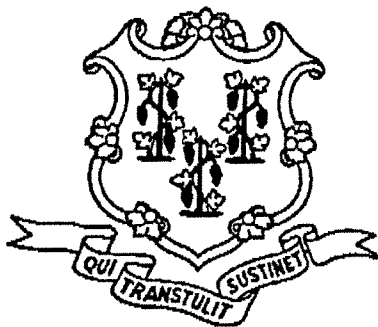


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Northbridge Healthcare Center	
Address (No. & Street, City, State, Zip Code) 2875 Main Street Bridgeport, CT 06606	
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 2183C	RHNS	(Specify)	Medicare Provider No. 07-5413
------------------	---------------	------	-----------	-------------------------------------

Medicaid Provider Numbers:	CCNH 2183C	RHNS	ICF-MR
----------------------------	---------------	------	--------

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)	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	1	37

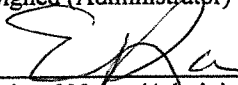
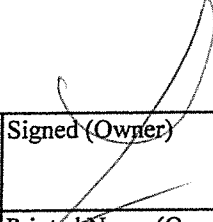
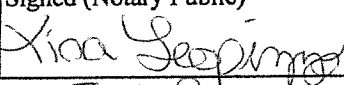
Administrator's/Owner's Certification

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 Northbridge Healthcare 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 2-9-18	Signed (Owner) 	Date 2-9-18
Printed Name (Administrator) Erica Roman		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 
Address of Notary Public		Comm. Expires 6/30/21	
505 Pensfield Hill Rd Portland, CT 06480			

(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 Northbridge Healthcare Center	Period Covered:	From	To	
		10/1/2016	9/30/2017	
Address of Facility 2875 Main Street Bridgeport, CT 06606				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/8/2018		
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 203-336-0232		Report for Year Ended 09/30/17	Page 2	of 37
Name of Facility (as shown on license) Northbridge Healthcare Center		Address (No. & Street, City, State, Zip) 2875 Main Street Bridgeport, CT 06606		
License Numbers:	CCNH 2183C	RHNS	(Specify)	Medicare Provider No. 07-5413
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 type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" 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 Erica Roman		Nursing Home Administrator's License No.:	001948	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	3A	37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Northbridge Health Care Center, Inc	2875 Main St, Bridgeport, CT 06606	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	2875 Main St, Bridgeport, CT 06606	President	722.993	
Debra M Soucey	2875 Main St, Bridgeport, CT 06606	Secretary		
Michael E. Mosier	2875 Main St, Bridgeport, CT 06606	Treasurer	40	
Names of Stockholders Owning at Least 10% of Shares				
Custodians for Lawrence E Santilli	2875 Main St, Bridgeport, CT 06606		116.307	

**General Information and Questionnaire
 Related Parties***

Name of Facility	License No.	Report for Year Ended	Page	of	
Northridge Healthcare Center	2183C	9/30/2017	4	37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	PG 16, m13	\$8,016
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>98%	Pg 15, ln 1a	\$402,323
Northridge Landlord LLC	135 South Road, Farmington, CT 06062	<input checked="" type="checkbox"/>	>98%	Pg 22, ln 9 and 10b, Pg 27, ln 14a	\$1,120,649
Shady Knoll	41 Skokorat Street, Seymour, CT 06483	<input checked="" type="checkbox"/>	>98%	Pg 26, 12A	\$1,267
Athena Health Care Services Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>98%	Facility participates in a group 401(K) plan	
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>		Pharmacy	\$32,504
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Lobbying, Payroll Processing Fees, Data Processing Fees	\$7,449
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>98%	Health Insurance	\$1,546,853
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Repairs & Maintenance, MDS Consultant	\$21,166

* Use additional sheets if necessary.

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

Northbridge Healthcare		Also Provides Goods/Services To Non-Related Parties		Description of Goods/Services Provided		Indicate Where Costs Are Included in Annual Report		Cost Reported		Actual Cost to the Related Party	
Name of Related Individual or Company	Address	YES	No	%			Page #/Line #				
Athena Health Care Assoc. Inc.	135 South Road Farmington, CT 06032	X		>98%	MDS Nurse Fill In, Legal, Office Supplies, staff appreciation, Painters, Gift Certificates, Business Promotion, Management Fees, Lobbying, Bank Charges Data Processing Fees, Repairs & Maintenance, Insurance, Help Wanted, Education, employee relations, membership		Pg. 13 In 11a2, Pg 15 In 1e, 1g, 1a7, Pg 16 In 12, m3, L6, m12, m13 Pg. 22 In 6a, Pg. 27 In 14a, Pg. 31 In B6, Pg 13, in 11 Pg 15, Ln 1a5 Pg 13, In B5a Pg. 16 Line M1 Pg. 16 L3, L5, Pg16, M3, M8		\$760,428		\$299,266
Athena Health Care Insurance	135 South Road Farmington, CT 06032	X		>98%	Health Insurance		pg 15, Line 1a5		\$1,546,853		\$1,546,853

