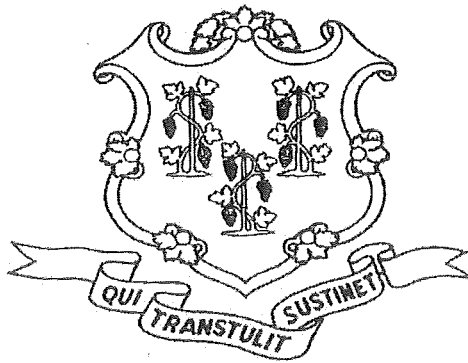


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
Type of Facility	
<input 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 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider 07-5415001
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Medicaid Provider Numbers:	CCNH 2285	RHNS	ICF-IID
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### For Department Use Only

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

**General Information**

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	Report for Year Ended 9/30/2020	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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [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
		2-10-21		2-10-21
Printed Name (Administrator)			Printed Name (Owner)	
Joel Carmichael			Lawrence Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
	Connecticut	2/10/2021		4/30/2022
Address of Notary Public				
174 Ruela Drive Naugatuck, CT 06770				

(Notary Seal)

**KAROL MONTAGNA**  
**NOTARY PUBLIC**  
 MY COMMISSION EXPIRES APR. 30, 2022

# Table of Contents

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

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/12/2021	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-583-8483		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor		Address (No. & Street, City, State, Zip) 1660 Stafford Avenue Bristol, CT 06010		
License Numbers:	CCNH 2285	RHNS (Specify)	Medicare Provider No. 07-5415001	
Type of Facility (Check appropriate box(es))				
<input 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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No         If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Joel Carmichael		Nursing Home Administrator's License No.:	001186	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				









### General Information and Questionnaire Related Parties\*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside I	License No. 2285	Report for Year Ended 9/30/2020	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No <span style="float: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</span>								
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No <span style="float: right;">If "Yes," provide the following information:</span>								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, 9 and 10b, Pg 2	489,467	489,467
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	6,295	6,295
Miscellaneous Facilities	various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33, A2		
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	321,762	321,762
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	<50%	see attached			
Procure LTC Pharmacy of CT LLC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	pharmacy services	Pg 20 5a2	194,883	194,883
Athena Health Care	135 South Road, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Self insured Employee Health and Dental ins	Pg 15, ln 1a5		
		<input type="radio"/>	<input checked="" type="radio"/>				837,713	837,713
		<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 Bristol CCH Group LLC of Bristol, d/b/a Coun	License No. 2285	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<p align="right"><input checked="" type="radio"/> Yes      <input type="radio"/> No      If "No," explain fully why such allocation was not made.</p>				
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		License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Man		2285	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	postal equipment	04/01/18	60 months	1,207	1,207
LEAF, PO Box 742647, Cincinnati, OH 45274-2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/13/16	50 months	12,252	10,885
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	12/09/14	60 months	1,751	292
	<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"/> Yes <input checked="" type="radio"/> No						<b>Total ***</b>	12,384

Is a Mileage Log Book Maintained for All Leased Vehicles ?

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bristol CCH Group LLC of Bristol	License No. 2285	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 DHL&S		4 Corporate Drive, Shelton, CT 06484		
2 Marcum LLP		555 Long Wharf Drive, New Haven, CT 06511		
3 Midcap Financial Services, LLC		PO Box 5088, Hartford, CT 06102		
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Audit & Year End Financials: Allow		\$ 10,100		
2 Medicare cost report Preparation: Allow		\$ 2,700		
3 LOC audits: Disallow		\$ 3,550		
4		\$		
			Charge for Services Provided	
			\$ 16,350	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Pg 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Goldman, Gruder & Woods, LLC			203-899-8900	
2 State of CT Probate/Marshall			860-584-6230	
3 Midcap Financial Services, LLC			646-896-1307	
4 Jackson Lewis			860-522-0404	
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1 200 Connecticut Avenue, Norwalk, CT				
2 111 N. Main Street, Bristol, CT				
3 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814				
4 90 State House Sq, 8th Floor, Hartford, CT 06103				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 A/R Collections: Disallow		\$ 7,542		
2 Conservatorship hearings: Disallow		\$ 1,230		
3 LOC lender switch: Disallow		\$ 3,171		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 11,943	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Pg 15, Line 1e				

