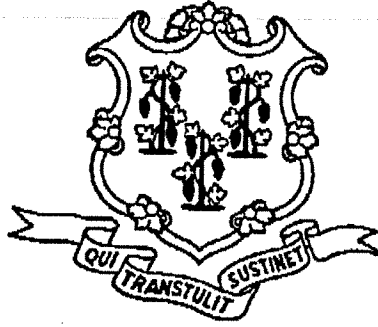


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" 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 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
------------------	--------------	--------------	-----------	-------------------------------------

Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	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

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General Information

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2016	Page 1	of 37
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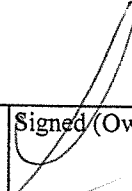
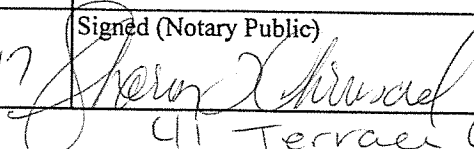
Administrator's/Owner's Certification

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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [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) Rachel DeMaida			Printed Name (Owner) Lawrence G. 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 Terrace Ln Bristol CT 06010					

(Notary Seal)



**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

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.mslc.com

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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 350 Salmon Brook Street Granby, CT 06035				
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 860-653-9888	Report for Year Ended 09/30/16	Page 2	of 37
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Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Address (No. & Street, City, State, Zip) 350 Salmon Brook Street Granby, CT 06035
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License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
------------------	---------------------	---------------------	-----------	---

Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" 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 Rachel DeMaida	Nursing Home Administrator's License No.:	1889

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

General Information and Questionnaire
Individual Proprietorship

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes 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? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Misc. Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interfacility Loans	Pg 33 A2		
Valerie Manor	1360 Torrington St, Torrington, CT 06790	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Fees	Pg 16 13	\$5,006	\$5,006
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Pg 15 1a1	\$247,467	\$247,467
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility participates in common 401k plan			
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached			
Bayview Health Care	301 Rope Ferry Rd, Waterford, CT 06385	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data Processing	16 m13	\$1,511	\$1,511
		<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.

Meadowbrook
 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	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Management Fees, Legal, Payroll Processing Marketing, Lobbying, Data Processing Insurance, Employee Relations, Maintenance Nurse Fill In	Pg 17, Pg 15 1e, Pg 16 m13 Pg 16 m3, Pg 16 m13 Pg 15 1a1, Pg 6 13, Pg 22 6a Pg 13 11a2	\$280,576	\$225,070
Athena Health Insurance	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Self Insured Employee Health & Dental Insurance	Pg 15,1	\$777,680	\$777,680

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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 <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.

Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days

Physical/Speech/Occupational Therapy - Allocated on % of Treatments

Administrative Nursing - Allocated on Direct Nursing Hours

Management Fees - Allocated based on methods above for each expense category

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

Related company expenses were allocated on Methods above except as noted in 1 above.

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	License No.	Report for Year Ended		Date of Lease**	Term of Lease	Annual Amount of Lease	Page of
		9/30/2016					
Name and Address of Lessor	Description of Items Leased	Related * to Owners, Operators, Officers					
		Yes	No				
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342						
Leaf, 1720A Crete St, Moberly, MO 65270	Copier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	02/07/13	48 Months	\$10,460	\$10,460
Leaf, 1720A Crete St, Moberly, MO 65270	Fax	<input type="checkbox"/>	<input checked="" type="checkbox"/>	06/18/13	44 Months	\$602	\$602
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	Postal Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/10/14	39 Months	\$1,092	\$1,092
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	PCC Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	05/16/13	60 Months	\$5,157	\$5,157
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	PCC Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	09/25/14	60 Months	\$1,190	\$1,190
		<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 ***	\$18,501

Is a Mileage Log Book Maintained for All Leased Vehicles ? **Not Applicable - No 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.



i n v e n t

Hewlett-Packard Financial Services
200 Connell Drive Suite 5000
Berkeley Heights, NJ 07922
888-277-0670

July 17, 2013

MEADOWBROOK CENTER, INC.
350 Salmon Brook St
GRANBY, CT 06035
Attn: Todd Panilatis

Subject: Business Lease Agreement Number: 572E006F

Dear Mr. Panilatis:

Thank you for selecting Hewlett-Packard Financial Services Company for your financial solutions.

