

# State of Connecticut



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

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	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) Glastonbury Health Care Center, Inc.	License No. 2028C	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 Glastonbury Health Care Center, Inc. [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Nickeisha Bewry			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 1175 Hebron Ave Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 3/15/2021	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-659-1905		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Glastonbury Health Care Center, Inc.		Address (No. & Street, City, State, Zip ) 1175 Hebron Ave Glastonbury, CT 06033		
License Numbers:	CCNH 2028C	RHNS (Specify)	Medicare Provider No. 07-5316	
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.				
<b>Administrator</b>				
Name of Administrator Nickeisha Bewry		Nursing Home Administrator's License No.:	2016	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Glastonbury Health Care Center, Inc	1175 Hebron Ave, Glastonbury, CT 06762		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	1175 Hebron Ave, Glastonbury, CT 06762	President	4098.425	
Michael E. Mosier	1175 Hebron Ave, Glastonbury, CT 06762	Treasurer/Secretary	25	
Names of Stockholders Owning at Least 10% of Shares				
Conservators for Lawrence E. Santilli	1175 Hebron Ave, Glastonbury, CT 06762		701.575	

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	3B	37

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

Owner(s) of Facility

Not Applicable



**General Information and Questionnaire  
 Related Parties\***

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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	%**				
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16 M13	4,898	4,898
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	PG 33 A2		
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Workers Comp Captive	Pg 15 1a1	374,302	374,302
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			
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached			
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 20 5a2	398,320	
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Lease of Property	Pg 22 L9, 10b; Pg 27 L	817,388	817,388
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <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? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.				

### 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
Glastonbury Health Care Center, Inc.		2028C		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						
	<input type="radio"/>	<input checked="" type="radio"/>						
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	04/10/14	Annual Renewal	1,844	1,844	
GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/24/16	48 Months	12,913	12,913	
Atria Litchfield Hills, 300 East Market St, Suite 100, Louisville, KY 40202	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Space Lease	04/01/19	Annual Renewal	35,008	35,008	
	<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
<b>Total ***</b>							49,765	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility Glastonbury Health Care Center, In	License No. 2028C	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	Address (No. & Street, City, State, Zip Code)
1	
2    PKF O'Connor Davies, LLP	Four Corporate Drive, Suite 488, Shelton, CT 06484
3    Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4    Midcap Financial Services, LLC	7255 Woodmont Ave Suite 200, Bethesda, MD 20814

Services Provided by This Firm (*describe fully*)

1		\$	
2	Audit, Year End Financials & Tax Return	\$	10,400
3	Medicare Cost Reports	\$	2,700
4	Line of Credit Audit (Disallowed)	\$	3,275
			<b>Charge for Services Provided</b>
		\$	16,375

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    Midcap Financial Services LLC	312-258-5500
2    Goldman, Gruder, & Woods/Treasurer State of CT/State Marshal	203-899-8900
3    Jackson Lewis	
4    Littler Mendelson	203-974-8700
5    Jacobs & Sodipo	860-233-2245

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

1	7255 Woodmont Ave Suite 200, Bethesda, MD 20814
2	200 Connecticut Ave, Norwalk, CT 06854
3	1133 Westchester Ave Suite 5125, West Harrison, NY 10604
4	365 Church St #300, New Haven, CT 06510
5	120 Oxford St, Hartford, CT 06105

Services Provided by This Firm (*describe fully*)

1	Line of Credit: Disallow	\$	3,171
2	AR Collections: Disallow	\$	36,062
3	Employee Matters: Disallow	\$	3,567
4	Employee Matters: Disallow	\$	5,923
5	Employee Matters: Disallow	\$	47,500
			<b>Charge for Services Provided</b>
		\$	96,223

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 Glastonbury Health Care Center, Inc.		License No. 2028C			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	105	105			105	105							
B. On last day of THIS report period	105	105							105	105			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	95	95			95	95							
B. As of midnight of THIS report period	71	71							71	71			
3. Total Number of Days Care Provided During Period													
A. Medicare	9,085	9,085			6,996	6,996			2,089	2,089			
B. Medicaid (Conn.)	19,861	19,861			16,310	16,310			3,551	3,551			
C. Medicaid (other states)													
D. Private Pay	2,301	2,301			1,207	1,207			1,094	1,094			
E. State SSI for RCH													
F. Other (Specify)	454	454			387	387			67	67			
G. Total Care Days During Period (3A thru F)	31,701	31,701			24,900	24,900			6,801	6,801			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	41	41			41	41							
B. Other Bed Reserve Days	11	11			11	11							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,753	31,753			24,952	24,952			6,801	6,801			

