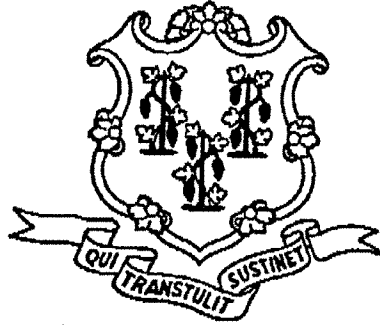


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	
Address (No. & Street, City, State, Zip Code) 205 Chestnut Hill Road, Stafford Springs, CT 06076	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2081C	RHNS	(Specify)	Medicare Provider No. 07-5326
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Medicaid Provider Numbers:	CCNH 2081C	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

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

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General Information

Name of Facility (as licensed) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, 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	Signed (Owner)		Date
<i>Christine M. McKinney</i>		<i>2/9/18</i>	<i>[Signature]</i>		<i>2/9/18</i>
Printed Name (Administrator) Christine M. McKinney			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) <i>Xina Seppinger</i>		Comm. Expires 6/30/21
Address of Notary Public			<i>505 Pensfield Hill Rd Portland, CT 06480</i>		

(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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 205 Chestnut Hill Road, Stafford Springs, CT 06076				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/9/2018		
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 860-684-6341	Report for Year Ended 09/30/17	Page 2	of 37
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Name of Facility (as shown on license) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	Address (No. & Street, City, State, Zip) 205 Chestnut Hill Road, Stafford Springs, CT 06076
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License Numbers:	CCNH 2081C	RHNS (Specify)	Medicare Provider No. 07-5326
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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 Christine M McKinney	Nursing Home Administrator's License No.:	001627

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

Name	License No.:

Not Applicable

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General Information and Questionnaire Individual Proprietorship

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	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 							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 %**				
Athena Stafford Springs Landlord LLC	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Property	Pg 22 L9	\$804,813	\$804,813
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility participates in common 401k plan			
Athena Health Care System	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees, Marketing, Nursing fill in, Insurance, Help wanted		\$836,736	\$494,515
Misc Facilities	Various Addresses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interfacility Loans	Pg 33 A2		
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Insurance		\$1,660,389	\$1,660,389
Procure Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy Services	pg 20 5a2, 5b,	\$662,520	\$662,520
		<input 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.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended		Page of			
		9/30/2017			6 37		
Name and Address of Lessor	Description of Items Leased	Date of Lease**		Annual Amount of Lease	Amount Claimed		
		Yes	No			Term of Lease	Annual Amount of Lease
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C						
Leaf Capital, PO Box 742647 Cincinnati, OH 45274	Copier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/30/15	48 Months	\$10,809	\$10,809
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	Mail Machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/04/16	63 Months	\$804	\$804
		<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"/>				
Is a Mileage Log Book Maintained for All Leased Vehicles ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total ***	
						\$11,613	

* 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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1 Audit, Year End Financials & Tax Return	\$ 29,825
2	\$ -
3	\$ -
4	\$ -
	Charge for Services Provided \$29,825

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

Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Goldman, Gruder & Woods, LLP 3 State Marshall 4 5	Telephone Number 860-240-6000 203-899-8900
---	--

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

1 **185 Asylum St Hartford, CT 06103**
 2 **200 Connecticut Ave, Norwalk, CT 06854**
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Misc Issues: (Disallow) \$265; Audit Leter (Allow) \$142	\$ 407
2 A/R (disallow)	\$ 9,344
3 A/R (disallow)	\$ 20
4	\$ -
5	\$ -
	Charge for Services Provided \$9,771