We are in receipt of the Final invoice(s) for the above referenced Lease Number. The invoice(s) reflect an adjustment to the Total Cost originally indicated on the Schedule. The Total Cost has been adjusted from \$21,288.07 to \$21,472.48 which is an increase of \$184.41.

This change was due to:

- Taxes
- Shipping/Handling
- Increase/Decrease in Equipment
- Other as explained below

As a result of the above, your monthly payments will increase from \$400.64 to \$404.11.

All terms used herein and not defined shall have the meanings set forth in the Business Lease Agreement. All other terms and conditions of the Business Lease Agreement remain unchanged and in full force and effect.

If you should have any questions or require additional information, please contact me at 888-277-0670.

Sincerely,

Kyle Perazzone
Contract Administrator

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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 Marcum LLP	335 Long Wharf Dr, 12th Fl, New Haven, CT 06511
2 Dworin, Hillman, Lamorte	Four Corporate Drive, Suite 448, Shelton, CT 06484
3 Marcum LLP	335 Long Wharf Dr, 12th Fl, New Haven, CT 06511
4	

Services Provided by This Firm (*describe fully*)

1 Tax Return & Audit Financial Statements	\$ 26,125
2 1065 Partnership Returns (Disallow)	\$ 4,400
3 Medicare Cost Report	\$ 2,650
4	\$ -
	Charge for Services Provided \$33,175

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

Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Shipman & Goodwin	860-251-5000
2 Murtha Cullina	860-240-6000
3 Rosenthal Law Firm	860-677-7171
4	
5	

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

1 **One Constitution Plaza, Hartford, CT 06130**
 2 **118 Asylum St, Hartford, CT 06103**
 3 **PO Box 586 Avon, CT 06001**
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employee Matters: Disallow	\$ 12,682
2 Audit Letter \$927 (Allow), Annual Report \$495 (Allow), General Matters \$6436 (Disallow)	\$ 7,858
3 A/R Collections: Disallowed	\$ 9,412
4	\$ -
5	\$ -
	Charge for Services Provided \$29,952

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

Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2342/2342		09/30/16			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	90	80	10	90	80	10
B. On last day of THIS report period.....	90	80	10	90	80	10
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	86	76	10	81	74	7
B. As of midnight of THIS report period.....	87	80	7	90	80	10
3. Total Number of Days Care Provided During Period						
A. Medicare.....	5,977	2,981	2,996	4,429	2,244	1,548
B. Medicaid (Conn.).....	20,715	20,715		15,381		5,334
C. Medicaid (other states).....						
D. Private Pay.....	4,996	4,699	297	3,850	245	1,146
E. State SSI for RCH.....						1,094
F. Other (Specify) Managed Care	277	277		301		(24)
G. Total Care Days During Period (3A thru F).....	31,965	28,672	3,293	23,961	2,489	8,004
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	138	138		86		52
B. Other Bed Reserve Days.....	9	9		2		7
5. Total Resident Days (3G + 4A + 4B).....	32,112	28,819	3,293	24,049	2,489	8,063
						7,259
						804

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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	11		60		9		7	
Per Diem Rate								
a. One bed rm.	526.67	247.78	195.71	513.00	485.00	411.17		
b. Two bed rms.	526.67	247.78	195.71	483.00	471.00	411.17		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,524	4,524		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	11	11		
2. Restorative Treatments				
C. Other	12,551	12,551		
D. Total Physical Therapy Treatments	17,086	17,086		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,446	1,446		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	4,670	4,670		
D. Total Speech Therapy Treatments	6,116	6,116		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,946	3,946		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	13	13		
2. Restorative Treatments				
C. Other	13,699	13,699		
D. Total Occupational Therapy Treatments	17,658	17,658		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	109,885	1,856	12,556	212		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	210,813	8,808	24,089	1,007		
5. Dietary Service						
a. Head Dietitian	21,300	720	2,434	82		
b. Food Service Supervisor	50,190	1,892	5,735	216		
c. Dietary Workers	342,862	24,509	39,177	2,801		
6. Housekeeping Service						
a. Head Housekeeper	42,716	1,793	4,881	205		
b. Other Housekeeping Workers	144,773	10,432	16,542	1,192		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,846	1,925	5,467	220		
b. Other Maintenance Workers	31,633	1,848	3,615	211		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	87,785	5,780	10,031	660		
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	165,403	3,852	19,800	461		
b. RN						
1. Direct Care	437,587	11,335	17,113	479		
2. Administrative**	269,950	9,837	32,315	1,178		
c. LPN						
1. Direct Care	652,325	24,131	74,432	2,768		
2. Administrative**						
d. Aides and Attendants	1,017,934	65,585	136,570	9,299		
e. Physical Therapists	491,083	13,431				
f. Speech Therapists	197,241	3,666				
g. Occupational Therapists	377,001	10,139				
h. Recreation Workers	96,224	5,598	10,995	639		
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	147,398	5,474	16,842	625		
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	4,941,949	212,611	432,594	22,255		