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

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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	9		47		4		11						
Per Diem Rate													
a. One bed rm.	511.14		244.56		653.00		381.97						
b. Two bed rms.	511.14		244.56		628.00		381.97						
c. Three or more bed rms.					581.00								
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,454	3,454			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									266	266			
2. Restorative Treatments													
C. Other									18,623	18,623			
D. <b>Total Physical Therapy Treatments</b>									22,343	22,343			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									551	551			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									23	23			
2. Restorative Treatments													
C. Other									2,135	2,135			
D. <b>Total Speech Therapy Treatments</b>									2,709	2,709			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,723	2,723			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									229	229			
2. Restorative Treatments													
C. Other									19,381	19,381			
D. <b>Total Occupational Therapy Treatments</b>									22,333	22,333			

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	132,638	2,118				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	318,682	10,869				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	73,551	2,122				
c. Dietary Workers	496,632	23,705				
6. Housekeeping Service						
a. Head Housekeeper	64,993	2,175				
b. Other Housekeeping Workers	199,452	11,229				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	82,002	2,146				
b. Other Maintenance Workers	58,035	2,357				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	97,309	5,582				
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	201,032	3,478				
b. RN						
1. Direct Care	986,206	23,129				
2. Administrative**	441,599	13,037				
c. LPN						
1. Direct Care	743,539	24,296				
2. Administrative**						
d. Aides and Attendants	1,454,259	73,299				
e. Physical Therapists	523,816	13,599				
f. Speech Therapists	107,839	2,209				
g. Occupational Therapists	388,077	9,181				
h. Recreation Workers	192,959	8,236				
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	251,940	7,148				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,814,560	239,915				

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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	
Glastonbury Health Care Center, Inc.				2028C	9/30/2020			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Brian Reynolds	82,002			Health & life insurances, Payroll Taxes	Director of Maintenance	2,146	A7a			

\* 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
Glastonbury Health Care Center, Inc.				2028C		9/30/2020			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Nickeisha Bewry (10/1/19-9/30/20)	132,638			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,118	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	36,910	923				
2. Dentist	11,403	5				
3. Pharmacist	11,598	226				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	6,515	94				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	71,700	461				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,705					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	1,350	9				
9. Speech Therapist						
a. Resident Care	4,628	13				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>149,809</b>	<b>1,730</b>				

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

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

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

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C		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						
Procare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest					
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director, Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Central CT Cardiology, 19 Woodland St Suite 35, Hartford, CT 06105	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
SDX Swallowing Diagnostic, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill, CT 06067	Sub Acute Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>						
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
Health Drive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Quest-Chicago, 3404 Collection Ctr Drive, Chicago, IL 60693	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Norton & Associates, Inc, 34 Elm St, Cohasset, MA 02025	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Podiatry, 888 Worcester St, Wellesly, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Retina Consultants PC, 191 Main St, Manchester, CT 06042	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
University Physicians, PO Box 1440, Hartford, CT 06143	Physician	<input type="radio"/>	<input checked="" type="radio"/>						
Third Eye Health, PO Box 7410158, Chicago, IL 60674	Physician	<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 374,302	374,302		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 96,294	96,294		
4. Social Security (F.I.C.A.)	\$ 458,355	458,355		
5. Health Insurance	\$ 1,111,596	1,111,596		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,449	28,449		
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*	\$ 241,844	241,844		
d. Accounting and Auditing	\$ 16,375	16,375		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 96,223	96,223		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 52,011	52,011		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,347	20,347		
2. Cellular Phones	\$			
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	\$ 476,482	476,482		
<b>Subtotal</b>	\$ 2,972,278	2,972,278		

\* 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**

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

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,972,278	2,972,278		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,720	2,720			
3. Gifts to Staff and Residents	\$ 14,425	14,425			
4. Employee Travel	\$ 511	511			
5. Education Expenses Related to Seminars and Conventions	\$ 4,110	4,110			
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> )	\$ 17,991	17,991			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 2,477	2,477			
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	\$ 1,968	1,968			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,515	7,515			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,538	1,538			
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**	\$ 341,329	341,329			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 106,798	106,798			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,473,660	3,473,660			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 2,477		
<b>Total Other Advertising</b>	\$ 2,477	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CACHF Dues	\$ 7,515		
<b>Total Dues</b>	\$ 7,515	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 19,507		
Payroll Processing Fees	\$ 25,171		
Employee Physicals/Background Checks	\$ 13,075		
Data Processing/Software Maint. Fees	\$ 48,739		
Utility Audit	\$ 306		
<b>Total Other Administrative and General</b>	\$ 106,798	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	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 Road Farmington, CT 06032	476,074	Contract Attached to a Prior Year	See Below
Allocation of the Above	314,209	Admin/Gen 66%	Pg 16, Line 12
Allocation of the Above	76,172	Indirect 16%	Pg 20, Line 5k
Allocation of the Above	85,693	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	27,120	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
Glastonbury Health Care Center, Inc.		2028C	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 281,052	281,052			
2. Non-Food Supplies	\$ 39,379	39,379			
3. Other ( <i>Specify</i> ) _____ Dishes = \$778	\$ 778	778			
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> ) _____	\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 321,209</b>	<b>321,209</b>			
Item	Total	CCNH	RHNS	(Specify)	
2E. Dietary Questionnaire					
F. Resident Meals: Total no. of meals served per day:*	260	260			
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 type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	14,262	14,262		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (Specify) Supplies = \$5,236	\$	5,236	5,236		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	19,498	19,498		
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$2,135
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$2,135
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			30 IV8	

