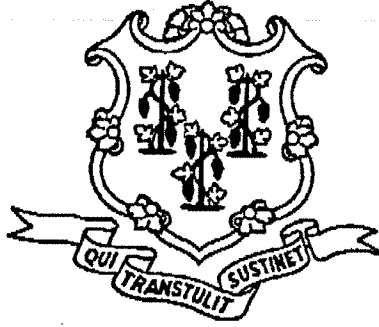


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider No. 07-5415001
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Medicaid Provider Numbers:	CCNH 2285	RHNS	ICF-MR
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For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

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General Information

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	Page 1	of 37
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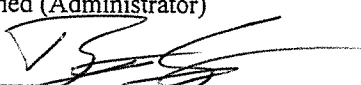
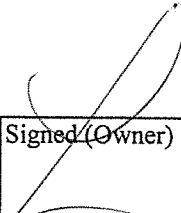
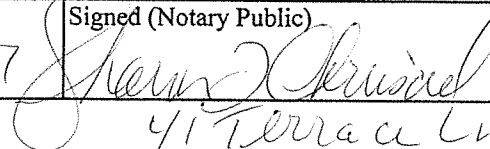
Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalties of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) 		Date 2-15-17	Signed (Owner) 		Date 2-15-17
Printed Name (Administrator) Brett Stewart			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) 	Comm. Expires 3/31/20	
Address of Notary Public 41 Terrac Ln Bristol CT 06010					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-583-8483	Report for Year Ended 09/30/16	Page 2	of 37
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Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Address (No. & Street, City, State, Zip) 1660 Stafford Avenue Bristol, CT 06010
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License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider No. 07-5415001
------------------	---------------------	------	-----------	--

Type of Facility (Check appropriate box(es))			
<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)	

Type of Ownership (Check appropriate box)			
<input type="checkbox"/> PROPRIETORSHIP	<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROFIT CORP.
<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> TRUST	

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
--	------------------------------	--	--------------------------

Administrator		
Name of Administrator Brett Stewart	Nursing Home Administrator's License No.:	001706

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
Not Applicable	

Bristol CCH Group LLC
d/b/a Countryside Manor of Bristol

Lawrence G. Santilli, Managing Member	52.7499%
Guardians for Lawrence E. Santilli	18.2501%
Valerie Santilli	1.0000%
Mahaney Family Limited Partnership	2.0000%
John B. Nocera, Jr.	5.0000%
William S. Thomas	10.0000%
Russell C. Schwartz	1.0000%
Michael E. Mosier	2.0000%
Marybeth Hauser	1.0000%
Debra M. Soucey	1.0000%
Christine Ward	1.0000%
Karyn Iannaccone	2.0000%
Dorothy Rossetti	1.0000%
Theresa Skinner	2.0000%
	100.0000%

General Information and Questionnaire
Individual Proprietorship

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	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

Not Applicable

General Information and Questionnaire Related Parties*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	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="checkbox"/> Yes <input checked="" type="checkbox"/> No 					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report in Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Real Property Pg 22, 9 and 10b, Pg 27, ln 14a	\$516,460
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank fees Pg 16 Ln m13	\$6,295
Litchfield Woods	255 Robert Street, Torrington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Fees Pg 26, Ln 12A1	\$2,685
Athena Health Care	135 South Road, Farmington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers Comp Captive Pg 15, ln 1a	\$354,222
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	see attached Pg 16m13	\$1,511
Bayview Health Care	301 Rope Ferry Rd, Waterford, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Software Settlement Pg 33, A2	\$1,511
Miscellaneous Facilities	various	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

* Use additional sheets if necessary.