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342		9/30/2016		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Christine McKinney (10/1/15-1/3/16)	24,439	2,793	Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	455		Evergreen Health Care 205 Chestnut Hill Rd Stafford Springs, CT	1,688	113,701
Rachel DeMaida (1/4/16-9/30/16)	85,446	9,763	Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,613	A2			
Section IV - Assistant Administrators									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	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.....	8,772		1,002			
3. Pharmacist.....	6,197	172	708	20		
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	32,265	354				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	100,156	421	11,444	48		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	8,091					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	359	4	41			
9. Speech Therapist						
a. Resident Care.....	3,225	9				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	147,980	1,293				
2. Administrative***	1,778	29	213	3		
b. LPN						
1. Direct Care	45,827	996				
2. Administrative***						
c. Aides.....	37,477	1,467				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	392,127	4,745	13,408	71		

* 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.

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B. Report of Expenditures - Professional Fees (Medical Director Detail)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342		Report for Year Ended 9/30/2016		Page 13 a	of 37
		Total Cost and Hours					
Item		CCNH	Hours	RHNS	Hours	(Specify)	Hours
8. Physicians							
a. Medical Director Detail		0	469	0	0	0	0

Dr Fenton	\$33,600	206 hours
Dr Shastri/Prohealth	\$33,000	159 hours
Dr Gilberto Ramirez	45000	104 hours

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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Access Therapies, PO Box 823461, Philadelphia, PA 19182	Physical Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Audiology Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Retina Consultants, PC, 191B Main St, Manchester, CT 06040	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Eyecare Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Omnicare, PO Box 740391, Cincinnati, OH 45274	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Medical Dental, 85 Barnes Rd Suite 207, Wallingford, CT 06492	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
CT Multispecialty, 100 Retreat Ave #605, Hartford, CT 06106	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
MVP Recruitment, 55 Saint Lawrence Way, North Attleboro, MA 02760	Physical Therapy Recruitment Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Procure Professional Healthcare Services, PO Box 646, Oxford, CT 06478	RN & LPN Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Healthcare, 135 South Rd, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
Ready Nurse, PO Box 301076, Dallas, TX 75303	LPN & CNA Pool	<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"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 247,467	227,549	19,918		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 128,879	118,505	10,374		
4. Social Security (F.I.C.A.).....	\$ 401,741	369,405	32,336		
5. Health Insurance.....	\$ 684,894	629,767	55,127		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 22,999	21,148	1,851		
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*.....	\$ 11,541	11,541			
d. Accounting and Auditing.....	\$ 33,175	29,773	3,402		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 29,952	26,881	3,071		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 59,196	53,126	6,070		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 21,455	19,255	2,200		
2. Cellular Phones.....	\$ 2,845	2,553	292		
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	\$ 549,108	492,798	56,310		
Subtotal	\$ 2,193,252	2,002,301	190,951		

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

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,193,252	2,002,301	190,951		
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,289	3,849	440		
3. Gifts to Staff and Residents.....	\$ 8,894	7,982	912		
4. Employee Travel.....	\$ 2,197	1,972	225		
5. Education Expenses Related to Seminars and Conventions	\$ 1,600	1,436	164		
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>).....	\$ 8,045	7,220	825		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 960	862	98		
3. Advertising Other (<i>Specify</i>)***.....	\$ 22,313	20,025	2,288		
See Attached Schedule					
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.....	\$ 9,177	8,236	941		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 6,142	5,512	630		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 1,393	1,250	143		
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**.....	\$ 156,516	140,465	16,051		
13. Other (<i>Specify</i>)	\$ 145,326	130,424	14,902		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 2,560,104	2,331,534	228,570		

