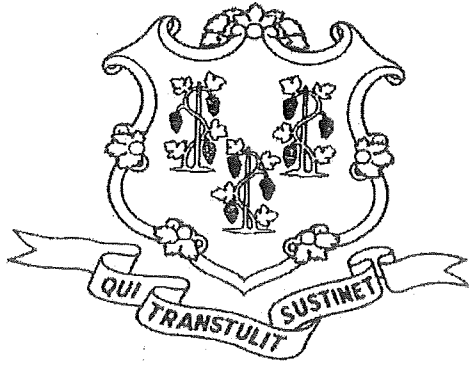


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	
Address (No. & Street, City, State, Zip Code) 205 Chestnut Hill Road, Stafford Springs, CT 06076	
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"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2081C	RHNS	(Specify)	Medicare Provider 07-5326
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2081C	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) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	License No. 2081C	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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center [facility name] for the cost report period beginning October 01, 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 penalties 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>Christine M. McKinney</i>	Date 2/10/21	Signed (Owner) <i>[Signature]</i>	Date 2-10-21
Printed Name (Administrator) Christine M. McKinney	2/10/21	Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me: <i>Karol Montagna</i>	State of Connecticut	Date 2/10/2021	Signed (Notary Public) <i>[Signature]</i>
Address of Notary Public 174 Ruella Drive Naugatuck, CT 06700		Comm. Expires 4/30/2022	

(Notary Seal)

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 205 Chestnut Hill Road, Stafford Springs, CT 06076				
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. 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 860-684-6341		Report for Year Ended 9/30/2020		Page 2	of 37
Name of Facility (as shown on license) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care C			Address (No. & Street, City, State, Zip) 205 Chestnut Hill Road, Stafford Springs, CT 06076		
License Numbers:		CCNH 2081C	RHNS	(Specify)	Medicare Provider No. 07-5326
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Christine M McKinney			Nursing Home Administrator's License No.:	001627	
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 Stafford Springs CT SNF LLC d/b/a Evergreen Health	License No. 2081C	Report for Year Ended 9/30/2020	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	%**				
Athena Stafford Springs Landlord LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Property	Pg 22 L9	1,188,739	1,188,739
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan	Pg 15 A7		
Athena Health Care System	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	see attached			
Misc Facilities	Various Addresses	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Pg 15,1a5	1,300,923	1,300,923
Procure Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	pg 20 5a2, 5b	438,520	438,520
		<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.

Evergreen Health Care
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

Report for FYE 9/30/2020

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No	%**				
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50%	Management Fees	Pg 17	\$956,926	\$416,380
		<input type="checkbox"/>	<input type="checkbox"/>		Promotion	Pg 16, M3	\$455	\$455
		<input type="checkbox"/>	<input type="checkbox"/>		Postage	Pg 16, M7	\$437	\$437
		<input type="checkbox"/>	<input type="checkbox"/>		Payroll Processing	Pg 16, M13	\$38,736	\$38,736
		<input type="checkbox"/>	<input type="checkbox"/>		Software Fees	Pg 16, M13	\$1,980	\$1,980
		<input type="checkbox"/>	<input type="checkbox"/>		Nursing Supplies	Pg20, 5c	\$53,885	\$53,885
		<input type="checkbox"/>	<input type="checkbox"/>		Painters	Pg 22, 6a	\$48,064	\$48,064
		<input type="checkbox"/>	<input type="checkbox"/>		Nursing Consultant	Pg 13 line 11	\$9,864	\$9,864
		<input type="checkbox"/>	<input type="checkbox"/>		Payroll Affordable Care Compliance	Pg 15, 1a5	\$5,176	\$5,176
		<input type="checkbox"/>	<input type="checkbox"/>		Other Insurance (paragon)	Pg 15, Line 5	\$6,350	\$6,350

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen	License No. 2081C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care			2081C	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, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	01/04/16	63 Months	944	944	
Leaf Capital, PO Box 742647 Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	copier	02/21/19	48 Months	14,134	12,956	
Leaf Capital, PO Box 742647 Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	copier	11/05/18	19 Months	3,913	3,913	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	17,813

