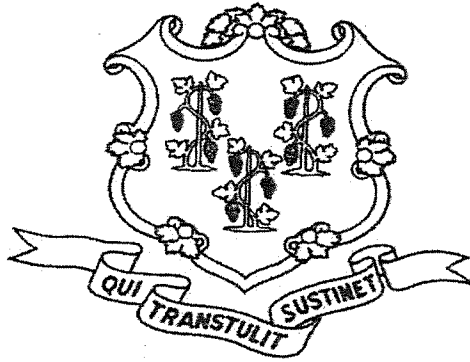


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2285	RHNS	Residential Care Home	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

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General Information

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) <i>Lizbeth Carmichael</i>		Date <i>2/15/19</i>	Signed (Owner) <i>[Signature]</i>		Date <i>2/15/19</i>
Printed Name (Administrator) Lizbeth Carmichael			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of <i>CT</i>	Date <i>2/15/19</i>	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires <i>11/1/2020</i>	
Address of Notary Public <i>484 Farmington Ave Hartford CT 06105</i>			PAT HYJEK NOTARY PUBLIC MY COMMISSION EXPIRES _____		

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/22/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-583-8483	Report for Year Ended 9/30/2018	Page 2	of 37
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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
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License Numbers:	CCNH 2285	RHNS	Residential Care Home	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"/> Residential Care Home	

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 checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," explain fully.
--	--------------------------------------	--------------------------	--------------------------

See Attached Ownership Detail

Administrator		
Name of Administrator Lizbeth Carmichael	Nursing Home Administrator's License No.:	001141

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
Not Applicable	

**BRISTOL CCH GROUP, LLC
OWNERSHIP DETAIL**

Owner	Current Ownership
LAWRENCE G. SANTILLI	63.0499%
CONSERVATORS FOR LAWRENCE E. SANTILLI (11)	19.9501%
VALERIE CHAKALOS SANTILLI (21)	1.0000%
MAHANEY FAMILY LIMITED PARTNERSHIP(24)	2.0000%
JOHN B. NOCERA, JR	5.0000%
MICHAEL E MOSIER	2.0000%
MARYBETH HAUSER	1.0000%
CHRISTINE WARD	1.0000%
KARYN IANNACCONE	2.0000%
DOROTHY ROSSETTI	1.0000%
TERESA SKINNER	2.0000%
	0.0000%
TOTALS	100.0000%

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countrys	2285	9/30/2018	3B	37

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

Owner(s) of Facility

Not Applicable

**General Information and Questionnaire
 Related Parties***

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside N	License No. 2285	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, 9 and 10b, Pg 2	510,262	510,262
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	7,295	7,295
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	368,974	368,974
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	150,607	150,607
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

Countryside Manor
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No	%**				
Athena Health Care Associates	135 South Road Farmington, CT 06032	X		>50%	Employee Relations, Legal Marketing, Insurance, Lobbying, Payroll Gift Certificates, MDS Fill-in, office supplies Maintenance & Repairs	Pg 13, Pg 15,1d,1e & 1g pg 16, m3 7 & M13, Pg16, L2, pg 27, 12D pg 13, B5 & B11, Pg 22, 6A	\$49,980	\$49,980
Athena Health Care Insurance	135 South Road Farmington, CT 06032		X		Health Insurance	Pg 15, Line 1a5	\$782,576	\$782,576
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032		X		Facility Participates in a multi-facility 401 (k) plan			
Athena Health Care Associates	135 South Road Farmington, CT 06032	X		>50%	Management fees	Pg 16 line 12, pg 18 Line 2c and pg 20 line 5j	\$220	\$137,359

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 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Man			2285	9/30/2018			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	1,315	1,014	
LEAF, PO Box 742647, Cincinnati, OH 45274-2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/13/16	50 months	9,852	9,852	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/09/13	60 months	3,981	3,981	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	12/09/14	60 months	1,751	1,751	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							16,598	