Schedule of Resident Statistics

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		Report for Year Ended 9/30/2020				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	90	90			90	90						
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	85	85			85	85						
B. As of midnight of THIS report period	64	64							64	64		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,761	3,761			3,169	3,169			592	592		
B. Medicaid (Conn.)	20,701	20,701			16,169	16,169			4,532	4,532		
C. Medicaid (other states)												
D. Private Pay	1,756	1,756			1,480	1,480			276	276		
E. State SSI for RCH	46	46							46	46		
F. Other (Specify) Managed Care	186	186			186	186						
G. Total Care Days During Period (3A thru F)	26,450	26,450			21,004	21,004			5,446	5,446		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	16	16			16	16						
B. Other Bed Reserve Days	3	3			3	3						
5. Total Resident Days (3G + 4A + 4B)	26,469	26,469			21,023	21,023			5,446	5,446		

**Annual Report of Long-Term Care Facility**

CSP-9 Rev. 9/2002

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Cou			License No. 2285			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No										If "YES", provide the following information:			
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		49		3		7						
Per Diem Rate													
a. One bed rm.	503.14		241.92		587.00		404.82						
b. Two bed rms.	503.14		241.92		566.00		404.82						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										4,390	4,390		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										894	894		
2. Restorative Treatments													
C. Other										5,496	5,496		
D. Total Physical Therapy Treatments										10,780	10,780		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										247	247		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										74	74		
2. Restorative Treatments													
C. Other										611	611		
D. Total Speech Therapy Treatments										932	932		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,153	3,153		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										929	929		
2. Restorative Treatments													
C. Other										5,836	5,836		
D. Total Occupational Therapy Treatments										9,918	9,918		

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Mano	2285	9/30/2020	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
<b>A. Salaries and Wages*</b>					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	139,248	2,167			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	228,536	9,212			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	58,033	2,099			
c. Dietary Workers	370,649	22,527			
6. Housekeeping Service					
a. Head Housekeeper	62,220	2,243			
b. Other Housekeeping Workers	185,885	12,284			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	56,123	2,055			
b. Other Maintenance Workers	37,980	2,170			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	136,548	8,009			
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	166,625	3,224			
b. RN					
1. Direct Care	606,349	14,866			
2. Administrative**	326,594	10,481			
c. LPN					
1. Direct Care	757,383	25,161			
2. Administrative**					
d. Aides and Attendants	1,567,687	75,019			
e. Physical Therapists	358,313	10,159			
f. Speech Therapists	44,061	988			
g. Occupational Therapists	247,697	6,242			
h. Recreation Workers	156,402	6,573			
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	180,848	3,966			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	5,687,181	219,445			

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





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

Name of Facility				License No.	Report for Year Ended			Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285	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)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>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).</b>										
Not Applicable										

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

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

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285	9/30/2020			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)							
<b>Section III - Administrators***</b>										
Joel Carmichael	139,248			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,167	A2			
10/1/19-9/30/20										
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countrysid	2285	9/30/2020	13	37		
	<b>Total Cost and Hours</b>					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	9,774	282				
3. Pharmacist	8,558	114				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	95				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	199	1				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)	600	4				
9. Speech Therapist						
a. Resident Care	1,000	3				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	1,493	24				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	523	17				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>46,147</b>	<b>540</b>				

\* 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside M		License No. 2285	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting, Podiatrist, Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Gary Miller, 100 North Meadow Road, Canton, CT 06019	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psychiatric Services	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Procure LTC, 1492 Highland Avenue, Chesire, CT 06032	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common owners, Minority interest	
World Wide Staffing, 425 Union Street, West Springfield, MA 01089	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main St, Plantsvill CT, 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* 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
Bristol CCH Group LLC of Bristol, d/b/a Countr	2285	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 321,762	321,762		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 79,459	79,459		
4. Social Security (F.I.C.A.)	\$ 385,266	385,266		
5. Health Insurance	\$ 713,200	713,200		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 38,208	38,208		
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*	\$ 71,098	71,098		
d. Accounting and Auditing	\$ 16,350	16,350		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 11,943	11,943		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 36,238	36,238		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 72,261	72,261		
2. Cellular Phones	\$ 1,558	1,558		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ (470)	(470)		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 477,322	477,322		
<b>Subtotal</b>	\$ 2,224,195	2,224,195		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	2,224,195	2,224,195			
<b>i. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 15,712	15,712			
4. Employee Travel	\$ 1,060	1,060			
5. Education Expenses Related to Seminars and Conventions	\$ 3,995	3,995			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 12,900	12,900			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 16,144	16,144			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,944	3,944			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,552	7,552			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 89	89			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 98,880	98,880			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 2,384,471	2,384,471			