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Stafford Springs CT SNF LLC d/b/	License No. 2081C	Report for Year Ended 9/30/2020	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 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr. 12th Fl. New Haven, CT 06511
--------------------------------------------------------	--------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Audit, Year End Financials, tax return	\$ 28,125
2 Medicare Cost report	\$ 2,700
3	\$
4	\$
	Charge for Services Provided
	\$ 30,825

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 1 Murtha Cullina 2 Goldman, Gruder and Woods, LLP 3 State Marshall/probate 4 5	Telephone Number 860-240-6000 203-899-8900
------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

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

1 185 Asylum St. Hartford, CT 06103
2 200 Connecticut Ave, Norwalk, CT 06854
3
4
5

Services Provided by This Firm (*describe fully*)

1 Misc. Issues:Disallow	\$ 234
2 A/R: Disallow	\$ 28,717
3 Conservatorship/probate fees/Medicaid apps:disallow	\$ 658
4	\$
5	\$
	Charge for Services Provided
	\$ 29,609

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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C			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	180	180			180	180						
B. On last day of THIS report period	180	180							180	180		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	177	177			177	177						
B. As of midnight of THIS report period	134	134							134	134		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,754	7,754			6,196	6,196			1,558	1,558		
B. Medicaid (Conn.)	41,552	41,552			32,354	32,354			9,198	9,198		
C. Medicaid (other states)												
D. Private Pay	6,406	6,406			4,808	4,808			1,598	1,598		
E. State SSI for RCH												
F. Other (Specify)	319	319			268	268			51	51		
G. Total Care Days During Period (3A thru F)	56,031	56,031			43,626	43,626			12,405	12,405		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	24	24			24	24						
B. Other Bed Reserve Days	68	68			46	46			22	22		
5. Total Resident Days (3G + 4A + 4B)	56,123	56,123			43,696	43,696			12,427	12,427		

Schedule of Resident Statistics (Cont'd)

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen			License No. 2081C			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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	(Specify)				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	12		102		16		1						
Per Diem Rate													
a. One bed rm.	582.89		256.29		562.00		389.06						
b. Two bed rms.	582.89		256.29		544.00		389.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							1,616	1,616					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							888	888					
2. Restorative Treatments													
C. Other							6,493	6,493					
D. <i>Total Physical Therapy Treatments</i>							8,997	8,997					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							223	223					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							103	103					
2. Restorative Treatments													
C. Other							800	800					
D. <i>Total Speech Therapy Treatments</i>							1,126	1,126					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							1,609	1,609					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							626	626					
2. Restorative Treatments													
C. Other							5,842	5,842					
D. <i>Total Occupational Therapy Treatments</i>							8,077	8,077					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care	2081C	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	170,944	2,164				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	314,738	12,629				
5. Dietary Service						
a. Head Dietitian	70,448	2,092				
b. Food Service Supervisor	60,545	2,053				
c. Dietary Workers	529,722	26,386				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	265,027	11,833				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	97,594	2,052				
b. Other Maintenance Workers	168,713	5,667				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	169,611	8,346				
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	220,721	4,136				
b. RN						
1. Direct Care	714,200	15,911				
2. Administrative**	436,167	12,307				
c. LPN						
1. Direct Care	2,006,711	64,380				
2. Administrative**						
d. Aides and Attendants	3,084,923	136,807				
e. Physical Therapists	459,531	12,036				
f. Speech Therapists	94,755	2,031				
g. Occupational Therapists	265,735	7,040				
h. Recreation Workers	344,181	13,815				
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	260,064	8,514				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	9,734,330	350,199				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center				2081C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

**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	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center				2081C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Christine M. McKinney (10/1/19 - 9/30/20)	170,944			Health & Life Insurance, Payroll Taxes	Day to day operations of the nursing home facility	2,164	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		
Stafford Springs CT SNF LLC d/b/a Evergreen Hea	2081C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	13,680	144				
3. Pharmacist	10,394	96				
4. Podiatrist	792	144				
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	39,500	1,175				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	11,072					
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						
2. Administrative***	11,490	8				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	86,928	1,567				