* 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.

pitney bowes

Lease Agreement

--	--	--	--	--	--	--	--	--	--	--

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

COUNTRYSIDE MANOR OF BRISTOL

Sold-To: Address

1660 Stafford Ave, Bristol, CT, 06010-2571, US

Sold-To: Contact Name

Sold-To: Contact Phone #

Sold-To: Account #

Craig Lewis

(860) 583-8483

0015733700

Bill-To: Address

1660 Stafford Ave, Bristol, CT, 06010-2571, US

Bill-To: Contact Name

Bill-To: Contact Phone #

Bill-To: Account #

Bill-To: Email

Craig Lewis

(860) 583-8483

0015733700

clewis@athenahealthcare.com

Ship-To: Address

1660 Stafford Ave, Bristol, CT, 06010-2571, US

Ship-To: Contact Name

Ship-To: Contact Phone #

Ship-To: Account #

Craig Lewis

(860) 583-8483

0015733700

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	DM300C	DM300C Digital Mailing System
1	1FAE	Basic Accounting -50 Accounts
1	1GW2	2lb Integrated Weighing Feature
1	3CES	US LIVE DM300C BASE - ES2
1	G900	Meter for DM300/DM400/475 Series
1	G9SS	USPS Tracking Services Activation
1	MP9G	Integrated Weighing Platform
1	SBYP	DM300C Digital Meter System
1	SJ30	SoftGuard for DM300
1	STDLSLA	Standard SLA-Equipment Service Agreement (for DM300C Digital Mailing System)

Your Payment Plan

Initial Term: 60 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
60	\$ 94.59	\$ 283.77

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power[®] transaction fees included
- Purchase Power[®] transaction fees extra

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 10/17), which are available at <http://www.pb.com/termsandconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX[®] equipment protection program (see Section 16 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable

State/Entity's Contract#

Robert Powers
Lessee Signature

Pitney Bowes Signature

Print Name ROBERT POWERS

Print Name

Title ADMINISTRATOR

Title

Date ADMINISTRATOR @ COUNTRYSIDE MANOR OF BEISTOL COM

Date

Email Address

Sales Information

Jeffrey Mesite

jeffrey.mesite@pb.com

Account Rep Name

Email Address

General Information and Questionnaire
Accounting Basis

Name of Facility Bristol CCH Group LLC of Bristol	License No. 2285	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 DHL&S	4 Corporate Drive, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 CT Dept of Revenue Services	PO Box 5088, Hartford, CT 06102
4 Midcap Financial Services, LLC	7255 Woodmont Avenue Suite 200, Bethesda, MD 20814

Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials: Allow	\$ 9,500
2 Medicare cost report Preparation: Allow	\$ 2,675
3 User Fee Audit: Disallow	\$ 2,907
4 LOC audits: Disallow	\$ 3,475
	Charge for Services Provided
	\$ 18,557

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC	203-899-8900
2 State of CT Probate/Marshall	860-584-6230
3 Midcap Financial Services, LLC	646-896-1307
4 Shipman & Goodwin	860-251-5000
5 Murtha Cullina	860-240-6000

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

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

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 360
2 Conservatorship hearings: Disallow	\$ 1,040
3 LOC lender switch: Disallow	\$ 6,094
4 Employee matters: Disallow	\$ (2,787)
5 General matters: Disallow	\$ 855
	Charge for Services Provided
	\$ 5,562

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility		License No.		Report for Year Ended				Page		of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285		9/30/2018				8		37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	86	86			86	86			90	90		
B. As of midnight of THIS report period	86	86			90	90			86	86		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,635	2,635			2,008	2,008			627	627		
B. Medicaid (Conn.)	27,287	27,287			20,355	20,355			6,932	6,932		
C. Medicaid (other states)												
D. Private Pay	1,239	1,239			999	999			240	240		
E. State SSI for RCH												
F. Other (Specify) Managed Care	177	177			92	92			85	85		
G. Total Care Days During Period (3A thru F)	31,338	31,338			23,454	23,454			7,884	7,884		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	141	141			94	94			47	47		
B. Other Bed Reserve Days	37	37			23	23			14	14		
5. Total Resident Days (3G + 4A + 4B)	31,516	31,516			23,571	23,571			7,945	7,945		