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

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

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Northbridge Healthcare Center		2183C	9/30/2017		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postal Equipment	05/17/06	automatic renewal	\$1,953	\$1,953
Leaf, 1720A Crete Street, Moberly, MO 65270	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	03/04/13	48 months	\$18,999	\$9,499
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC equipment	08/15/13	60 months	\$7,975	\$7,975
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC equipment	11/01/14	60 months	\$1,740	\$1,740
Leaf, 1720A Crete Street, Moberly, MO 65270	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	03/04/17	48 months	\$18,999	\$9,500
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	\$30,667

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

* 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	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	7	37

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	555 Long Wharf Drive, Shelton, CT
2 Dworkin, Hillman, Lamorte	Four Corporate Drive, Suite 488, Shelton, CT 06484
3	
4	

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparation:	\$ 2,700
2 2017 Audit, Year End Financials	\$ 9,500
3	\$ -
4	\$ -
	Charge for Services Provided
	\$12,200

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 Murtha Cullina LLP	860-240-6000
2 Goldman, Gruder, & Woods LLC	203-899-8900
3 Shipman & Goodwin	860-251-5000
4 Schiff Hardin	312-258-5500
5 Bridgeport Probate \$204, Franklin G. Pilicy P.C. \$1150	860-274-0018

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

- 1 185 Asylum St. Hartford, CT 06103
- 2 200 Connecticut Ave, Norwalk, CT 06854
- 3 One Constitution Plaza, Hartford, CT 06103
- 4 6600 Sears Tower, Chicago, IL 60606
- 5 Bridgeport, CT, 365 Main St PO Box 760, Watertown, CT 06795

Services Provided by This Firm (*describe fully*)

1 Secretary of state annual /Audit letter \$381 Allow; Misc Matters \$4090:Disallow	\$ 4,471
2 Misc Employee Matters: Disallowed	\$ 29,342
3 Misc Employee Matters: Disallowed	\$ 928
4 Keybank wire payment : Disallowed	\$ 450
5 Conservatorship: Disallowed	\$ 3,250
	Charge for Services Provided
	\$38,441

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			
Northbridge Healthcare Center		2183C			09/30/17				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period.....	145	145			145	145			145	145			
B. On last day of THIS report period.....	145	145			145	145			145	145			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	144	144			143	143			144	144			
B. As of midnight of THIS report period.....	142	142			141	141			142	142			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	5,604	5,604			4,108	4,108			1,496	1,496			
B. Medicaid (Conn.).....	43,747	43,747			32,927	32,927			10,820	10,820			
C. Medicaid (other states).....													
D. Private Pay.....	1,655	1,655			1,145	1,145			510	510			
E. State SSI for RCH.....													
F. Other (Specify) Managed Care	163	163			163	163							
G. Total Care Days During Period (3A thru F).....	51,169	51,169			38,343	38,343			12,826	12,826			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	722	722			635	635			87	87			
B. Other Bed Reserve Days.....	13	13			5	5			8	8			
5. Total Resident Days (3G + 4A + 4B).....	51,904	51,904			38,983	38,983			12,921	12,921			

Schedule of Resident Statistics (Cont'd)

Name of Facility Northbridge Healthcare Center			License No. 2183C			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 (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(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	(Specify)	CCNH	RHNS	R.C.H.	ICF-MR				
No. of Residents	7		127			4		4					
Per Diem Rate													
a. One bed rm.	554.63		259.71			502.00		414.72					
b. Two bed rms.	554.63		259.71			482.00		414.72					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,464	1,464			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									525	525			
2. Restorative Treatments													
C. Other									1,629	1,629			
D. Total Physical Therapy Treatments									3,618	3,618			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									44	44			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									54	54			
2. Restorative Treatments													
C. Other									88	88			
D. Total Speech Therapy Treatments									186	186			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,320	1,320			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									702	702			
2. Restorative Treatments													
C. Other									1,704	1,704			
D. Total Occupational Therapy Treatments									3,726	3,726			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Northbridge Healthcare Center	2183C	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)	101,817	1,773				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	262,842	12,141				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	68,565	2,071				
c. Dietary Workers	615,687	33,781				
6. Housekeeping Service						
a. Head Housekeeper	52,108	2,150				
b. Other Housekeeping Workers	258,551	19,462				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,456	2,134				
b. Other Maintenance Workers	37,628	2,163				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	151,154	9,890				
9. Barber and Beautician Services						
10. Protective Services	12,293	1,065				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	210,532	4,170				
b. RN						
1. Direct Care	1,159,839	30,541				
2. Administrative**	541,959	16,857				
c. LPN						
1. Direct Care	921,274	34,679				
2. Administrative**						
d. Aides and Attendants	2,019,332	131,930				
e. Physical Therapists	561,041	15,331				
f. Speech Therapists	55,969	1,410				
g. Occupational Therapists	384,669	9,749				
h. Recreation Workers	271,250	14,195				
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	204,787	7,847				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,958,753	353,339				

