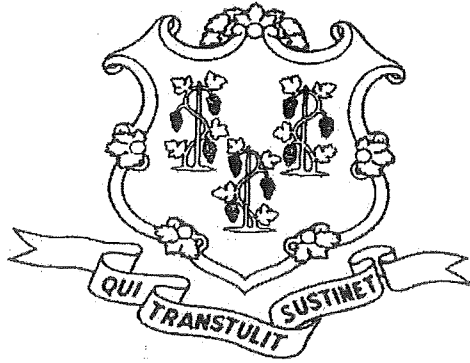


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider 07-5106
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Medicaid Provider Numbers:	CCNH 2263	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)	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center [facility name], for the cost report period beginning October 1, 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 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
Printed Name (Administrator) Nicotra Redd			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

General Information

Name of Facility (as licensed) <i>Athena Middlesex</i>	License No. <i>2263</i>	Report for Year Ended <i>9/30/2019</i>	Page <i>1</i>	of <i>37</i>
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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 Middlesex* [facility name], for the cost report period beginning *10/1/2018* and ending *9/30/2019*, 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 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) <i>Diana Redd</i>		Date <i>8/17/2020</i>	Signed (Owner) <i>[Signature]</i>		Date <i>8/17/2020</i>
Printed Name (Administrator) <i>Diana Redd</i>			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of <i>CT</i>	Date <i>8/17/2020</i>	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires <i>8/1/2022</i>
Address of Notary Public <i>38 Linda Dr. Plainville CT 06062</i>					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 100 Randolph Road Middletown, CT 06457				
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 860-344-0353		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex H			Address (No. & Street, City, State, Zip) 100 Randolph Road Middletown, CT 06457		
License Numbers:		CCNH 2263	RHNS (Specify)	Medicare Provider No. 07-5106	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input checked="" type="radio"/> Proprietorship <input 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 Nicotra Redd			Nursing Home Administrator's License No.:	2072	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid		License No. 2263	Report for Year Ended 9/30/2019	Page 3	of 37
Legal Name of Partnership/LLC Athena Middlesex, LLC		Business Address 100 Randolph Rd, Middletown, CT 06457		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title	% Owned		
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member	0.3525		
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member	0.4675		
Senior Care Umbrella LLC	234 Church St New Haven, CT 06510	Member	0.15		
L & F Schwartz Family Limite	3 Shirecrest, Avon, CT 06001	Member	0.03		

General Information and Questionnaire Related Parties*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Midd	License No. 2263	Report for Year Ended 9/30/2019	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		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"/>	<input type="radio"/>	>98%	pg 33 A2		385,227
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	pg 17		
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>				
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>			906,585	906,585
Procare LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	pg 20 5A2	358,826	358,826
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="radio"/>	<input type="radio"/>	>98%	pg 16 m13	6,977	6,977
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%			
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

Middlesex Health Care Center
 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 Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data Processing Business Promotion Maintenance MDS Fill In Postage	Pg. 16, M13 Pg. 16, M13 Pg. 22, 6A Pg. 13, 11 Pg. 16 M7	\$4,112 \$761 \$18,359 \$995 \$396	\$4,112 \$761 \$18,359 \$995 \$396

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50%
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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Middlesex, LLC of Middletown, CT d/t	License No. 2263	Report for Year Ended 9/30/2019	Page 5	of 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 (See listing page 13)			
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? <input type="radio"/> Yes <input checked="" type="radio"/> 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.)				
<p align="center"><input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.</p>				
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		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlese		2263	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, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	04/01/18	60 months	1,289	966
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/18/17	48 months	15,506	14,113
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	10/31/14	51 months	660	305
	<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"/>					
Total ***							15,384

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

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Middlesex, LLC of Middletown	License No. 2263	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 Dworkin, Hillman, Lamorte & Sterczala	4 Corporate Dr, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor, 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 Year End Audit & Statements: Allow	\$ 19,350
2 Medicare Cost Report: Allow	\$ 2,700
3 LOC Audit: Disallow	\$ 3,200
4	\$
	Charge for Services Provided
	\$ 25,250

