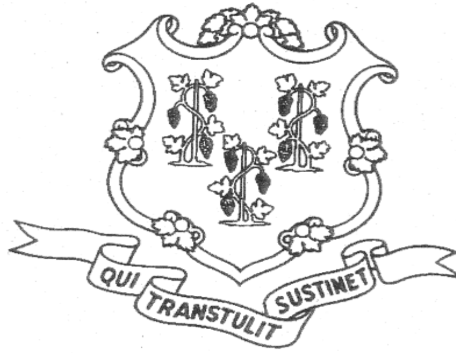
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed)		
New Horizons Inc. d/b/a Cherry Brook HCC		
Address (No. & Street, City, State, Zip Code) 102 Dyer Avenue, Canton, CT 06019		
Type of Facility		
☐ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2125C			07-5396

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	2125c		

For Department Use Only

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

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Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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 IMPRISIONMENT 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 New Horizons Inc. d/b/a Cherry Brook HCC [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) Donald Davanzo			Printed Name (Owner) Carol Fitzgerald	
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 New Horizons Inc. d/b/a Cherry Brook HCC	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 102 Dyer Avenue, Canton, CT 06019				
Report Prepared By Athena Health Care Associates, Inc.	Phone Number 860-751-3900		Date	

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	Report for Year Ended	Page	of
	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
New Horizons Inc. d/b/a Cherry Brook HCC	102 Dyer Avenue, Canton, CT 06019

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2125C			07-5396

Type of Facility (Check appropriate box(es))

- ☐ Chronic and Convalescent Nursing Home only (CCNH)
- ☐ Rest Home with Nursing Supervision only (RHNS)
- ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ⦿ Non-Profit Corp. ○ Government ○ 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? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Donald Davanzo	001839

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Not Applicable	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Not Applicable			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
New Horizons, Inc	37 Bliss Memorial Rd, Collinsville, CT 06085	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
	See Attached Page 3A1		
Names of Stockholders Owning at Least 10% of Shares			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility
Not Applicable

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	4	37

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	%**				
New Horizons, Inc.	37 Bliss Memorial Rd, Collinsville, CT 06085	○	⦿		Pension, Maintenance Items, Legal Expense	P 15, Lla7, P22, L6a, P	254,449	54,449
New Horizons, Inc.	37 Bliss Memorial Rd, Collinsville, CT 06085	○	⦿		Cherry Brook participates in a common 401	Pg 15 Ln 1a7		
		○	⦿					
		○	⦿					
		○	⦿					
		○	⦿					
		○	⦿					
		○	⦿					
		○	⦿					

* 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	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	5	37

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

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*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.

Outpatient Services

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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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers: Yes	No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
LEAF	○	⊙	Copiers	06/01/17	48 months	9,836	9,016
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	○	⊙	Postal Equipment	04/01/18	60 months	1,135	1,135
LEAF-Replaces previous lease dated 6/1/17	○	⊙	Copiers	12/19/19	48 months	11,748	8,811
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

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

Total *** 18,962

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Br	2125C	9/30/2020	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⦿ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period? ⦿ Yes ○ No

If "No," explain.

Independent Accounting Firm

	Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	CohnReznick LLP	350 Church St, Hartford, CT 06103
2	Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3		
4		

Services Provided by This Firm (*describe fully*)

	Service	Amount
1	Audit & Year End Financials	$ 32,750
2	Medicare Cost Report	$ 2,700
3		$
4		$
	Charge for Services Provided	$ 35,450

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	State Marshall/Treasurer ST of CT	
2	Goldman, Gruder, & Woods	203-899-8900
3	Law Offices of Thomas Carpenter	508-410-7397
4	Morrison/New Horizons	
5	Senior Planning	855-775-2664

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

1
2 200 Connecticut Ave, Norwalk, CT
3 PO Box 554, Mashpee, MA
4
5 100 Blvd of the Americas, Lakewood, NJ

Services Provided by This Firm (*describe fully*)