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

Cost year 2016

**Countryside Manor
RELATED PARTIES QUESTIONNAIRE
PAGE 4**

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care Associates	135 South Road Farmington, CT 06032	X		>50%	Pg 17, Pg 13, Pg 15, 1d, 1e & 1g pg 16, m3 7 & M13, Pg 27, 12D & 14a, Pg16, L2, pg 27, 12D pg 13, B5 & B11	\$554,655	\$324,310
Athena Health Care Insurance	135 South Road Farmington, CT 06032		X		Management, Bank Fees, Legal Marketing, Insurance, Lobbying, Compliance Gift Certificates, mortgage fees, and interest Nursing consulting Health Insurance	\$804,476	\$804,476
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032		X		Facility Participates in a multi-facility 401 (k) plan		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	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 (See listing page 13)
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.

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016		Page of 6 37
		Date of Lease**	Term of Lease	
Name and Address of Lessor	Description of Items Leased	Related * to Owners, Operators, Officers		Amount Claimed
		Yes	No	
Pitney Bowes	postal equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$436
Ge Capital, 855 Winding Brook Dr, Glastonbury, CT	Copier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$12,146
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	PCC Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$3,980
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	PCC Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,751
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Total ***				\$18,021

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

* 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	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	Address (No. & Street, City, State, Zip Code)
1 DHL & S	4 Corporate Drive, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 Dopkins & Co.	200 International Dr, Buffalo, NY
4	

Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials: \$14,000 allowed & Pension audit: \$13,500 allowed	\$ 27,500
2 Medicare cost report Preparation: Allowed	\$ 2,650
3 Key Bank Audit: Disallowed	\$ 4,173
4	\$ -
Charge for Services Provided	
\$34,323	

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	Telephone Number
1 Goldman Gruder & Woods	203-899-8900
2 State of CT Probate	860-584-6230
3 Schiff Harding	
4 Shipman & Goodwin	860-251-5000
5 Murtha Cullina	860-240-6000

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

- 1 200 Connecticut Avenue, Norwalk, CT
 2 111 N. Main Street, Bristol, CT
 3
 4 One constitution Plaza, Hartford, CT
 5 185 Asylum Street, Hartford, CT

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallowed	\$ 21,617
2 Conservatorship hearing: Disallowed	\$ 777
3 Key Bank Loan Modification: Disallowed	\$ 2,685
4 General matters: Disallowed	\$ 5,969
5 General matters: Disallowed	\$ 3,823
Charge for Services Provided	
\$34,871	

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**

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)		Period 10/1 Thru 6/30
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285	09/30/16	8 37
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	90	90				90 90
B. On last day of THIS report period.....	90	90				90 90
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	87	87				87 87
B. As of midnight of THIS report period.....	85	85				85 85
3. Total Number of Days Care Provided During Period						
A. Medicare.....	2,553	2,553				452 452
B. Medicaid (Conn.).....	27,314	27,314				7,080 7,080
C. Medicaid (other states).....						
D. Private Pay.....	1,938	1,938				286 286
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	12	12				12 12
G. Total Care Days During Period (3A thru F).....	31,817	31,817				7,830 7,830
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	68	68				19 19
B. Other Bed Reserve Days.....	11	11				
5. Total Resident Days (3G + 4A + 4B).....	31,896	31,896				7,849 7,849

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4		75		3			3	
Per Diem Rate									
a. One bed rm.	506.80		232.43		477.00			457.20	
b. Two bed rms.	506.80		232.43		456.00			457.20	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,616	4,616		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	424	424		
2. Restorative Treatments				
C. Other	5,724	5,724		
D. Total Physical Therapy Treatments	10,764	10,764		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	765	765		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	58	58		
2. Restorative Treatments				
C. Other	759	759		
D. Total Speech Therapy Treatments	1,582	1,582		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,770	4,770		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	498	498		
2. Restorative Treatments				
C. Other	5,722	5,722		
D. Total Occupational Therapy Treatments	10,990	10,990		