\* 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
Glastonbury Health Care Center, Inc.		2028C	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. \$	38,412	38,412		
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> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	38,412	38,412		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	380,693	380,693		
b.	Medicine Cabinet Drugs	\$	12,634	12,634		
c.	Medical and Therapeutic Supplies	\$	245,929	245,929		
d.	Ambulance/Limousine***	\$	31,331	31,331		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	19,186	19,186		
f.	X-rays and Related Radiological Procedures***	\$	32,129	32,129		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	54,294	54,294		
i.	Recreation	\$	8,954	8,954		
j.	Direct Management Services*	\$	85,693	85,693		
k.	Indirect Management Services*	\$	76,172	76,172		
l.	Other (Specify)**** See Attached Schedule	\$	66,774	66,774		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,013,789	1,013,789		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Cable TV	\$ 14,332		
Medical Equip Rentals-Medicaid	\$ 6,316		
Physical Therapy Supplies	\$ 11,481		
Occupational Therapy Supplies	\$ 1,560		
Oxygen Equipment Rentals	\$ 24,336		
Medical Equip Rentals-Other	\$ 8,749		
<b>Total Other Resident Care</b>	<b>\$ 66,774</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	19,994			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	27,206			22	6f
Mountain View Landscaping	67 Old James St, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	26,034			22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	398,320			20	5A2
		<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 94,099	94,099				
b. Heat	\$ 49,265	49,265				
c. Light & Power	\$ 119,817	119,817				
d. Water	\$ 67,789	67,789				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 49,765	49,765				
f. Other ( <i>itemize</i> )	\$ 70,640	70,640				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 451,375</b>	<b>451,375</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 245	245				
b. Building & Building Improvements	\$ 84,166	84,166				
c. Non-Movable Equipment	\$ 6,823	6,823				
d. Movable Equipment	\$ 27,886	27,886				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 119,120</b>	<b>119,120</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,132	2,132				
c. Leasehold Improvements	\$ 76,816	76,816				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 78,948</b>	<b>78,948</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 554,083	554,083				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 184,253	184,253				
c. Personal property taxes	\$ 17,857	17,857				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 954,261</b>	<b>954,261</b>				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,571		
Rubbish Removal	\$ 27,206		
Snow Removal	\$ 14,464		
Supplies	\$ 17,399		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 70,640</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2020			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			120,711		120,711	119,676	S/L	Various	245				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										245			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			2,854,912		2,854,912	2,205,121	S/L	Various	84,166				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										84,166			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			909,321		909,321	884,061	S/L	Various	6,823				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										6,823			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2019	1,119,725		1,119,725	1,026,654	S/L	Various	27,886	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2020								
D-3. Subtotal													27,886
<b>E. Total Depreciation</b>													119,120

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Movable Equipmen</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/31/2019	Air Temp-Gas Piping	\$ 7,737	20	\$ 193
2/29/2020	ACI Flooring-Flooring	\$ 558	10	\$ 28
6/30/2020	Air Temp-5 ton Split System	30982	5	\$ 3,098
6/30/2020	Air Temp-Kitchen Exhaust System/MAU	21515	15	\$ 717
9/30/2020	State Wide Electric-Electrical Fixtures	2265	10	\$ 113
<b>Total additions for Leasehold Improvemer</b>		\$ 63,057		\$ 4,150 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemer</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.			2028C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees -LOC	9	2018	3	6,395	3,553	SL		2,132	
2. Finance Fees	9	2020		10,437					
3.									
B-4. Subtotal									2,132
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2019		1,813,495	787,293	S/L	Various	72,666	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2020		63,057		S/L	Various	4,150	
C-4. Subtotal									76,816
<b>D. Total Amortization</b>									78,948

\* Straight-line method must be used.