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

Yes No **Pg 15, Line1e**

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
	2081C		09/30/17			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
					CCNH	RHNS
					Total	Total
					(Specify)	(Specify)
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	180	180			180	180
B. On last day of THIS report period.....	180	180			180	180
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	149	149			141	149
B. As of midnight of THIS report period.....	149	149			144	149
3. Total Number of Days Care Provided During Period						
A. Medicare.....	10,267	10,267			8,120	2,147
B. Medicaid (Conn.).....	34,172	34,172			25,345	8,827
C. Medicaid (other states).....						
D. Private Pay.....	6,805	6,805			4,801	2,004
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	798	798			633	165
G. Total Care Days During Period (3A thru F).....	52,042	52,042			38,899	13,143
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....						
B. Other Bed Reserve Days.....	86	86			59	27
5. Total Resident Days (3G + 4A + 4B).....	52,128	52,128			38,958	13,170

Schedule of Resident Statistics (Cont'd)

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			License No. 2081C			Report for Year Ended 9/30/2017			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
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	19		99		21			10					
Per Diem Rate													
a. One bed rm.	567.66		249.50		454.00			428.11					
b. Two bed rms.	567.66		249.50		434.00			428.11					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,522	5,522			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									513	513			
2. Restorative Treatments													
C. Other									25,198	25,198			
D. Total Physical Therapy Treatments									31,233	31,233			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									542	542			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1	1			
2. Restorative Treatments													
C. Other									2,055	2,055			
D. Total Speech Therapy Treatments									2,598	2,598			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,802	4,802			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									509	509			
2. Restorative Treatments													
C. Other									23,039	23,039			
D. Total Occupational Therapy Treatments									28,350	28,350			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	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)	139,259	2,068				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	199,420	10,065				
5. Dietary Service						
a. Head Dietitian	62,178	2,085				
b. Food Service Supervisor	61,608	2,026				
c. Dietary Workers	393,499	24,864				
6. Housekeeping Service						
a. Head Housekeeper	-68					
b. Other Housekeeping Workers	169,744	11,768				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	84,228	2,067				
b. Other Maintenance Workers	102,477	4,334				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	91,707	6,228				
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	207,132	3,396				
b. RN						
1. Direct Care	1,005,481	26,233				
2. Administrative**	448,380	16,223				
c. LPN						
1. Direct Care	1,346,260	48,494				
2. Administrative**						
d. Aides and Attendants	2,240,520	126,883				
e. Physical Therapists	645,444	17,525				
f. Speech Therapists	95,503	2,263				
g. Occupational Therapists	494,867	14,647				
h. Recreation Workers	223,210	11,268				
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	257,660	9,363				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	8,268,509	341,800				

* 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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C		Report for Year Ended 9/30/2017		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Not Applicable									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C		Report for Year Ended 9/30/2017		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***									
Christine M McKinney (10/1/16 - 9/30/17)	139,259		Health & Life Insurance, Payroll Taxes	Day to day operations if the nursing home facility	2,068	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		
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	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.....	21,298	113				
3. Pharmacist.....	15,966	250				
4. Podiatrist.....	482	19				
5. Physical Therapy						
a. Resident Care.....	29,645	346				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	20,004	780				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	80					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....						
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	9,324	159				
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	96,799	1,667				

* 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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthDrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ProCare LTC, 110 Bi-County Blvd. Suite 121, Farmingdale, NY 11735	Pharmacy Consulting/Nursing Consultants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners:Minority Interest	
Robert Tatoian	Podiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care 135 South Rd Farmington, CT 06032	MDS Fill-In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Fusion Medical, P.O. Box 82674 Lincoln, NE 68501	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dushyant Parikh, 146 Hazard Ave, Enfield CT 06082	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Bay State Family Podiatry, 74 Palomba Drive, Enfield, CT 06082	Physician	<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"/>		
		<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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 368,711	368,711			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 137,230	137,230			
4. Social Security (F.I.C.A.).....	\$ 620,063	620,063			
5. Health Insurance.....	\$ 1,325,260	1,325,260			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 39,365	39,365			
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*	\$ 41,502	41,502			
d. Accounting and Auditing.....	\$ 29,825	29,825			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,771	9,771			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 81,619	81,619			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 44,171	44,171			
2. Cellular Phones.	\$ 900	900			
i. Appraisal (<i>Specify purpose and attach copy</i>)*.....	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$ 250	250			
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	\$ 881,999	881,999			
Subtotal	\$ 3,580,666	3,580,666			