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 Murtha Cullina, LLP	860-240-6000
2 Midcap Financial Services, LLC	646-896-1307
3 Goldman, Gruder & Woods	203-899-8915
4 Treasurer/Marshall State of CT	
5 Jackson Lewis/Cicchiello & Cicchiello/Key Bank Real Estate Capital	

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

- 1 185 Asylum St, Hartford, CT 06103
- 2 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
- 3 200 Connecticut Ave, Norwalk, CT 06854
- 4
- 5

Services Provided by This Firm (*describe fully*)

1 Audit Letter: Allow (402); Misc Issues: Disallow (6247)	\$ 6,649
2 LOC Fees: Disallow	\$ 4,298
3 A/R Collections: Disallow	\$ 6,512
4 A/R Collections: Disallow	\$ 1,800
5 A/R Collections: Disallow	\$ 18,739
	Charge for Services Provided
	\$ 37,998

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
	2263		9/30/2019				8	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	150	150			150	150		
B. On last day of THIS report period	150	150			150	150		
2. Number of Residents								
A. As of midnight of PREVIOUS report period	140	140			140	144		
B. As of midnight of THIS report period	145	145			144	145		
3. Total Number of Days Care Provided During Period								
A. Medicare	4,317	4,317			3,411	906		
B. Medicaid (Conn.)	40,798	40,798			30,292	10,506		
C. Medicaid (other states)								
D. Private Pay	1,449	1,449			1,067	382		
E. State SSI for RCH								
F. Other (Specify) Managed Care & VA	5,104	5,104			3,939	1,165		
G. Total Care Days During Period (3A thru F)	51,668	51,668			38,709	12,959		
Total Number of Days Not Included in Figures in 3G								
4. for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	110	110			85	25		
B. Other Bed Reserve Days	170	170			100	70		
5. Total Resident Days (3G + 4A + 4B)	51,948	51,948			38,894	13,054		

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT			License No. 2263			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		118		3		14						
Per Diem Rate													
a. One bed rm.	548.04		222.16		594.00		295.98						
b. Two bed rms.	548.04		222.16		544.00		295.98						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,834	5,834				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,517	1,517				
2. Restorative Treatments													
C. Other								10,374	10,374				
D. Total Physical Therapy Treatments								17,725	17,725				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								809	809				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								227	227				
2. Restorative Treatments													
C. Other								1,133	1,133				
D. Total Speech Therapy Treatments								2,169	2,169				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								6,767	6,767				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,906	1,906				
2. Restorative Treatments													
C. Other								12,436	12,436				
D. Total Occupational Therapy Treatments								21,109	21,109				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex	2263	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)	141,001	2,181				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	252,702	9,202				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	61,293	2,189				
c. Dietary Workers	399,234	27,474				
6. Housekeeping Service						
a. Head Housekeeper	50,828	2,390				
b. Other Housekeeping Workers	209,314	15,554				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	90,277	2,159				
b. Other Maintenance Workers	76,626	3,318				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	124,563	9,612				
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	167,217	3,209				
b. RN						
1. Direct Care	458,966	10,056				
2. Administrative**	502,121	17,886				
c. LPN						
1. Direct Care	1,238,237	42,308				
2. Administrative**						
d. Aides and Attendants	2,219,802	124,157				
e. Physical Therapists	448,627	10,875				
f. Speech Therapists	79,876	1,824				
g. Occupational Therapists	319,499	9,035				
h. Recreation Workers	196,206	9,728				
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	152,352	5,636				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,188,741	308,793				

* 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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health		License No. 2263		Report for Year Ended 9/30/2019		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
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 Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C		2263		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***									
Yong Crandall (10/1/18-1/31/19)	54,248		Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	787	A2			
Nicotra Redd (2/1/19-9/30/19)	86,753		Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	1,394	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 Middlesex, LLC of Middletown, CT d/b/a M	2263	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	40,331	1,133				
2. Dentist	9,936	180				
3. Pharmacist	14,199	264				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	12,510	209				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,220	404				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	34,151	336				
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	360	2				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	181,979	3,033				
2. Administrative***	498	16				
b. LPN						
1. Direct Care	207,706	4,612				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	546,890	10,189				