* 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 Stafford Springs CT SNF LLC d/b/a Evergreen Health C		License No. 2081C	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		
HealthDrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 110 Bi-County Blvd, Suite 121, Farmingdale, NY 11735	Pharmacy Consulting/Nursing Consultants	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:Minority Interest	
Bay State Family Podiatry, 74 Palomba Dr.,Enfield, CT 06082	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care 135 South Rd., Farmington, CT 06032	MDS fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Dushyant Parikh, 146 Hazard Ave., Enfield, CT 06082	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Younus Masih, 15 Palomba Dr., Enfield, CT 06082	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Tatoiank, 74 Palomba Dr., Enfield, CT 06082	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
HHC Physicians Care Inc., PO Box 417695, Boston, MA 02241	Physician Services	<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
Stafford Springs CT SNF LLC d/b/a Evergreen H	2081C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 363,178	363,178			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 81,281	81,281			
4. Social Security (F.I.C.A.)	\$ 637,505	637,505			
5. Health Insurance	\$ 1,161,263	1,161,263			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 61,429	61,429			
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*	\$ 174,883	174,883			
d. Accounting and Auditing	\$ 30,825	30,825			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 29,609	29,609			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 74,328	74,328			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 22,987	22,987			
2. Cellular Phones	\$ 2,357	2,357			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,016,716	1,016,716			
Subtotal	\$ 3,656,361	3,656,361			

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health	2081C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,656,361	3,656,361			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,640	3,640			
3. Gifts to Staff and Residents	\$ 13,525	13,525			
4. Employee Travel	\$ 10,293	10,293			
5. Education Expenses Related to Seminars and Conventions	\$ 7,561	7,561			
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>)	\$ 9,000	9,000			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,877	3,877			
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	\$ 10,486	10,486			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,676	11,676			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 100,000	100,000			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 628,979	628,979			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 119,326	119,326			
C-14 Total Administrative & General Expenditures	\$ 4,574,724	4,574,724			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 3,877		
Total Other Advertising	\$ 3,877	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 11,496		
CLIA Lab program	\$ 180		
Total Dues	\$ 11,676	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 100,000		
Total Contributions	\$ 100,000	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 3,126		
Bank Charges	\$ 18,990		
Payroll Processing Fees	\$ 26,277		
Employee Physicals/Background Checks	\$ 4,307		
Data Processing/Software Maint. Fees	\$ 58,354		
Risk Management Assessment on Liab. Insurance	\$ 3,500		
Energy Audit	\$ 4,772		
Total Other Administrative and General	\$ 119,326	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Stafford Springs CT SNF LLC d/b/a Ever	2081C	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	894,307	Contract attached to a prior year	See Below
Allocation of the Above	143,089:\$160,975	Admin/Gen 66%; Indirect 16%; Direct 18%	Pg 16, line 12; Pg 18, Li
Athena Health Care Assoc., Inc. 135 South Rd., Farmington, CT 06032	38,736	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
Stafford Springs CT SNF LLC d/b/a Evergreen Health	2081C	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 489,308	489,308		
2. Non-Food Supplies	\$ 50,349	50,349		
3. Other (Specify) _____ Dishes= \$5,482	\$ 5,482	5,482		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services	\$ 143,089	143,089		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 688,228	688,228		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	459	459		
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.				\$1,214
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
Stafford Springs CT SNF LLC d/b/a Evergreen Health C		2081C	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. \$	164,781	164,781	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies = \$20,645		\$	20,645	20,645	
3D. Total Laundry Expenditures (3a + b + c)		\$	185,426	185,426	
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
Stafford Springs CT SNF LLC d/b/a Evergreen		2081C	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	41,859	41,859			
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)		\$	41,859	41,859		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Partners Pharmacy and Procure Pharmacy	\$	403,365	403,365			
b. Medicine Cabinet Drugs	\$	21,931	21,931			
c. Medical and Therapeutic Supplies	\$	484,176	484,176			
d. Ambulance/Limousine***	\$	1,789	1,789			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	61,166	61,166			
f. X-rays and Related Radiological Procedures***	\$	23,024	23,024			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	56,094	56,094			
i. Recreation	\$	7,226	7,226			
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	213,340	213,340			
5M. Total Resident Care Expenditures (5a - 5j)		\$	1,272,111	1,272,111		

