

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 1089C	RHNS	(Specify)	Medicare Provider 07-5351
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Medicaid Provider Numbers:	CCNH 1089C	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) Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Abbott Terrace Health 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)			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(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 Abbott Terrace Health Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 44 Abbott Terrace				
Report Prepared By Athena Health Care Associates, Inc.		Phone Number 860-751-3900	Date 2/7/2020	
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 203-755-4870		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Abbott Terrace Health Center		Address (No. & Street, City, State, Zip) 44 Abbott Terrace		
License Numbers:	CCNH 1089C	RHNS	(Specify)	Medicare Provider No. 07-5351
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Abbott Terrace Health Center, Inc.	44 Abbott Terrace, Waterbury, CT 06702	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	135 South Road, Farmington, CT 06032		605.06	
John B. Nocera	135 South Road, Farmington, CT 06032		120	
Conservators for Lawrence E. Santilli	135 South Road, Farmington, CT 06032		112.31	

**General Information and Questionnaire
Related Parties***

Name of Facility Abbott Terrace Health Center	License No. 1089C	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	%**				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility & Equipment	Pg 22, Ln9 & 10b, Pg 2	1,437,734	1,437,734
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16, Ln m13	4,938	4,938
Athena Health Care	See Attached	<input checked="" type="radio"/>	<input type="radio"/>	<50%				
Procure Pharmacy	111 Excutive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 13 B3, Pg 20 Ln5a2	312,237	312,237
		<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.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Abbott Terrace Health Center	License No. 1089C	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 (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? 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

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 Abbott Terrace Health Center			License No. 1089C	Report for Year Ended 9/30/2019			Page 6	of 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 P.O. Box 856390, Louisville, KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	11/22/13	Renewed for 60 months	2,426		2,115
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier Rental	03/21/17	48 months	20,228		20,228
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Additional Copier Rental	11/30/18	29 months	1,267		845
	<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 ***	23,188

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 Abbott Terrace Health Center	License No. 1089C	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 Dworken, Hillman, Lamorte & Sterczala, PC	Four Corporate Drive, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor, New Haven CT 06511
3 Midcap Financial Services, LLC	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Audit and Tax Return	\$ 10,100
2 Medicare Cost Report	\$ 2,700
3 Audit Fee: LOC (Disallowed)	\$ 3,253
4	\$
	Charge for Services Provided
	\$ 16,053

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 Treasurer State of CT/State Marshall	
3 Franklin G. Pilicy, PC	860-274-0018
4 Midcap Financial Services, LLC	
5 Murtha Cullina, LLP	860-240-6000

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

- 1 200 Connecticut Ave Norwalk, CT 06854
- 2 49 Leavenworth St Waterbury, CT 06702
- 3 365 Main St. Watertown, CT 06795
- 4 7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
- 5 P.O. Box 150435, Hartford, CT 06115

Services Provided by This Firm (*describe fully*)

1 Accounts Receivable: (Disallowed)	\$ 3,770
2 Accounts Receivable: (Disallowed)	\$ 7,286
3 Accounts Receivable: (Disallowed)	\$ 9,010
4 HFG Legal Fees: (Disallowed)	\$ 219
5 Accounts Receivable: (Disallowed)	\$ 1,310
	Charge for Services Provided
	\$ 21,595

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 Abbott Terrace Health Center		License No. 1089C			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)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	205	205			205	205			205	205		
B. On last day of THIS report period	205	205			205	205			205	205		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	196	196			196	196			205	205		
B. As of midnight of THIS report period					205	205						
3. Total Number of Days Care Provided During Period												
A. Medicare	5,521	5,521			4,119	4,119			1,402	1,402		
B. Medicaid (Conn.)	65,012	65,012			48,598	48,598			16,414	16,414		
C. Medicaid (other states)												
D. Private Pay	1,813	1,813			1,372	1,372			441	441		
E. State SSI for RCH												
F. Other (Specify) Managed Care	36	36			36	36						
G. Total Care Days During Period (3A thru F)	72,382	72,382			54,125	54,125			18,257	18,257		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	726	726			527	527			199	199		
B. Other Bed Reserve Days	13	13			13	13						
5. Total Resident Days (3G + 4A + 4B)	73,121	73,121			54,665	54,665			18,456	18,456		

Schedule of Resident Statistics (Cont'd)