* 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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,580,666	3,580,666		
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	4,959	4,959		
3. Gifts to Staff and Residents.....	\$	11,345	11,345		
4. Employee Travel.....	\$	2,231	2,231		
5. Education Expenses Related to Seminars and Conventions	\$	1,898	1,898		
6. Automobile Expense (not purchase or depreciation).....	\$	180	180		
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$	6,276	6,276		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***.....	\$	6,218	6,218		
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.....	\$	15,483	15,483		
* 8. Dues and Membership Fees to Professional Associations (Specify)	\$	14,293	14,293		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$	218	218		
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**.....	\$	529,117	529,117		
13. Other (Specify)	\$	80,618	80,618		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	4,253,502	4,253,502		

* 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	\$ 6,218		
Total Other Advertising	\$ 6,218	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
DEA license	\$ 771		
CAHCF Dues	\$ 13,522		
Total Dues	\$ 14,293	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,340		
Bank Charges	\$ 9,279		
Payroll Processing Fees	\$ 14,252		
Employee Physicals/Background Checks	\$ 9,122		
Data Processing/ Software Maint. Fees	\$ 40,002		
Energy survey & Audit / CPR Cards	\$ 3,548		
Citation 2017-38	\$ 1,710		
Citation 2017-01-LTC-021	\$ 1,365		
Total Other Administrative and General	\$ 80,618	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	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	\$743,002	Contract Attached to a Prior Year	See Below
Allocation of the Above	\$490,381 \$118,880 \$133,741	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	\$38,736	Admin/Gen- Other Exp	Pg 16, Line 12

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

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food.....	\$ 361,287	361,287		
2.	Non-Food Supplies.....	\$ 34,617	34,617		
3.	Other (Specify) _____	\$ 725	725		
Dishes = \$725					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$ 118,880	118,880		
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 515,509	515,509		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		428	428		
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. = \$1067	
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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017	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. \$	176,114	176,114		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$				
d. Other (Specify) Supplies = \$4,048	\$	4,048	4,048		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	180,162	180,162		
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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017		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. \$	36,289	36,289		
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)....	\$	36,289	36,289		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Partners Pharmacy and Procure Pharmacy	\$	399,165	399,165		
b.	Medicine Cabinet Drugs.....	\$	53,135	53,135		
c.	Medical and Therapeutic Supplies.....	\$	298,844	298,844		
d.	Ambulance/Limousine***.....	\$	4,557	4,557		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	40,989	40,989		
f.	X-rays and Related Radiological Procedures***.....	\$	41,703	41,703		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
h.	Laboratory***.....	\$	29,321	29,321		
i.	Recreation.....	\$	11,430	11,430		
j.	Other (Specify)**** See Attached Schedule	\$	335,027	335,027		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	1,214,171	1,214,171		