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 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
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	R.C.H.	ICF-MR
No. of Residents	3		76		2		5	
Per Diem Rate								
a. One bed rm.	499.49		232.32		527.00		438.99	
b. Two bed rms.	499.49		232.32		506.00		438.99	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	3,458	3,458		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	522	522		
2. Restorative Treatments				
C. Other	4,565	4,565		
D. Total Physical Therapy Treatments	8,545	8,545		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	634	634		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	54	54		
2. Restorative Treatments				
C. Other	685	685		
D. Total Speech Therapy Treatments	1,373	1,373		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,038	4,038		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	670	670		
2. Restorative Treatments				
C. Other	5,039	5,039		
D. Total Occupational Therapy Treatments	9,747	9,747		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	2285	9/30/2018	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	Residential Care Home	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)	127,578	1,975				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	132,021	5,783				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,092	2,029				
c. Dietary Workers	288,032	22,362				
6. Housekeeping Service						
a. Head Housekeeper	50,250	2,024				
b. Other Housekeeping Workers	138,051	12,056				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,517	2,176				
b. Other Maintenance Workers	31,668	2,155				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	88,936	7,059				
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	201,335	4,224				
b. RN						
1. Direct Care	552,989	14,662				
2. Administrative**	295,952	10,437				
c. LPN						
1. Direct Care	691,155	26,417				
2. Administrative**						
d. Aides and Attendants	1,445,568	84,063				
e. Physical Therapists	357,032	11,889				
f. Speech Therapists	55,149	1,195				
g. Occupational Therapists	182,862	4,899				
h. Recreation Workers	139,811	6,405				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	152,371	3,767				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,033,369	225,577				

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Staff Meetings	\$ 600	6				
Total	\$ 600	6	\$ -	-	\$ -	-

**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 Brist				2285	9/30/2018			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	Residential Care Home							
Section I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Not Applicable										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)			License No.	Report for Year Ended			Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			2285	9/30/2018			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	Residential Care Home							
Section III - Administrators***										
Brett Stewart (10/1/17-10/26/17)	18,520			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	200	A2			
Robert Powers (10/27/17-1/31/18)	28,192			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	496	A2			
Lizbeth Carmichael (2/1/18-9/30/18)	80,866			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,279	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	9,774	282				
3. Pharmacist	7,249	41				
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	141				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	838	8				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,930	35				
2. Administrative***	3,484	58				
b. LPN						
1. Direct Care	2,517	56				
2. Administrative***						
c. Aides	49,335	1,410				
d. Other						
12. Other (Specify) See Attached Schedule	600	6				
B-13 Total Fees Paid in Lieu of Salaries	99,727	2,037				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting, Podiatrist, Eye Doctor	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Gary Miller, 100 North Meadow Road, Canton, CT 06019	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse Staffing, PO Box 301076, Dallas, TX 75303	Nurse Pool	<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"/>			
Nurse Network, 405 Park Ave, New York, NY	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"/>			

* 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	9/30/2018		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 368,974	368,974			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 74,607	74,607			
4. Social Security (F.I.C.A.)	\$ 344,232	344,232			
5. Health Insurance	\$ 648,305	648,305			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 37,544	37,544			
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*	\$ 76,387	76,387			
d. Accounting and Auditing	\$ 18,557	18,557			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,562	5,562			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 43,612	43,612			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 51,081	51,081			
2. Cellular Phones	\$ 939	939			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 90	90			
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	\$ 607,079	607,079			
Subtotal	\$ 2,276,969	2,276,969			