* 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 Middlesex, LLC of Middletown, CT d/b/a Midd		2263	9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input type="radio"/>	<input checked="" type="radio"/>	Common Owners		
Procare LTC Pharmacy of CT LLC, 1492 Highland Avenue, Cheshire, CT 06032	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>	Common Owners; Minority Interest		
Wilfred Elaba/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Tangarorang/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Gerident Solutions, LLC, PO Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics (SDX), PO Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Group, 888 Worcester Street, Wellesley, MA 02482	Physician, Eyecare, Dental services	<input type="radio"/>	<input checked="" type="radio"/>			
Stephanie Owens, 15 4th Ave, Waterford, CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Cardiology, 420 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Practioner Support Services, 324 Elm St #202B, Monroe, CT 06468	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Connecticut Oncology Group, 536 Saybrook Rd #2, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Orthopedic Surgeons, 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Orthopedic Associates of Middlesex, 512 Saybrook Rd #2, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Southern CT Vascular Center, LLC, 495 Hawley Ln #2-A, Stratford, CT 06614	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, 405 Park Ave, New York, NY	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
MassTex Imaging, LLC, 3 Electronics Ave #201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Norton and Associates Inc, 34 Elm Street, Cohasset, MA 02025	Social Work	<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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/b/	2263	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 597,812	597,812			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 104,075	104,075			
4. Social Security (F.I.C.A.)	\$ 509,177	509,177			
5. Health Insurance	\$ 590,477	590,477			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 24,135	24,135			
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*	\$ 134,822	134,822			
d. Accounting and Auditing	\$ 25,250	25,250			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 37,998	37,998			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 54,671	54,671			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 62,041	62,041			
2. Cellular Phones	\$ 613	613			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 39,850	39,850			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,001,624	1,001,624			
Subtotal	\$ 3,182,545	3,182,545			

* 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 Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,182,545	3,182,545			
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,800	5,800			
3. Gifts to Staff and Residents	\$ 14,404	14,404			
4. Employee Travel	\$ 7,284	7,284			
5. Education Expenses Related to Seminars and Conventions	\$ 6,334	6,334			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 8,314	8,314			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,509	1,509			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 16,975	16,975			
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	\$ 3,987	3,987			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,158	11,158			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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**	\$ 489	489			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 91,298	91,298			
C-14 Total Administrative & General Expenditures	\$ 3,350,097	3,350,097			

* 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	\$ 16,975		
Total Other Advertising	\$ 16,975	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CT Assoc of Health Care Facilities	\$ 11,073		
Total Dues	\$ 11,158	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 435		
Data Processing Fees	\$ 26,242		
Bank Charges	\$ 28,000		
Payroll Processing Fees	\$ 21,401		
Employee Physicals & Background Checks	\$ 13,419		
Energy Audit	\$ 481		
State of CT Citation No. 2019-07	\$ 1,320		
Total Other Administrative and General	\$ 91,298	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown, C	2263	9/30/2019	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	(13)	Contract Attached to a Prior Year	See Below
Allocation of the above	2	\$-2 Admin/Gen 66% Indirect 16% Direct 18%	Pg 28, Line 21
Athena Health Care Assoc., Inc 135 South Rd Farmington, CT 06032	498	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 Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 387,217	387,217		
2. Non-Food Supplies	\$ 42,400	42,400		
3. Other (Specify) _____ Dishes = \$87	\$ 87	87		
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)	\$ 429,704	429,704		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	425	425		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
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 Middlesex, LLC of Middletown, CT d/b/a Middl		2263	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. \$	13,215	13,215	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies = \$8,963		\$	8,963	8,963	
3D. Total Laundry Expenditures (3a + b + c)		\$	22,178	22,178	
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 Middlesex, LLC of Middletown, CT d/t		2263	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. \$	28,260	28,260		
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)	\$	28,260	28,260		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procare	\$	378,413	378,413		
b.	Medicine Cabinet Drugs	\$	10,324	10,324		
c.	Medical and Therapeutic Supplies	\$	256,306	256,306		
d.	Ambulance/Limousine***	\$	21,585	21,585		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	33,678	33,678		
f.	X-rays and Related Radiological Procedures***	\$	12,283	12,283		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	45,997	45,997		
i.	Recreation	\$	13,412	13,412		
j.	Direct Management Services*	\$	(2)	(2)		
k.	Indirect Management Services*	\$	(2)	(2)		
l.	Other (Specify)**** See Attached Schedule	\$	61,341	61,341		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	833,335	833,335		

