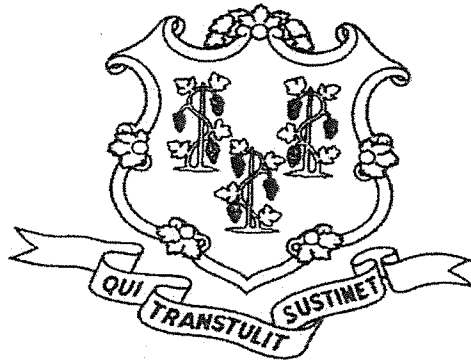


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input 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 2285	RHNS	(Specify)	Medicare Provider 07-5415001
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Medicaid Provider Numbers:	CCNH 2285	RHNS	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

General Information

Name of Facility (as licensed) <i>Bristol CCH Group LLC d/b/a</i>	License No. <i>2285</i>	Report for Year Ended <i>9/30/19</i>	Page <i>1</i>	of <i>37</i>
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Countryside Manor

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 *Countryside Manor* [facility name], for the cost report period beginning *10/1/18* and ending *9/30/19*, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
<i>[Signature]</i>		<i>9/17/2020</i>	<i>[Signature]</i>		<i>9/17/2020</i>
Printed Name (Administrator)			Printed Name (Owner)		
<i>Joel Carmichael</i>			<i>Lawrence Santilli</i>		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	<i>CT</i>	<i>9/17/2020</i>	<i>[Signature]</i>	<i>8, 1, 2020</i>	
Address of Notary Public					
<i>38 Linda Dr. Plainville CT 06062</i>					

(Notary Seal)

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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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/15/2020	
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 860-583-8483		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor		Address (No. & Street, City, State, Zip) 1660 Stafford Avenue Bristol, CT 06010		
License Numbers:	CCNH 2285	RHNS (Specify)	Medicare Provider No. 07-5415001	
Type of Facility (Check appropriate box(es))				
<input 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="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 Joel Carmichael		Nursing Home Administrator's License No.:	001186	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

**BRISTOL CCH GROUP, LLC
OWNERSHIP DETAIL**

Owner	Current Ownership
LAWRENCE G. SANTILLI	63.0499%
CONSERVATORS FOR LAWRENCE E. SANTILLI (11)	19.9501%
VALERIE CHAKALOS SANTILLI (21)	1.0000%
MAHANEY FAMILY LIMITED PARTNERSHIP(24)	2.0000%
JOHN B. NOCERA, JR	5.0000%
MICHAEL E MOSIER	2.0000%
MARYBETH HAUSER	1.0000%
CHRISTINE WARD	1.0000%
KARYN IANNACONE	2.0000%
DOROTHY ROSSETTI	1.0000%
TERESA SKINNER	2.0000%
TOTALS	100.0000%

Legal Name:

Organization Date:

Entity Type:

Federal Tax Id #

State Tax Id#

State Employment Tax Id #

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countrys	2285	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 Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	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 %**				
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>	Lease of Real Property	Pg 22, 9 and 10b, Pg 2	494,132	494,132
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	Bank fees	Pg 16 Ln m13	6,321	6,321
Miscellaneous Facilities	various	<input checked="" type="radio"/>	<input type="radio"/>	Interfacility Loans	Pg 33, A2		
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>	Workers Comp Captive	Pg 15, ln 1a	363,579	363,579
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	See Attached			
Procure LTC Pharmacy of CT LLC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy services	Pg 20 5a2	230,999	230,999
Sheriden Woods	321 Stoncrest Drive, Bristol, CT	<input checked="" type="radio"/>	<input type="radio"/>	Patient refund	Pg 31, Line A2	5,650	5,650
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>	Self Insured Employee Health and Dental ins	Pg 15 Line 1a5	775,131	775,131
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