* 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		License No.		Report for Year Ended		Page	of		
Northbridge Healthcare Center		2183C		9/30/2017		11	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)		License No.	Report for Year Ended		Page	of			
Northbridge Healthcare Center		2183C	9/30/2017		12	37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Erica Roman (10/1/2016-9/30/2017)	101,817		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,773	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		
Northbridge Healthcare Center	2183C	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.....	30,098	505				
2. Dentist.....	8,700	78				
3. Pharmacist.....	12,713	240				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	85,316	1,232				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	36,000	177				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	1,721					
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.....	1,944	7				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	7,714	124				
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	184,206	2,363				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center		2183C	9/30/2017	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
CT Dental, 300 Church St. Ste 203, Wallingford, CT 06492	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Procure LTC, 110 Bo-County Blvd, Suite 121, Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest	
Access Therapies, PO Box 823461, Philadelphia, PA 19182	Physical Therapy Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare of CT, 525 Knotter Drive Cheshire, CT 06410	Pharmacy Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Speech therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Orthopaedic Specialty Group, 305 Black Rock Tpke, Fairfield, CT 06825	Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
HD Audiology Group, 888 Worcester St., Wellesley, MA 02482	Speech therapy, Eyecare	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr. Vasudha Vallabhneni, Northeast Medical Group, 99 Hawley Lane 3rd Flr., Stratford, CT	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Margaret Rose 217 Hickory St Bridgeport CT 06610	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center	2183C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 402,323	402,323			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 135,890	135,890			
4. Social Security (F.I.C.A.).....	\$ 593,678	593,678			
5. Health Insurance.....	\$ 1,298,887	1,298,887			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 40,558	40,558			
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*.....	\$ 84,733	84,733			
d. Accounting and Auditing.....	\$ 12,200	12,200			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 38,441	38,441			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 64,857	64,857			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 63,598	63,598			
2. Cellular Phones.	\$ 3,411	3,411			
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	\$ 1,001,750	1,001,750			
Subtotal	\$ 3,740,326	3,740,326			

* 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
Northbridge Healthcare Center	2183C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,740,326	3,740,326			
I. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 8,725	8,725			
3. Gifts to Staff and Residents.....	\$ 26,221	26,221			
4. Employee Travel.....	\$ 1,527	1,527			
5. Education Expenses Related to Seminars and Conventions	\$ 4,611	4,611			
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>).....	\$ 5,958	5,958			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,406	1,406			
3. Advertising Other (<i>Specify</i>)***.....	\$ 18,234	18,234			
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.....	\$ 10,316	10,316			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 10,728	10,728			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 540	540			
9. Subscriptions.....	\$ 1,027	1,027			
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**.....	\$ 481,160	481,160			
13. Other (<i>Specify</i>)	\$ 106,301	106,301			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 4,417,080	4,417,080			

* 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	\$ 18,234		
Total Other Advertising	\$ 18,234	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ACHCA	\$ 310		
AMERICAN OCCUP. THERAPY ASSOC.	\$ 225		
CAHCF	\$ 10,193		
Total Dues	\$ 10,728	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals & background checks	\$ 24,144		
Bank Fees	\$ 7,595		
Payroll Processing Fees	\$ 26,516		
Data Processing Fees	\$ 44,897		
Licenses	\$ 905		
Energy Audit	\$ 2,244		
Total Other Administrative and General	\$ 106,301	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	2183C	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	\$671,261	Contract Attached to a Prior Year	See Below
Allocation of the Above	\$443,032 \$107,402 \$120,827	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	\$38,128	Admin/Gen - Other Expense	Pg 16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center	2183C	9/30/2017		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 309,731	309,731			
2. Non-Food Supplies.....	\$ 57,652	57,652			
3. Other (Specify) _____	\$ 365	365			
Dishes = \$365					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 107,402	107,402			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 475,150	475,150			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	421	421			
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. = \$2925		
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	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	17,725	17,725	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**.....	\$			
d. Other (Specify) Supplies = \$8,029	\$	8,029	8,029	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	25,754	25,754	
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	License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center	2183C	9/30/2017		20	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. \$	45,286	45,286		
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)....	\$	45,286	45,286		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care/ Procure LTC	\$	353,009	353,009		
b. Medicine Cabinet Drugs.....	\$	12,028	12,028		
c. Medical and Therapeutic Supplies.....	\$	344,079	344,079		
d. Ambulance/Limousine***	\$	4,311	4,311		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	71,000	71,000		
f. X-rays and Related Radiological Procedures***	\$	18,042	18,042		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	12,223	12,223		
i. Recreation.....	\$	19,183	19,183		
j. Other (Specify)**** See Attached Schedule	\$	232,587	232,587		
5K. Total Resident Care Expenditures (5a - 5j).....	\$	1,066,462	1,066,462		