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2018		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:		2,276,969	2,276,969		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,700	4,700		
3. Gifts to Staff and Residents	\$	10,194	10,194		
4. Employee Travel	\$	919	919		
5. Education Expenses Related to Seminars and Conventions	\$	3,120	3,120		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	3,906	3,906		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	17,927	17,927		
4. Fund-Raising***	\$				
5. Medical Records	\$	273	273		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	5,182	5,182		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,936	10,936		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	100	100		
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	220	220		
13. Other (<i>Specify</i>) See Attached Schedule	\$	95,403	95,403		
C-14 Total Administrative & General Expenditures	\$	2,429,849	2,429,849		

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Promotional	\$ 17,927		
Total Other Advertising	\$ 17,927	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAHCF	\$ 10,936		
Total Dues	\$ 10,936	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Data Processing Fees	\$ 37,984		
Licenses	\$ 1,585		
Bank Charges	\$ 14,266		
Payroll Processing Fees	\$ 22,821		
Employee Physicals and Background checks	\$ 14,716		
Energy Audit	\$ 2,639		
Penalties - User Fee Audit	\$ 1,392		
Total Other Administrative and General	\$ 95,403	\$ -	\$ -

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	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Contract Attached to a Prior Year	See Below
Allocation of Above	\$0 \$0 \$0	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	220	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	9/30/2018		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 220,136	220,136			
2.	Non-Food Supplies	\$ 24,659	24,659			
3.	Other (<i>Specify</i>) _____ Dishes = \$268	\$ 268	268			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 245,063	245,063			
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G.	Resident Meals: Total no. of meals served per day:*	258	258			
H.	Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	\$45,380
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P.	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	9/30/2018		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
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. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)		\$	14,048	14,048		
c. Other (<i>Specify</i>) Supplies = \$7,586		\$	7,586	7,586		
3D. Total Laundry Expenditures (3a + b + c)		\$	21,634	21,634		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
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 laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue 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)				

* 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 3E.

*** 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	9/30/2018		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	24,400	24,400		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	24,400	24,400		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	137,848	137,848		
b.	Medicine Cabinet Drugs	\$	26,555	26,555		
c.	Medical and Therapeutic Supplies	\$	208,244	208,244		
d.	Ambulance/Limousine***	\$	1,188	1,188		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	50,125	50,125		
f.	X-rays and Related Radiological Procedures***	\$	9,907	9,907		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	18,100	18,100		
i.	Recreation	\$	13,980	13,980		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	165,174	165,174		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	631,121	631,121		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

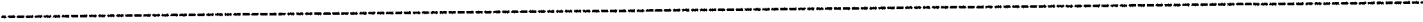
** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** 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	Residential Care Home
Oxygen Concentrator Rentals	\$ 13,104		
Cable TV Fees	\$ 9,890		
Medical Equipment Rental-Other	\$ 53,506		
Physical Therapy Supplies	\$ 34,355		
Occupational Therapy Supplies	\$ 3,830		
Medical Equipment Rental-Medicaid	\$ 50,489		
Total Other Resident Care	\$ 165,174	\$ -	\$ -



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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	22,194			22	6f
Procure LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Supplies & Services	150,607			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	17,460			16	1m13
Compass Enterprises	89 Birch Street, Southington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow removal	22,552			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	9/30/2018			22	37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	77,244	77,244			
b. Heat	\$	62,025	62,025			
c. Light & Power	\$	88,243	88,243			
d. Water	\$	32,096	32,096			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	16,598	16,598			
f. Other (<i>itemize</i>)	\$	108,286	108,286			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	384,492	384,492			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	19,261	19,261			
d. Movable Equipment	\$	29,862	29,862			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	49,123	49,123			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	13,066	13,066			
c. Leasehold Improvements	\$	66,713	66,713			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	79,779	79,779			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	369,979	369,979			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	94,620	94,620			
c. Personal property taxes	\$	24,409	24,409			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	617,910	617,910			