* 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)
Medical Equip Rentals-Medicaid	\$ 10,260		
Physical Therapy Supplies	\$ 5,416		
Oxygen Concentrator Rentals	\$ 13,049		
Cable TV Services	\$ 28,720		
Medical Equip Rentals-Other	\$ 3,896		
Total Other Resident Care	\$ 61,341	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	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
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care C	2263	9/30/2019							
Winterberry Gardens	2070 West St, Southington, CT 06489	Yes <input type="radio"/> No <input checked="" type="radio"/>		Groundskeeping	19,299			22	6f
ADP	225 Second Ave Waltham MA 02454	Yes <input type="radio"/> No <input checked="" type="radio"/>		Payroll Processing	17,668			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	Yes <input type="radio"/> No <input checked="" type="radio"/>		Rubbish Removal	33,399			22	6f
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	Yes <input checked="" type="radio"/> No <input type="radio"/>	Common Owners, Minority Interest	Pharmacy	358,826			20	5a2
Pro Landscaping & Design LLC	256 Tuttle Rd, Middletown, CT 06457	Yes <input type="radio"/> No <input checked="" type="radio"/>		Snow Removal	13,294			22	6f
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <input checked="" type="radio"/>							
		Yes <input type="radio"/> No <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
Athena Middlesex, LLC of Middletown, CT d	2263	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 92,037	92,037				
b. Heat	\$ 71,036	71,036				
c. Light & Power	\$ 81,919	81,919				
d. Water	\$ 91,112	91,112				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 15,384	15,384				
f. Other (<i>itemize</i>)	\$ 87,296	87,296				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 438,784	438,784				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 4,304	4,304				
b. Building & Building Improvements	\$ 273,714	273,714				
c. Non-Movable Equipment	\$ 16,089	16,089				
d. Movable Equipment	\$ 56,237	56,237				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 350,344	350,344				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 15,996	15,996				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 15,996	15,996				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 126,139	126,139				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 16,764	16,764				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 509,243	509,243				

* 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	\$ 19,299		
Rubbish Removal	\$ 33,399		
Snow Removal	\$ 13,294		
Supplies	\$ 21,304		
Total Other Repairs and Maintenance	\$ 87,296	\$ -	\$ -

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:				
Various	See attached	\$ 51,636		\$ 2,116
Total additions for Building Improvements		\$ 51,636		\$ 2,116 *
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:				
10/1/2018	Dishwasher pump/heater	\$ 1,548	5	\$ 155
11/1/2018	Dishtable, range, oven	\$ 23,937	10	\$ 1,197
Total additions for Non-Movable Equipment		\$ 25,485		\$ 1,352 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-18	24 Position master security station	\$ 20,184	15	\$ 673
Feb-19	Water Heater	\$ 4,643	10	\$ 232
Mar-19	Sprinkler Heads	\$ 3,235	25	\$ 65
Jun-19	HVAC condenser motor	\$ 1,352	15	\$ 45
Jun-19	Wood fence	\$ 1,755	8	\$ 110
Jul-19	Wandering Patient System	\$ 18,556	10	\$ 928
Sep-19	HVAC Blower Motor	\$ 1,911	15	\$ 64
Total additions for Building Improvements		\$ 51,636		\$ 2,116
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2018	(10) Overbed tables	\$ 1,658	15	\$ 55
10/1/2018	Microsoft Office 365	\$ 879	3	\$ 147
1/1/2019	HP SB 250 G6 Laptop	534	3	89
6/1/2019	Office chairs (9)	5149	10	257
7/1/2019	Commercial Washer Kit	1945	5	195
Total additions for Movable Equipment		\$ 10,165		\$ 743 *
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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex	Date of Acquisition		License No. 2263	Report for Year Ended 9/30/2019			Page 24	of 37		
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Finance Fees-HUD Mortgage	12	2018		44,077		SL			12,268	
2. Finance Fees-Renewance	9	2011	35 yrs	130,495	24,233	SL			3,728	
3.										15,996
B-4. Subtotal										
C. Leasehold Improvements and Other										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										15,996