Countryside Manor of Bristol
Report for FYE 9/30/2019
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		<50%	Pg 17 Pg 16, M3 Pg 16, M7 Pg 16, M13 Pg 16, M13 Pg 27, 14a Pg 22, 6a Pg 15, 1a5 Pg 16, 13 Pg 13, 11A2	\$0 \$1,812 \$229 \$4,624 \$1,625 \$16,928 \$6,336 \$8,947 \$10,825	\$179,366 \$1,812 \$229 \$0 \$4,624 \$1,625 \$16,928 \$6,336 \$8,947 \$10,825
Athena Health Care Assoc 401K Plan	135 South Rd Farmington, CT 06032				Management Fees Promotion Postage Payroll Processing Software Fees Cyber Security insurance Painters Other Insurance (paragon) Employee relations Nursing Fill in and consulting Facility participates in group 401k plan		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Coun	License No. 2285	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not applicable

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

Not applicable

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

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

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	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Mand		2285		9/30/2019		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	<input type="radio"/>	<input checked="" type="radio"/>	postal equipment	04/01/18	60 months	1,207	1,207	
LEAF, PO Box 742647, Cincinnati, OH 45274-2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/13/16	50 months	9,852	9,852	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	12/09/14	60 months	1,751	1,751	
	<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"/>						
	<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 ***
								12,810

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Bristol CCH Group LLC of Bristol	License No. 2285	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	Address (No. & Street, City, State, Zip Code)
1 DHL&S	4 Corporate Drive, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 Midcap Financial Services, LLC	7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials: Allow	\$ 15,800
2 Medicare cost report Preparation: Allow	\$ 2,675
3 LOC audits: Disallow	\$ 1,464
4	\$
	Charge for Services Provided
	\$ 19,939

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC	203-899-8900
2 State of CT Probate/Marshall	860-584-6230
3 Midcap Financial Services, LLC	646-896-1307
4 Murtha Cullina	860-240-6000
5 Senior Planning Services	

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

- 1 200 Connecticut Avenue, Norwalk, CT
- 2 111 N. Main Street, Bristol, CT
- 3 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
- 4 185 Asylum Street, Hartford, CT
- 5

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 1,333
2 Conservatorship hearings: Disallow	\$ 540
3 LOC lender switch: Disallow	\$ 218
4 Annual Reports: Allow	\$ 20
5 Senior Planning: Disallowed	\$ 2,500
	Charge for Services Provided
	\$ 4,611

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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285		Report for Year Ended 9/30/2019				Page 8	of 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)
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	90	90			90	90	90	90
B. On last day of THIS report period	90	90			90	90	90	90
2. Number of Residents								
A. As of midnight of PREVIOUS report period	85	85			85	85	85	85
B. As of midnight of THIS report period	88	88			85	85	88	88
3. Total Number of Days Care Provided During Period								
A. Medicare	4,075	4,075			3,002	3,002	1,073	1,073
B. Medicaid (Conn.)	24,688	24,688			18,857	18,857	5,831	5,831
C. Medicaid (other states)								
D. Private Pay	2,109	2,109			1,339	1,339	770	770
E. State SSI for RCH								
F. Other (Specify) Managed Care	427	427			224	224	203	203
G. Total Care Days During Period (3A thru F)	31,299	31,299			23,422	23,422	7,877	7,877
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	173	173			150	150	23	23
B. Other Bed Reserve Days	26	26			26	26		
5. Total Resident Days (3G + 4A + 4B)	31,498	31,498			23,598	23,598	7,900	7,900