* 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	Residential Care Home
Groundskeeping	\$ 9,532		
Rubbish Removal	\$ 22,194		
Snow Removal	\$ 22,552		
Supplies	\$ 52,705		
Exterminating	\$ 1,303		
Total Other Repairs and Maintenance	\$ 108,286	\$ -	\$ -

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 9/30/2018			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period				273,117		273,117	165,543	S/L	Various	19,261			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											19,261		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						786,393		786,393	690,490	S/L	Various	28,821	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						20,830		20,830		S/L	Various	1,041	
D-3. Subtotal													29,862
E. Total Depreciation													49,123

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		9/30/2018			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 - LOC	2	2018	3	59,367				13,066	
2.									
3.									
B-4. Subtotal									13,066
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2017	Various	1,305,770	898,215	s/l	variou	64,266	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	74,394		s/l	variou	2,447	
C-4. Subtotal									66,713
D. Total Amortization									79,779

* 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.

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attached	\$ 20,830		\$ 1,041
Total additions for Movable Equipment		\$ 20,830		\$ 1,041
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attached	\$ 74,394		\$ 2,447
Total additions for Leasehold Improvement		\$ 74,394		\$ 2,447
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-17	Accurate Security - Automatic Door Locks	\$ 857	10	\$ 43
Oct-17	Accurate Security - Automatic Door Locks	\$ 879	10	\$ 44
Nov-17	Modern Mechanical - HVAC Repairs	\$ 741	15	\$ 25
Jan-18	United Cabinets - Cabinetry	\$ 16,665	15	\$ 556
Feb-18	Modern Mechanical - Mixing Valve	\$ 1,363	20	\$ 34
Feb-18	Shalom Sahar - Carpentry Work	\$ 7,000	15	\$ 233
May-18	Modern Castle - Fire Panel	\$ 2,199	10	\$ 110
May-18	Modern Mechanical - Kitchen Hood Repairs	\$ 7,445	20	\$ 186
May-18	Modern Mechanical - Plumbing Repairs	\$ 3,646	20	\$ 91
Jun-18	Modern Mechanical - Plumbing Repairs	\$ 2,243	20	\$ 56
Aug-18	United Cabinets - Cabinetry	\$ 29,986	15	\$ 1,000
Aug-18	Friedmann Electric - A/C Electrical	\$ 1,370	10	\$ 69
Total additions for Leasehold Improvements		\$ 74,394		\$ 2,447 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		08/27/03		
4. Date of Initial Licensure		08/27/03		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land		400,000		
b. Building		2,320,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
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		2,268,966		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d		2285	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Bristol CCH Group LLC of Bristol		2285		9/30/2018		27 37	
Item				Total	CCNH	RHNS	Residential Care Home
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)				\$	191,884	191,884	
Vender Int=(\$2,296);LOC Int=\$191,680;MtgFees=\$2,500							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	191,884	191,884	
14. Insurance							
a. Insurance on Property (buildings only)				\$	48,951	48,951	
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)				\$	48,951	48,951	
15. Total All Expenditures (A-13 thru C-14)				\$	9,728,400	9,728,400	

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	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 182,862	182,862		
4.			Other - See attached Schedule	\$ 117,228	117,228		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 838	838		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 76,387	76,387		
10.	15	1d	Accounting	\$ 6,382	6,382		
10a.			Legal	\$ 5,562	5,562		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 21	21		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 10,194	10,194		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,676	1,676		
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 *	\$ 17,927	17,927		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ (90,657)	(90,657)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,758	15,758		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 45,380	45,380		
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)				\$ 389,558	389,558		

* 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	Residential Care Home
10	12b2	Marketing Salaries & Benefits	\$ 117,228		
Total Other Salaries Adjustment			\$ 117,228	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	Bank Charges	\$ 14,266		
16	M13	Penalties - User Fee Audit	\$ 1,392		
16	8n	Disallowed Dues	\$ 100		
Total Other A&G Adjustments			\$ 15,758	\$ -	\$ -