Report of Expenditures - Salaries & Wages

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	Page 10	of 37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Item	CCNH	Hours	Total Cost and 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)	115,460	2,055			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	144,206	6,141			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	53,238	2,109			
c. Dietary Workers	311,335	22,804			
6. Housekeeping Service					
a. Head Housekeeper	53,018	2,074			
b. Other Housekeeping Workers	173,279	15,290			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	53,843	1,758			
b. Other Maintenance Workers	30,562	1,918			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	68,177	4,891			
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	169,246	2,577			
b. RN					
1. Direct Care	424,571	11,220			
2. Administrative**	305,985	10,233			
c. LPN					
1. Direct Care	782,082	28,279			
2. Administrative**					
d. Aides and Attendants	1,496,777	85,106			
e. Physical Therapists	417,890	12,982			
f. Speech Therapists	39,195	781			
g. Occupational Therapists	199,185	5,221			
h. Recreation Workers	162,803	7,440			
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	116,742	4,179			
n. Marketing					
o. Other (Specify)					
A-13. Total Salary Expenditures	5,117,594	227,058			

* 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)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285		Report for Year Ended 9/30/2016		Page	of			
	CCNH	RHNS (Specify)	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
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.

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

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		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***									
Joseph Colaci (10/1/15-12/4/15)	29,574		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	194	A2			
david fife (12/5/15--6/5/16)	48,471		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,120	A2	See Attached		
Brett Stewart (6/6/16-9/30/16)	37,415		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	741	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.

David Fife
Countryside Manor

Facility Hours Worked Compensation Received

Abbott Terrace
44 Abbott Terrace
Waterbury, CT 06703

48 \$1,523.00

Maefair Health Care
21 Maefair Court
Trumbull, CT 06611

249 \$10,517.00

Laurel Ridge
642 Danbury RD
Ridgefield CT 06877

403 \$17,420.00

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....						
2. Dentist.....	8,960	60				
3. Pharmacist.....	7,281	138				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	13,381	197				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	24,000	22				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....						
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.....	4,680	13				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	9,243	113				
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	4,484	144				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	72,029	687				

* 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare, Knotter Drive, Cheshire, CT 06410	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psychiatric Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostics, 21 Waterbille Road, Avon, CT	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Pinnacle Rehab Staffing LLC, PO Box 8317, Clearwater, FLA	Occupational Therapy Placement Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Onward Healthcare, PO Box 27421, New York, NY	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 354,246	354,246			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 90,369	90,369			
4. Social Security (F.I.C.A.).....	\$ 370,561	370,561			
5. Health Insurance.....	\$ 732,229	732,229			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 60,907	60,907			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 95,653	95,653			
d. Accounting and Auditing	\$ 34,323	34,323			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,871	34,871			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 51,153	51,153			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 41,575	41,575			
2. Cellular Phones.	\$ 1,068	1,068			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 616,790	616,790			
Subtotal	\$ 2,483,745	2,483,745			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

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

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
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,483,745	2,483,745			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 3,775	3,775			
3. Gifts to Staff and Residents.....	\$ 6,037	6,037			
4. Employee Travel.....	\$ 1,086	1,086			
5. Education Expenses Related to Seminars and Conventions	\$ 6,707	6,707			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 4,168	4,168			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 28,895	28,895			
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.....	\$ 5,436	5,436			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 6,090	6,090			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 103	103			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 271,162	271,162			
13. Other (Specify) See Attached Schedule	\$ 122,251	122,251			
C-14 Total Administrative & General Expenditures	\$ 2,939,455	2,939,455			

* 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	\$ 28,895		
Total Other Advertising	\$ 28,895	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT ACHCA	\$ 5,980		
AANAC	\$ 110		
Total Dues	\$ 6,090	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 3,014		
Licenses	\$ 472		
Bank Charges	\$ 9,949		
Payroll Processing Fees	\$ 20,130		
Employee Physicals and Background checks	\$ 19,104		
Interpreter	\$ 165		
compliance consulting \$12,371 & energy audit \$462	\$ 12,833		
Temp Help - Bookkeeping	\$ 3,627		
Data Processing Fees	\$ 38,537		
CMS #2016-01-LTC-151-\$5850, CMS \$4,550	\$ 10,400		
State of CT Citation #2016-70:\$3,000 & #2015-120:\$1,020	\$ 4,020		
Total Other Administrative and General	\$ 122,251	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$371,633	Contract Attached to a Prior Year	See Below
Allocation of Above	\$245,278 \$59,461 \$66,894	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$25,884	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.