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 160,975		
Cable TV	\$ 30,755		
Medical Equip Rentals-Medicaid	\$ 7,274		
Physical Therapy Supplies	\$ 8,941		
Medical Equip Rentals-Other	\$ 5,395		
Total Other Resident Care	\$ 213,340	\$ -	\$ -

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			License No. 2081C	Report for Year Ended 9/30/2020	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
		<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"/>								
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		<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).

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 21,153		
Rubbish Removal	\$ 53,156		
Snow removal	\$ 24,356		
Supplies	\$ 27,951		
	\$ 82,280		
Total Other Repairs and Maintenance	\$ 208,896	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a Evergree	2081C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 158,353	158,353				
b. Heat	\$ 110,743	110,743				
c. Light & Power	\$ 187,036	187,036				
d. Water	\$ 19,546	19,546				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 17,813	17,813				
f. Other (<i>itemize</i>)	\$ 208,896	208,896				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 702,387	702,387				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 38,415	38,415				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 188,862	188,862				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 227,277	227,277				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 172,386	172,386				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 172,386	172,386				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,257,312	1,257,312				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 200,432	200,432				
c. Personal property taxes	\$ 20,068	20,068				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,877,475	1,877,475				

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

Depreciation Schedule

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center		License No. 2081C		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				
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	1,536,584		1,536,584				38,415					
A-4. Subtotal								38,415				
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												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2019	1,322,975		1,322,975	519,389	s/l	various	187,881	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2020	15,756		15,757		s/l	various	982	
D-3. Subtotal												188,863
E. Total Depreciation												227,278

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2020	Water treatment	\$ 1,536,584	20	\$ 38,415
Total additions for Land Improvements		\$ 1,536,584		\$ 38,415 *
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:				
12/31/2019	55 inch TV	\$ 677	5	\$ 68
1/31/2020	2 Laptops	\$ 1,747	5	\$ 175
8/31/2020	2 Laptops	1445	5	145
9/30/2020	Meal Delivery cart	2701	10	135
9/30/2020	Unimac washer	7726	10	386
9/30/2020	Max induction range	1460	10	73
Total additions for Movable Equipment		\$ 15,756		\$ 982 *
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:				
11/30/2019	70 amp circuit	\$ 7,430	20	\$ 186
11/30/2019	Vinyl Floor	\$ 11,622	10	\$ 581
1/31/2020	Carpet tiles	\$ 2,386	5	\$ 239
1/31/2020	24 vanities and tops	33600	15	1120
1/31/2020	Rebuilt pump	3010	10	151
1/31/2020	Expansion tank	2020	5	202
2/29/2020	Plumbing supplies for all vanities	14059	10	703
2/29/2020	Sprinkler repairs	4736	10	237
9/30/2021	Chapel/Salon Equipment	50659	5	1266
9/30/2020	Boiler	15584	20	390
9/30/2020	Tank	41429	20	1036
9/30/2020	Flooring needs	60936	20	1523
9/30/2020	Furniture	45657	20	1141
9/30/2020	Plumbing faucets	13928	20	348
9/30/2020	Café Renovation	61386	20	1535
9/30/2020	Shower mix valves	1522	20	38
9/30/2020	Room supplies	14982	20	375
9/30/2020	Washer	7005	20	175
9/30/2020	Renovation architect	36488	20	912
9/30/2020	Art work	9772	20	244
9/30/2020	Appliances	1959	20	49
9/30/2020	Lamps	3749	20	94
9/30/2020	Calendar sign	816	20	20
9/30/2020	Wall material Quinault Petrichor	1605	20	40
9/30/2020	Renovation construction	745529	20	18638
Total additions for Leasehold Improvement		\$ 1,191,869		\$ 31,243 *
Deletions:				
8/31/2020	Gear pump	\$ (3,311)	5	\$ (331)
Total deletions for Leasehold Improvement		\$ (3,311)		\$ (331) **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care C			2081C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees	12	15	10 years	51,000	8,925				
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2019	various	1,657,909	214,846			141,474	
2. Disposals (attach schedule)				(3,311)				(331)	
3. Acquired during this report period (attach schedule)	9	2020	various	1,191,869				31,243	
C-4. Subtotal									172,386
D. Total Amortization									172,386

* 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.