Name of Facility Abbott Terrace Health Center			License No. 1089C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	13		177			5		10					
Per Diem Rate													
a. One bed rm.	579.81		232.54			592.00		440.00					
b. Two bed rms.	579.81		232.54			572.00		440.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									7,281	7,281			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									5,454	5,454			
2. Restorative Treatments													
C. Other									10,286	10,286			
D. Total Physical Therapy Treatments									23,021	23,021			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									577	577			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									421	421			
2. Restorative Treatments													
C. Other									1,123	1,123			
D. Total Speech Therapy Treatments									2,121	2,121			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									8,242	8,242			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									3,886	3,886			
2. Restorative Treatments													
C. Other									10,990	10,990			
D. Total Occupational Therapy Treatments									23,118	23,118			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	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)	143,566	2,210				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	15,192	451				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	353,525	14,766				
5. Dietary Service						
a. Head Dietitian	90,352	2,379				
b. Food Service Supervisor	76,583	2,067				
c. Dietary Workers	577,720	34,737				
6. Housekeeping Service						
a. Head Housekeeper	69,324	2,294				
b. Other Housekeeping Workers	468,688	31,496				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,551	2,288				
b. Other Maintenance Workers	54,376	2,072				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	206,663	13,110				
9. Barber and Beautician Services						
10. Protective Services	119,502	6,854				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	133,824	2,760				
b. RN						
1. Direct Care	346,197	8,777				
2. Administrative**	696,406	24,173				
c. LPN						
1. Direct Care	2,313,199	75,848				
2. Administrative**						
d. Aides and Attendants	2,864,696	195,728				
e. Physical Therapists	608,809	16,479				
f. Speech Therapists	41,178	845				
g. Occupational Therapists	418,166	10,278				
h. Recreation Workers	314,240	12,449				
i. Physicians						
1. Medical Director	24,066	2,086				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	222,865	8,259				
n. Marketing						
o. Other (Specify) See Attached Schedule	8,592					
<i>A-13. Total Salary Expenditures</i>	10,239,280	472,406				

* 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
Child Day Care Staff	\$ 8,592					
Total	\$ 8,592	-	\$ -	-	\$ -	-

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
Abbott Terrace Health Center				1089C	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										
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	
Abbott Terrace Health Center				1089C	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***										
Doug Melanson 10/1/2018-9/30/2019	143,566			Health & life insurances, payroll taxes	Day to day operations of the nursing home facility.	2,210	A2			
Section IV - Assistant Administrators										
Timothy Flaherty	15,192			Health & life insurances, payroll taxes	Day to day operations of the nursing home facility	451	A3			

*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		
Abbott Terrace Health Center	1089C	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	19,731	174				
3. Pharmacist	20,548	369				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	55,281	102				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,246					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	3,948	13				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	204,650	2,663				
2. Administrative***	995	16				
b. LPN						
1. Direct Care	36,357	678				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	354,756	4,015				

* 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 Abbott Terrace Health Center		License No. 1089C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
		<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"/>			
		<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
Abbott Terrace Health Center	1089C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 593,789	593,789		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 184,169	184,169		
4. Social Security (F.I.C.A.)	\$ 725,658	725,658		
5. Health Insurance	\$ 1,256,881	1,256,881		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 35,505	35,505		
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*	\$ 151,281	151,281		
d. Accounting and Auditing	\$ 16,053	16,053		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 21,595	21,595		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 82,609	82,609		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 129,590	129,590		
2. Cellular Phones	\$ 649	649		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 119	119		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,420,952	1,420,952		
Subtotal	\$ 4,619,100	4,619,100		

* 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
Abbott Terrace Health Center	1089C	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	4,619,100	4,619,100		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$	7,890	7,890		
3. Gifts to Staff and Residents \$	17,770	17,770		
4. Employee Travel \$	2,304	2,304		
5. Education Expenses Related to Seminars and Conventions \$	11,342	11,342		
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>) \$	14,241	14,241		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$	571	571		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule \$	14,327	14,327		
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 \$	7,545	7,545		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	16,286	16,286		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$	117	117		
10. Contributions*** See Attached Schedule \$	2,500	2,500		
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 \$	116,048	116,048		
C-14 Total Administrative & General Expenditures	\$ 4,830,041	4,830,041		

