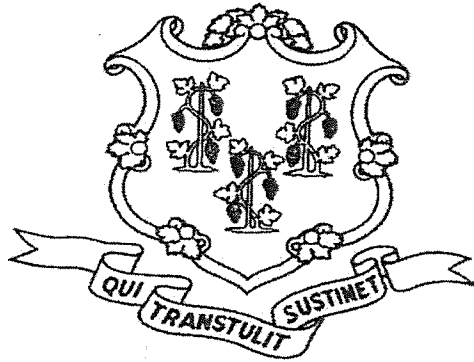


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street, Granby, CT 06035	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider 07-5367
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Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2019	Page 1	of 37
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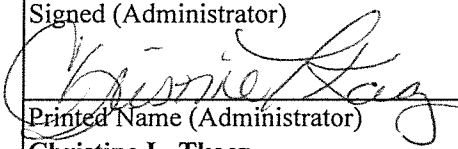
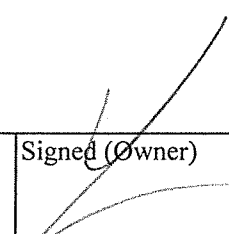

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [facility name] for the cost report period beginning October 01, 2018 and ending September 30, 2019, 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 2/17/2020	Signed (Owner) 	Date 2/17/2020
Printed Name (Administrator) Christine L. Tkacz		Printed Name (Owner) Lawrence G. Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2/17/2020	Signed (Notary Public) 
			Comm. Expires 8/1/2020

Address of Notary Public
 38 Linden Dr. Plainville CT 06062

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 350 Salmon Brook Street, Granby, CT 06035				
Report Prepared By Athena Health Care Associates, Inc.	Phone Number 860-751-3900	Date 2/11/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-653-9888		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		Address (No. & Street, City, State, Zip) 350 Salmon Brook Street, Granby, CT 06035		
License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> 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="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator				
Name of Administrator Christine L. Tkacz		Nursing Home Administrator's License No.:	001995	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook o	2342	9/30/2019	3B	37

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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Gr	License No. 2342	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Misc. Facilities	Various	<input checked="" type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>		Lease Facility	Pg 22, 9	605,748	605,748
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<50%	See Attached			
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>		Facility Participates in common 401k plan			
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>		Self Insured Employee Health & Dental Insur	Pg15, 1	1,082,262	1,082,262
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	>50%	Pharmacy	Pg20	275,444	275,444
		<input type="radio"/>					
		<input type="radio"/>					
		<input type="radio"/>					

* Use additional sheets if necessary.

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

Report for FYE 9/30/2019

Meadowbrook
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	X		Management Fees Promotion Postage Payroll Processing Software Fees Cyber Security insurance	Pg 17 Pg 16, M3 Pg 16, M7 Pg 16, M13 Pg 16, M13 Pg 27, 14a	\$220,296 \$20,993 \$3,097 \$22,250 \$28,270 \$1,625	\$176,347 \$1,761 \$509 \$4,567 \$380 \$1,625

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2019	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.

Patient Care Consults, Laundry, Housekeeping, Maintenance/prop Costs, Amind-Alloc on Patient Days.; Physical/Speech/Occupational Therapy - Allocated on % of treatments.; Administrative Nursing - Allocated on direct nursing hours.; Management Fees - Allocated based on methods above for each expense category.

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

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

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended		Page	of	
		9/30/2019	6			37
Name and Address of Lessor	Description of Items Leased	Date of Lease**		Term of Lease (Auto-renewal)	Annual Amount of Lease	Amount Claimed
		Yes	No			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342					
Sali Barolli, 2 Executive Hill Rd., Wolcott, CT 06716	Parking lot	<input type="radio"/>	<input checked="" type="radio"/>	09/01/17	2,400	2,400
Leaf, 1720A Crete St., Moberly, MO 65270	Copier & Fax	<input type="radio"/>	<input checked="" type="radio"/>	01/25/17	10,460	9,589
Pitney Bowes, 60 Wellington Rd., Milford, CT 06484	Postal Equipment	<input type="radio"/>	<input checked="" type="radio"/>	10/10/18	1,207	1,207
Var Technology Finance, P.O. Box 742647, Cincinnati, OH 45274	Phone System	<input type="radio"/>	<input checked="" type="radio"/>	09/27/18	11,195	11,195
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	PCC Equipment	<input type="radio"/>	<input checked="" type="radio"/>	09/25/14	1,190	1,190
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						25,581