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food.....	\$ 194,976	194,976			
2.	Non-Food Supplies.....	\$ 20,790	20,790			
3.	Other (Specify) _____	\$ 61	61			
Dishes = \$61						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$ 59,461	59,461			
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 275,288	275,288			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*		261	261			
H. Is cost of employee meals included in 2E?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$33411		
L. Is any revenue collected from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
P. 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.

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	14,510	14,510		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies = \$5,080		\$	5,080	5,080		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	19,590	19,590		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		If yes, specify cost.
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		If yes, specify amount.
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		If yes, specify cost.
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		If yes, specify amount.
L. 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 3E.

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

*** 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	20,094	20,094		
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.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)....	\$	20,094	20,094		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care	\$	153,114	153,114		
b.	Medicine Cabinet Drugs.....	\$	22,390	22,390		
c.	Medical and Therapeutic Supplies.....	\$	182,476	182,476		
d.	Ambulance/Limousine***.....	\$	120	120		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	38,933	38,933		
f.	X-rays and Related Radiological Procedures***.....	\$	14,806	14,806		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
h.	Laboratory***.....	\$	10,162	10,162		
i.	Recreation.....	\$	13,084	13,084		
j.	Other (Specify)**** See Attached Schedule	\$	153,743	153,743		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	588,828	588,828		

* 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)
Management Fee Direct	\$ 66,894		
Oxygen Concentrator Rentals	\$ 10,795		
Cable TV Fees	\$ 7,794		
Medical Equipment Rental-Other	\$ 11,439		
Physical Therapy Supplies	\$ 32,835		
Occupational Therapy Supplies	\$ 9,035		
Medical Equipment Rental-Medicaid	\$ 14,951		
Total Other Resident Care	\$ 153,743	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		9/30/2016		21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CT Waste Processing	25 Norton Place, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	17,378			22	6f
Omnicare/Value Health	P.O.Box 31513, Hartford, CT 06150	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Supplies & Services	179,605			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll services	12,646			16	1m13
Compass Enterprises	89 Birch Street, Southington, CT 2070 West Street, Southington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Snow removal	21,831			22	6f
Winterberry Gardens	430 Boston Street, Suite 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Landscaping	11,293			22	6f
Harmony Health		<input type="checkbox"/>	<input type="checkbox"/>		Compliance consulting	34,293			16	m13
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016			22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance..... \$	86,066	86,066			
b. Heat..... \$	67,369	67,369			
c. Light & Power..... \$	82,416	82,416			
d. Water..... \$	20,198	20,198			
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	18,021	18,021			
f. Other (<i>itemize</i>)..... \$	119,522	119,522			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	393,592	393,592			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements..... \$					
b. Building & Building Improvements..... \$					
c. Non-Movable Equipment..... \$	21,491	21,491			
d. Movable Equipment..... \$	53,518	53,518			
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	75,009	75,009			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense..... \$					
b. Mortgage Expense..... \$					
c. Leasehold Improvements..... \$	69,279	69,279			
d. Other (<i>Specify</i>)..... \$					
*8e. Total Amortization Costs (8a + b + c + d)..... \$	69,279	69,279			
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	352,802	352,802			
10. Property Taxes					
a. Real estate taxes paid by owner..... \$					
b. Real estate taxes paid by lessor..... \$	102,809	102,809			
c. Personal property taxes..... \$	26,501	26,501			
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	626,400	626,400			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,998		
Rubbish Removal	\$ 21,268		
Snow Removal	\$ 12,348		
Supplies	\$ 73,432		
Exterminating	\$ 476		
Total Other Repairs and Maintenance	\$ 119,522	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		9/30/2016				23	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	
									Yes
A. Land Improvements									
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									
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									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....									
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									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....									
E. Total Depreciation									
								53,518	
								75,009	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Dec-15	HVAC	\$ 3,437	10	\$ 172
Dec-15	vinyl floorin	\$ 925	10	\$ 46
Dec-15	drywall	\$ (3,159)	20	\$ (79)
Jan-16	ceramic tile	\$ 1,885	20	\$ 47
Feb-16	sprinkler heads	\$ 2,272	25	\$ 45
Mar-16	boiler pump	\$ 4,498	20	\$ 112
Mar-16	electric circuits	\$ 1,132	20	\$ 28
Mar-16	electric circuits	\$ 850	20	\$ 21
May-16	roofin	\$ 1,276	10	\$ 64
May-16	flooring	\$ 2,054	10	\$ 103
Jun-16	fire panel	\$ 1,966	10	\$ 98
Jun-16	dishwasher motor	\$ 3,409	10	\$ 170
Jun-16	flooring	\$ 1,061	10	\$ 53
Jul-16	HVAC	\$ 8,141	10	\$ 407
Jul-16	electrical switches	\$ 1,267	10	\$ 63
Aug-16	flooring	\$ 2,130	10	\$ 107
Total additions for Leasehold Improvements		\$ 33,144		\$ 1,459 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Date of Acquisition		Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Page	of
	Month	Year								
A. Organization Expense									24	37
1.										
2.										
3.										
A-4. Subtotal.....										
B. Mortgage Expense										
1.										
2.										
3.										
B-4. Subtotal.....										
C. Leasehold Improvements and Other (Specify)										
1. Acquired prior to this report period	9	2015	Various	1,195,949	757,282	s/1	Var	67,820		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	9	2016	Various	33,144		s/1	Var	1,459		
C-4. Subtotal.....										
D. Total Amortization										69,279
										69,279