* 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	\$ 133,741		
Cable TV	\$ 27,128		
Medical Equip Rentals-Medicaid	\$ 87,830		
Physical Therapy Supplies	\$ 23,924		
Occupational Therapy Supplies	\$ 4,507		
Oxygen Equipment Rentals	\$ 2,492		
Medical Equip Rentals-Other	\$ 55,405		
Total Other Resident Care	\$ 335,027	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended		Page	of			
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		2081C	9/30/2017		21	37			
Name of Individual or Company	Address	Explanation of Relationship	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
			Yes	No					
Procare LTC Pharmacy	111 Executive Blvd Farmingdale NY 11735	Common Owners:Minority Interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy Services	662,520		20	5b and B3
Total Laundry	114 Woodland St Hartford, CT 06105		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laundry Services	93,709		19	3a4
Vasseur Landscaping	156 Broad Brook Rd Enfield, CT 06082		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landscaping and Snow Removal Services	32,656		22	6f
USA Hauling & Recycling	PO Box 808 East Windsor, CT 06088		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	31,981		22	6f
Unitex Textile Services	401 So. Macquesten Pwy, Mt Vernon, NY 10550		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laundry Services	56,020		19	3A4
			<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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	130,263	130,263				
b. Heat..... \$	128,309	128,309				
c. Light & Power..... \$	179,613	179,613				
d. Water..... \$						
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	11,613	11,613				
f. Other (<i>itemize</i>)..... \$	143,155	143,155				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	592,953	592,953				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$						
d. Movable Equipment..... \$	124,772	124,772				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	124,772	124,772				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$	5,100	5,100				
c. Leasehold Improvements..... \$	28,400	28,400				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	33,500	33,500				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	804,813	804,813				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$	194,793	194,793				
b. Real estate taxes paid by lessor..... \$						
c. Personal property taxes..... \$	14,711	14,711				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,172,589	1,172,589				

* 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	\$ 23,005		
Rubbish Removal	\$ 31,981		
Snow Removal	\$ 32,656		
Supplies	\$ 55,513		
Total Other Repairs and Maintenance	\$ 143,155	\$ -	\$ -

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 Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Apr-17	Computers	\$ 11,660	5	\$ 1,166
Apr-17	Computers	\$ 2,332	5	\$ 233
Apr-17	Computers	\$ 8,028	5	\$ 803
Apr-17	Mattress	\$ 2,281	5	\$ 228
Apr-17	Mattress	\$ 2,281	5	\$ 228
May-17	Mattress	\$ 2,281	5	\$ 228
Jun-17	Dish Machine Motor	\$ 3,564	5	\$ 356
Jul-17	Patient Lift	\$ 3,247	10	\$ 162
Total additions for Movable Equipment		\$ 35,674		\$ 3,405 *
Deletions:				
Various				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c
 **Ties to Page 23, Line D2b

Evergreen Health Care Center
Leasehold Improvements
9/30/2017

DATE	VENDOR	DESCRIPTION	Asset ID	YEARS	AMOUNT
		Balance Brought forward			181,247.54
1/31/2017	B -G Mechanical	3 New combustion chambers & burning plates	40	10	\$3,217.00
2/28/2017	State-Wide Electrical	Converted lights in parking lot	41	20	\$1,373.19
3/31/2017	Raintech	Mag Lock System	42	10	\$3,787.12
3/31/2017	Inpro	Wall Corner guards	43	10	\$2,718.49
4/30/2017	Simplex	New Pipe	48	20	\$3,566.00
7/31/2017	Sherwin Williams	Flooring	52	5	\$11,778.14
8/31/2017	State-Wide Electrical	Replaced motor starter for HVAC	53	5	\$1,814.58
8/31/2017	Rose-Tiso & Co. LLC	Architect Design work for renovations Dining rom, rec. room and nurse station	54	5	\$2,600.00
8/31/2017	Rose-Tiso & Co. LLC	Architect Design work for renovations Dining rom, rec. room and nurse station	55	5	\$2,900.00
8/31/2017	Sherwin Williams	Flooring install 1st/2nd fl corridor	56	10	\$95,960.67
8/31/2017	Sherwin Williams	Flooring	57	5	\$6,444.70
8/31/2017	Sherwin Williams	Wall Coverings	58	5	\$1,049.36
8/31/2017	Sherwin Williams	Flooring HR/offices	59	5	\$640.57
8/31/2017	Raintech	2 Exit Doors	60	10	\$4,523.00
8/31/2017	Raintech	Mag Lock System	61	10	\$287.21
8/31/2017	Kidd Luuko	Shingle Work (Roof)	62	10	\$10,000.00
8/31/2017	Precision	Ductless Split	63	5	\$3,300.00
9/30/2017	Precision	Ductless Split	64	5	3,300.00
9/30/2017	TD Plumbing	Replaced Backflow	65	5	\$1,543.24
9/30/2017	Tyco Simplex	Sprinklerhead in generator shed	66	5	\$3,000.00
TOTAL ACQUISITIONS FOR 2017					\$163,803.27
BALANCE 9/30/17					\$345,050.81