* 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 Athena Meadowbrook, LLC d/b/a N	License No. 2342	Report for Year Ended 9/30/2019	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 Dworken, Hillman, Lamorte & Sterczala 3 4	Address (No. & Street, City, State, Zip Code) 335 Long Wharf Dr., 12th Fl, New Haven, CT 06511 29 South Main St., West Hartford, CT
--	---

Services Provided by This Firm (*describe fully*)

1 Tax return & audit financial Statements	\$ 22,500
2 1065 Partnership returns (disallow)	\$ 7,455
3 Medicare Cost Report	\$ 2,700
4	\$
	Charge for Services Provided
	\$ 32,655

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

Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder & woods, LLC 2 Murtha Cullina 3 Rosenthal Law Firm, LLC 4 5	Telephone Number 203-899-8900 860-240-6000 860-561-3100
---	--

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

1 200 Connecticut Ave, Norwalk, CT 06854
2 118 Asylum St., Hartford, CT 06103
3 18 North Main St., West Hartford, CT 06107
4
5

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 6,074
2 Audit Letter: Allow	\$ 683
3 Employee Matters: Disallow	\$ 11,141
4 A/R Issues Disallow	\$ 404
5	\$
	Charge for Services Provided
	\$ 18,302

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

Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page	of
	2342		9/30/2019					
	Total All Levels		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	RHNS (Specify)
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	90	80	10			80	10	
B. On last day of THIS report period	90	80	10			80	10	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	82	76	6			76	6	
B. As of midnight of THIS report period	86	77	9			76	2	
3. Total Number of Days Care Provided During Period								
A. Medicare	5,333	2,836	2,497			2,261	1,836	
B. Medicaid (Conn.)	22,482	22,481	1			20,540	1,941	
C. Medicaid (other states)								
D. Private Pay	3,056	2,893	163			2,170	128	
E. State SSI for RCH								
F. Other (Specify) Managed Care	9	9				3		
G. Total Care Days During Period (3A thru F)	30,880	28,219	2,661			24,974	1,964	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	85	85				48		
B. Other Bed Reserve Days	3	2	1					
5. Total Resident Days (3G + 4A + 4B)	30,968	28,306	2,662			25,022	1,964	
						3,982	3,284	698

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr			License No. 2342			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(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	3		67		5		2						
Per Diem Rate													
a. One bed rm.	595.86		257.59	203.91	593.00	565.00	384.41						
b. Two bed rms.	595.86		257.59	203.91	563.00	551.00	384.41						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								10,650	10,650				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								173	173				
2. Restorative Treatments													
C. Other								10,389	10,389				
D. Total Physical Therapy Treatments								21,212	21,212				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,752	1,752				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								85	85				
2. Restorative Treatments													
C. Other								2,925	2,925				
D. Total Speech Therapy Treatments								4,762	4,762				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								7,553	7,553				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								81	81				
2. Restorative Treatments													
C. Other								10,564	10,564				
D. Total Occupational Therapy Treatments								18,198	18,198				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342	9/30/2019	10	37	
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes	<input type="radio"/> No		
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(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)	113,423	1,824	10,667	171	
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	265,834	11,016	25,000	1,036	
5. Dietary Service					
a. Head Dietitian	31,094	686	2,924	65	
b. Food Service Supervisor	51,580	1,917	4,851	180	
c. Dietary Workers	386,271	25,641	36,326	2,411	
6. Housekeeping Service					
a. Head Housekeeper	43,183	1,909	4,061	180	
b. Other Housekeeping Workers	179,774	12,808	16,907	1,204	
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	59,643	1,930	5,609	182	
b. Other Maintenance Workers	38,955	1,868	3,664	176	
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	67,679	4,032	6,365	379	
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	174,498	3,472	17,393	347	
b. RN					
1. Direct Care	579,472	14,555	20,497	630	
2. Administrative**	340,550	11,787	33,945	1,175	
c. LPN					
1. Direct Care	618,107	22,873	30,140	1,138	
2. Administrative**					
d. Aides and Attendants	1,147,386	69,948	139,067	8,985	
e. Physical Therapists	500,792	13,010			
f. Speech Therapists	165,158	3,349			
g. Occupational Therapists	296,622	8,321			
h. Recreation Workers	109,681	6,209	10,315	584	
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	232,315	6,860	21,848	645	
n. Marketing					
o. Other (Specify) See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	5,402,017	224,015	389,579	19,488	

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342		9/30/2019		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							
Section I - Operators/Owners									
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).									