	Service	Amount
1	Conservatorship:Disallowed	$ 640
2	Collections:Disallowed	$ 38,995
3	Collections:Disallowed	$ 1,566
4	COVID/Osha issues:Disallowed	$ 1,931
5	Medicaid Application:Disallowed	$ 2,000
	Charge for Services Provided	$ 45,132

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

⦿ Yes ○ No page 15, Line 1e

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100						
B. On last day of THIS report period	100	100							100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	100	100			100	100						
B. As of midnight of THIS report period	78	78							78	78		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,232	5,232			4,089	4,089			1,143	1,143		
B. Medicaid (Conn.)	23,037	23,037			17,768	17,768			5,269	5,269		
C. Medicaid (other states)												
D. Private Pay	2,633	2,633			2,138	2,138			495	495		
E. State SSI for RCH												
F. Other (Specify) Managed Care	175	175			144	144			31	31		
G. Total Care Days During Period (3A thru F)	31,077	31,077			24,139	24,139			6,938	6,938		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	153	153			153	153						
B. Other Bed Reserve Days	26	26			26	26						
5. ***Total Resident Days*** **(3G + 4A + 4B)**	31,256	31,256			24,318	24,318			6,938	6,938		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	60		5		5		
Per Diem Rate								
a. One bed rm.	528.92	256.07		566.00		395.71		
b. Two bed rms.	528.92	256.07		554.00		395.71		
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	9,323	9,323		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	63	63		
2. Restorative Treatments				
C. Other	11,005	11,005		
D. ***Total Physical Therapy Treatments***	20,391	20,391		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,194	1,194		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,270	1,270		
D. ***Total Speech Therapy Treatments***	2,464	2,464		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	6,382	6,382		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	23	23		
2. Restorative Treatments				
C. Other	11,030	11,030		
D. ***Total Occupational Therapy Treatments***	17,435	17,435		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	10	37

Are time records maintained by all individuals receiving compensation? ⦿ Yes ○ 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)	138,012	2,198				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	276,495	10,990				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	67,731	2,187				
c. Dietary Workers	449,553	26,169				
6. Housekeeping Service						
a. Head Housekeeper	67,753	2,349				
b. Other Housekeeping Workers	286,090	15,727				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	75,880	2,223				
b. Other Maintenance Workers	53,952	2,244				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	107,213	6,853				
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	193,158	3,498				
b. RN						
1. Direct Care	702,725	16,041				
2. Administrative**	484,534	14,096				
c. LPN						
1. Direct Care	825,619	25,347				
2. Administrative**						
d. Aides and Attendants	1,703,003	80,208				
e. Physical Therapists	660,452	16,786				
f. Speech Therapists	102,958	2,049				
g. Occupational Therapists	369,339	8,907				
h. Recreation Workers	125,826	6,007				
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	169,218	4,946				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	6,859,511	248,825				

* 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	$ -	-	$ -	-	$ -	-

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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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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.

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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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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* **										
Donald Davanzo (10/1/19-9/30/20)	138,012				Day to Day operations of the nursing home facility	2,198	Health & life			
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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C		9/30/2020		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	16,074	459				
2. Dentist	900	13				
3. Pharmacist	9,615	161				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	8,071	117				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,131	145				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,969					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
	1,050	11				
9. Speech Therapist						
a. Resident Care	7,396	20				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	763	20				
2. Administrative***						
b. LPN						
1. Direct Care	55,733	1,551				
2. Administrative***						
c. Aides	24,161	1,177				
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	173,863	3,674				

* 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.