Amortization Schedule*

Name of Facility	License No.		Report for Year Ended		Page	of
	2081C		9/30/2017			
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
	Month	Year				
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal.....						
B. Mortgage Expense						
1. Finance Fees	12	15	3,825			5,100
2.						
3.						
B-4. Subtotal.....						5,100
C. Leasehold Improvements and Other (Specify)						
1. Acquired prior to this report period	9	2016	9,200		Var	18,415
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
C-4. Subtotal.....	9	2017		SL	Var	9,985
D. Total Amortization						28,400
						33,500

* 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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	24A	37
C. Leasehold Improvements				
(Specify)				
1. Acquired prior to this report period	Various	9,200	18,415	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	SL	9,985	
C-4. Subtotal.....				28,400
C. Other (Specify)				
1.				
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	9,200	18,415	
Total Disposals				
Total Acquired during this report period	Various	SL	9,985	

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? Yes No If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	12/29/15				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	180				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Conventional			
b. Date Mortgage Obtained	12/29/15			
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	9,400,000			
f. Principal balance outstanding as of 9/30/2017	9,001,000			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		2081C	9/30/2017			26	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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		2081C		9/30/2017		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)..... \$				3,891	3,891		
Vender Interest = \$3,011; Bond Fees = \$880							
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$				3,891	3,891		
14. Insurance							
a. Insurance on Property (buildings only).....			\$	95,903	95,903		
b. Insurance on Automobiles.....			\$	830	830		
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)...				\$ 96,733	96,733		
15. Total All Expenditures (A-13 thru C-14)				\$ 16,431,107	16,431,107		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			2081C	9/30/2017	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.....	\$ 494,867	494,867		
4.	Var	Var	Other - See attached Schedule.....	\$ 66,173	66,173		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 80	80		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 41,502	41,502		
10.	15	1d&e	Accounting & Legal.....	\$ 39,454	39,454		
11.	30	IV3	Telephone.....	\$			
12.			Cellular Telephone.....	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 11,345	11,345		
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 *.....	\$ 6,218	6,218		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 225,866	225,866		
	18	2c		\$ 54,755	54,755		
	20	5j		\$ 61,600	61,600		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 12,354	12,354		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 3,878	3,878		
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)				\$ 1,018,092	1,018,092		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12M	Marketing Salaries & Fringe Benefits	66,173		
Total Other Salaries Adjustment			\$ 66,173	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	9,279		
16	M13	Fine: Citation No. 2017-38	1,710		
16	M13	Fine: Citation No. 2017-01-LTC 021	1,365		
Total Other A&G Adjustments			\$ 12,354	\$ -	\$ -

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center				License No. 2081C	Report for Year Ended 9/30/2017	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,018,092	1,018,092		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 399,165	399,165		
28.	20	5d	Ambulance/Limousine.....	\$ 4,557	4,557		
29.	20	5f	X-rays, etc.....	\$ 41,703	41,703		
30.	20	5h	Laboratory.....	\$ 29,321	29,321		
31.	20	5c	Medical Supplies.....	\$ 27,931	27,931		
32.	20	5e2	Oxygen (non emergency).....	\$ 40,989	40,989		
33.	20	5j	Occupational Therapy.....	\$ 4,507	4,507		
34.	Var	Var	Other - See Attached Schedule.....	\$ 68,685	68,685		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 100,628	100,628		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.	Var	Var	Other - See Attached Schedule.....	\$ 2,000	2,000		
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 24,435	24,435		
44.	30	rv5	Vending Machine Revenue.....	\$ 269	269		
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.....	\$ 826	826		
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)			\$ 1,763,108	1,763,108		