\* 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)
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 16,144		
<b>Total Other Advertising</b>	<b>\$ 16,144</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,630		
CT ACHCA	\$ 1,922		
<b>Total Dues</b>	<b>\$ 7,552</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 47,136		
Licenses	\$ 1,934		
Bank Charges	\$ 16,889		
Payroll Processing Fees	\$ 19,708		
Employee Physicals and Background checks	\$ 5,394		
Energy Audit	\$ 7,819		
<b>Total Other Administrative and General</b>	<b>\$ 98,880</b>	<b>\$ -</b>	<b>\$ -</b>



**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Bristol CCH Group LLC of Bristol, d/b/a	2285	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		Contract attached to a prior year	See Below
Allocation of Above		Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen - Other Exp	Pg 16, Line 12

\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 240,497	240,497		
2. Non-Food Supplies	\$ 23,316	23,316		
3. Other (Specify) _____ Dishes	\$ 110	110		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 263,923</b>	<b>263,923</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	217	217		
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. \$13,082
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	19,946	19,946		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	7,261	7,261		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>27,207</b>	<b>27,207</b>		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Coun		2285	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care	Amt.	\$	42,783	42,783		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )						
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced by Personnel					
( <i>Complete Schedule C-2 att. Page 21</i> )	Amt.	\$				
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$	42,783	42,783		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Procure		\$	175,747	175,747		
b. Medicine Cabinet Drugs		\$	31,605	31,605		
c. Medical and Therapeutic Supplies		\$	254,965	254,965		
d. Ambulance/Limousine***		\$	2,865	2,865		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	31,036	31,036		
f. X-rays and Related Radiological Procedures***		\$	22,958	22,958		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$	43,960	43,960		
i. Recreation		\$	10,665	10,665		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$	98,803	98,803		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$	672,604	672,604		

\* 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.



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

Name of Facility			License No.	Report for Year Ended	Page of					
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			2285	9/30/2020	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
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	23,592			22	6f
Procure LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Supplies & Services	194,883			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	14,303			16	1m13
Winterbury Gardens	West Street, Southington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,922			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
Bristol CCH Group LLC of Bristol, d/b/a Cou	2285	9/30/2020	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 94,438	94,438		
b. Heat	\$ 63,798	63,798		
c. Light & Power	\$ 87,314	87,314		
d. Water	\$ 27,403	27,403		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 12,384	12,384		
f. Other ( <i>itemize</i> )	\$ 69,278	69,278		
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 354,615</b>	<b>354,615</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 13,379	13,379		
d. Movable Equipment	\$ 31,185	31,185		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 44,564</b>	<b>44,564</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 19,789	19,789		
c. Leasehold Improvements	\$ 54,408	54,408		
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 74,197</b>	<b>74,197</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 347,703	347,703		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 95,042	95,042		
c. Personal property taxes	\$ 27,613	27,613		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 589,119</b>	<b>589,119</b>		

\* 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	\$ 14,977		
Rubbish Removal	\$ 24,090		
Snow Removal	\$ 8,694		
Supplies	\$ 20,214		
Exterminating	\$ 1,303		
<b>Total Other Repairs and Maintenance</b>	\$ 69,278	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				License No. 2285		Report for Year Ended 9/30/2020			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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				273,117			202,007	S/L	Various	13,379			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											13,379		
		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								
<b>D. Movable Equipment</b>													
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	2019	854,283			751,170	S/L	Various	29,885	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2020	18,681		18,681		S/L	Various	1,300	
D-3. Subtotal													31,185
<b>E. Total Depreciation</b>													44,564





### Amortization Schedule\*

Name of Facility			License No.		Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285		9/30/2020			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees - LOC	2	2018	3	59,367	31,662			19,789	
2.									
3.									
B-4. Subtotal									19,789
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2019	Various	1,451,517	1,022,172	s/l	various	53,708	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2020	Various	15,379		s/l	various	700	
C-4. Subtotal									54,408
<b>D. Total Amortization</b>									74,197