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	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 389,558	389,558		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 137,848	137,848		
28.	20	5d	Ambulance/Limousine	\$ 1,188	1,188		
29.	20	5f	X-rays, etc	\$ 9,907	9,907		
30.	20	5h	Laboratory	\$ 18,100	18,100		
31.	20	5c	Medical Supplies	\$ 15,006	15,006		
32.	20	5e2	Oxygen (non emergency)	\$ 50,125	50,125		
33.	20	5j	Occupational Therapy	\$ 3,830	3,830		
34.			Other - See Attached Schedule	\$ 13,660	13,660		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 4,285	4,285		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 31	31		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 643,538	643,538		

*** 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	Residential Care Home
20	5j	Medical Equipment Rental	\$ 53,506		
20	5B	Ebox	\$ 566		
20	5j	Radio & Television Revenue	\$ 6,290		
18	2c	Unallowable Management Fees.....-Indirect Care	\$ (21,977)		
20	5j	Unallowable Management Fees.....-Direct Care	\$ (24,725)		
Total Other Ancillary Costs			\$ 13,660	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Moveable Equipment Depreciation-carryforward	\$ 4,285		
Total Excess Movable Equipment Depreciation			\$ 4,285	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Countryside Moveable Equipment Carryforward Schedule

Cost Year	Original Disallow Adjustment Cost Term	Prior Owner Basis	Sub-Totals	2004/2005 Field Audit Adjustment 1	2004/2005 Field Audit Adjustment 2	Done Construction 2006	Heritage Furniture 2007	Heritage Furniture 2007	Heritage Furniture 2008	Heritage Furniture 2008	TVs Patient Rooms 2013	TVs Patient Rooms 2014	TVs Patient Rooms 2015	TVs Patient Rooms 2016	McKesson VitaScan returned 3/2016	TVs Patient Rooms 2017	Totals
		\$ (65,155)		\$ 900	\$ 860	\$ 727	\$ 10,799	\$ 11,804	\$ 38	\$ 68	\$ 7,237	\$ 4,265	\$ 978	\$ 4,228	\$ 9,349	\$ 1,636	
		10		5	5	10	5	10	5	10	5	5	5	5	7	5	
2002	Deprec		\$ -														\$ -
2002	Book Value		\$ -														\$ -
8/26/2003	Deprec		\$ -														\$ -
8/26/2003	Book Value		\$ -														\$ -
9/30/2003	Deprec		\$ (543)														\$ -
9/30/2003	Book Value		\$ (64,612)														\$ (543)
2004	Deprec		\$ (6,516)		\$ 180												\$ (64,612)
2004	Book Value		\$ (58,096)		\$ 720												\$ (6,336)
2005	Deprec		\$ (6,516)		\$ 180	\$ 172											\$ (57,376)
2005	Book Value		\$ (51,580)		\$ 540	\$ 688											\$ (6,164)
2006	Deprec		\$ (6,516)		\$ 180	\$ 172	\$ 73										\$ (50,352)
2006	Book Value		\$ (45,064)		\$ 360	\$ 516	\$ 654										\$ (6,091)
2007	Deprec		\$ (6,516)		\$ 180	\$ 172	\$ 73	\$ 1,080	\$ 590								\$ (43,534)
2007	Book Value		\$ (38,548)		\$ 180	\$ 344	\$ 581	\$ 9,719	\$ 11,214								\$ (4,421)