* 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	\$ 120,827		
Medical Equip Rentals-Medicaid	\$ 29,672		
Physical Therapy Supplies	\$ 53,556		
Oxygen Concentrator Rentals	\$ 13,419		
Cable TV Fees	\$ 12,789		
Medical Equip Rentals-Other	\$ 2,324		
Total Other Resident Care	\$ 232,587	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
Northbridge Healthcare Center		2183C		9/30/2017		21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	Hartford Region, Richmond, VA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Services	26,516			16	m13
CWPM	25 Norton Place, PO Box 415, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	36,623			22	6f
Omnicare of CT	325 Knottier Drive Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy	333,157			20	5
Fairfield County Groundskeeping LLC	PO Box 320774 Fairfield, CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Landscaping and Snow removal	16,864			22	6f
Procure LTC	121, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest	Pharmacy	32,504			20	5
		<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"/>							

* 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
Northbridge Healthcare Center	2183C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	105,291	105,291				
b. Heat..... \$	66,134	66,134				
c. Light & Power..... \$	150,035	150,035				
d. Water..... \$	106,892	106,892				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	30,667	30,667				
f. Other (<i>itemize</i>)..... \$	98,981	98,981				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	558,000	558,000				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$	1,425	1,425				
b. Building & Building Improvements..... \$	93,565	93,565				
c. Non-Movable Equipment..... \$	107,886	107,886				
d. Movable Equipment..... \$	94,324	94,324				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	297,200	297,200				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	12,636	12,636				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	12,636	12,636				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	779,286	779,286				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	250,434	250,434				
c. Personal property taxes..... \$	34,606	34,606				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,374,162	1,374,162				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,659		
Rubbish Removal	\$ 36,623		
Snow Removal	\$ 11,266		
Supplies	\$ 39,433		
Total Other Repairs and Maintenance	\$ 98,981	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of				
Northbridge Healthcare Center		2183C			9/30/2017			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	99,523		99,523	80,430	S/L	Various	1,425						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal.....								1,425					
B. Building and Building Improvements													
1. Acquired prior to this report period	2,141,554		2,141,554	1,571,570	S/L	Various	93,565						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal.....								93,565					
C. Non-Movable Equipment													
1. Acquired prior to this report period	896,159		896,159	631,026	S/L	Various	107,886						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal.....								107,886					
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period			9	2016	1,440,746		1,440,746	1,050,808	S/L	Various	91,669		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)			9	2017	29,818		29,818		S/L	Various	2,655		
D-3. Subtotal.....													94,324
E. Total Depreciation										297,200			

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-16	washing machine repair	\$ 518	5	\$ 51
Oct-16	install alarm controls	\$ 2,470	5	\$ 246
Feb-17	replace gland plate/ circuit	\$ 3,494	5	\$ 348
Apr-17	laundry machine repair	\$ 4,981	5	\$ 497
May-17	repair dryer exhaust fan	\$ 1,962	5	\$ 195
May-17	repair nurse call system	\$ 2,202	5	\$ 219
Jun-17	4 ton air handler	\$ 5,499	5	\$ 549
Jul-17	repair rooftop ac units	\$ 5,183	5	\$ 517
Aug-17	trip hazard removal	\$ 3,152	5	\$ 314
Total additions for Leasehold Improvements		\$ 29,461		\$ 2,937 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Northbridge Healthcare Center			2183C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1. Finance Fees									
2. Finance Fees	3	2012		27,509	27,509				
3. Finance Fees-Key Bank	6	2007	5 yrs	247,750	247,750	SL	0		
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2016	Various	1,683,210	726,879	SL	Var	9,699	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	29,461		SL	Var	2,937	
C-4. Subtotal.....									12,636
D. Total Amortization									12,636

* 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
		9/30/2017				
Northbridge Healthcare Center	2183C				24A	37
C. Leasehold Improvements (Specify)						
1. Acquired prior to this report period	Various	132,226	18,685	SL	9,699	
2. Disposals (attach schedule)						
3. Acquired during this report period	Various	29,461		SL	2,937	
C-4. Subtotal.....						12,636
C. Other (Specify)						
1. Bed License Purchase	None	525,000	237,708	None		
2. Goodwill	None	1,025,984	470,486	None		
C-4. Subtotal.....						
Total Acquired prior to this report period	Various	1,683,210	726,879	SL	9,699	
Total Disposals						
Total Acquired during this report period	Various	29,461		SL	2,937	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	25	37