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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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Michela Lux, 9 Feetwood Drive, Plainville, CT 06062	Dietician	○	⊙	
The Nurse Network	Nurse Pool	○	⊙	
Gary Miller MD, 61 Bradley St, Bristol, CT 06010	Medical Director	○	⊙	
Careerstaff Unlimited, PO Box 301076, Dallas, TX 75303	Nurse Pool	○	⊙	
Amor Lomibao, 71 Spenser St, Winsted, CT 06098	Sub-acute Medical Director	○	⊙	
Maxim Staffing Solutions, 12558 Collections Center, Chicago, IL 60693	Nurse Pool	○	⊙	
Dr. Isaac Bosco, 191 Albany Tpke. Canton, CT	Dentist	○	⊙	
MASSTEX, 3 Electronics Ave, Danvers, MA	Speeh Therapy Services	○	⊙	
Vista Behavioral Health, LLC 152 Simsbury Rd Bldg 9 Avon, CT 06001	Medical Staff	○	⊙	
NOA Diagnostics, 6851 Jericho Tpke, Syosset, NY	X-Ray	○	⊙	
SDX Dysphagia Experts, 21 Waterville Rd., Avon, CT 06001	Speeh Therapy Services	○	⊙	
ValueRx Pharmacy Services, 54 Tuttle Place, Middletown, CT 06457	Pharmacy Consultant	○	⊙	
Hospital of Special Care, PO Box 150473, Hartford, CT	Physician services	○	⊙	
Consulting Cardiologists, 305 Western Blvd, Glastonbury, CT	Physician services	○	⊙	
Dr. Richard Grayson, 40 Avon Meadow Lane, Avon, CT	Physician services	○	⊙	
John Dempsey Hospital, 263 Farmington Ave, Farmington, CT	Physician services	○	⊙	
Dr. Sheldon Kafer, 31 Vista Way, Bloomfield, CT 06002	Medical Staff	○	⊙	
Litchfield Hills Orthopedics, PO Box 22448, Belfast, MD	Physician services	○	⊙	
Quest Chicago, 3404 Collection Center Drive, Chicago, IL	Physician services	○	⊙	
Uconn Health, 263 Farmington Ave, Farmington, CT	Physician services	○	⊙	
Urology Asooc. Of Danbury, 51-53 Kenosia Ave, Danbury, CT	Physician services	○	⊙	
Norton & Associates, 34 Elm Street, Cohasset, MA	Social Service Fill-in position	○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	129,556	129,556		
2. Disability Insurance	$				
3. Unemployment Insurance	$	39,637	39,637		
4. Social Security (F.I.C.A.)	$	495,168	495,168		
5. Health Insurance	$	700,823	700,823		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	50,814	50,814		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans forOwners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	35,108	35,108		
d. Accounting and Auditing	$	35,450	35,450		
e. Legal (*Services should be fully described on Page 7)*	$	45,132	45,132		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	52,438	52,438		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	20,279	20,279		
2. Cellular Phones	$	1,450	1,450		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	547,130	547,130		
Subtotal	$	2,152,985	2,152,985		

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

(Carry Subtotals forward to next page)

<u>* DO NOT Include Holiday Parties / Awards / Gifts to Staff</u>**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,152,985	2,152,985		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	9,421	9,421		
4. Employee Travel	$	3,003	3,003		
5. Education Expenses Related to Seminars and Conventions	$	8,690	8,690		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	20,720	20,720		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	23,527	23,527		
4. Fund-Raising***	$				
5. Medical Records	$	(136)	(136)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	4,272	4,272		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	10,756	10,756		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	200	200		
9. Subscriptions	$	556	556		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**	$	171,600	171,600		
13. Other (*Specify*) See Attached Schedule	$	270,540	270,540		
C-14 Total Administrative & General Expenditures	$	2,676,134	2,676,134		

* 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	$ 23,527		
Total Other Advertising	$ 23,527	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age CT	$ 10,406		
CAHCF	$ 350		
Total Dues	$ 10,756	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
ST of CT - Annual license renewal	$ 1,570		
Bank Charges	$ 13,141		
Payroll processing Fees	$ 13,772		
Employee Physicals/background checks	$ 3,474		
Energy audit	$ 83		
Management Fee - New Horizons Inc	$ 200,000		
Data Processing Fees	$ 38,500		
Total Other Administrative and General	$ 270,540	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook H(	2125C	9/30/2020	17 | 37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc, 135 South Rd, Farmington, CT 06032	223,200	Contract Attached to a Prior Year	See below
Allocation of the above	$35,712, $40,176	Admin/Gen 66%, Indirect 16%, Direct 18%	Pg 16 Line 12, Pg 18 Li
Athena Health Care Assoc., Inc, 135 South Rd, Farmington, CT 06032	24,288	Admin/Gen - Other Exp	Pg 16, Line 12
New Horizons Inc, 337 Bliss Memorial Rd, Unionville, CT	200,000	Administrative Fee	Pg 16, Line 13