Evergreen Moveable Equipment Carryforward Schedule

Cost Year	Original Disallow Adjustme nt	TVs Patient Rooms 2016	Purchase Price adjmt 2016	TVs Patient Rooms 2018	TVs Patient Rooms 2019	2019 property only review	Totals
	Cost	\$ 3,139	\$ 500,000	\$ 56,332	\$ 110	\$ 4,200	
	Term	5	5	5	5	5	
2016	Deprec	\$ 314	\$ 50,000				\$ 50,314
2016	Book Value	\$ 2,825	\$ 450,000				\$ 452,825
2017	Deprec	\$ 628	\$ 100,000				\$ 100,628
2017	Book Value	\$ 2,197	\$ 350,000				\$ 352,197
2018	Deprec	\$ 628	\$ 100,000	\$ 5,633			\$ 106,261
2018	Book Value	\$ 1,569	\$ 250,000	\$ 50,699			\$ 302,268
2019	Deprec	\$ 628	\$ 100,000	\$ 11,266	\$ 11		\$ 111,905
2019	Book Value	\$ 941	\$ 150,000	\$ 39,433	\$ 99		\$ 190,473
2020		\$ 628	\$ 100,000	\$ 11,266	\$ 22	\$ 420	\$ 112,336
2020		\$ 313	\$ 50,000	\$ 28,167	\$ 77	\$ 3,780	\$ 82,337
2021		\$ 313.00	\$ 50,000.00	\$ 11,266	\$ 22	\$ 840	\$ 62,441
2021		\$ -	\$ -	\$ 16,901	\$ 55	\$ 2,940	\$ 19,896
2022				\$ 11,266	\$ 22	\$ 840	\$ 12,128
2022				\$ 5,635	\$ 33	\$ 2,100	\$ 7,768
2023				\$ 5,635.00	\$ 22	\$ 840	\$ 6,497
2023				\$ -	\$ 11	\$ 1,260	\$ 1,271
2024					\$ 11.00	\$ 840.00	\$ 851
2024					\$ -	\$ 420	\$ 420
2025						\$ 420.00	\$ 420
2025						\$ -	\$ -

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

Name of Facility Stafford Springs CT SNF LLC d/b/a E	License No. 2081C	Report for Year Ended 9/30/2020	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	12/29/15				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	180				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Conventional				
b. Date Mortgage Obtained	12/29/15				
c. Interest Rate for the Cost Year	618.00%				
d. Term of Mortgage (number of years)	4				
e. Amount of Principal Borrowed	15,750,000				
f. Principal balance outstanding as of	15,263,220				
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 Stafford Springs CT SNF LLC d/b/a		License No. 2081C	Report for Year Ended 9/30/2020		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Stafford Springs CT SNF LLC d/b		2081C		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)				\$	104,992	104,992	
Vendor Interest=\$15,371; Water Treatment Note Interest=							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	104,992	104,992	
14. Insurance							
a. Insurance on Property (buildings only)				\$	101,429	101,429	
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)				\$	101,429	101,429	
15. Total All Expenditures (A-13 thru C-14)				\$	19,369,889	19,369,889	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Ce			2081C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 265,735	265,735		
4.			Other - See attached Schedule	\$ 5,053	5,053		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 11,072	11,072		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 174,883	174,883		
10.			Accounting	\$			
10a.			Legal	\$ 29,609	29,609		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,277	1,277		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 13,525	13,525		
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 *	\$ 3,877	3,877		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 100,000	100,000		
21.			Unallowable Management Fees	\$ 356,760	356,760		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 18,990	18,990		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 1,214	1,214		
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)				\$ 981,995	981,995		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
pg 10	12m	Marketing Activities	\$ 5,053		
Total Other Salaries Adjustment			\$ 5,053	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank Charges	\$ 18,990		
Total Other A&G Adjustments			\$ 18,990	\$ -	\$ -