* 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)
Promotion	\$ 14,327		
Total Other Advertising	\$ 14,327	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 16,033		
ASHA	\$ 253		
Total Dues	\$ 16,286	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donation	\$ 2,500		
Total Contributions	\$ 2,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Energy Audit	\$ 200		
Employee Physicals & Background Checks	\$ 24,325		
Bank Charges	\$ 26,546		
Payroll Processing Fees	\$ 24,823		
Data Processing Fees	\$ 16,671		
Licenses	\$ 2,003		
Penalty Citation No. Ltc 027	\$ 18,000		
Penalty Citation No. 2018 80	\$ 3,480		
Total Other Administrative and General	\$ 116,048	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Abbott Terrace Health Center	License No. 1089C	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 the Above		Admin/Gen 66%, Indirect 16%, Direct 18%	Pg 28 Line 21, Pg 29 Li
Athena Health Care Assoc., Inc. 135 South Road, Farmington, CT 06032		Admin/Gen-other exp	Pg16, 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 Abbott Terrace Health Center		License No. 1089C	Report for Year Ended 9/30/2019		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 442,128	442,128			
2.	Non-Food Supplies	\$ 54,429	54,429			
3.	Other (<i>Specify</i>) _____ Dishes	\$ 812	812			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 497,369	497,369			
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	595	595			
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost. \$2,018		
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 Abbott Terrace Health Center		License No. 1089C	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	30,025	30,025		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	7,905	7,905		
3D. Total Laundry Expenditures (3a + b + c)		\$	37,930	37,930		
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 Abbott Terrace Health Center		License No. 1089C	Report for Year Ended 9/30/2019		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	63,132	63,132		
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)	\$	63,132	63,132		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure Pharmacy	\$	281,835	281,835		
b.	Medicine Cabinet Drugs	\$	12,523	12,523		
c.	Medical and Therapeutic Supplies	\$	390,532	390,532		
d.	Ambulance/Limousine***	\$	3,167	3,167		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	38,146	38,146		
f.	X-rays and Related Radiological Procedures***	\$	22,785	22,785		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	12,842	12,842		
i.	Recreation	\$	11,108	11,108		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	167,178	167,178		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	940,116	940,116		

* 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-Other	\$ 53,149		
Physical Therapy Supplies	\$ 57,567		
Cable TV Services	\$ 21,889		
Medical Equip Rentals-Medicaid	\$ 34,573		
Total Other Resident Care	\$ 167,178	\$ -	\$ -

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

Name of Facility Abbott Terrace Health Center			License No. 1089C		Report for Year Ended 9/30/2019				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	Hartford Region Richmond, VA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	24,823			16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	34,543			22	6f
Procure LTC Pharmacy	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	Pharmacy Services	312,237			20&13	5a2 &
Daddona Construction	969 W Main St. Suite 2C Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	26,815			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"/>							

* 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
Abbott Terrace Health Center	1089C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 342,368	342,368				
b. Heat	\$ 100,841	100,841				
c. Light & Power	\$ 142,307	142,307				
d. Water	\$ 83,738	83,738				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 23,188	23,188				
f. Other (<i>itemize</i>)	\$ 110,730	110,730				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 803,172	803,172				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 24,411	24,411				
d. Movable Equipment	\$ 117,330	117,330				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 141,741	141,741				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 19,295	19,295				
c. Leasehold Improvements	\$ 115,529	115,529				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 134,824	134,824				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,014,970	1,014,970				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 315,148	315,148				
c. Personal property taxes	\$ 47,686	47,686				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,654,369	1,654,369				

* 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	\$ 10,720		
Rubbish Removal	\$ 34,543		
Snow Removal	\$ 26,815		
Supplies	\$ 38,652		
Total Other Repairs and Maintenance	\$ 110,730	\$ -	\$ -

Depreciation Schedule

Name of Facility Abbott Terrace Health Center			License No. 1089C			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			1,402,871		1,402,871	1,310,966	SL	Various	24,411				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										24,411			
		Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2018	2,026,146		2,026,146	1,558,653	SL	Various	110,601	
b. Disposals (attach schedule)				VAR	VAR								
c. Acquired during this report period (attach schedule)				9	2019	68,552		68,552				6,729	
D-3. Subtotal													117,330
E. Total Depreciation													141,741