* 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			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342	9/30/2019		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***									
Rachel DeMaida 10/1/2018- 3/19/2019	40,866	3,843	Health & Life insurances, Payroll taxes	Day to day operations of the nursing home facility	760	A2	Crestfield Rehab Center 565 Vernon St. Manchester, CT 06042	1,128	75,940
Christine L. Tkacz 3/20/19- 9/30/2019	72,557	6,824	Health & Life insurances, Payroll taxes	Day to day operations of the nursing home facility	1,235	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of	2342	9/30/2019	13	37		
		Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,971	143	843	13		
3. Pharmacist	9,552	180	898	17		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	99,722	452	9,378	43		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	93	1				
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	3,484					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	55,403	503				
2. Administrative***						
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	177,225	1,279	11,119	73		

* 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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2019	14	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	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, 21 Waterville Rd., Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians, 6 Northwesters Dr., Bloomfield, CT 06002	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Bloomfield Foot Specialists, LLC	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex, 3 Electronics Ave., Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procure Professional Healthcare Services, P.O. Box 646, Oxford, CT 06478	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 225,149	210,004	15,145	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 88,695	82,729	5,966	
4. Social Security (F.I.C.A.)	\$ 387,290	361,238	26,052	
5. Health Insurance	\$ 886,500	826,868	59,632	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 29,207	27,242	1,965	
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*	\$ 37,526	36,484	1,042	
d. Accounting and Auditing	\$ 32,655	29,848	2,807	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,302	16,729	1,573	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 80,207	73,312	6,895	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 49,039	44,824	4,215	
2. Cellular Phones	\$ 1,927	1,761	166	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	229	21	
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 52,643	48,118	4,525	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 538,827	492,510	46,317	
Subtotal	\$ 2,428,217	2,251,896	176,321	

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

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
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,428,217	2,251,896	176,321	
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 3,325	3,039	286	
3. Gifts to Staff and Residents	\$ 20,934	19,135	1,799	
4. Employee Travel	\$ 4,371	3,995	376	
5. Education Expenses Related to Seminars and Conventions	\$ 5,531	5,056	475	
6. Automobile Expense (not purchase or depreciation)	\$			
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 3,031	2,770	261	
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 20,993	19,188	1,805	
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	\$ 3,097	2,831	266	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 5,903	5,396	507	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,154	1,055	99	
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**	\$ 153,298	140,121	13,177	
13. Other (Specify) See Attached Schedule	\$ 83,106	75,961	7,145	
C-14 Total Administrative & General Expenditures	\$ 2,732,960	2,530,443	202,517	

* 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	\$ 19,188	\$ 1,805	
Total Other Advertising	\$ 19,188	\$ 1,805	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 5,396	\$ 507	
Total Dues	\$ 5,396	\$ 507	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 10,158	\$ 955	
Payroll Processing Fees	\$ 20,337	\$ 1,913	
Facility, Elevator, Food licenses	\$ 2,358	\$ 222	
Compliance Consulting	\$ 3,336	\$ 314	
Employee Physicals/Background Checks	\$ 7,358	\$ 692	
Data Processing Fees	\$ 24,752	\$ 2,328	
AR Temp fill in	\$ 7,662	\$ 721	
Total Other Administrative and General	\$ 75,961	\$ 7,145	\$ -