*** 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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	243,064	243,064		
2. Non-Food Supplies	$	20,826	20,826		
3. Other (*Specify*)____________________	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*)_________________________	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	263,890	263,890		

2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				

	Question	Yes	No	If yes, specify	
G.	Is cost of employee meals included in 2D?	⦿ Yes	○ No		
H.	Did you receive revenue from employees?	⦿ Yes	○ No	If yes, specify amt.	$450
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?	○ Yes	⦿ No	If yes, specify cost.	
K.	Is any revenue collected from these people?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.	
N.	Is any revenue collected from employees?	○ Yes	⦿ 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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $	16,746	16,746		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) supplies	$	6,739	6,739		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	23,485	23,485		

3E. Laundry Questionnaire			
F. Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G. Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J. Did you receive revenue from these people?	○ Yes	⊙ 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.

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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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	46,618	46,618		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$				
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	46,618	46,618		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from Value Rx		$	236,345	236,345		
b. Medicine Cabinet Drugs		$	12,753	12,753		
c. Medical and Therapeutic Supplies		$	347,211	347,211		
d. Ambulance/Limousine***		$	8,518	8,518		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	23,468	23,468		
f. X-rays and Related Radiological Procedures***		$	24,221	24,221		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	46,792	46,792		
i. Recreation		$	16,483	16,483		
j. Direct Management Services*		$	40,176	40,176		
k. Indirect Management Services*		$	35,712	35,712		
l. Other (Specify)**** See Attached Schedule		$	92,259	92,259		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	883,938	883,938		

* 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)
Occupational Therapy Supplies	$ 1,038		
Physical Therapy Supplies	$ 29,185		
Medical Equipment Rentals - other	$ 3,122		
Oxygen Concentrator Rentals	$ 25,947		
Cable TV services	$ 19,806		
Speech Therapy supplies	$ 154		
Medical Equipment Rentals - Medicaid	$ 13,007		
Total Other Resident Care	$ 92,259	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	$ 13,680		
Rubbish Removal	$ 21,033		
Snow Removal	$ 26,894		
Supplies	$ 23,025		
Total Other Repairs and Maintenance	$ 84,632	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	57,924	57,924		
b. Heat	$	36,000	36,000		
c. Light & Power	$	127,568	127,568		
d. Water	$	42,616	42,616		
e. Equipment Lease (*Provide detail on page 6*)	$	13,760	13,760		
f. Other (*itemize*)	$	84,632	84,632		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	362,500	362,500		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	30,046	30,046		
b. Building & Building Improvements	$	319,086	319,086		
c. Non-Movable Equipment	$	6,482	6,482		
d. Movable Equipment	$	60,016	60,016		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	415,630	415,630		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$	19,436	19,436		
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	19,436	19,436		
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	$	136,878	136,878		
b. Real estate taxes paid by lessor	$				
c. Personal property taxes	$	19,299	19,299		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	591,243	591,243		

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

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	320,606		320,606	158,718	S/L	Various	30,013	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	1,000						33	
A-4. Subtotal								30,046
B. **Building and Building Improvements**								
1. Acquired prior to this report period	7,697,578		7,697,578	5,928,529	S/L	Various	318,911	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	3,451						173	
B-4. Subtotal								319,084
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	245,740		245,740	186,825	S/L	Various	6,482	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								6,482

	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. Ford Van	X		7	2005	6,000		6,000	6,000	S/L	5 yrs		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2019	1,046,449		1,046,449	702,828	S/L	Various	58,884	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					8,282		8,282		S/L	Various	1,132	
D-3. Subtotal												60,016
E. ***Total Depreciation***												415,628