2008	Deprec		\$ (6,516)		\$ 180	\$ 172	\$ 73	\$ 2,160	\$ 1,180	\$ 4	\$ 4						\$ (16,510)
2008	Book Value		\$ (32,032)		\$ -	\$ 172	\$ 508	\$ 7,559	\$ 10,034	\$ 34	\$ 65						\$ (2,744)
2009	Deprec		\$ (6,516)		\$ 172	\$ 73	\$ 2,160	\$ 1,180	\$ 8	\$ 7							\$ (13,661)
2009	Book Value		\$ (25,516)		\$ -	\$ 435	\$ 5,399	\$ 8,854	\$ 26	\$ 58							\$ (2,916)
2010	Deprec		\$ (6,516)			\$ 73	\$ 2,160	\$ 1,180	\$ 8	\$ 7							\$ (10,745)
2010	Book Value		\$ (19,000)			\$ 362	\$ 3,239	\$ 7,674	\$ 18	\$ 51							\$ (3,088)
2011	Deprec		\$ (6,516)			\$ 73	\$ 2,160	\$ 1,180	\$ 8	\$ 7							\$ (7,657)
2011	Book Value		\$ (12,484)			\$ 289	\$ 1,079	\$ 6,494	\$ 10	\$ 44							\$ (3,088)
2012	Deprec		\$ (6,516)			\$ 73	\$ 1,079	\$ 1,180	\$ 8	\$ 7							\$ (4,569)
2012	Book Value		\$ (5,968)			\$ 216	\$ -	\$ 5,314	\$ 2	\$ 37							\$ (4,169)
2013	Deprec		\$ (5,978)			\$ 73		\$ 1,180	\$ 2	\$ 7	\$ 724						\$ (400)
2013	Book Value		\$ 10			\$ 143		\$ 4,134	\$ -	\$ 30	\$ 6,514						\$ (3,993)
2014	Deprec		\$ -			\$ 73		\$ 1,180		\$ 7	\$ 1,447	\$ 427					\$ 10,830
2014	Book Value		\$ -			\$ 70		\$ 2,954		\$ 23	\$ 5,067	\$ 3,839					\$ 3,134
2015	Deprec		\$ -			\$ 70		\$ 1,180		\$ 7	\$ 1,447	\$ 853	\$ 98				\$ 11,952
2015	Book Value		\$ -			\$ -		\$ 1,774		\$ 16	\$ 3,620	\$ 2,986	\$ 880				\$ 3,655
2016	Deprec		\$ -			\$ -		\$ 1,180		\$ 7	\$ 1,447	\$ 853	\$ 196	\$ 423	\$ 667		\$ 9,275
2016	Book Value		\$ -			\$ -		\$ 594		\$ 9	\$ 2,173	\$ 2,133	\$ 684	\$ 3,805	\$ 8,682		\$ 4,773
2017	Deprec		\$ -			\$ -		\$ 594		\$ 7	\$ 1,447	\$ 853	\$ 196	\$ 846	\$ 1,336	\$ 164	\$ 18,079
2017	Book Value		\$ -			\$ -		\$ -		\$ 2	\$ 726	\$ 1,280	\$ 488	\$ 2,959	\$ 7,346	\$ 1,472	\$ 5,443
2018	Deprec		\$ -			\$ -		\$ -		\$ 2	\$ 726	\$ 853	\$ 196	\$ 846	\$ 1,336	\$ 327	\$ 14,272
2018	Book Value		\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,336	\$ 327	\$ 4,285
2019	Deprec		\$ -			\$ -		\$ -		\$ -	\$ -	\$ 427	\$ 292	\$ 2,113	\$ 6,010	\$ 1,145	\$ 9,987
2019	Book Value		\$ -			\$ -		\$ -		\$ -	\$ -	\$ 426.50	\$ 196	\$ 846	\$ 1,336	\$ 327	\$ 3,132
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ 96.00	\$ 846	\$ 1,336	\$ 327	\$ 6,856
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421	\$ 491	\$ 2,605
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421.00	\$ 327	\$ 4,251
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 421.00	\$ 327	\$ 2,084
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164	\$ 2,167
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164.00	\$ 1,500
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0	\$ 667
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 666.00	\$ 666
			\$ -			\$ -		\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0	\$ 0	\$ 0