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	11/13/96
4. Date of Initial Licensure	11/13/96
5. Total Licensed Bed Capacity	145
6. Square Footage	
7. Acquisition Cost	
a. Land	393,226
b. Building	7,959,774

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	8,800,000			
f. Principal balance outstanding as of 9/30/2017	7,768,972			
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
Northbridge Healthcare Center		2183C	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
Northbridge Healthcare Center	2183C	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)..... \$		93,917	93,917			
Vender Int = \$6,380; Key Bank Loan Int & Fees = \$5,994; Key Bank LOC = \$78,405; Prior yr cred = (\$846); Prior yr gen loan int = \$3,984						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....\$		93,917	93,917			
14. Insurance						
a. Insurance on Property (buildings only)..... \$		92,824	92,824			
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)...		\$ 92,824	92,824			
15. Total All Expenditures (A-13 thru C-14)..... \$		16,291,594	16,291,594			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Northbridge Healthcare Center			2183C	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.....	\$ 384,669	384,669		
4.	Var	Var	Other - See attached Schedule.....	\$ 1,401	1,401		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 1,721	1,721		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 84,733	84,733		
10.	15	1d&e	Accounting & Legal.....	\$ 38,060	38,060		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 2,691	2,691		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 26,221	26,221		
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 *.....	\$ 19,640	19,640		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 304,367	304,367		
	18	2c		\$ 73,786	73,786		
	20	5j		\$ 83,009	83,009		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 8,135	8,135		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 5,643	5,643		
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)				\$ 1,034,076	1,034,076		

* 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
Northbridge Healthcare Center				2183C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,034,076	1,034,076		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 353,009	353,009		
28.	20	5d	Ambulance/Limousine.....	\$ 4,311	4,311		
29.	20	5f	X-rays, etc.....	\$ 18,042	18,042		
30.	20	5h	Laboratory.....	\$ 12,223	12,223		
31.	20	5c	Medical Supplies.....	\$ 16,744	16,744		
32.	20	5e2	Oxygen (non emergency).....	\$ 71,000	71,000		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 5,268	5,268		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 7,542	7,542		
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.....	\$ 9,189	9,189		
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	iv5	Interest Income on Accounts Rec.....	\$ 792	792		
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)				\$ 1,532,196	1,532,196		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equip Rental	2,324		
20	5b	Ebox	2,944		
Total Other Ancillary Costs			\$ 5,268	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Move Equipment Depreciation Carryforward AJE	7,542		
Total Excess Movable Equipment Depreciation			7,542		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments					

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
Northbridge Healthcare Center	2183C	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>).....	\$ 21,297,390	21,297,390				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (9,763,485)	(9,763,485)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,699,364	1,699,364				
b. Medicare Room and Board Contractual Allowance **.....	\$ 570,369	570,369				
4. a. Private-Pay Residents and Other.....	\$ 1,963,042	1,963,042				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (282,322)	(282,322)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 271,567	271,567				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (271,567)	(271,567)				
c. Prescription Drugs - Non-Medicare.....	\$ 147,883	147,883				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (147,883)	(147,883)				
2. a. Medical Supplies - Medicare.....	\$ 2,244	2,244				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$					
3. a. Physical Therapy - Medicare.....	\$ 804,000	804,000				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (642,445)	(642,445)				
c. Physical Therapy - Non-Medicare.....	\$ 311,100	311,100				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (311,100)	(311,100)				
4. a. Speech Therapy - Medicare.....	\$ 98,075	98,075				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (82,891)	(82,891)				
c. Speech Therapy - Non-Medicare.....	\$ 73,980	73,980				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (73,980)	(73,980)				
5. a. Occupational Therapy - Medicare.....	\$ 798,545	798,545				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (662,871)	(662,871)				
c. Occupational Therapy - Non-Medicare.....	\$ 325,175	325,175				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (325,175)	(325,175)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ (24,403)	(24,403)				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 15,774,612	15,774,612				
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>)	\$ 792	792				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$ 596	596				
V. Total Other Revenue (1 thru 8).....	\$ 1,388	1,388				
VI. Total All Revenue (III + V).....	\$ 15,776,000	15,776,000				