* 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	\$ 20,025	\$ 2,288	
Total Other Advertising	\$ 20,025	\$ 2,288	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 5,512	\$ 630	
Total Dues	\$ 5,512	\$ 630	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 2,705	\$ 309	
Fine: Citation No. 2016-05	\$ 1,292	\$ 148	
Bank Charges	\$ 4,540	\$ 519	
Payroll Processing Fees	\$ 19,299	\$ 2,205	
Fine: Citation No. 2016-064	\$ 1,629	\$ 186	
Fine: Citation No. 2016-06	\$ 1,355	\$ 155	
Fine: CMP Case No. 2016-01-LTC-153	\$ 1,347	\$ 153	
Compliance Consulting	\$ 10,189	\$ 1,164	
Employee Physicals/Background Checks	\$ 19,270	\$ 2,202	
Data Processing Fees & JDA Settlement \$1511	\$ 66,792	\$ 7,632	
AR Temp Fill In	\$ 2,006	\$ 229	
Total Other Administrative and General	\$ 130,424	\$ 14,902	\$ -

Schedule C-1 - Management Services*

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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	\$197,927	Contract Attached to a Prior Year	See Below
Allocation of the above	\$130,632 \$31,668 \$35,627	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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	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.....	\$ 197,203	176,980	20,223		
2.	Non-Food Supplies.....	\$ 30,390	27,274	3,116		
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**.....		\$ 31,668	28,421	3,247		
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 259,261	232,675	26,586		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*		262	235	27		
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. = \$2757		
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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	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. \$	10,487	9,412	1,075	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies = \$4,330		\$	4,330	3,886	444	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	14,817	13,298	1,519	
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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	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. \$	22,924	20,573	2,351	
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)...	\$	22,924	20,573	2,351	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care	\$	271,204	269,312	1,892	
b.	Medicine Cabinet Drugs.....	\$	4,592	4,121	471	
c.	Medical and Therapeutic Supplies.....	\$	194,172	174,260	19,912	
d.	Ambulance/Limousine***.....	\$	2,853	2,853		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	22,156	19,787	2,369	
f.	X-rays and Related Radiological Procedures***.....	\$	16,561	16,561		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
h.	Laboratory***.....	\$	18,483	18,483		
i.	Recreation.....	\$	23,958	21,501	2,457	
j.	Other (Specify)**** See Attached Schedule	\$	116,940	111,116	5,824	
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	670,919	637,994	32,925	

* 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.

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

Name of Facility		License No.	Report for Year Ended	Page	of				
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30/2016	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***			Pg	Line
		Yes	No		CCNH	RHNS	(Specify)		
CWPM	PO Box 415, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	19,734	2,255		22	6f
Mason Enterprises	PO Box 583, Granby, CT 06035	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping/Snow Removal	13,651	1,560		22	6f
Omnicare/Value Health Care	PO Box 31513, Hartford, CT 06510	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy	262,529	1,892		20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Services	15,258	1,743		16	13
		<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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	103,518	92,903	10,615			
b. Heat..... \$	57,316	51,438	5,878			
c. Light & Power..... \$	122,460	109,902	12,558			
d. Water..... \$	34,730	31,169	3,561			
e. Equipment Lease (Provide detail on page 6)..... \$	18,501	16,604	1,897			
f. Other (itemize)..... \$	72,731	65,273	7,458			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	409,256	367,289	41,967			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	4,421	3,930	491			
d. Movable Equipment..... \$	50,172	44,597	5,575			
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	54,593	48,527	6,066			
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$	5,982	5,369	613			
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	25,526	22,690	2,836			
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	31,508	28,059	3,449			
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	939,470	835,084	104,386			
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	120,697	107,286	13,411			
c. Personal property taxes..... \$	14,399	12,799	1,600			
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,160,667	1,031,755	128,912			

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

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended				Page	of	
		2342/2342	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
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	38,553		38,553	8,553	SL	Various	4,421	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal.....								4,421
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)								
2.a. Leased Movable Equipment **								
a. Acquired prior to this report period								
b. Acquired during this report period (attach schedule)								
D-3. Subtotal.....								23,284
E. Total Depreciation								27,705

** Leased movable equipment is shown for Cost Reporting purposes and is NOT included in the total Facility expense. Therefore, this allowable capital cost was added back on Page 29, line 39.