Schedule C-1 - Management Services*

Name of Facility Athena Meadowbrook, LLC d/b/a Meado	License No. 2342	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc. 135 South Rd. Farmington, CT 06032	197,052	Contract Attached to a Prior year	See Below
Allocation of the above	\$31,528; \$35,470	Admin/Gen 66%; Indirect 16%; Direct 18%	Pg 16, Line 12; Pg 18, L
Athena Health Care Assoc., Inc. 135 South Rd. Farmington, CT 06032	23,244	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		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G		2342	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 198,086	181,059	17,027		
2.	Non-Food Supplies	\$ 29,685	27,133	2,552		
3.	Other (Specify) _____ Dishes=\$284	\$ 284	260	24		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____ Management Services						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 259,583	237,270	22,313		
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	254	232	22		
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost. \$2,197		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2019	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. \$	10,460	9,561	899
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies=\$3,832		\$	3,832	3,503	329
3D. Total Laundry Expenditures (3a + b + c)		\$	14,292	13,064	1,228
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook		2342	9/30/2019		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.	\$ 30,609	27,978	2,631		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt.	\$				
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	30,609	27,978	2,631	
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Omni Care		\$ 223,289	223,199	90		
b. Medicine Cabinet Drugs		\$ 7,286	6,660	626		
c. Medical and Therapeutic Supplies		\$ 172,252	157,445	14,807		
d. Ambulance/Limousine***		\$ 4,704	4,704			
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$ 16,320	14,841	1,479		
f. X-rays and Related Radiological Procedures***		\$ 16,740	16,740			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$ 15,733	15,733			
i. Recreation		\$ 17,791	16,261	1,530		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$ 84,932	79,998	4,934		
5M. Total Resident Care Expenditures (5a - 5j)		\$	559,047	535,581	23,466	

* 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	\$ 32,421	\$ 3,049	
Medical Equip Rentals-Medicaid	\$ 4,335	\$ 408	
Physical Therapy Supplies	\$ 23,600		
Oxygen Concentrator Rentals	\$ 3,171	\$ 298	
Cable Television	\$ 12,539	\$ 1,179	
Medical Equip rentals-other	\$ 3,932		
Total Other Resident Care	\$ 79,998	\$ 4,934	\$ -

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342	Report for Year Ended 9/30/2019	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
CWPM	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	Rubbish removal	22,328	2,100			22 6f
Mason Enterprises	P.O. Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>	Groundskeeping/Snow removal	13,651	1,560			22 6f
Procure	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy	262,529	90			20 5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	15,258	1,743			16 13
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
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* 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
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2019			22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 66,924	61,171	5,753		
b. Heat	\$ 58,327	53,313	5,014		
c. Light & Power	\$ 110,479	100,982	9,497		
d. Water	\$ 76,773	70,174	6,599		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 25,581	23,383	2,198		
f. Other (<i>itemize</i>)	\$ 56,853	51,965	4,888		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 394,937	360,988	33,949		
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$ 2,948	2,620	328		
d. Movable Equipment	\$ 49,409	43,919	5,490		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 52,357	46,539	5,818		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$ 5,982	5,468	514		
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 30,761	27,343	3,418		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 36,743	32,811	3,932		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 605,748	538,443	67,305		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 137,116	121,881	15,235		
c. Personal property taxes	\$ 16,587	14,744	1,843		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 848,551	754,418	94,133		

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

Depreciation Schedule

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342	Report for Year Ended 9/30/2019				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A. Land Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. Non-Movable Equipment								
1. Acquired prior to this report period		38,553		38,553	21,261	SL	Various	2,948
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								2,948
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					131,619	SL	Various	48,995
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)				8,209		SL	Various	414
D-3. Subtotal		8,208						
E. Total Depreciation								49,409
								52,357

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2018	Washer Machine Inverter	\$ 1,412	5	\$ 141
11/30/2018	Hot food table	\$ 2,936	15	\$ 98
12/31/2018	8 wood armchairs and casters	3160	15	105
6/30/2019	HP Laptop	700	5	70
Total additions for Movable Equipment		\$ 8,208		\$ 414 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2018	Firestopping	\$ 13,846	10	\$ 692
1/31/2019	Nurse call system-main electric board	\$ 6,679	10	\$ 334
7/31/2019	3 ton compressor for AC	1999	15	67
9/30/2019	Roof Replacement	201803	10	10090
Total additions for Leasehold Improvement		\$ 224,327		\$ 11,183 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Meadow Brook Moveable Equipment Carryforward Schedule