* 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 Middlesex, LLC of Middletow	License No. 2263	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	03/07/02				
4. Date of Initial Licensure	03/07/02				
5. Total Licensed Bed Capacity	150				
6. Square Footage					
7. Acquisition Cost					
a. Land	65,200				
b. Building	5,400,000				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	03/29/11				
c. Interest Rate for the Cost Year	4.32%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	8,023,900				
f. Principal balance outstanding as of	7,027,465				
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 Middlesex, LLC of Middletown		2263	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 344,729	344,729		
Name of Lender		Rate				
Key Bank		4.23%				
Address of Lender						
8115 Preston Rd Suite 500, Dallas, TX 75225						
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)			\$ 344,729	344,729		

(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 Middlesex, LLC of Middle	2263	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	344,729	344,729		
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)	\$	209,357	209,357	
Vender Interest = \$33,260; Line of Credit Interest = \$176,				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	554,086	554,086	
14. Insurance				
a. Insurance on Property (buildings only)	\$	4,461	4,461	
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)	\$	4,461	4,461	
15. Total All Expenditures (A-13 thru C-14)	\$	13,905,779	13,905,779	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex H				2263	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	\$ 319,499	319,499		
4.			Other - See attached Schedule	\$ 11,113	11,113		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 34,151	34,151		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 134,822	134,822		
10.	15	1d&e	Accounting	\$ 3,200	3,200		
10a.			Legal	\$ 37,596	37,596		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 14,404	14,404		
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&	Unallowable Advertising *	\$ 18,484	18,484		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 39,850	39,850		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ (254,050)	(254,050)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,320	29,320		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 388,389	388,389		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** 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;Salary & Benefits	\$ 11,113		
Total Other Salaries Adjustment			\$ 11,113	\$ -	\$ -

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	\$ 28,000		
16	M13	State of CT Citation No. 2019-07	\$ 1,320		
Total Other A&G Adjustments			\$ 29,320	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex				2263	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 388,389	388,389		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 378,413	378,413		
28.	20	5d	Ambulance/Limousine	\$ 21,585	21,585		
29.	20	5f	X-rays, etc	\$ 12,283	12,283		
30.	20	5h	Laboratory	\$ 45,997	45,997		
31.	20	5c	Medical Supplies	\$ 18,464	18,464		
32.	20	5e2	Oxygen (non emergency)	\$ 33,678	33,678		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 37,179	37,179		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,678	10,678		
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.	30	IV5	Interest Income on Account Rec.	\$ 232	232		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (69,341)	(69,341)		
46.			Management Fees Indirect	\$ (61,636)	(61,636)		
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)				\$ 815,921	815,921		

*** 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			\$ -	\$ -	\$ -

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
Athena Middlesex, LLC of Middletown, (2263		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>)	\$ 22,276,297	22,276,297				
b. Medicaid Room and Board Contractual Allowance **	\$ (13,365,729)	(13,365,729)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,442,248	1,442,248				
b. Medicare Room and Board Contractual Allowance **	\$ (44,208)	(44,208)				
4. a. Private-Pay Residents and Other	\$ 3,477,286	3,477,286				
b. Private-Pay Room and Board Contractual Allowance **	\$ (398,610)	(398,610)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 135,690	135,690				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 480,725	480,725				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (480,725)	(480,725)				
2. a. Medical Supplies - Medicare	\$ 3,265	3,265				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 521,482	521,482				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (363,584)	(363,584)				
c. Physical Therapy - Non-Medicare	\$ 228,663	228,663				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (228,663)	(228,663)				
4. a. Speech Therapy - Medicare	\$ 126,568	126,568				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (89,921)	(89,921)				
c. Speech Therapy - Non-Medicare	\$ 70,283	70,283				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (70,283)	(70,283)				
5. a. Occupational Therapy - Medicare	\$ 607,031	607,031				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (426,518)	(426,518)				
c. Occupational Therapy - Non-Medicare	\$ 292,343	292,343				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (292,343)	(292,343)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (25,870)	(25,870)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,875,427	13,875,427				
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>)	\$ 503	503				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 115,230	115,230				
V. Total Other Revenue (1 thru 8)	\$ 115,733	115,733				
VI. Total All Revenue (III +V)	\$ 13,991,160	13,991,160				