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Bristol CCH Group LLC of Bristol, d/	License No. 2285	Report for Year Ended 9/30/2020	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		08/27/03			
4. Date of Initial Licensure		08/27/03			
5. Total Licensed Bed Capacity		90			
6. Square Footage					
7. Acquisition Cost					
a. Land		400,000			
b. Building		2,320,000			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th 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		3.22%			
d. Term of Mortgage (number of years)		21			
e. Amount of Principal Borrowed		2,976,000			
f. Principal balance outstanding as of		2,017,061			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

**Note:** Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d		2285	9/30/2020		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*



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

Name of Facility		License No.		Report for Year Ended		Page of	
Bristol CCH Group LLC of Bristol		2285		9/30/2020		27   37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	263,692	263,692	
Vendor Into = 24,635 LOC Int = 239,057							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	263,692	263,692	
14. Insurance							
a. Insurance on Property (buildings only)				\$	53,248	53,248	
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)				\$	53,248	53,248	
15. Total All Expenditures (A-13 thru C-14)				\$	10,384,990	10,384,990	

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor o			2285	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 247,697	247,697		
4.			Other - See attached Schedule	\$ 6,719	6,719		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 199	199		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 71,098	71,098		
10.			Accounting	\$ 3,550	3,550		
10a.			Legal	\$ 11,943	11,943		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,198	1,198		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 15,712	15,712		
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 *	\$ 16,144	16,144		
19.			Income Tax / Corporate Business Tax	\$ (470)	(470)		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (122,174)	(122,174)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,889	16,889		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 44,682	44,682		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 313,187	313,187		

\* All except "Help Wanted".

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

*(Carry Subtotal forward to next page)*



Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12b2	Marketing Salaries & Benefits	\$ 6,719		
<b>Total Other Salaries Adjustment</b>			<b>\$ 6,719</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 16,889		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 16,889</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 313,187	313,187		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 175,747	175,747		
28.			Ambulance/Limousine	\$ 2,865	2,865		
29.			X-rays, etc	\$ 22,958	22,958		
30.			Laboratory	\$ 43,960	43,960		
31.			Medical Supplies	\$ 39,977	39,977		
32.			Oxygen (non emergency)	\$ 31,036	31,036		
33.			Occupational Therapy	\$ 536	536		
34.			Other - See Attached Schedule	\$ (46,441)	(46,441)		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,674	2,674		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 11,014	11,014		
43.			Interest Income on Account Rec.	\$ 1,024	1,024		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 598,537	598,537		

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	\$ 11,549		
20	5B	Ebox	\$ 9,544		
20	5k	Unallowable Management Fees - Indirect Care	\$ (29,618)		
20	5j	Unallowable Management Fees - Direct Care	\$ (37,916)		
<b>Total Other Ancillary Costs</b>			<b>\$ (46,441)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation-carryforward	\$ 2,674		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 2,674</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**F. Statement of Revenue**

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a 2285		License No.		Report for Year Ended 9/30/2020		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,765,533	11,765,533					
b. Medicaid Room and Board Contractual Allowance **	\$ (6,565,476)	(6,565,476)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,044,866	1,044,866					
b. Medicare Room and Board Contractual Allowance **	\$ (78,694)	(78,694)					
4. a. Private-Pay Residents and Other	\$ 2,058,663	2,058,663					
b. Private-Pay Room and Board Contractual Allowance **	\$ (327,170)	(327,170)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 76,755	76,755					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (76,755)	(76,755)					
c. Prescription Drugs - Non-Medicare	\$ 118,447	118,447					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (117,892)	(117,892)					
2. a. Medical Supplies - Medicare	\$ 30,977	30,977					
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ 16,379	16,379					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 395,718	395,718					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (139,212)	(139,212)					
c. Physical Therapy - Non-Medicare	\$ 219,349	219,349					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (219,349)	(219,349)					
4. a. Speech Therapy - Medicare	\$ 72,235	72,235					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (59,229)	(59,229)					
c. Speech Therapy - Non-Medicare	\$ 60,010	60,010					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (60,010)	(60,010)					
5. a. Occupational Therapy - Medicare	\$ 350,613	350,613					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (274,381)	(274,381)					
c. Occupational Therapy - Non-Medicare	\$ 241,600	241,600					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (241,600)	(241,600)					
6. a. Other ( <i>Specify</i> ) - Medicare	\$						
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 263,463	263,463					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,554,840	8,554,840					
<b>IV. Other Revenue*</b>							
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> )	\$ 1,024	1,024					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$						
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,024	1,024					
<b>VI. Total All Revenue</b> (III +V)	\$ 8,555,864	8,555,864					