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		Page 24A	of 37
C. Leasehold Improvements						
(Specify)						
1. Acquired prior to this report period	9	2015	Various	1,195,949	757,282	s/l
2. Disposals (attach schedule)						
3. Acquired during this report period	9	2016	Various	33,144		s/l
C-4. Subtotal.....						69,279
C. Other (Specify)						
1.						
2.						
C-4. Subtotal.....						
Total Acquired prior to this report period	9	2015	Various	1,195,949	757,282	s/l
Total Disposals						
Total Acquired during this report period	9	2016	Various	33,144		s/l
					67,820	
					1,459	

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
*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.				
If "Yes," complete Part B. If "No," complete Part C.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		08/27/03		
4. Date of Initial Licensure		08/27/03		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land		400,000		
b. Building		2,320,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		21		
e. Amount of Principal Borrowed		2,976,000		
f. Principal balance outstanding as of 9/30/2016		2,505,180		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016			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			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		9/30/2016			27	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)..... \$				113,189	113,189			
Vender Interest = (\$2,506); Line of Credit Interest = \$114,716; Key Bank Term Loan Interest & Fees = \$979								
13. Total All Interest Expense (12B7 + 12C3 + 12D).....\$				113,189	113,189			
14. Insurance								
a. Insurance on Property (buildings only)..... \$				62,307	62,307			
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)... \$				62,307	62,307			
15. Total All Expenditures (A-13 thru C-14) \$				10,228,366	10,228,366			

D. Adjustments to Statement of Expenditures

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				License No. 2285	Report for Year Ended 9/30/2016	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 199,185	199,185		
4.	Var	Var	Other - See attached Schedule.....	\$ 22,446	22,446		
Page 13 - Professional Fees							
5.			Resident Care Physicians **.....	\$			
6.	13	B10a	Occupational Therapy.....	\$ 9,243	9,243		
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 95,653	95,653		
10.	15	1d&e	Accounting & Legal.....	\$ 39,044	39,044		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 708	708		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 6,037	6,037		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ 2,500	2,500		
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&3	Unallowable Advertising *.....	\$ 28,895	28,895		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 152,027	152,027		
	18	2c		\$ 36,855	36,855		
	20	5j		\$ 41,462	41,462		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 41,265	41,265		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 34,507	34,507		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 709,827	709,827		

* 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.