Cost Year		Amount			Totals
		2013	2017 TV's for	2018 TV's for	
		Purchase	cost report	cost report	
		Step up			
	Cost	\$ 188,216	\$ 4,577	\$ 22,799	\$ 215,592
	Term	\$ 7	\$ 5	\$ 5	
2013	Deprec	\$ 26,888			\$ 26,888
2013	Book Value	\$ 161,328			\$ 161,328
2014	Deprec	\$ 26,888			\$ 26,888
2014	Book Value	\$ 134,440			\$ 134,440
2015	Deprec	\$ 26,888			\$ 26,888
2015	Book Value	\$ 107,552			\$ 107,552
2016	Deprec	\$ 26,888			\$ 26,888
2016	Book Value	\$ 80,663			\$ 80,663
2017	Deprec	\$ 26,888	\$ 458		\$ 27,346
2017	Book Value	\$ 53,775	\$ 4,119		\$ 57,894
2018	Deprec	\$ 26,888	\$ 915	\$ 2,280	\$ 30,083
2018	Book Value	\$ 26,887	\$ 3,204	\$ 20,519	\$ 50,610
2019	Deprec	\$ 26,887	\$ 915	\$ 4,559.80	\$ 32,362
2019	Book Value	\$ -	\$ 2,289	\$ 15,959	\$ 18,248
2020	Deprec	\$ -	\$ 915	\$ 4,559.80	\$ 5,475
2020	Book Value	\$ -	\$ 1,374	\$ 11,400	\$ 12,774
2021	Deprec	\$ -	\$ 915	\$ 4,559.80	\$ 5,475
2021	Book Value	\$ -	\$ 459	\$ 6,840	\$ 7,299
2022	Deprec	\$ -	\$ 459	\$ 4,559.80	\$ 5,019
2022	Book Value	\$ -	\$ -	\$ 2,280	\$ 2,280
				\$ 2,280	\$ 2,280
				\$ (0)	\$ (0)

18,248
 Abv Leased moveable 10,904

 7,344

Asset ID	By Class	Description	Method	Amount	Amort/Per	Chk	Item
000175-1	4/1/2003	Strap-Low Oh	9/30/2010	50.00	5704.90	50.00	5704.90
000177-1	4/1/2003	food processor	9/30/2010	50.00	5073.38	50.00	5073.38
000178-1	5/1/2003	Fax Machine	9/30/2010	50.00	5748.13	50.00	5748.13
000180-1	10/1/2003	Wetral Chair	9/30/2010	50.00	5403.86	50.00	5403.86
000181-1	3/1/2004	Leavel File Cabinet	9/30/2010	50.00	5560.74	50.00	5560.74
000183-1	4/1/2004	Double Bed Heater	9/30/2010	50.00	5795.50	50.00	5795.50
000184-1	5/1/2004	Electric Whitecark	9/30/2010	50.00	52675.00	50.00	52675.00
000186-1	10/1/2004	Comptuer	9/30/2010	50.00	53258.01	50.00	53258.01
000189-1	7/1/2005	Wetral Chair	9/30/2010	50.00	5741.92	50.00	5741.92
000190-1	8/1/2005	Wetral Chair	9/30/2010	50.00	5544.10	50.00	5544.10
000191-1	9/1/2005	Scale	9/30/2010	50.00	53918.82	50.00	53918.82

Asset ID	By Class	Description	Method	Amount	Amort/Per	Chk	Item
000192-1	9/1/2005	Strap-Low Oh	9/30/2010	50.00	5579.76	50.00	5579.76
000195-1	12/1/2005	Strap-Low Oh	9/30/2010	50.00	51464.56	50.00	51464.56
000196-1	3/1/2011	Comptuer	9/30/2010	50.00	5937.01	50.00	5937.01
000197-1	3/1/2011	Printer Motor	9/30/2010	50.00	5762.01	50.00	5762.01
000199-1	3/1/2006	Strap-Low Oh	9/30/2010	50.00	53043.53	50.00	53043.53
000200-1	4/1/2006	Wetral Chair	9/30/2010	50.00	51696.00	50.00	51696.00
000201-1	8/1/2006	Strap-Low Oh	9/30/2010	50.00	51181.94	50.00	51181.94
000203-1	8/1/2006	Floor Chemicle Machine	9/30/2010	50.00	51005.94	50.00	51005.94
000204-1	10/1/2006	Comptuer and monitor	9/30/2010	50.00	5333.94	50.00	5333.94
000205-1	4/1/2007	Comptuer Equipment	9/30/2010	50.00	51955.50	50.00	51955.50
000210-1	8/1/2007	Strap-Low Oh	9/30/2010	50.00	52861.95	50.00	52861.95