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
1/31/2020	Concrete work	$ 1,000	15	$ 33	
Total additions for Land Improvement		$ 1,000		$ 33	*
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:					
1/31/2020	door alarms	$ 3,451	10	$ 173	
Total additions for Building Improvement		$ 3,451		$ 173	*
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 peri

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

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
12/31/2019	laptops	$ 975	3	$ 163	
1/31/2020	computer equipment	$ 1,372	3	$ 229	
2/29/2020	credenza	639	15	21	
2/29/2020	credenza	1226	15	41	
6/30/2020	chrome books	3052	3	508	
7/31/2020	tablets	1018	3	170	
Total additions for Movable Equipmen		$ 8,282		$ 1,132	*
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 peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Leasehold Improvemer		$ -		$ -	*
Deletions:					
Total deletions for Leasehold Improvemer		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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 - CHEFA	9	1994	30 years	922,570	922,570	SL			
2. Finance Fees - People's (formerly Fa	12	2014	10 tears	194,356	55,068	SL		19,436	
3.									
B-4. Subtotal									19,436
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***									19,436

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2020	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*   ○ Yes   ⊙ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	01/14/93
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	01/14/93
5. Total Licensed Bed Capacity	100
6. Square Footage	
7. Acquisition Cost	
a. Land	1,000,000
b. Building	6,039,220

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	12/10/14			
c. Interest Rate for the Cost Year	299.00%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	4,200,000			
f. Principal balance outstanding as of ___________	1,941,279			
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
New Horizons Inc. d/b/a Cherry Broo	2125C	9/30/2020	26 | 37

Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		$	65112	65,112		
Name of Lender: Peoples United Bank	Rate: 2.99%					
Address of Lender: PO Box 205Brattleboro, VT						
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)		$	65,112	65,112		

(*Carry Subtotals forward to next page*)

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C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Br	2125C	9/30/2020	27 | 37

Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				65,112	65,112		
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*) Vendor Interest			$	4,776	4,776		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)			$	69,888	69,888		
14. Insurance a. Insurance on Property (buildings only)			$	169,668	169,668		
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)***			$	169,668	169,668		
15. ***Total All Expenditures (A-13 thru C-14)***			$	12,120,738	12,120,738		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	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	$	369,339	369,339		
4.			Other - See attached Schedule	$	20,672	20,672		
Page 13 - Professional Fees								
5.	13	B8c	Resident Care Physicians **	$	1,969	1,969		
6.			Occupational Therapy	$				
7.			Other - See attached Schedule	$				
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.	15	1c	Bad Debts	$	35,108	35,108		
10.			Accounting	$				
10a.			Legal	$	45,132	45,132		
11.			Telephone	$				
12.	15	1h2	Cellular Telephone	$	1,450	1,450		
13.			Life insurance premiums on the life of Owners, Partners, Operators	$				
14.	16	3	Gifts, flowers and coffee shops	$	9,421	9,421		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	$				
17.			Automobile Expense (e.g. personal use)	$				
18.	16	m2&3	Unallowable Advertising *	$	23,527	23,527		
19.			Income Tax / Corporate Business Tax	$				
20.			Fund Raising / Contributions	$				
21.			Unallowable Management Fees	$	7,106	7,106		
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	214,006	214,006		
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)	$	727,730	727,730		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12M	Marketing salaries & Benefits	$ 20,672		
Total Other Salaries Adjustment			$ 20,672	$ -	$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed dues	$ 200		
16	M13	Bank charges	$ 13,141		
16	M13	Management Fees - New Horizons Inc	$ 200,000		
Various	Various	Outpatient Therapy A & G	665		
Total Other A&G Adjustments			$ 214,006	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	727,730	727,730		
Page 20 - Resident Care Supplies*								
27.	20	5a1&	Prescription Drugs	$	236,345	236,345		
28.	20	5d	Ambulance/Limousine	$	8,518	8,518		
29.	20	5f	X-rays, etc	$	24,221	24,221		
30.	20	5h	Laboratory	$	46,792	46,792		
31.	20	5c	Medical Supplies	$	12,366	12,366		
32.	20	5e	Oxygen (non emergency)	$	23,468	23,468		
33.	20	5j	Occupational Therapy	$	1,038	1,038		
34.			Other - See Attached Schedule	$	17,248	17,248		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$	10,239	10,239		
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	$	1,757	1,757		
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$	29,215	29,215		
43.	30	IV5	Interest Income on Account Rec.	$	460	460		
44.			Other - Miscellaneous Administrative	$				
45.			Management Fees Direct	$	1,938	1,938		
46.			Management Fees Indirect	$	1,723	1,723		
47.			Other - Direct	$	16,206	16,206		
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$	32,174	32,174		
49.			***Total Amount of Decrease (Items 1 - 48)***	$	1,191,438	1,191,438		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5b	Ebox	$ 13,455		
various	various	outpatient Therapy - Indirect Costs	$ 671		
20	5j	Medical Equipment rental	$ 3,122		
Total Other Ancillary Costs			$ 17,248	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Excess Moveable Equipment	$ 10,239		
Total Excess Movable Equipment Depreciation			$ 10,239	$ -	$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Various	Various	Outpatient Tehrapy - Capital costs	$ 625		
Various	Various	Outpatient Tehrapy - Fair Rent	$ 1,132		
Total Other Property Adjustments			$ 1,757	$ -	$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Vendor Interest	$ 4,776		
30	IV8	Cell Tower Income	$ 24,439		
Total Other Adjustments			$ 29,215	$ -	$ -