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 709,827	709,827		
Page 20 - Resident Care Supplies ***							
27.	20	5a1&2	Prescription Drugs.....	\$ 153,114	153,114		
28.	20	5d	Ambulance/Limousine.....	\$ 120	120		
29.	20	5f	X-rays, etc.....	\$ 14,806	14,806		
30.	20	5h	Laboratory.....	\$ 10,162	10,162		
31.	20	5c	Medical Supplies.....	\$ 9,000	9,000		
32.	20	5e2	Oxygen (non emergency).....	\$ 38,933	38,933		
33.	20	5j	Occupational Therapy.....	\$ 9,035	9,035		
34.	Var	Var	Other - See Attached Schedule.....	\$ 11,439	11,439		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 4,773	4,773		
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.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 4,194	4,194		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rvs	Interest Income on Accounts Rec.....	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 965,403	965,403		

*** 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.

F. Statement of Revenue

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016		Page 30	of 37
Item			Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1.	a. Medicaid Residents (<i>CT only</i>).....	\$	12,495,065	12,495,065		
	b. Medicaid Room and Board Contractual Allowance **.....	\$	(6,106,878)	(6,106,878)		
2.	a. Medicaid (<i>All other states</i>).....	\$				
	b. Other States Room and Board Contractual Allowance **.....	\$				
3.	a. Medicare Residents (<i>all inclusive</i>).....	\$	663,453	663,453		
	b. Medicare Room and Board Contractual Allowance **.....	\$	(11,290)	(11,290)		
4.	a. Private-Pay Residents and Other.....	\$	1,313,343	1,313,343		
	b. Private-Pay Room and Board Contractual Allowance **.....	\$	(60,252)	(60,252)		
II. Other Resident Revenue						
1.	a. Prescription Drugs - Medicare.....	\$	81,192	81,192		
	b. Prescription Drugs - Medicare Contractual Allowance **.....	\$	(81,192)	(81,192)		
	c. Prescription Drugs - Non-Medicare.....	\$	88,476	88,476		
	d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$	(88,476)	(88,476)		
2.	a. Medical Supplies - Medicare.....	\$				
	b. Medical Supplies - Medicare Contractual Allowance **.....	\$				
	c. Medical Supplies - Non-Medicare.....	\$	2,730	2,730		
	d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$				
3.	a. Physical Therapy - Medicare.....	\$	482,829	482,829		
	b. Physical Therapy - Medicare Contractual Allowance **.....	\$	(95,987)	(95,987)		
	c. Physical Therapy - Non-Medicare.....	\$	145,325	145,325		
	d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$	(145,325)	(145,325)		
4.	a. Speech Therapy - Medicare.....	\$	122,350	122,350		
	b. Speech Therapy - Medicare Contractual Allowance **.....	\$	(76,793)	(76,793)		
	c. Speech Therapy - Non-Medicare.....	\$	31,975	31,975		
	d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$	(31,975)	(31,975)		
5.	a. Occupational Therapy - Medicare.....	\$	483,575	483,575		
	b. Occupational Therapy - Medicare Contractual Allowance **.....	\$	(319,311)	(319,311)		
	c. Occupational Therapy - Non-Medicare.....	\$	155,150	155,150		
	d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$	(155,150)	(155,150)		
6.	a. Other (<i>Specify</i>) - Medicare.....	\$				
	b. Other (<i>Specify</i>) - Non-Medicare.....	\$	(17,134)	(17,134)		
III Total Resident Revenue (Section I.thru Section II.).....			\$ 8,875,700	8,875,700		
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>)	\$				
6.	Private Duty Nurses' Fees.....	\$				
7.	Barber, Coffee, Beauty and Gift shops.....	\$				
8.	Other (<i>Specify</i>).....	\$	1,340	1,340		
V. Total Other Revenue (1 thru 8).....			\$ 1,340	1,340		
VI. Total All Revenue (III + V).....			\$ 8,877,040	8,877,040		