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care			2081C	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 981,995	981,995		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 403,365	403,365		
28.			Ambulance/Limousine	\$ 1,789	1,789		
29.			X-rays, etc	\$ 23,024	23,024		
30.			Laboratory	\$ 56,094	56,094		
31.			Medical Supplies	\$ 24,200	24,200		
32.			Oxygen (non emergency)	\$ 61,166	61,166		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 194,301	194,301		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 112,336	112,336		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 160,975	160,975		
46.			Management Fees Indirect	\$ 143,089	143,089		
47.			Other - Direct	\$ 27,155	27,155		
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)				\$ 2,189,489	2,189,489		

*** 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 - Other	\$ 5,395		
20	5b	Ebox	\$ 5,121		
20	5k	Unallowable Management fees.....Indirect care	\$ 86,487		
20	5j	Unallowable Management fees.....Direct care	\$ 97,298		
Total Other Ancillary Costs			\$ 194,301	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 112,336		
Total Excess Movable Equipment Depreciation			\$ 112,336	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Radio and Television Revenue	\$ 27,155		
Total Other Adjustments			\$ 27,155	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility Stafford Springs CT SNF LLC d/b/a Ever 2081C		License No.		Report for Year Ended 9/30/2020		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)	\$ 21,789,672	21,789,672					
b. Medicaid Room and Board Contractual Allowance **	\$ (10,954,827)	(10,954,827)					
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$ 2,145,706	2,145,706					
b. Medicare Room and Board Contractual Allowance **	\$ 227,228	227,228					
4. a. Private-Pay Residents and Other	\$ 5,828,068	5,828,068					
b. Private-Pay Room and Board Contractual Allowance **	\$ (563,358)	(563,358)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 174,367	174,367					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (174,367)	(174,367)					
c. Prescription Drugs - Non-Medicare	\$ 247,512	247,512					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (247,512)	(247,512)					
2. a. Medical Supplies - Medicare	\$ (454)	(454)					
b. Medical Supplies - Medicare Contractual Allowance **	\$ (346)	(346)					
c. Medical Supplies - Non-Medicare	\$ 1,544	1,544					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,544)	(1,544)					
3. a. Physical Therapy - Medicare	\$ 565,511	565,511					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (445,861)	(445,861)					
c. Physical Therapy - Non-Medicare	\$ 395,600	395,600					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (395,600)	(395,600)					
4. a. Speech Therapy - Medicare	\$ 164,900	164,900					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (131,546)	(131,546)					
c. Speech Therapy - Non-Medicare	\$ 104,050	104,050					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (104,050)	(104,050)					
5. a. Occupational Therapy - Medicare	\$ 521,357	521,357					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (417,422)	(417,422)					
c. Occupational Therapy - Non-Medicare	\$ 377,160	377,160					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (377,160)	(377,160)					
6. a. Other (Specify) - Medicare	\$						
b. Other (Specify) - Non-Medicare	\$ 581,732	581,732					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,310,360	19,310,360					
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (Specify)	\$ 7,024	7,024					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$ 40,019	40,019					
V. Total Other Revenue (1 thru 8)	\$ 47,043	47,043					
VI. Total All Revenue (III +V)	\$ 19,357,403	19,357,403					

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Misc. Revenue from CRF funds	\$ 581,732		
Total Other Resident Revenue		\$ 581,732	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31,A8	Interst on Renovation Account	1,159,757	\$ 7,024		
Total Interest Income			\$ 7,024	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad debt recoveries	\$ 40,019		
Total Other Revenue		\$ 40,019	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Ev	2081C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,189,228
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,481,878
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(1,197,287)
4. Inventories			\$	30,206
5. Prepaid Expenses			\$	170,451
a. _____				
b. _____				
c. _____				
d. See Schedule		170,451		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(450,000)
8. Other Current Assets (<i>itemize</i>)			\$	1,159,758