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

State of Connecticut
Annual Report of Long-Term Care Facility
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Amortization Schedule*

Name of Facility	License No.		Report for Year Ended		Page	of
	2342/2342		9/30/2016			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year
Item	Date of Acquisition	Length of Amortization	Year's Operations			Totals
Month	Year	Cost to Be Amortized				
A. Organization Expense						
1.	9	10 yrs	59,822	SL		5,982
2.						
3.						
A-4. Subtotal.....						5,982
B. Mortgage Expense						
1.						
2.						
3.						
B-4. Subtotal.....						
C. Leasehold Improvements and Other (Specify)						
1. Acquired prior to this report period	9	2015	1,014,624	SL	Var	24,935
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)	9	2016	13,732	S/L	Var	591
C-4. Subtotal.....						
D. Total Amortization						25,526
						31,508

* 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	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	24A	37		
C. Leasehold Improvements						
(Specify)						
1. Acquired prior to this report period	Various	164,129	46,044	SL	Var	24,935
2. Disposals (attach schedule)						
3. Acquired during this report period	Various	13,732		S/L	Var	591
C-4. Subtotal.....						25,526
C. Other (Specify)						
1. Bed License Purchase	None	850,495	144,109	None	None	
2.						
C-4. Subtotal.....						
Total Acquired prior to this report period	Various	1,014,624	190,153	SL	Var	24,935
Total Disposals						
Total Acquired during this report period	Various	13,732		S/L	Var	591

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	10/01/1991			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	10/01/91			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building	6,048,250			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2016				
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
Baygrape Associates 64 Higley Road, Granby, CT 06090	Real & Personal Property	06/01/13	10 yrs	939,470

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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342		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)..... \$				16,822	14,953	1,869		
Vender Interest = \$2,805; bank fees = \$14,017								
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$				16,822	14,953	1,869		
14. Insurance								
a. Insurance on Property (buildings only)..... \$				63,495	56,440	7,055		
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)... \$				63,495	56,440	7,055		
15. Total All Expenditures (A-13 thru C-14) \$				10,958,343	10,040,587	917,756		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 377,001	377,001		
4.	Var	Var	Other - See attached Schedule.....	\$ 2,262	2,030	232	
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 8,091	8,091		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 11,541	11,541		
10.	15	1d&e	Accounting & Legal.....	\$ 32,930	29,553	3,377	
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 1,805	1,620	185	
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 8,894	7,982	912	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 23,273	20,887	2,386	
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 36,634	32,877	3,757	
	18	2c		\$ 8,881	7,970	911	
	20	5j		\$ 9,991	8,966	1,025	
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 27,202	24,412	2,790	
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 2,757	2,474	283	
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)				\$ 551,262	535,404	15,858	

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 551,262	535,404	15,858	
Page 20 - Resident Care Supplies ***							
27.	20	5a1&2	Prescription Drugs.....	\$ 271,204	269,312	1,892	
28.	20	5d	Ambulance/Limousine.....	\$ 2,853	2,853		
29.	20	5f	X-rays, etc.....	\$ 16,561	16,561		
30.	20	5h	Laboratory.....	\$ 18,483	18,483		
31.	20	5c	Medical Supplies.....	\$ 9,386	8,423	963	
32.	20	5e2	Oxygen (non emergency).....	\$ 22,156	19,787	2,369	
33.	20	5j	Occupational Therapy.....	\$ 33	33		
34.	Var	Var	Other - See Attached Schedule.....	\$ 20,203	20,203		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 659	592	67	
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.....	\$ 8,818	7,914	904	
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	rv5	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)			\$ 921,618	899,565	22,053	