Asset ID	By Class	Description	Method	Amount	Amort/Per	Chk	Item
000217-1	8/1/2007	Comptuer/Staff Development	9/30/2010	50.00	51173.73	50.00	51173.73
000219-1	10/1/2007	Wetral Chair	9/30/2010	50.00	51646.09	50.00	51646.09
000220-1	3/1/2013	Scale Printer	9/30/2010	50.00	51059.99	50.00	51059.99
000221-1	11/1/2007	Strap-Low Oh	9/30/2010	50.00	50365.58	50.00	50365.58
000225-1	12/1/2007	Strap-Low Oh	9/30/2010	50.00	5715.33	50.00	5715.33

Amortization Schedule*

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Date of Acquisition		License No. 2342	Report for Year Ended 9/30/2019	Page 24	of 37
	Month	Year				
A. Organization Expense						
1.	9	Var	10 Years	59,822		
2.					5,982	
3.						
A-4. Subtotal				28,512	SL	5,982
B. Mortgage Expense						
1.						
2.						
3.						
B-4. Subtotal						
C. Leasehold Improvements and Other						
1. Acquired prior to this report period	9	2018	Various	232,029	SL	Var
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)	9	2019	Various	224,327	SL	Var
C-4. Subtotal						11,183
D. Total Amortization						30,761
						36,743

* 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.

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

Name of Facility Athena Meadowbrook, LLC d/b/a Mea	License No. 2342	Report for Year Ended 9/30/2019	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	10/01/91				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	10/01/91				
5. Total Licensed Bed Capacity	90				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building	6,048,250				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	08/29/18			
c. Interest Rate for the Cost Year	501.00%			
d. Term of Mortgage (number of years)	10 Years			
e. Amount of Principal Borrowed	6,250,000			
f. Principal balance outstanding as of	6,123,190			
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
Athena Meadowbrook, LLC d/b/a Me		2342	9/30/2019		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
Athena Meadowbrook, LLC d/b/a		2342		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	16,359	14,541	1,818
Vender Interest= \$16,359							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	16,359	14,541	1,818
14. Insurance							
a. Insurance on Property (buildings only)				\$	55,242	49,104	6,138
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)				\$	55,242	49,104	6,138
15. Total All Expenditures (A-13 thru C-14)				\$	10,891,520	10,102,629	788,891

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2019	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.			Occupational Therapy	\$ 296,622	296,622		
4.			Other - See attached Schedule	\$ 4,429	4,048	381	
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 93	93		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 37,526	36,484	1,042	
10.			Accounting	\$ 7,455	7,248	207	
10a.			Legal	\$ 17,619	17,129	490	
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,567	1,432	135	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 20,934	19,135	1,799	
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.			Unallowable Advertising *	\$ 20,993	19,188	1,805	
19.			Income Tax / Corporate Business Tax	\$ 52,893	48,347	4,546	
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 29,006	29,006		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,763	13,494	1,269	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 2,197	2,008	189	
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 506,097	494,234	11,863	

* 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	A12m	Marketing Salaries & Benefits	\$ 4,048	\$ 381	
Total Other Salaries Adjustment			\$ 4,048	\$ 381	\$ -

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	\$ 10,158	\$ 955	
16	M13	Compliance Consultant	\$ 3,336	\$ 314	
Total Other A&G Adjustments			\$ 13,494	\$ 1,269	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 506,097	494,234	11,863	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 223,289	223,199	90	
28.			Ambulance/Limousine	\$ 4,704	4,704		
29.			X-rays, etc	\$ 16,740	16,740		
30.			Laboratory	\$ 15,733	15,733		
31.			Medical Supplies	\$ 15,775	14,419	1,356	
32.			Oxygen (non emergency)	\$ 16,320	14,841	1,479	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,050	13,180	870	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 21,458	19,613	1,845	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 283	259	24	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 7,911	7,911		
46.			Management Fees Indirect	\$ 7,032	7,032		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 849,392	831,865	17,527	