* 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	\$ (24,403)		
Total Other Resident Revenue		\$ (24,403)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg 31, Ln A2	Interest on Accts Rec	N/A	\$ 792		
Total Interest Income			\$ 792	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Bad Debt Recoveries	\$ 596		
Total Other Revenue		\$ 596	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	105,933
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,651,038
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	24,644
5. Prepaid Expenses.....			\$	219,865
a. Prepaid Insurance	199,997			
b. Prepaid expense Other	7,107			
c. Prepaid Health Insurance	12,761			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	268,314
A/R Related Party Facilities	268,314			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,269,794
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	99,523	\$	17,668
	Accd. Depreciation	(81,855) Net.....		
3. Buildings	*Historical Cost.....	2,141,550	\$	476,419
	Accd. Depreciation	(1,665,131) Net.....		
4. Leasehold Improvements	*Historical Cost.....	161,687	\$	130,366
	Accd. Depreciation	(31,321) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	896,157	\$	157,247
	Accd. Depreciation	(738,910) Net.....		
6. Movable Equipment	*Historical Cost.....	1,443,194	\$	298,063
	Accd. Depreciation	(1,145,131) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accd. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	27,371
Equipment Carry Forward Adjustment	27,371			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,107,134

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

(Carry Total forward to next page)

NORTHBRIDGE HEALTHCARE
PREPAID OTHER
ACCOUNT 1580
FYE 9/30/17

legal fees for Schiff Hardin	\$ 5,844.20
FMLA online license 12/1/17-12/31/20	<u>\$ 1,262.50</u>
Balance at 9/30/2017	<u>\$ 7,106.70</u>

U

Northbridge Moveable Equipment Carryforward Schedule

Cost Year	2008 Cost Report-Heritage Furn	2008 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2014 cost report - tv's	2015 cost report - tv's	2016 cost report - tv's	2017 cost report - tv's	Totals
1997	\$ 83	\$ 172							\$ 1,431
1997	\$ 1,577	\$ 4,981							\$ 22,257
1998	\$ 1,411	\$ 4,637	\$ 271	\$ (9)					\$ 2,957
1998	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 22,114
1999	\$ 1,245	\$ 4,293	\$ 211	\$ (239)					\$ 3,282
1999	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 21,210
2000	\$ 1,079	\$ 3,949	\$ 151	\$ (221)					\$ 3,539
2000	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 17,940
2001	\$ 913	\$ 3,605	\$ 91	\$ (203)					\$ 3,670
2001	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 14,911
2002	\$ 747	\$ 3,261	\$ 31	\$ (185)					\$ 3,282
2002	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 12,556
2003	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 2,888
2003	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 9,837
2004	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 2,681
2004	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 7,159
2005	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 2,468
2005	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 5,076
2006	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 2,395
2006	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 3,059
2007	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 2,988
2007	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 36,081
2008	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 3,839
2008	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 39,056
2009	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 4,091
2009	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 35,001
2010	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 4,104
2010	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 30,897
2011	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 4,062
2011	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 26,836
2012	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 3,775
2012	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 23,062
2013	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 3,394
2013	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 19,668
2014	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 3,541
2014	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 18,929
2015	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 4,409
2015	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 21,136
2016	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 6,243
2016	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 26,747
2017	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 7,542
2017	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 21,331
2018	\$ 83	\$ 1,885	\$ 842	\$ 3,309	\$ 8,298	\$ 2,371	\$ 1,185	\$ 817	\$ 27,371
2018	\$ 83	\$ 344	\$ 560	\$ 1,323	\$ 2,371	\$ 1,633	\$ 2,371	\$ 1,633	\$ 7,572
2018	\$ 83	\$ 344	\$ 560	\$ 1,323	\$ 2,371	\$ 1,633	\$ 2,371	\$ 1,633	\$ 19,799
2019	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 7,206
2019	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 12,593
2020	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 6,264
2020	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 6,329
2021	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 4,415
2021	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 1,914
2022	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 1,772
2022	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 142
2023	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 147
2024	\$ 166	\$ 344	\$ 60	\$ (18)					\$ (5)
2024	\$ 166	\$ 344	\$ 60	\$ (18)					\$ (5)
2024	\$ 166	\$ 344	\$ 60	\$ (18)					\$ 103,999