* 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

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

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (17,134)		
Total Other Resident Revenue		\$ (17,134)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 1,340		
Total Other Revenue		\$ 1,340	\$ -	\$ -

Annual Report of Long-Term Care Facility

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	58,908
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	686,462
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	18,711
5. Prepaid Expenses.....			\$	198,460
a. Prepaid Insurance	197,448			
b. Prepaid expenses-RICOH lease	1,012			
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	24,046
Medicaid cost settlement	17,354			
A/R Related Parties	6,692			
A-9. Total Current Assets (Lines A1 thru 8)			\$	986,587
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
3. Buildings	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
4. Leasehold Improvements	*Historical Cost.....	1,215,071	\$	402,531
	Accum. Depreciation	(812,540) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	273,119	\$	128,622
	Accum. Depreciation	(144,497) Net.....		
6. Movable Equipment	*Historical Cost.....	737,190	\$	88,489
	Accum. Depreciation	(648,701) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	21,559
Moveable Equipment Carryforward	18,079			
Misc Fixed Asset system Difference	3,480			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	641,201

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,627,788
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	481,847
2. Land Improvements	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
3. Buildings	*Historical Cost.....	2,320,000		
	Accum. Depreciation	(974,594)	Net.....	\$ 1,345,406
4. Non-Movable Equipment	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
5. Movable Equipment	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
6. Motor Vehicles	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,827,253
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
4. Goodwill (Purchased Only).....			\$	325,968
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>).....			\$	3,439
Project Development		3,439		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	329,407
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	3,784,448

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	914,256
2. Notes Payable (<i>itemize</i>).....			\$	2,952,845
Loans			2,952,845	
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>).....			\$	344,691
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	5,502
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>).....			\$	246,395
Acc'd Operating Expenses			89,738	
Acc'd Expense - Sales Tax			1,172	
Provider Taxes Due			155,485	
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	4,463,689

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

Countryside Manor

accd exp

9/30/2016

1/28/2016	2170-010-110	(\$10,031.00)	acct'g
9/30/2016	2170-010-110	(\$6,192.84)	electric
9/30/2016	2170-010-110	(\$3,139.91)	gas/propane
9/30/2016	2170-010-110	(\$1,937.00)	payroll fee Athena
5/31/2016	2170-010-110	(\$1,337.00)	water
9/30/2016	2170-010-110	(\$61,100.52)	IBNR
9/30/2016	2170-010-110	(\$6,000.00)	Wage Enhancement
		\$	(89,738.27)

G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,463,689	
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>).....				\$ 215,273	
Name and Address of Lender	Amount	Loan Date			
	215,273				
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$ 552,486	
Due to Landlord		552,486			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$ 767,759	
C. Total All Liabilities (Lines A-13 + B-5).....				\$ 5,231,448	

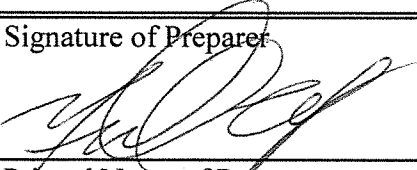
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	1,345,406
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	1,827,253
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(884,166)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(1,038,761)
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ (1,351,326)
7. Total Net Worth.....			\$	(3,274,253)
C. Total Reserves and Net Worth			\$	(1,447,000)
D. Total Liabilities, Reserves, and Net Worth			\$	3,784,448

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(1,960,145)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,877,040
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,228,366
D. Net Income or Deficit.....			\$	(1,351,326)
E. Balance.....			\$	(3,311,471)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Change in SWAP Value		2,634		
Surplus Cash from Landlord		18,198		
2. Other (<i>itemize</i>)				
Prior Year Cost Report Accruals		19,645		
expense adjustment (copier lease)		(1,013)		
expense adjustment (insurance)		(2,246)		
F-3. Total Additions.....			\$	37,218
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period	09/30/16		\$	(3,274,253)

I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>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.</p>				
Signature of Preparer 	Title CFO	Date Signed 2-15-17		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		