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a 2285		9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,685,378	13,685,378				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,381,067)	(7,381,067)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 705,955	705,955				
b. Medicare Room and Board Contractual Allowance **	\$ (48,361)	(48,361)				
4. a. Private-Pay Residents and Other	\$ 1,352,001	1,352,001				
b. Private-Pay Room and Board Contractual Allowance **	\$ (100,697)	(100,697)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 103,078	103,078				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (103,078)	(103,078)				
c. Prescription Drugs - Non-Medicare	\$ 137,483	137,483				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (137,483)	(137,483)				
2. a. Medical Supplies - Medicare	\$ 5,686	5,686				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 56,762	56,762				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 352,935	352,935				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (69,027)	(69,027)				
c. Physical Therapy - Non-Medicare	\$ 188,000	188,000				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (187,600)	(187,600)				
4. a. Speech Therapy - Medicare	\$ 99,005	99,005				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (69,883)	(69,883)				
c. Speech Therapy - Non-Medicare	\$ 75,105	75,105				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (75,105)	(75,105)				
5. a. Occupational Therapy - Medicare	\$ 415,990	415,990				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (283,325)	(283,325)				
c. Occupational Therapy - Non-Medicare	\$ 226,900	226,900				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (226,400)	(226,400)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,722,252	8,722,252				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 31	31				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 31	31				
VI. Total All Revenue (III +V)	\$ 8,722,283	8,722,283				

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
NA	Interest on A/R	-	\$ 31		
Total Interest Income			\$ 31	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/	2285	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	4,321
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,029,183
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	17,995
5. Prepaid Expenses			\$	285,305
a. Prepaid Insurance	273,533			
b. Prepaid Health Insurance	6,470			
c. Prepaid expenses	5,302			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	40,684
Medicaid cost settlement	33,992			
A/R Related Parties	6,692			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,377,488
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	1,366,142	\$	415,236
	Accum. Depreciation	950,906	Net	
5. Non-Movable Equipment	*Historical Cost	273,119	\$	88,313
	Accum. Depreciation	184,806	Net	
6. Movable Equipment	*Historical Cost	797,271	\$	76,886
	Accum. Depreciation	720,385	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	13,467
	See Schedule	13,467		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	593,902

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/	License No. 2285	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,971,390
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 <u>2,320,000</u>	
			Accum. Depreciation <u>1,051,927</u>	Net
			\$	1,268,073
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,749,920
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>)			\$	98,988
Project Development				52,687
Deferred Finance fees				46,301
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	424,956
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,146,266

* 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	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,236,175
2. Notes Payable (<i>itemize</i>)				\$	5,310,888
Loans				457,025	
Line of Credit				4,853,863	
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>)				\$	113,417
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	4,632
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>)				\$	245,192
Provider Taxes Due		153,825	Acc'd Property Taxes	(7,891)	
Acc'd Health Insurance		(4,065)			
Acc'd Operating Expenses		102,905			
Acc'd Expense - Sales Tax		418			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,910,304

* 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 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				6,910,304
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 215,273
Name and Address of Lender	Amount	Loan Date		
		215,273		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 814,533
Due to Landlord		814,533		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,029,806
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,940,110

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

Page Ref	Line Ref	Description	
		Moveable Equipment Carryforward	\$ 9,987
		Misc Fixed Asset System Difference	\$ 3,480
Total Other Other Fixed Assets (Itemize)			\$ 13,467

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/	2285	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,268,073
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			\$	1,749,920
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(902,364)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,635,283)
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(1,006,117)
7. Total Net Worth			\$	(5,543,764)
C. Total Reserves and Net Worth			\$	(3,793,844)
D. Total Liabilities, Reserves, and Net Worth			\$	4,146,266

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	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(4,540,118)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,722,283
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,728,400
D. Net Income or Deficit			\$	(1,006,117)
E. Balance			\$	(5,546,235)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
2017 Retained Earnings Adj			2,471	
F-3. Total Additions			\$	2,471
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(5,543,764)
	09/30/18			

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 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/15/19		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		