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Cou	License No. 2285	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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		66		8		11		
Per Diem Rate									
a. One bed rm.	501.51		241.92		557.00		427.81		
b. Two bed rms.	501.51		241.92		536.00		427.81		
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,587	4,587		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,430	1,430		
2. Restorative Treatments				
C. Other	8,143	8,143		
D. Total Physical Therapy Treatments	14,160	14,160		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	714	714		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	232	232		
2. Restorative Treatments				
C. Other	976	976		
D. Total Speech Therapy Treatments	1,922	1,922		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,525	3,525		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,208	1,208		
2. Restorative Treatments				
C. Other	8,881	8,881		
D. Total Occupational Therapy Treatments	13,614	13,614		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	2285	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)	130,812	2,102				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	172,170	6,973				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	52,575	2,141				
c. Dietary Workers	308,450	22,317				
6. Housekeeping Service						
a. Head Housekeeper	51,643	2,106				
b. Other Housekeeping Workers	142,183	11,696				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,022	2,218				
b. Other Maintenance Workers	21,884	1,501				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	101,289	7,303				
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	195,148	4,048				
b. RN						
1. Direct Care	546,536	14,492				
2. Administrative**	283,899	10,047				
c. LPN						
1. Direct Care	723,233	27,090				
2. Administrative**						
d. Aides and Attendants	1,617,456	86,990				
e. Physical Therapists	391,251	11,280				
f. Speech Therapists	82,135	1,785				
g. Occupational Therapists	170,412	4,386				
h. Recreation Workers	149,794	6,998				
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	166,418	4,369				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,362,310	229,842				

* 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		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
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		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		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 (Specify)							
Section I - Operators/Owners									
Not Applicable			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		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		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***									
Lizbeth Carmichael (10/1/18-7/21/19)	102,788		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,680	A2	Sheriden Woods Health Care, 321 Stonecrest Dr, Bristol, CT	400	26,866
Joe; Carmichael (7/22/19-9/30/19)	28,024		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	422	A2	Newtown Rehab, 139 Toddy Hill Road, Newtown, CT	1,520	95,054
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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countrysid	2285	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	9,774	280				
3. Pharmacist	9,218	123				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	158				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	480					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	11,091	176				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	422	16				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	54,985	753				

* 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
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	9/30/2019	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting, Podiatrist, Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Gary Miller, 100 North Meadow Road, Canton, CT 06019	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psychiatric Services	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Procure LTC, 1492 Highland Avenue, Chesire, CT 06032	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common owners, Minority interest	
World Wide Staffing, 425 Union Street, West Springfield, MA 01089	Nurse Pool	<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"/>		
		<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"/>		
		<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"/>		

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

Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countr	2285	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 363,579	363,579		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 92,099	92,099		
4. Social Security (F.I.C.A.)	\$ 367,050	367,050		
5. Health Insurance	\$ 671,066	671,066		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 34,896	34,896		
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*	\$ 58,155	58,155		
d. Accounting and Auditing	\$ 19,939	19,939		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,611	4,611		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 42,603	42,603		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 58,839	58,839		
2. Cellular Phones	\$ 1,429	1,429		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 607	607		
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	\$ 577,167	577,167		
Subtotal	\$ 2,292,040	2,292,040		

* 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
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,292,040	2,292,040		
i. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$	5,705	5,705		
3. Gifts to Staff and Residents \$	15,937	15,937		
4. Employee Travel \$	3,662	3,662		
5. Education Expenses Related to Seminars and Conventions \$	5,000	5,000		
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>) \$	5,183	5,183		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$				
3. Advertising Other (<i>Specify</i>)*** \$ See Attached Schedule	25,388	25,388		
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 \$	3,684	3,684		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$ See Attached Schedule	6,142	6,142		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	500	500		
9. Subscriptions \$	846	846		
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** \$				
13. Other (<i>Specify</i>) \$ See Attached Schedule	81,773	81,773		
C-14 Total Administrative & General Expenditures	\$ 2,445,860	2,445,860		

* 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	\$ 25,388		
Total Other Advertising	\$ 25,388	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,142		
Total Dues	\$ 6,142	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing fees	\$ 36,899		
Licenses	\$ 2,012		
Bank charges	\$ 14,861		
Payroll processing fees	\$ 16,789		
Employee Physicals and Background Checks	\$ 10,978		
Energy Audit	\$ 234		
Total Other Administrative and General	\$ 81,773	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	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 Road Farmington, CT 06032		Contract Attached to a Prior Year	See Below
Allocation of Above		Admin/Gen 66% Indirect 16% Direct 18%	Page 28 line 23, Page 29
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen - Other Exp	Page 28, line 23