Schedule of Land Improvements Acquired during this report period

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

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
Various	See Attached	\$ 68,552	Various	\$ 6,729
Total additions for Movable Equipmen		\$ 68,552		\$ 6,729 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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	5 Year Assets	\$ 10,520	5	\$ 1,052
	10 Year Assets	\$ 295,855	10	\$ 14,793
	15 Year Assets	6672	15	222.4
	20 Year Assets	66708	20	1667.7
Total additions for Leasehold Improvemen		\$ 379,755		\$ 17,735 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Abbott Terrace Health Center			1089C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees	Feb	2018	3 Years	57,884	12,863	SL		19,295	
2. Transferred to Landlord									
3.									
B-4. Subtotal									19,295
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2018	Various	3,385,766	2,461,932	SL	Var	97,794	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2019	Various	379,755		SL	Var	17,735	
C-4. Subtotal									115,529
D. Total Amortization									134,824

* 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 Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> 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		01/01/85		
2. Date Structure Completed		01/01/86		
3. If NOT Original Owner, Date of Purchase		n/a		
4. Date of Initial Licensure		04/20/86		
5. Total Licensed Bed Capacity		205		
6. Square Footage				
7. Acquisition Cost				
a. Land		74,800		
b. Building		7,871,030		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		322.00%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		12,752,000		
f. Principal balance outstanding as of _____		10,637,109		
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 Abbott Terrace Health Center		License No. 1089C	Report for Year Ended 9/30/2019		Page 26	of 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
Abbott Terrace Health Center		1089C		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)				\$ 5,224	5,224		
A. Item		Rate	Amount				
Energy Upgrade Project			220,258				
Lender							
GPE Financial							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 5,224	5,224		
12. D. Other Interest Expense (Specify)				\$ 170,287	170,287		
Vender Interest=\$24,447; Line of Credit =\$145,840							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 175,511	175,511		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 118,650	118,650		
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)				\$ 118,650	118,650		
15. Total All Expenditures (A-13 thru C-14)				\$ 19,714,326	19,714,326		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Abbott Terrace Health Center			1089C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 418,166	418,166		
4.			Other - See attached Schedule	\$ 16,274	16,274		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 13,246	13,246		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 151,281	151,281		
10.			Accounting	\$ 3,253	3,253		
10a.			Legal	\$ 21,595	21,595		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 17,770	17,770		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 14,898	14,898		
19.			Income Tax / Corporate Business Tax	\$ 369	369		
20.			Fund Raising / Contributions	\$ 250	250		
21.			Unallowable Management Fees	\$ (274,816)	(274,816)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 48,026	48,026		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 2,018	2,018		
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)				\$ 432,330	432,330		

* 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)
30	IV8	Child Day Care Revenue: Fringes	\$ 9,387		
10	A12m	Marketing Salaries & Benefits	\$ 6,887		
Total Other Salaries Adjustment			\$ 16,274	\$ -	\$ -

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	\$ 26,546		
16	m13	Penalty Citation 2018-80	\$ 3,480		
16	m13	Penalty Citation LTC 027	\$ 18,000		
Total Other A&G Adjustments			\$ 48,026	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Abbott Terrace Health Center			1089C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 432,330	432,330		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 281,835	281,835		
28.			Ambulance/Limousine	\$ 3,167	3,167		
29.			X-rays, etc	\$ 22,785	22,785		
30.			Laboratory	\$ 12,842	12,842		
31.			Medical Supplies	\$ 20,500	20,500		
32.			Oxygen (non emergency)	\$ 38,146	38,146		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 79,559	79,559		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 15,161	15,161		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 306	306		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (74,950)	(74,950)		
46.			Management Fees Indirect	\$ (66,622)	(66,622)		
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)				\$ 765,059	765,059		