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)
20	5j	Cable expense	$ 16,206		
Total Other Adjustments			$ 16,206	$ -	$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Deferred Finance Fees - refinance	$ 19,436		
22	7a	Building Improvement Depreciation Carryforward	$ 12,738		
Total Unallowable Building Interest			$ 32,174	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook H(	2125C	9/30/2020	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	12,951,808	12,951,808		
b. Medicaid Room and Board Contractual Allowance **	$	(6,911,609)	(6,911,609)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,689,913	1,689,913		
b. Medicare Room and Board Contractual Allowance **	$	151,611	151,611		
4. a. Private-Pay Residents and Other	$	2,645,601	2,645,601		
b. Private-Pay Room and Board Contractual Allowance **	$	(300,763)	(300,763)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	52,338	52,338		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(42,287)	(42,287)		
c. Prescription Drugs - Non-Medicare	$	47,109	47,109		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(47,109)	(47,109)		
2. a. Medical Supplies - Medicare	$	2,366	2,366		
b. Medical Supplies - Medicare Contractual Allowance **	$	(2,366)	(2,366)		
c. Medical Supplies - Non-Medicare	$	9,763	9,763		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(9,763)	(9,763)		
3. a. Physical Therapy - Medicare	$	761,338	761,338		
b. Physical Therapy - Medicare Contractual Allowance **	$	(477,723)	(477,723)		
c. Physical Therapy - Non-Medicare	$	249,743	249,743		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(249,743)	(249,743)		
4. a. Speech Therapy - Medicare	$	163,240	163,240		
b. Speech Therapy - Medicare Contractual Allowance **	$	(109,518)	(109,518)		
c. Speech Therapy - Non-Medicare	$	69,325	69,325		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(69,325)	(69,325)		
5. a. Occupational Therapy - Medicare	$	692,365	692,365		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(459,115)	(459,115)		
c. Occupational Therapy - Non-Medicare	$	235,310	235,310		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(235,310)	(235,310)		
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	372,209	372,209		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	11,179,408	11,179,408		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	2,007	2,007		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	57,757	57,757		
V. Total Other Revenue (1 thru 8)	$	59,764	59,764		
VI. Total All Revenue (III +V)	$	11,239,172	11,239,172		