*** 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.

Evergreen Moveable Equipment Carryforward Schedule

Cost Year	Original Disallow Adjustme nt	TVs		Totals
		Patient Rooms 2016	Purchase Price adjmt 2016	
	Cost	\$ 3,139	\$ 500,000	
	Term	5	5	
2016	Deprec	\$ 314	\$ 50,000	\$ 50,314
2016	Book Value	\$ 2,825	\$ 450,000	\$ 452,825
2017	Deprec	\$ 628	\$ 100,000	\$ 100,628
2017	Book Value	\$ 2,197	\$ 350,000	\$ 352,197
2018	Deprec	\$ 628	\$ 100,000	\$ 100,628
2018	Book Value	\$ 1,569	\$ 250,000	\$ 251,569
2019	Deprec	\$ 628	\$ 100,000	\$ 100,628
2019	Book Value	\$ 941	\$ 150,000	\$ 150,941
		\$ 628	\$ 100,000	\$ 100,628
		\$ 313	\$ 50,000	\$ 50,313
		\$ 313.00	\$ 50,000.00	\$ 50,313
		\$ -	\$ -	\$ -

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental - Other	55,405		
20	5b	Ebox	15,280		
Total Other Ancillary Costs			\$ 68,685	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	100,628		
Total Excess Movable Equipment Depreciation			100,628		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Generator Sale	2,000		
Total Other Property Adjustments			2,000		

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 14,897,421	14,897,421				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (6,370,771)	(6,370,771)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>).....	\$ 2,923,789	2,923,789				
b. Medicare Room and Board Contractual Allowance **.....	\$ 835,112	835,112				
4. a. Private-Pay Residents and Other.....	\$ 5,098,747	5,098,747				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (187,429)	(187,429)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 425,865	425,865				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (425,865)	(425,865)				
c. Prescription Drugs - Non-Medicare.....	\$ 278,690	278,690				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (278,690)	(278,690)				
2. a. Medical Supplies - Medicare.....	\$ 9,931	9,931				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (5,931)	(5,931)				
c. Medical Supplies - Non-Medicare.....	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$					
3. a. Physical Therapy - Medicare.....	\$ 1,139,611	1,139,611				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (999,672)	(999,672)				
c. Physical Therapy - Non-Medicare.....	\$ 530,640	530,640				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (530,640)	(530,640)				
4. a. Speech Therapy - Medicare.....	\$ 215,420	215,420				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (188,641)	(188,641)				
c. Speech Therapy - Non-Medicare.....	\$ 104,130	104,130				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (104,130)	(104,130)				
5. a. Occupational Therapy - Medicare.....	\$ 1,076,104	1,076,104				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (950,575)	(950,575)				
c. Occupational Therapy - Non-Medicare.....	\$ 481,385	481,385				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (481,385)	(481,385)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ 134,412	134,412				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 17,627,528	17,627,528				
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>)	\$ 3,610	3,610				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$ 56,845	56,845				
V. Total Other Revenue (1 thru 8).....	\$ 60,455	60,455				
VI. Total All Revenue (III + V).....	\$ 17,687,983	17,687,983				

* 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	\$ 134,412		
Total Other Resident Revenue		\$ 134,412	\$ -	\$ -

Interest Income

Page Ref	Account	Account		CCNH	RHNS	(Specify)
		Balance				
30/TV5	Interest on A/R		\$ 826			
30/TV5	Interest on Renovation Account	\$ 2,537	\$ 2,784			
Total Interest Income			\$ 3,610	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 22,576		
	Lathrop Vending	\$ 269		
	Vehicle Sale	\$ 32,000		
	Generator Sale	\$ 2,000		
Total Other Revenue		\$ 56,845	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	170,231
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,565,133
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	24,196
5. Prepaid Expenses.....			\$	391,464
a. Prepaid Insurance	288,343			
b. Health Insurance (Wellness)	2,206			
c. Prepaid expenses Other	100,915			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	614,365
Working Capital Reserve	614,365			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,765,389
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.....	345,051	\$	307,451
	Accum. Depreciation	(37,600)	Net.....	
5. Non-Movable Equipment	*Historical Cost.....		\$	
	Accum. Depreciation		Net.....	
6. Movable Equipment	*Historical Cost.....	278,614	\$	93,159
	Accum. Depreciation	(185,455)	Net.....	
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation		Net.....	
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	1,392,641
Moveable Equipment Carryforward	352,197			
Project Development	1,040,444			
B-10. Total Fixed Assets (Lines B1 thru 9).....			\$	1,793,251