*** 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.

eadow Brook Moveable Equipment Carryforward Schedu
 Cost Year Amount Totals

2013
 Purchase
 Step up

Cost	\$	188,216	\$	188,216	
Term	\$	7			
2013	Deprec	\$	26,888	\$	26,888
2013	Book Value	\$	161,328	\$	161,328
2014	Deprec	\$	26,888	\$	26,888
2014	Book Value	\$	134,440	\$	134,440
2015	Deprec	\$	26,888	\$	26,888
2015	Book Value	\$	107,552	\$	107,552
2016	Deprec	\$	26,888	\$	26,888
2016	Book Value	\$	80,663	\$	80,663
2017	Deprec	\$	26,888	\$	26,888
2017	Book Value	\$	53,775	\$	53,775
2018	Deprec	\$	26,888	\$	26,888
2018	Book Value	\$	26,887	\$	26,887
2019	Deprec	\$	26,887	\$	26,887
2019	Book Value	\$	-	\$	-
2020	Deprec	\$	-	\$	-
2020	Book Value	\$	-	\$	-
2021	Deprec	\$	-	\$	-
2021	Book Value	\$	-	\$	-
2022	Deprec	\$	-	\$	-
2022	Book Value	\$	-	\$	-

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 10,197,822	10,197,822				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,020,426)	(5,020,426)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,108,938	941,190	1,167,748			
b. Medicare Room and Board Contractual Allowance **.....	\$ 411,449	105,123	306,326			
4. a. Private-Pay Residents and Other.....	\$ 3,352,388	2,977,243	375,145			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (192,274)	(162,479)	(29,795)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 219,000	219,000				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (219,000)	(219,000)				
c. Prescription Drugs - Non-Medicare.....	\$ 104,250	104,250				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (104,250)	(104,250)				
2. a. Medical Supplies - Medicare.....	\$ (386)	(386)				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ 66	66				
c. Medical Supplies - Non-Medicare.....	\$ 577	577				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (577)	(577)				
3. a. Physical Therapy - Medicare.....	\$ 748,629	748,629				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (589,212)	(589,212)				
c. Physical Therapy - Non-Medicare.....	\$ 160,550	160,550				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (160,550)	(160,550)				
4. a. Speech Therapy - Medicare.....	\$ 412,480	412,480				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (336,370)	(336,370)				
c. Speech Therapy - Non-Medicare.....	\$ 70,950	70,950				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (70,950)	(70,950)				
5. a. Occupational Therapy - Medicare.....	\$ 761,543	761,543				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (628,573)	(628,573)				
c. Occupational Therapy - Non-Medicare.....	\$ 160,849	160,849				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (160,849)	(160,849)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ 213	213				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 11,226,287	9,406,863	1,819,424			
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>).....	\$ 1,084	1,084				
V. Total Other Revenue (1 thru 8).....	\$ 1,084	1,084				
VI. Total All Revenue (III + V).....	\$ 11,227,371	9,407,947	1,819,424			

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ 213		
Total Other Resident Revenue		\$ 213	\$ -	\$ -

Interest Income

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 1,084		
Total Other Revenue		\$ 1,084	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	59,112
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	692,287
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	38,684
5. Prepaid Expenses.....			\$	117,016
a. Prepaid Insurance	117,016			
b. _____				
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	20,189
Medicaid Cost Settlement	(462)			
A/R Related	20,651			
A-9. Total Current Assets (Lines A1 thru 8)			\$	927,288
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.....	177,862	\$	106,292
	Accum. Depreciation	(71,570)	Net.....	
5. Non-Movable Equipment	*Historical Cost.....	38,553	\$	25,580
	Accum. Depreciation	(12,973)	Net.....	
6. Movable Equipment	*Historical Cost.....	326,603	\$	157,914
	Accum. Depreciation	(168,689)	Net.....	
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation		Net.....	
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	23,628
Excluded Movable Equipment	23,628			
B-10. Total Fixed Assets (Lines B1 thru 9).....			\$	313,414