*** 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.

ATHENA HEALTH CARE
9/30/2019

Additional Cap Disallowances

Additional Disallowance	ALLOWABLE FEE	TOTAL DISALLOWANCE	DISALLOWANCE ALLOCATION			
			DIRECT	INDIRECT	A&G	
301 ROPE FERRY RD/BAYVI	\$0	(\$390,383)	(\$390,383)	(\$70,269)	(\$62,461)	(\$257,653)
ABBOTT TERRACE	\$0	\$416,388	\$416,388	\$74,950	\$66,622	\$274,816
BEACON BROOK	\$0	\$249,863	\$249,863	\$44,975	\$39,978	\$164,910
CHERRY BROOK	\$0	\$0	\$0	\$0	\$0	\$0
COUNTRYSIDE	\$0	\$179,366	\$179,366	\$32,286	\$28,698	\$118,381
CRESTFIELD	\$0	\$175,539	\$175,539	\$31,597	\$28,086	\$115,856
EVERGREEN	(\$84,490)	(\$489,288)	(\$573,778)	(\$103,280)	(\$91,804)	(\$378,694)
GLASTONBURY	\$0	(\$345,138)	(\$345,138)	(\$62,125)	(\$55,222)	(\$227,791)
LAUREL RIDGE	\$0	(\$425,562)	(\$425,562)	(\$76,601)	(\$68,090)	(\$280,871)
LITCHFIELD WOODS	\$0	(\$496,468)	(\$496,468)	(\$89,364)	(\$79,435)	(\$327,669)
MAEFAIR	\$0	(\$379,802)	(\$379,802)	(\$68,364)	(\$60,768)	(\$250,670)
MEADOW BROOK	\$0	(\$43,949)	(\$43,949)	(\$7,911)	(\$7,032)	(\$29,006)
MIDDLESEX	\$0	\$385,227	\$385,227	\$69,341	\$61,636	\$254,250
MONTOWESE	\$0	(\$288,874)	(\$288,874)	(\$51,997)	(\$46,220)	(\$190,657)
NEWTOWN	\$0	(\$225,018)	(\$225,018)	(\$40,503)	(\$36,003)	(\$148,512)
NORTHBRIDGE	\$0	(\$382,347)	(\$382,347)	(\$68,823)	(\$61,176)	(\$252,349)
SHADY KNOLL	\$0	(\$362,112)	(\$362,112)	(\$65,180)	(\$57,938)	(\$238,994)
SHARON	\$0	(\$132,703)	(\$132,703)	(\$23,887)	(\$21,232)	(\$87,584)
SHERIDEN WOODS	\$0	(\$344,292)	(\$344,292)	(\$61,973)	(\$55,087)	(\$227,233)
SUMMIT	\$0	(\$384,247)	(\$384,247)	(\$69,164)	(\$61,479)	(\$253,603)
VALERIE MANOR	\$0	(\$437,419)	(\$437,419)	(\$78,735)	(\$69,987)	(\$288,696)
WADSWORTH GLEN	\$0	(\$268,468)	(\$268,468)	(\$48,324)	(\$42,955)	(\$177,189)

TOTAL	(\$84,490)	(\$3,989,688)	(\$4,074,178)	(\$733,352)	(\$651,868)	(\$2,688,957)
CHK TO ALLOWABLE	(\$84,490)	(\$3,989,688)	(\$4,074,178)			
() = DISALLOWANCE, POSITIVE # IS AN ADD BACK.		Chk #	(\$4,074,178)			