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$ 3,376,928	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$ 393,226	
2. Land Improvements				
	*Historical Cost.....			
	Accd. Depreciation	Net.....	\$	
3. Buildings				
	*Historical Cost.....	6,999,069		
	Accd. Depreciation	(4,870,183)	Net.....	\$ 2,128,886
4. Non-Movable Equipment				
	*Historical Cost.....			
	Accd. Depreciation	Net.....	\$	
5. Movable Equipment				
	*Historical Cost.....			
	Accd. Depreciation	Net.....	\$	
6. Motor Vehicles				
	*Historical Cost.....			
	Accd. Depreciation	Net.....	\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 2,522,112	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....			
	Accd. Depreciation	Net.....	\$	
4. Goodwill (Purchased Only).....			\$ 625,498	
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (4,301,880)	
Name and Address		Amount	Loan Date	
Investments-Related Party		(4,469,880)		
Loan Receivable-Shareholders		168,000		
7. Other Assets (<i>itemize</i>).....			\$ 186,042	
Project Development		1,250		
Bed License Intangible		182,292		
Finance Fees		2,500		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (3,490,340)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,408,700	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,407,161
2. Notes Payable (<i>itemize</i>).....			\$	1,833,845
Due to Related Parties				623,000
Key Bank Line of Credit				1,210,845
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>).....			\$	
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>).....			\$	171,721
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	7,408
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>).....			\$	241,077
Acc'd Operating Expenses				(13,585)
Acc'd Expense - Sales Tax				1,054
Provider Tax Due				240,154
Acc'd Health Insurance				13,454
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	3,661,212

* 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.

NORTHBRIDGE HEALTHCARE
ACCRUED EXPENSES OPERATING

9/30/2017

9/30/2016	\$	(50,255.43)	Health Insurance
9/30/2017	\$	22,053.16	Pharmacy
9/30/2017	\$	177.87	Telephone
9/30/2017	\$	903.99	Lab
9/30/2017	\$	20,751.64	Management Fee adj
9/30/2017	\$	(1,266.60)	Gerimenu module
9/30/2017	\$	(725.00)	Dental
9/30/2017	\$	(5,225.06)	Nursing

Balance \$ (13,585.43)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center		2183C	9/30/2017	34	37
Account				Amount	
Total Brought Forward:				3,661,212	
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>).....\$ 63,926					
Name and Address of Lender	Amount	Loan Date			
Related Party	63,926	03/29/12			
4. Other Long-Term Liabilities (<i>itemize</i>).....\$ (115,909)					
Related Party Notes		(115,909)			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ (51,983)					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 3,609,229					

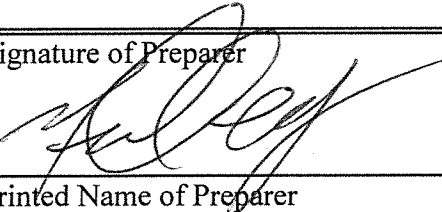
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	393,226
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	2,128,886
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.....			\$	2,522,112
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	1,000
3. Paid-in Surplus.....			\$	250,455
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(3,458,502)
6. Gain or Loss for Period				
	10/1/2016	thru 9/30/2017	\$	(515,594)
7. Total Net Worth.....			\$	(3,722,641)
C. Total Reserves and Net Worth			\$	(1,200,529)
D. Total Liabilities, Reserves, and Net Worth			\$	2,408,700

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(3,238,325)
B. Total Revenue (From Statement of Revenue Page 30)			\$	15,776,000
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	16,291,594
D. Net Income or Deficit.....			\$	(515,594)
E. Balance.....			\$	(3,753,919)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
SWAP Value Net Change			1,214	
2016 Health Insurance			22,232	
2016 Wage Enhancement			11,000	
2016 copier lease expense adjustment			(3,168)	
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	31,278
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			\$	(3,722,641)
09/30/17				

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2017	37	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	Date Signed		
	CFO	2/9/18		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		

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

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2017	ERROR REPORT

INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				
PG 1A PER COST REPORT				
DIFFERENCE				
PG 10 PER INTERFACE	7,958,753	7,958,753		
PG 10 PER COST REPORT	7,958,753	7,958,753		
DIFFERENCE				
PG 1A PER COST REPORT				
PG 10 PER COST REPORT				
DIFFERENCE				
PG 13 PER INTERFACE	184,206	184,206		
PG 13 PER COST REPORT	184,206	184,206		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	4,417,080	4,417,080		
PG 15 & 16 PER COST REPORT	4,417,080	4,417,080		
DIFFERENCE				
PG 18 PER INTERFACE	475,150	475,150		
PG 18 PER COST REPORT	475,150	475,150		
DIFFERENCE				
PG 19 PER INTERFACE	25,754	25,754		
PG 19 PER COST REPORT	25,754	25,754		
DIFFERENCE				
PG 20 PER INTERFACE	1,111,748	1,111,748		
PG 20 PER COST REPORT	1,111,748	1,111,748		
DIFFERENCE				
PG 22 PER INTERFACE	1,932,162	1,932,162		
PG 22 PER COST REPORT	1,932,162	1,932,162		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	186,741	186,741		
PG 26 & 27 PER COST REPORT	186,741	186,741		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	16,291,594	16,291,594		
TOTAL EXPENSES PER COST REPORT	16,291,594	16,291,594		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	15,776,000	15,776,000		
TOTAL REVENUES PER COST REPORT	15,776,000	15,776,000		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	30,667			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	30,667			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2017	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