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

(Carry Total forward to next page)

eadow Brook Moveable Equipment Carryforward Schedu
 Cost Year Amount Totals

2013

Purchase
Step up

Cost	\$ 188,216	\$ 188,216
Term	\$ 7	
2013	Deprec	\$ 26,888
2013	Book Value	\$ 161,328
2014	Deprec	\$ 26,888
2014	Book Value	\$ 134,440
2015	Deprec	\$ 26,888
2015	Book Value	\$ 107,552
2016	Deprec	\$ 26,888
2016	Book Value	\$ 80,663
2017	Deprec	\$ 26,888
2017	Book Value	\$ 53,775
2018	Deprec	\$ 26,888
2018	Book Value	\$ 26,887
2019	Deprec	\$ 26,887
2019	Book Value	\$ -
2020	Deprec	\$ -
2020	Book Value	\$ -
2021	Deprec	\$ -
2021	Book Value	\$ -
2022	Deprec	\$ -
2022	Book Value	\$ -
	Totals	\$ 188,216

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,240,702
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	
2. Land Improvements			*Historical Cost.....	
Accum. Depreciation			Net.....	
			\$	
3. Buildings			*Historical Cost.....	
Accum. Depreciation			Net.....	
			\$	
4. Non-Movable Equipment			*Historical Cost.....	
Accum. Depreciation			Net.....	
			\$	
5. Movable Equipment			*Historical Cost..... 625,028	
Accum. Depreciation			(567,605) Net.....	
			\$	57,423
6. Motor Vehicles			*Historical Cost.....	
Accum. Depreciation			Net.....	
			\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	57,423
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost..... 59,822	
Accumulated Deprec			(16,549) Net.....	
			\$	43,273
4. Goodwill (Purchased Only).....			\$	
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>).....			\$	643
Tax Deposits			643	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	43,916
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	1,342,041

* 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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....				\$ 766,835
2. Notes Payable (<i>itemize</i>).....				\$ 27,400
Interfacility Loans				27,400
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>).....				\$ 257,674
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$
6. Accrued Payroll Taxes Payable.....				\$ 11,855
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>).....				\$ 142,749
Acc'd Operating Expenses				4,651
Acc'd Expense - Sales Tax				1,154
Provider Taxes Due				136,944
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$ 1,206,513

* 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.

**MEADOWBROOK
ACCRUED EXPENSES-OPERATIONS
September 30, 2016**

	ACCT. #	2170
Athena Food Rebate	(\$1,078.11)	6334
Health Insurance IBNR	(\$1,270.51)	5364
Wage Enhancement	<u>\$7,000.00</u>	
Balance 9/30/16	<u><u>\$4,651.38</u></u>	

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,206,513	
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>).....					
				\$	165,332
Name and Address of Lender		Amount	Loan Date		
Accr'd Rent		165,332			
4. Other Long-Term Liabilities (<i>itemize</i>).....					
				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....					
				\$	165,332
C. Total All Liabilities (Lines A-13 + B-5).....					
				\$	1,371,845

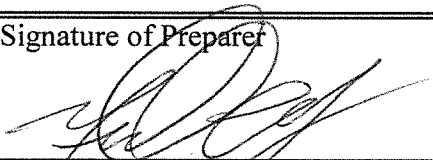
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	57,423
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.....			\$	57,423
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(339,612)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(16,643)
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	
			\$	269,028
7. Total Net Worth.....			\$	(87,227)
C. Total Reserves and Net Worth			\$	(29,804)
D. Total Liabilities, Reserves, and Net Worth			\$	1,342,041

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30/2016	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(130,392)
B.	Total Revenue (From Statement of Revenue Page 30)			\$	11,227,371
C.	Total Expenditures (From Statement of Expenditures Page 27)			\$	10,958,343
D.	Net Income or Deficit.....			\$	269,028
E.	Balance.....			\$	138,636
F.	Additions				
1.	Additional Capital Contributed (itemize)				
	Additional Rent	(225,715)			
	Prior Yr Fixed Asset Credit/Void	(146)			
	Rounding	(2)			
2.	Other (itemize)				
F-3.	Total Additions.....			\$	(225,863)
G.	Deductions				
1.	Drawings of Owners/Operators/Partners (Specify).....			\$	
	Name and Address (No., City, State, Zip)	Title	Amount		
2.	Other Withdrawings (Specify).....			\$	
	Purpose	Amount			
3.	Total Deductions.....			\$	
H.	Balance at End of Period		09/30/16	\$	(87,227)

I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input 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		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.