense 2020				(22,719)		
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$ (413,040)		
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				\$ 2,349,881		

I. Preparer's/Reviewer's Certification

Name of Facility Southington SNF, LLC OF	License No. 2282	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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

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