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

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
Abbott Terrace Health Center	1089C	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>)	\$ 37,766,440	37,766,440				
b. Medicaid Room and Board Contractual Allowance **	\$ (22,759,672)	(22,759,672)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,696,042	1,696,042				
b. Medicare Room and Board Contractual Allowance **	\$ (3,574)	(3,574)				
4. a. Private-Pay Residents and Other	\$ 2,468,309	2,468,309				
b. Private-Pay Room and Board Contractual Allowance **	\$ (179,277)	(179,277)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 152,912	152,912				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (152,912)	(152,912)				
c. Prescription Drugs - Non-Medicare	\$ 318,667	318,667				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (318,667)	(318,667)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 586,306	586,306				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (374,213)	(374,213)				
c. Physical Therapy - Non-Medicare	\$ 325,184	325,184				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (325,184)	(325,184)				
4. a. Speech Therapy - Medicare	\$ 116,614	116,614				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (95,533)	(95,533)				
c. Speech Therapy - Non-Medicare	\$ 79,591	79,591				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (79,591)	(79,591)				
5. a. Occupational Therapy - Medicare	\$ 638,649	638,649				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (383,222)	(383,222)				
c. Occupational Therapy - Non-Medicare	\$ 290,621	290,621				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (290,621)	(290,621)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 4,384	4,384				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 46,357	46,357				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,527,610	19,527,610				
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>)	\$ 125,284	125,284				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 160,139	160,139				
V. Total Other Revenue (1 thru 8)	\$ 285,423	285,423				
VI. Total All Revenue (III +V)	\$ 19,813,033	19,813,033				

* 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)
20,5h	Lab-Part B	\$ 4,384		
Total Other Resident Revenue - Medicare		\$ 4,384	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Retroactives	\$ 46,357		
Total Other Resident Revenue		\$ 46,357	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, A8	Interest on related party note	n/a	\$ 124,978		
pg 31, A2	Interest on A/R		\$ 306		
Total Interest Income			\$ 125,284	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Bad Debt Recovery	\$ 160,139		
Total Other Revenue		\$ 160,139	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	31,997
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,185,331
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	29,814
5. Prepaid Expenses			\$	488,837
a. Prepaid Insurance	457,954			
b. Health Insurance	8,577			
c. Project Development	22,306			
d. See Schedule				
6. Interest Receivable			\$	318,336
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	133,364
Due From Related Parties	133,364			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,187,679
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	3,765,521	\$	1,188,059
	Accum. Depreciation	2,577,462		
	Net			
5. Non-Movable Equipment	*Historical Cost	1,402,871	\$	67,495
	Accum. Depreciation	1,335,376		
	Net			
6. Movable Equipment	*Historical Cost	2,063,945	\$	387,961
	Accum. Depreciation	1,675,984		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	30,754
Movable Equipment Carryforward	30,754			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,674,269

* 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 (Itemize) Page 31 Line A8

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Project Development	\$ 389,740
		Deposits IRS	\$ 17,550
		Deferred Finance Fees/Accd Amort Fin Fees	\$ 25,726
Total Other Assets			\$ 433,016

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 Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,861,948	
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)			\$ 35,000	
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>)			\$ 433,016	

See Schedule			433,016	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 468,016	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,329,964	

* 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
Abbott Terrace Health Center	1089C	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,519,632
2. Notes Payable (<i>itemize</i>)			\$	4,914,461
Notes Payable				4,914,461
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>)			\$	298,738
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	11,276
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>)			\$	616,276
Acc'd Operating Expenses				246,829
Acc'd Expense - CT State Sales Tax				1,919
Provider Taxes Due				358,475
Accrued Health Insurance				9,053 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	8,360,383

* 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 Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			8,360,383	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
			\$	90,969
Name of Lender	Purpose	Amount	Date Due	
GPE Financial	Energy Savings Project	90,969		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 2,399,720
Name and Address of Lender	Amount	Loan Date		
Due to Partnership	2,624,093			
Due to related parties	(224,373)	3/29/12		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 46,984
McKesson Note		46,984		
_____ See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,537,673
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,898,056

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,667,799)
6. Gain or Loss for Period			\$	98,707
				10/1/2018 thru 9/30/2019
7. Total Net Worth			\$	(5,568,092)
C. Total Reserves and Net Worth			\$	(5,568,092)
D. Total Liabilities, Reserves, and Net Worth			\$	5,329,964

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2019	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(5,728,425)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,813,033		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	19,714,326		
D. Net Income or Deficit			\$	98,707		
E. Balance			\$	(5,629,718)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Business Promotion Exp adjmt	(2,500)					
Medical Director Salary Adjmt	(108)					
Health Insurance	64,435					
Lease Expense Adjustment	(201)					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	61,626
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. <i>Balance at End of Period</i>			\$	(5,568,092)		
09/30/19						

I. Preparer's/Reviewer's Certification

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input 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	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc.				
Address Address		Phone Number		
135 South Road, Farmington, CT 06032		860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Contact Email Address				