\* 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.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/	2285	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	173,141
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,003,819
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(594,666)
4. Inventories			\$	19,425
5. Prepaid Expenses			\$	115,277
a. Prepaid Insurance	116,189			
b. Prepaid Health Insurance	2,776			
c. Prepaid expenses	(3,688)			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(207,411)
8. Other Current Assets ( <i>itemize</i> )			\$	6,692
A/R Related Parties	6,692			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>516,277</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
4. Leasehold Improvements	*Historical Cost	1,452,874	\$	390,316
	Accum. Depreciation	1,062,558		
		Net		
5. Non-Movable Equipment	*Historical Cost	273,119	\$	57,731
	Accum. Depreciation	215,388		
		Net		
6. Movable Equipment	*Historical Cost	868,125	\$	85,737
	Accum. Depreciation	782,388		
		Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	8,353
See Schedule		8,353		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>542,137</b>

\* 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	
<b>Total Prepaid Expenses</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
		Moveable Equipment Carryforward	\$ 4,873
		Misc Fixed Asset system Difference	\$ 3,480
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 8,353</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>



**G. Balance Sheet (cont'd)**

Name of Facility Bristol CCH Group LLC of Bristol, d/b/		License No. 2285	Report for Year Ended 9/30/2020	Page 32	of 37
Account				Amount	
Total Brought Forward:				\$	1,058,414
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	481,847
2. Land Improvements		*Historical Cost _____	Accum. Depreciation _____	Net	\$
3. Buildings		*Historical Cost 2,320,000	Accum. Depreciation 1,206,593	Net	\$ 1,113,407
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				\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$	1,595,254
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)				\$	325,968
5. Investments Related to Resident Care ( <i>itemize</i> )				\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address		Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$	11,793
Deferred Finance fees		11,793			
See Schedule				\$	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$	337,761
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$	2,991,429

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Cou		2285	9/30/2020	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	562,687
2. Notes Payable ( <i>itemize</i> )				\$	7,343,839
Loans					419,629
Line of Credit					6,600,310
PPP Loan					323,900
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> )				\$	179,435
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	166,993
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> )				\$	343,527
Provider Taxes Due		333,482	Acc'd Property Taxes	(7,378)	
Acc'd Health Insurance		(7,616)			
Acc'd Operating Expenses		23,455			
Acc'd Expense - Sales Tax		1,584	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>8,596,481</b>

\* 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 Bristol CCH Group LLC of Bristol, d/b/a C		License No. 2285	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				8,596,481	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 215,273	
Name and Address of Lender	Amount	Loan Date			
Related Party	215,273				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 941,485	
Due to Landlord		963,475			
Vendor Note		(21,990)			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,156,758	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,753,239	

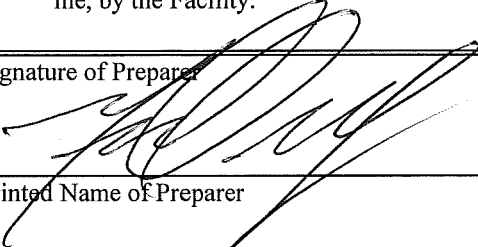
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/	2285	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,113,407
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,595,254
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(902,364)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,625,574)
6. Gain or Loss for Period				
	10/1/2019	thru	9/30/2020	
			\$	(1,829,126)
7. Total Net Worth			\$	(8,357,064)
<b>C. Total Reserves and Net Worth</b>			\$	(6,761,810)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,991,429

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a	2285	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(6,417,448)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,555,864
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,384,990
D. Net Income or Deficit			\$	(1,829,126)
E. Balance			\$	(8,246,574)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Accounting	3,203			
Health Insurance	(113,693)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(110,490)
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. <b>Balance at End of Period</b>	09/30/20		\$	(8,357,064)

### I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a		License No. 2285	Report for Year Ended 9/30/2020	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)	
<b>Preparer/Reviewer Certification</b>					
<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 CFD		Date Signed 2-15-21	
Printed Name of Preparer Athena Health Care Associates, Inc					
Address Address 135 South Road Farmington, CT 06032				Phone Number (860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report				Phone Number	
Contact Email Address					