RED CELLS INDICATE POSSIBLE ERROR

TOTAL

PG 31 CURRENT ASSETS PER INTERFACE	2,269,794
PG 31 CURRENT ASSETS PER COST REPORT	2,269,794
DIFFERENCE	<u>2,269,794</u>
PG 31 FIXED ASSETS PER INTERFACE	1,107,134
PG 31 FIXED ASSETS PER COST REPORT	1,107,134
DIFFERENCE	<u>1,107,134</u>
PG 32 LEASED ASSETS PER INTERFACE	2,522,112
PG 32 LEASED ASSETS PER COST REPORT	2,522,112
DIFFERENCE	<u>2,522,112</u>
PG 32 OTHER ASSETS PER INTERFACE	(3,490,340)
PG 32 OTHER ASSETS PER COST REPORT	(3,490,340)
DIFFERENCE	<u>(3,490,340)</u>
PG 32 TOTAL ASSETS PER INTERFACE	2,408,700
PG 32 TOTAL ASSETS PER COST REPORT	2,408,700
DIFFERENCE	<u>2,408,700</u>
PG 33 CURRENT LIABS PER INTERFACE	3,661,212
PG 33 CURRENT LIABS PER COST REPORT	3,661,212
DIFFERENCE	<u>3,661,212</u>
PG 34 LONG TERM LIABS PER INTERFACE	(51,983)
PG 34 LONG TERM LIABS PER COST REPORT	(51,983)
DIFFERENCE	<u>(51,983)</u>
PG 34 TOTAL LIABS PER INTERFACE	3,609,229
PG 34 TOTAL LIABS PER COST REPORT	3,609,229
DIFFERENCE	<u>3,609,229</u>
PG 35 RESERVES PER INTERFACE	2,522,112
PG 35 RESERVES PER COST REPORT	2,522,112
DIFFERENCE	<u>2,522,112</u>
PG 35 NET WORTH PER INTERFACE	(3,722,641)
PG 35 NET WORTH PER COST REPORT	(3,722,641)
DIFFERENCE	<u>(3,722,641)</u>
PG 35 TOTAL LIAB & WORTH PER INTERFACE	2,408,700
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,408,700
DIFFERENCE	<u>2,408,700</u>
PG 32 TOTAL ASSETS PER COST REPORT	2,408,700
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,408,700
DIFFERENCE	<u>2,408,700</u>
NET INCOME PER BALANCE SHEET	(515,594)
NET INCOME PER INCOME STATEMENT	(515,594)
DIFFERENCE	<u>(515,594)</u>
PG 35 NET WORTH PER COST REPORT	(3,722,641)
TOTAL NET WORTH PER PG 36	(3,722,641)
DIFFERENCE	<u>(3,722,641)</u>

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2017	ERROR REPORT

**INFORMATIONAL PAGES
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	38,441			NOT APPLICABLE
PG 15, LINE 1e LEGAL FEES PER COST REPORT	38,441			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
PG 7 TOTAL ACCOUNTING FEES DETAIL	12,200			NOT APPLICABLE
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	12,200			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	101,817	101,817		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	101,817	101,817		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	3,618			NOT APPLICABLE
HORIZONTAL TOTALS	3,618			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	186			NOT APPLICABLE
HORIZONTAL TOTALS	186			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	3,726			NOT APPLICABLE
HORIZONTAL TOTALS	3,726			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	145	145		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	145	145		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	145	145		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	145.00000	145.00000
MAXIMUM PATIENT DAYS	52,925	52,925
ACTUAL PATIENT DAYS	51,904	51,904
PERCENT OCCUPIED(NOT TO EXCEED 100%)	98.0709%	98.0709%

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2017	ERROR REPORT

DEPRECIATION TIE-IN
ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	17,668	17,668	-
BUILDING AND BUILDING IMPROVEMENTS	476,419	476,419	-
LEASEHOLD IMPROVEMENTS	130,366	130,366	-
NON-MOVEABLE EQUIPMENT	157,247	157,247	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	325,432	298,063	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	842,790	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	1,425	1,425	-
BUILDING AND BUILDING IMPROVEMENTS	93,565	93,565	-
NON-MOVEABLE EQUIPMENT	107,886	107,886	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	94,324	94,324	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	12,636	12,636	-
OTHER AMORTIZATION	-	-	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY	PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24			
LAND IMPROVEMENTS	ADDITIONS	-	-
	DEPREC	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-
	DEPREC	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-
	DEPREC	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	29,818	29,818
	DEPREC	2,655	
LEASEHOLD IMPROVES	ADDITIONS	29,461	29,461
	DEPREC	2,937	