* 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
Bristol CCH Group LLC of Bristol, d/b/a Countryside		2285	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 231,991	231,991			
2.	Non-Food Supplies	\$ 23,160	23,160			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 255,151	255,151			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*						
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. \$48,730	
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
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	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. \$	16,726	16,726	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) supplies		\$	4,938	4,938	
3D. Total Laundry Expenditures (3a + b + c)		\$	21,664	21,664	
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
Bristol CCH Group LLC of Bristol, d/b/a Coun		2285	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. \$	24,865	24,865		
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)	\$	24,865	24,865		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure LTC	\$	207,038	207,038		
b.	Medicine Cabinet Drugs	\$	36,178	36,178		
c.	Medical and Therapeutic Supplies	\$	234,038	234,038		
d.	Ambulance/Limousine***	\$	1,275	1,275		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	48,035	48,035		
f.	X-rays and Related Radiological Procedures***	\$	19,804	19,804		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	41,915	41,915		
i.	Recreation	\$	14,191	14,191		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	103,625	103,625		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	706,099	706,099		

* 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)
Oxygen Concentrator Rentals	\$ 23,435		
Cable TV fees	\$ 16,542		
Medical Equipment Rental-Other	\$ 23,844		
Physical Therapy Supplies	\$ 21,016		
Occupational Therapy Supplies	\$ 1,588		
Medical Equipment Rental-Medicaid	\$ 17,200		
Total Other Resident Care	\$ 103,625	\$ -	\$ -

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2019	Total Cost/Page Ref.***			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	21,680			22	6f
Procare LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Supplies & Services	230,999			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	13,450			16	1m13
LaFleurs Sand & Gravel	6 Andrews Street, Bristol, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow removal	16,676			22	6f
Winterberry Gardens	West Street, Southington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	13,978			22	6f
		<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"/>							
		<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"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Cou	2285	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 94,479	94,479				
b. Heat	\$ 66,015	66,015				
c. Light & Power	\$ 81,694	81,694				
d. Water	\$ 20,536	20,536				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,989	11,989				
f. Other (<i>itemize</i>)	\$ 100,698	100,698				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 375,411	375,411				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 17,203	17,203				
d. Movable Equipment	\$ 30,818	30,818				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 48,021	48,021				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 18,596	18,596				
c. Leasehold Improvements	\$ 57,244	57,244				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 75,840	75,840				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 364,109	364,109				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 84,360	84,360				
c. Personal property taxes	\$ 27,708	27,708				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 600,038	600,038				

* 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	\$ 13,978		
Rubbish Removal	\$ 21,680		
Snow Removal	\$ 16,676		
Supplies	\$ 47,061		
Exterminating	\$ 1,303		
Total Other Repairs and Maintenance	\$ 100,698	\$ -	\$ -

Depreciation Schedule

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2019				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	Totals
A. Land Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. Non-Movable Equipment								
1. Acquired prior to this report period	273,117		273,117	184,804	S/L	Various	17,203	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								17,203
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period								
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
D-3. Subtotal								
E. Total Depreciation								30,818
								48,021

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	see attached			
		47060		2465
Total additions for Movable Equipment		\$ 47,060		\$ 2,465 *
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:				
	see attached			
		71353		2173
Total additions for Leasehold Improvement		\$ 71,353		\$ 2,173 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	see attached	\$ 1,270	3	\$ 212
	see attached	\$ 2,476	5	\$ 248
	see attached	\$ 505	8	\$ 32
	see attached	\$ 35,527	10	\$ 1,776
	see attached	\$ 1,735	15	\$ 58
	see attached	\$ 5,547	20	\$ 139
Total additions for Movable Equipment		\$ 47,060		\$ 2,465 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Countryside Manor