positive #'s go in parenthesis on
pg 28/29

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meado		2342	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 12,651,092	12,650,541	551			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,945,499)	(6,945,152)	(347)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,385,645	690,284	695,361			
b. Medicare Room and Board Contractual Allowance **	\$ 104,710	35,631	69,079			
4. a. Private-Pay Residents and Other	\$ 3,337,851	2,587,691	750,160			
b. Private-Pay Room and Board Contractual Allowance **	\$ (436,846)	(265,320)	(171,526)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 121,037	120,963	74			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (121,037)	(120,963)	(74)			
c. Prescription Drugs - Non-Medicare	\$ 144,614	144,614				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (144,614)	(144,614)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 843,870	843,870				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (544,794)	(544,794)				
c. Physical Therapy - Non-Medicare	\$ 255,360	255,360				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (255,360)	(255,360)				
4. a. Speech Therapy - Medicare	\$ 297,495	297,495				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (220,001)	(220,001)				
c. Speech Therapy - Non-Medicare	\$ 86,095	86,095				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (86,095)	(86,095)				
5. a. Occupational Therapy - Medicare	\$ 724,578	724,578				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (495,184)	(495,184)				
c. Occupational Therapy - Non-Medicare	\$ 250,550	250,550				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (250,550)	(250,550)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 8,198	8,198				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,711,115	9,367,837	1,343,278			
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 (Specify)	\$ 283	259	24			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 71,926	71,926				
V. Total Other Revenue (1 thru 8)	\$ 72,209	72,185	24			
VI. Total All Revenue (III +V)	\$ 10,783,324	9,440,022	1,343,302			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Retroactives-Medicaid	\$ 6,570		
n/a	Retroactives-Medicare	\$ 1,628		
Total Other Resident Revenue		\$ 8,198	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31, L a2	Interest on A/R	n/a	\$ 259	\$ 24	
Total Interest Income			\$ 259	\$ 24	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 71,926		
Total Other Revenue		\$ 71,926	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead	2342	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	117,960
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,159,914
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	13,356
5. Prepaid Expenses			\$	234,704
a. Prepaid Insurance	222,697			
b. Prepaid Health Insurance	9,307			
c. Prepaid Expenses	2,700			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	20,651
A/R Related	20,651			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,546,585
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 <u>456,356</u>		\$	301,009
	Accum. Depreciation <u>155,347</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>38,553</u>		\$	14,344
	Accum. Depreciation <u>24,209</u>	Net		
6. Movable Equipment	*Historical Cost <u>423,481</u>		\$	107,773
	Accum. Depreciation <u>315,708</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	7,344
Excluded Movable Equipment	7,344			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	430,470

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

MEADOWBROOK
PREPAID EXPENSES
September 30, 2019

ACCT. # 1580

Parking lot lease

\$2,700.00

Balance per General Ledger

\$2,700.00

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Tax Deposits	\$ 58,829
		Project Development	\$ 159,029
		Start Up cost	\$ (201,803)
Total Other Assets			\$ 16,055

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead		2342	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	1,977,055
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
3. Buildings					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
4. Non-Movable Equipment					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
5. Movable Equipment					
	*Historical Cost	625,028			
	Accum. Depreciation	614,123	Net	\$	10,905
6. Motor Vehicles					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
				\$	10,905
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost	59,822			
	Accum. Depreciation	34,495	Net	\$	25,327
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					

6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		
_____		_____	_____		
7. Other Assets (<i>itemize</i>)					

See Schedule			16,055	\$	16,055
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	41,382
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	2,029,342

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

**MEADOWBROOK
ACCRUED EXPENSES-OPERATIONS
September 30, 2019**

ACCT. # 2170

Health Insurance	(\$32,759.90)
Record Storage	3848.85
Audit	(\$22,500.00)
Nursing Supplies	(\$3,101.02)
Legal	\$221.25
Workers Comp	(\$5,151.00)
Food Expense	(\$8,664.50)
Electricity	(\$7,788.81)
Sales tax	<u>(\$131,480.00)</u>
	(\$207,375.13)

G. Balance Sheet (cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadow		License No. 2342	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,655,557	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 165,332	
Name and Address of Lender	Amount	Loan Date			
Accr'd Rent	165,332				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 33,277	
Mckesson Note		33,277			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 198,609	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,854,166	

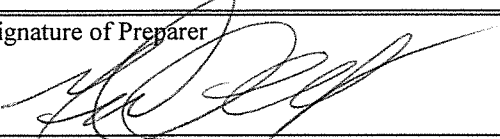
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2019	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>)			\$	10,905
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			\$	10,905
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(621,754)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	894,221
6. Gain or Loss for Period			\$	(108,196)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	164,271
C. Total Reserves and Net Worth			\$	175,176
D. Total Liabilities, Reserves, and Net Worth			\$	2,029,342

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead	2342	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	249,059
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,783,324
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,891,520
D. Net Income or Deficit			\$	(108,196)
E. Balance			\$	140,863
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance		23,408		
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	23,408
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		09/30/19	\$	164,271

I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a		License No. 2342	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)			
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 2/17/2020		
Printed Name of Preparer Athena Health Care Associates, Inc.					
Address 135 South Rd., Farmington, CT 06032			Phone Number 860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Lynne Ronaldi			Phone Number		
Contact Email Address lronaldi@athenahhealthcare.com					