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

(Carry Total forward to next page)

Evergreen Health Care
#1580 - prepaid expense
9/30/2017

9/30/2017	\$ 100,000.00	October Health Insurance	Athena
9/30/2017	\$ 914.98	Therapy Equipment	ACP
	\$ 100,914.98		

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	4,558,640
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	
2. Land Improvements				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
3. Buildings				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
4. Non-Movable Equipment				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
5. Movable Equipment				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
6. Motor Vehicles				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
4. Goodwill (Purchased Only).....			\$	262,123
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>).....			\$	2,065,770
	Deferred Finance Fees	42,075		
	Goodwill	1,954,600		
	Deposits - other	69,095		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	2,327,893
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	6,886,533

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

Evergreen Health Care Center
Accd Expenses
FYE 9/30/17

Vendor	Description	Amount
	Health Insurance	\$63,073.60
	mgmt fee adjustment	\$155,949.83
	payroll accrual	\$326,206.03
	Sprinkler Head	\$3,000.00
	Insurance - dbl booked invoice	(\$9,208.98)
	Laundry Service	\$6,968.72
	Pharmacy	\$35,316.57
	Maintenance and HouseKeeping	\$26,600.05
	medical director (2 months)	\$3,334.00
	Accounting	\$4,625.00
Balance @ 9/30/17		\$615,864.82

G. Balance Sheet (cont'd)

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,865,790
2. Notes Payable (<i>itemize</i>).....				\$	(3,473,000)
Due From Related Party					(3,473,000)
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>).....				\$	154,994
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	9,719
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>).....				\$	850,176
Acc'd Operating Expenses					615,865
Acc'd Expense - Sales Tax					263
Provider Taxes Due					231,703
Accd Health insurance					2,345
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	(592,321)

* 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.

G. Balance Sheet (cont'd)

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				(592,321)	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....\$					
3. Loans from Owners or Related Parties (<i>itemize</i>).....\$					
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>).....\$ 5,473,115					
Notes Payable Related Landlord		5,473,115			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ 5,473,115					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 4,880,794					

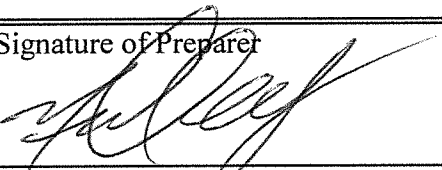
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	748,863
6. Gain or Loss for Period			\$	1,256,876
	10/1/2016	thru 9/30/2017		
7. Total Net Worth.....			\$	2,005,739
C. Total Reserves and Net Worth			\$	2,005,739
D. Total Liabilities, Reserves, and Net Worth			\$	6,886,533

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	2081C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,352,869
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,687,983
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,431,107
D. Net Income or Deficit.....			\$	1,256,876
E. Balance.....			\$	2,609,745
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2016 wage enhancement		11,000		
2016 AJE - Health Insurance and groundskeeper swap adjustment		51,345		
preferred equity payments		102,499		
		(111,558)		
2. Other (<i>itemize</i>)				
Refinance Preferred Equity		(657,292)		
F-3. Total Additions.....			\$	(604,006)
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	09/30/17		\$	2,005,739

I. Preparer's/Reviewer's Certification

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	Report for Year Ended 9/30/2017	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 2/9/18		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		