See Schedule		1,159,758		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,384,234
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,536,584	\$	1,498,169
	Accum. Depreciation	38,415		Net
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
4. Leasehold Improvements	*Historical Cost	2,846,468	\$	2,459,235
	Accum. Depreciation	387,233		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,338,732	\$	630,482
	Accum. Depreciation	708,250		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	82,337

See Schedule		82,337		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,670,223

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Insurance	\$ 164,294
		Prepaid data processing	\$ 6,157
		Total Prepaid Expenses	\$ 170,451

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

Page Ref	Line Ref	Description	
		Working capital reserve	\$ 1,159,758
		Total Other Current Assets (Itemize)	\$ 1,159,758

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

Page Ref	Line Ref	Description	
		Moveable Equipment Carryforward	\$ 82,337
		Total Other Other Fixed Assets (Itemize)	\$ 82,337

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deposit - Taxes, utilities	\$ 363,348
		Goodwill	\$ 1,954,600
		Finance Fees	\$ 120,530
		Total Other Assets	\$ 2,438,478

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Ev	2081C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	8,054,457
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	261,774
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>)			\$	2,438,478

See Schedule			2,438,478	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,700,252
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,754,709

* 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
Stafford Springs CT SNF LLC d/b/a Evergree		2081C	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,219,774
2. Notes Payable (<i>itemize</i>)				\$	(8,058,395)
Due from Related party					(9,479,146)
Water treatment note					1,420,751
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>)				\$	345,225
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	248,492
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>)				\$	763,200
Acc'd Operating expenses					22,939
Acc'd Expense - sales tax					20
Provider taxes due					737,739
Acc'd health insurance					2,502 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	(4,481,704)

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

(Carry Total forward to next page)

**EVERGREEN
ACCRUED EXPENSES-OPERATIONS
September 30, 2020**

ACCT. # 2170

<u>Invoice</u>	
Ambulance	483.94
Therapy	1,625.92
Dental	1,710.00
Audiology	\$5,490.00
Dental	\$1,710.00
Voided asset (vanities booked twice)	(\$16,800.00)
Pension	\$6,189.54
Trash removal	\$4,638.98
Subscriptions	(\$3,537.54)
Office	(1,071.36)
Accounting Audit	\$22,500.00

Balance 9/30/20

22,939.48

G. Balance Sheet (cont'd)

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergr		License No. 2081C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				(4,481,704)	
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>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 10,324,050
Notes payable related landlord		8,524,050			
PPP advances		1,800,000			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 10,324,050
C. Total All Liabilities (Lines A-13 + B-5)					\$ 5,842,346

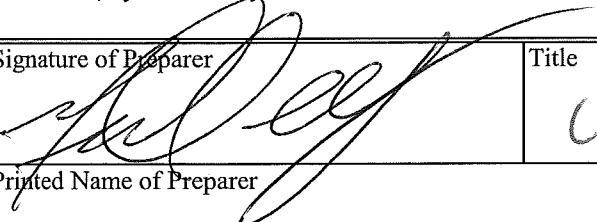
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a E	2081C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,842,511
6. Gain or Loss for Period			\$	(12,486)
				10/1/2019 thru 9/30/2020
7. Total Net Worth			\$	4,830,025
C. Total Reserves and Net Worth			\$	4,830,025
D. Total Liabilities, Reserves, and Net Worth			\$	10,672,371

H. Changes in Total Net Worth

Name of Facility Stafford Springs CT SNF LLC d/b/a Eve	License No. 2081C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	4,921,439
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	19,357,403
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	19,369,889
D. Net Income or Deficit			\$	(12,486)
E. Balance			\$	4,908,953
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Maintenance expense				(14,864)
2019 AJE - health insurance				(65,116)
Maintenance supplies				1,052
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	(78,928)
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			\$	4,830,025
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility Stafford Springs CT SNF LLC d/b/a	License No. 2081C	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)		
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 2-15-21		
Printed Name of Preparer Athena Health Care Associates, Inc.				
Address Address 135 South Rd., Farmington, CT 06032		Phone Number 860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Contact Email Address				