* *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)
NA	Misc Revenues from CRF Funds	$ 372,209		
Total Other Resident Revenue		$ 372,209	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, LA2	Interest on A/R	NA	$ 460		
pg 31, LA1	Interest on Reserve account	NA	$ 1,547		
Total Interest Income			$ 2,007	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Cell Phone Tower Income	$ 24,439		
	Bad debt recoveries	$ 28,558		
	Donations	$ 4,760		
Total Other Revenue		$ 57,757	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2020	31 | 37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 1,521,528
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 709,547
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 17,713
5. Prepaid Expenses				$ 288,194
a. Prepaid Insurance		95,345		
b. Prepaid Expenses		192,849		
c.				
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$ (400,000)
8. Other Current Assets (*itemize*)				$ 7,000
A/R facilities:Non-Related		7,000		
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,143,982
B. Fixed Assets				
1. Land				$ 1,000,000
2. Land Improvements	*Historical Cost	321,606		$ 132,841
	Accum. Depreciation	188,765	Net	
3. Buildings	*Historical Cost	7,701,029		$ 1,453,413
	Accum. Depreciation	6,247,616	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	245,740		$ 52,433
	Accum. Depreciation	193,307	Net	
6. Movable Equipment	*Historical Cost	977,652		$ 210,308
	Accum. Depreciation	767,344	Net	
7. Motor Vehicles	*Historical Cost	6,000		$
	Accum. Depreciation	6,000	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 68,060
See Schedule		68,060		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 2,917,055

* 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	
		Excluded Moveable Equipment	$ 81,579
		Misc Diff Fixed assets to books	$ (13,519)
Total Other Other Fixed Assets (Itemize)			$ 68,060

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

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

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 5,061,037
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$ 60,800
5. Investments Related to Resident Care (*itemize*)				$ 80,981
Deferred Fianance Fees		80,981		
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 141,781
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 5,202,818

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	33 | 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 466,704
2. Notes Payable (*itemize*)				$
See Schedule				
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 257,422
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 230,088
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$ 4,837
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 953,554
Accd Operating Expenses	90,712			
Provider Taxes Due	122,442			
Deferred Revenue	690,400			
Third Party Reserve	50,000	See Schedule		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,912,605

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2020	34 | 37

Account				Amount
			Total Brought Forward:	1,912,605
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$ 1,941,279
3. Loans from Owners or Related Parties (*itemize*)				$ (5,431,619)
Name and Address of Lender	Amount	Loan Date		
New Horizons Inc.	(5,431,619)			
4. Other Long-Term Liabilities (*itemize*)				$
See Schedule				
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ (3,490,340)
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ (1,577,735)

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

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2020	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 (*Equity)*				$
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				$
4. Treasury Stock				$
5. Cumulated Earnings				$ 7,662,119
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	$ (881,566)
7. Total Net Worth				$ 6,780,553
C. ***Total Reserves and Net Worth***				$ 6,780,553
D. ***Total Liabilities, Reserves, and Net Worth***				$ 5,202,818

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook H	2125C	9/30/2020	36 | 37

	Account		Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2019		$ 7,662,407
B.	Total Revenue (*From Statement of Revenue Page 30*)		$ 11,239,172
C.	Total Expenditures (*From Statement of Expenditures Page 27*)		$ 12,120,738
D.	Net Income or Deficit		$ (881,566)
E.	Balance		$ 6,780,841
F.	Additions		
	1. Additional Capital Contributed (*itemize*)		
	prior year exp adjmt-Pitney Bowes	(284)	
		(4)	
	2. Other (*itemize*)		
F-3.	Total Additions		$ (288)
G.	Deductions		
	1. Drawings of Owners/Operators/Partners (*Specify*)		$

Name and Address (*No., City, State, Zip*)	Title	Amount

2. Other Withdrawings (*Specify*) $

Purpose	Amount

	3. Total Deductions		$
H.	***Balance at End of Period***	09/30/20	$ 6,780,553

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2020	37	37

Check appropriate category

☐ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Addres Address	Phone Number
	Athena Health Associates, Inc

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Lynn Rinaldi	860-751-3900

Contact Email Address
lrinaldi@athenahealthcare.com