Capital Expenditures - F&E

10/1/18-9/30/19

Date	Vendor	Description	Years	Amount
6/30/2019	CDW	Laptop	3	\$ 661.97
6/30/2019	CDW	Firewall	3	\$ 1,269.87
2/28/2019	Friedmann Electric	Electric Unit Heater	5	\$ 2,476.39
6/30/2019	Medline	Electrotherapy Cart	7	\$ 3,615.91
5/31/2019	AAA Supplies	Vacuum	8	\$ 505.16
10/31/2018	Proline	Ice Machines	10	\$ 15,756.82
3/31/2019	Joerns	Lifter Parts	10	\$ 1,361.77
3/31/2019	Proline	Dishwasher Repairs	10	\$ 3,515.62
5/31/2019	HPC Foodservice	Dryer Repairs	10	\$ 1,448.07
7/31/2019	HPC Foodservice	Dishwasher	10	\$ 14,713.52
4/30/2019	Proline	Blender/Mixer Repairs	15	\$ 821.06
5/31/2019	HD Supply	Overbed Tables	15	\$ 913.61
				<u>\$ 47,059.77</u>

Countryside Manor
Capital Expenditures - Leasehold
 10/1/18-9/30/19

Date	Vendor	Description	Years	Amount
5/31/2019	Southington Rustic Fence Company	Fencing Replacement	8	\$ 2,395.96
4/30/2019	Modern Mechanical Services	Water Heater Repairs	10	\$ 1,329.55
4/30/2019	Modern Mechanical Services	Sump Pumps	10	\$ 3,829.92
9/30/2019	Accurate Security	Paitent Monitoring Syst	10	\$ 2,982.04
1/31/2019	Air Temp Mechanical Services	HVAC Repair	15	\$ 1,836.52
3/31/2019	Accurate Commercial Door & Hardware	Wood Doors	15	\$ 6,676.00
3/31/2019	Air Connections LLC	HVAC Repair	15	\$ 12,418.00
7/31/2019	Medline	Pharmacy Cabinet	15	\$ 782.70
12/31/2018	Accurate Commercial Doors & Harware	Hollow Metal Door	20	\$ 5,547.00
2/28/2019	Air Temp Mechanical Services	Boiler Repairs	20	\$ 8,240.91
3/31/2019	Accurate Commercial Door & Hardware	Metal Doors	20	\$ 5,458.00
4/30/2019	Accurate Commercial Door & Hardware	Metal Doors	20	\$ 7,541.00
4/30/2019	Modern Mechanical Services	Plumbing Repairs	20	\$ 6,808.32
8/31/2019	Accurate Commercial Door & Hardware	Metal Doors	20	\$ 3,393.01
4/30/2019	Modern Mechanical Services	Plumbing Repairs - Pipit	25	\$ 2,114.00
				\$ 71,352.93

Amortization Schedule*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	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	of
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-LOC	2	2018	3	59,367	13,066			18,596	
2.									
3.									
B-4. Subtotal									18,596
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2018	Various	1,380,164	964,928	S/L	Various	55,071	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2019	Various	71,353		S/L	Various	2,173	
C-4. Subtotal									57,244
D. Total Amortization									75,840

* 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 Bristol CCH Group LLC of Bristol, d/	License No. 2285	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				
3. If NOT Original Owner, Date of Purchase	08/27/03			
4. Date of Initial Licensure	08/27/03			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land	400,000			
b. Building	2,320,000			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
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
Bristol CCH Group LLC of Bristol, d		2285	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
Bristol CCH Group LLC of Bristol		2285		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)				\$	279,665	279,665	
Vendor interest \$14,945, LOC interest \$264,720							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	279,665	279,665	
14. Insurance							
a. Insurance on Property (buildings only)				\$	49,135	49,135	
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)				\$	49,135	49,135	
15. Total All Expenditures (A-13 thru C-14)				\$	10,175,183	10,175,183	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor o				2285	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.	10	A12g	Occupational Therapy	\$ 170,412	170,412		
4.			Other - See attached Schedule	\$ 6,482	6,482		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 480	480		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 58,155	58,155		
10.	15	1d	Accounting	\$ 1,464	1,464		
10a.			Legal	\$ 4,591	4,591		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,069	1,069		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	l3	Gifts, flowers and coffee shops	\$ 15,937	15,937		
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 *	\$ 25,388	25,388		
19.	15	1j & 1k	Income Tax / Corporate Business Tax	\$ 607	607		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (118,381)	(118,381)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,361	15,361		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 48,730	48,730		
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)				\$ 230,295	230,295		