* 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)
	Retroactives	\$ (25,870)		
Total Other Resident Revenue		\$ (25,870)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	n/a	\$ 232		
pg 32, L D	Interest on Escrow Accounts	430,630	\$ 271		
Total Interest Income			\$ 503	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 115,230		
Total Other Revenue		\$ 115,230	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown	2263	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	13,991
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,790,111
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,314
5. Prepaid Expenses			\$	357,552
a. Prepaid Insurance	309,498			
b. Prepaid Expenses	40,082			
c. Prepaid Health Insurance	7,972			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(5,693)
8. Other Current Assets (<i>itemize</i>)			\$	260,550
A/R Related Parties	260,550			
_____ _____ _____ See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,440,825
B. Fixed Assets				
1. Land			\$	101,303
2. Land Improvements	*Historical Cost	70,170	\$	19,580
	Accum. Depreciation	50,590		
	Net			
3. Buildings	*Historical Cost	9,806,682	\$	5,040,573
	Accum. Depreciation	4,766,109		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	395,933	\$	95,380
	Accum. Depreciation	300,553		
	Net			
6. Movable Equipment	*Historical Cost	1,734,636	\$	154,066
	Accum. Depreciation	1,580,570		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	187,108
_____ _____ _____ See Schedule		187,108		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,598,010

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

(Carry Total forward to next page)

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	
		Moveable Equipment Carryforward	\$ 28,051
		Project Development & Deposit	\$ 159,057
Total Other Fixed Assets (Itemize)			\$ 187,108

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deferred Finance Fees	\$ 131,546
		HUD Escrow Accounts	\$ 437,545
		Renewal & Replacement Fund	\$ 643,888
Total Other Assets			\$ 1,212,979

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)			\$ -

**Middlesex
Accrued Operating Expense - 2170
September 30, 2019**

DESCRIPTION	BALANCE
Health Insurance	\$31,905.00
Accounting Fees	\$18,500.00
State Taxes	\$23,900.00
Nursing Supplies	\$44,667.00
Laundry Supplies	\$1,883.00
Office Supplies	\$1,460.00
Dental Consulting	\$1,668.00
Oxygen Supplies	\$680.00
	\$124,663.00

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown		2263	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	8,038,835
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	
2. Land Improvements		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3. Buildings		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4. Non-Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
5. Movable Equipment		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
6. Motor Vehicles		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
7. Minor Equipment-Not Depreciable				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
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>)				\$	1,212,979

See Schedule		1,212,979			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	1,212,979
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	9,251,814

* 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
Athena Middlesex, LLC of Middletown, CT d		2263	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,975,046
2. Notes Payable (<i>itemize</i>)				\$	2,392,471
Notes Payable					2,392,471
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>)				\$	184,067
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,120
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>)				\$	25,674
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	467,718
Acc'd Operating Expenses		124,663	Acc'd Health Insurance	7,235	
Acc'd Expense-CT State Sales Tax		50			
Provider Taxes Due		255,351			
Acc'd Property Taxes		80,419	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,051,096

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT		License No. 2263	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,051,096	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 7,027,465	
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender	Amount	Loan Date			
Due to Related Party					
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (63,979)	
McKesson - Note		(65,742)			
Due to affiliates		1,763			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,963,486	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,014,582	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletow	2263	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>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	548,900
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,397,049)
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	85,381
7. Total Net Worth			\$	(2,762,768)
C. Total Reserves and Net Worth			\$	(2,762,768)
D. Total Liabilities, Reserves, and Net Worth			\$	9,251,814

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown,	2263	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(2,779,608)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,991,160
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,905,779
D. Net Income or Deficit			\$	85,381
E. Balance			\$	(2,694,227)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2017 Depr exp adjmt			7,005	
2018 Depr exp adjmt			1,154	
Health Insurance			(76,700)	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(68,541)
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			\$	(2,762,768)
09/30/19				

I. Preparer's/Reviewer's Certification

Name of Facility Athena Middlesex, LLC of Middletown,	License No. 2263	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 Sean Harrison		Phone Number (860) 751-3900		
Contact Email Address sharrison@athenahealthcare.com				