* 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	12b2	Marketing Salaries & Benefits	\$ 6,482		
Total Other Salaries Adjustment			\$ 6,482	\$ -	\$ -

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	8n	Disallowed dues	\$ 500		
16	M13	Bank Charges	\$ 14,861		
Total Other A&G Adjustments			\$ 15,361	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 230,295	230,295		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 207,038	207,038		
28.	20	5d	Ambulance/Limousine	\$ 1,275	1,275		
29.	20	5f	X-rays, etc	\$ 19,804	19,804		
30.	20	5b	Laboratory	\$ 41,915	41,915		
31.	20	5h	Medical Supplies	\$ 32,447	32,447		
32.	20	5c	Oxygen (non emergency)	\$ 48,035	48,035		
33.	20	5j	Occupational Therapy	\$ 1,588	1,588		
34.			Other - See Attached Schedule	\$ 59,613	59,613		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,132	3,132		
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	\$ 12,942	12,942		
43.			Interest Income on Account Rec.	\$ 234	234		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (32,286)	(32,286)		
46.			Management Fees Indirect	\$ (28,698)	(28,698)		
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)				\$ 597,334	597,334		

*** 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.

Total Other Adjustments			\$ 12,942	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct 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
Bristol CCH Group LLC of Bristol, d/b/a 2285		9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,110,974	13,110,974			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,261,358)	(7,261,358)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,096,945	1,096,945			
b. Medicare Room and Board Contractual Allowance **	\$ (193,823)	(193,823)			
4. a. Private-Pay Residents and Other	\$ 2,331,559	2,331,559			
b. Private-Pay Room and Board Contractual Allowance **	\$ (383,397)	(383,397)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 111,997	111,997			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (111,997)	(111,997)			
c. Prescription Drugs - Non-Medicare	\$ 146,978	146,978			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (146,978)	(146,978)			
2. a. Medical Supplies - Medicare	\$ 23,447	23,447			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 34,192	34,192			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 493,116	493,116			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (100,442)	(100,442)			
c. Physical Therapy - Non-Medicare	\$ 228,960	228,960			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (228,960)	(228,960)			
4. a. Speech Therapy - Medicare	\$ 105,515	105,515			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (74,758)	(74,758)			
c. Speech Therapy - Non-Medicare	\$ 77,995	77,995			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (77,995)	(77,995)			
5. a. Occupational Therapy - Medicare	\$ 480,177	480,177			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (360,492)	(360,492)			
c. Occupational Therapy - Non-Medicare	\$ 238,850	238,850			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (238,850)	(238,850)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,301,655	9,301,655			
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>)	\$ 234	234			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 234	234			
VI. Total All Revenue (III +V)	\$ 9,301,889	9,301,889			

* 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)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
NA	interest on A/R		\$ 234		
Total Interest Income			\$ 234	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b	2285	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	22,387
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,124,327
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(2,321)
4 Inventories			\$	17,412
5. Prepaid Expenses			\$	246,886
a. Prepaid Insurance	241,088			
b. Prepaid Health Insurance	1,723			
c. Prepaid Expenses	4,075			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(8,170)
8. Other Current Assets (<i>itemize</i>)			\$	(1,218)
Medicaid Cost settlement	(7,910)			
A/R related party	6,692			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,399,303
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost 1,451,517		\$	429,345
	Accum. Depreciation 1,022,172	Net		
5. Non-Movable Equipment	*Historical Cost 273,119		\$	71,110
	Accum. Depreciation 202,009	Net		
6. Movable Equipment	*Historical Cost 847,461		\$	96,258
	Accum. Depreciation 751,203	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,336
See Schedule	10,336			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	607,049

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

(Carry Total forward to next page)

**COUNTRYSIDE MANOR
PREPAID EXPENSES**

ACCT #1580

Licensing	\$ 204.72
Scheduling	\$ 1,113.61
Gas	\$ 1,026.48
Electric	\$ 1,429.70
Advertising	\$300.00

BALANCE PER GENERAL LEDGER

\$ 4,074.51

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	
		Movable Equipment Carryforward	\$ 6,856
		Misc fixed asset system difference	\$ 3,480
Total Other Other Fixed Assets (Itemize)			\$ 10,336

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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
Bristol CCH Group LLC of Bristol, d/b/		2285	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	2,006,352
C.	Leasehold or like property recorded for Equity Purposes.			\$	481,847
1.	Land			\$	481,847
2.	Land Improvements	*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
3.	Buildings	*Historical Cost 2,320,000		\$	1,190,740
		Accum. Depreciation 1,129,260	Net	\$	
4.	Non-Movable Equipment	*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
5.	Movable Equipment	*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
6.	Motor Vehicles	*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
7.	Minor Equipment-Not Depreciable			\$	
C-8	Total Leasehold or Like Properties (C1 thru 7)			\$	1,672,587
D.	Investment and Other Assets				
1.	Deferred Deposits			\$	
2.	Escrow Deposits			\$	
3.	Organization Expense	*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
4.	Goodwill (Purchased Only)			\$	325,968
5.	Investments Related to Resident Care (<i>itemize</i>)			\$	

6.	Loans to Owners or Related Parties (<i>itemize</i>)			\$	
	Name and Address	Amount	Loan Date		
7.	Other Assets (<i>itemize</i>)			\$	27,705
	Deferred Finance fees		27,705		
	See Schedule				
D-8.	Total Investments and Other Assets (Lines D1 thru 7)			\$	353,673
D-9.	Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,032,612

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Cou	2285	9/30/2019	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,400,805
2. Notes Payable (<i>itemize</i>)				\$ 5,950,472
Loans				457,025
Line of Credit				5,493,447
See Schedule				
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>)				\$ 140,874
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 2,804
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>)				\$ 181,403
Provider taxes due				143,503
Accd Property taxes				(7,853)
Accd Health Insurance				53
Accd Operating expenses				44,477
Accd Sales & Use tax				1,223
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 7,676,358

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

(Carry Total forward to next page)

Countryside
 ACCRUED OPERATING EXP - 2170
 September 30, 2019

DESCRIPTION	BALANCE
	\$0.00
Health Ins IBNR 9/30/18	\$27,748.69
Accounting SJE	\$7,971.68
Accounting	\$506.00
Processing Fees	(\$319.32)
Laundry	\$26.26
Rubbish Removal	\$1,605.79
Lab	\$2,797.73
X-Ray	\$2,919.89
Oxygen	\$5,243.55
LOC Interest	(\$1,789.14)
Processing Fees	(\$187.76)
Scheduling	(\$2,046.46)
	\$0.00
	\$44,476.91

G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a C		License No. 2285	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				7,676,358	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 215,273	
Name and Address of Lender	Amount	Loan Date			
	215,273				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 885,842	
Notes Payable-McKesson		(31,032)			
Due to Landlord		916,874			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,101,115	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,777,473	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/	2285	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,190,740
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,672,587
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(902,364)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,641,790)
6. Gain or Loss for Period			\$	(873,294)
7. Total Net Worth			\$	(6,417,448)
C. Total Reserves and Net Worth			\$	(4,744,861)
D. Total Liabilities, Reserves, and Net Worth			\$	4,032,612

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a	2285	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(5,543,764)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,301,889
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,175,183
D. Net Income or Deficit			\$	(873,294)
E. Balance			\$	(6,417,058)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
pPrior year Depr exp adjustment (390)				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(390)
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			\$	(6,417,448)
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input 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 Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Lynn Rinaldi		Phone Number (860) 751-3900		
Contact Email Address lrinaldi@athenahealthcare.com				