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

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

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

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		5/16/1986		
2. Date Structure Completed		1/25/1988		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		105		
6. Square Footage				
7. Acquisition Cost				
a. Land		544,799		
b. Building		4,193,044		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		HUD		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		7,992,000		
f. Principal balance outstanding as of		6,798,722		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc		2028C		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)				\$	244,482	244,482	
Vendor Interest = \$15,618; Interest LOC = \$228,864							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	244,482	244,482	
14. Insurance							
a. Insurance on Property (buildings only)				\$	84,949	84,949	
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. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	84,949	84,949	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	13,566,004	13,566,004	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 388,077	388,077		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 5,705	5,705		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 241,844	241,844		
10.	15	1d	Accounting	\$ 3,275	3,275		
10a.			Legal	\$ 96,223	96,223		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1 3	Gifts, flowers and coffee shops	\$ 14,425	14,425		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2 &	Unallowable Advertising *	\$ 2,477	2,477		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 185,545	185,545		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 43,725	43,725		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.	16	3d	Laundry services to employees, guests and others who are not residents	\$ 2,135	2,135		
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 983,431	983,431		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 19,507		
22	6d	Fee Income: A&G Water & Sewer Usage	\$ 24,218		
<b>Total Other A&amp;G Adjustments</b>			\$ 43,725	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 983,431	983,431		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 380,693	380,693		
28.	20	5d	Ambulance/Limousine	\$ 31,331	31,331		
29.	20	5f	X-rays, etc	\$ 32,129	32,129		
30.	20	5h	Laboratory	\$ 54,294	54,294		
31.	20	5c	Medical Supplies	\$ 17,407	17,407		
32.	20	5 e2	Oxygen (non emergency)	\$ 19,186	19,186		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 116,869	116,869		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,723	6,723		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 1,061	1,061		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,643,124	1,643,124		

\*\*\* 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	\$ 8,749		
20	5j	Radio and Television Revenue	\$ 10,732		
30	IV8	Nursing Supply Rebate	\$ 1,804		
20	5k	Unallowable Management Fees.....Indirect Care	\$ 44,981		
20	5j	Unallowable Management Fees.....Direct Care	\$ 50,603		
<b>Total Other Ancillary Costs</b>			<b>\$ 116,869</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 6,723		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 6,723</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,206,616	12,206,616				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,248,659)	(7,248,659)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,708,496	2,708,496				
b. Medicare Room and Board Contractual Allowance **	\$ (73,423)	(73,423)				
4. a. Private-Pay Residents and Other	\$ 4,378,922	4,378,922				
b. Private-Pay Room and Board Contractual Allowance **	\$ (987,187)	(987,187)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 149,609	149,609				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (149,609)	(149,609)				
c. Prescription Drugs - Non-Medicare	\$ 221,662	221,662				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (221,662)	(221,662)				
2. a. Medical Supplies - Medicare	\$ 6,907	6,907				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,907)	(6,907)				
c. Medical Supplies - Non-Medicare	\$ 10,733	10,733				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (10,733)	(10,733)				
3. a. Physical Therapy - Medicare	\$ 666,523	666,523				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (570,197)	(570,197)				
c. Physical Therapy - Non-Medicare	\$ 508,085	508,085				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (508,085)	(508,085)				
4. a. Speech Therapy - Medicare	\$ 209,965	209,965				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (178,836)	(178,836)				
c. Speech Therapy - Non-Medicare	\$ 125,745	125,745				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (125,745)	(125,745)				
5. a. Occupational Therapy - Medicare	\$ 655,987	655,987				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (579,080)	(579,080)				
c. Occupational Therapy - Non-Medicare	\$ 522,370	522,370				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (522,370)	(522,370)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 325,100	325,100				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,514,227	11,514,227				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,061	1,061				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 129,584	129,584				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 130,645	130,645				
<b>VI. Total All Revenue</b> (III +V)	\$ 11,644,872	11,644,872				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 2,090		
	Misc Revenue from CRF Funding	\$ 323,010		
<b>Total Other Resident Revenue</b>		\$ 325,100	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 1,061		
<b>Total Interest Income</b>			\$ 1,061	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 24,218		
19 3E	Laundry Services	\$ 2,135		
	Bad Debt Recovery	\$ 101,427		
20 5c	Nursing Supply Rebate	\$ 1,804		
<b>Total Other Revenue</b>		\$ 129,584	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	210,476
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,114,342
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(725,124)
4. Inventories			\$	17,293
5. Prepaid Expenses			\$	141,442
a. Prepaid Insurance	127,821			
b. Prepaid Health Insurance	13,621			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(570,103)
8. Other Current Assets ( <i>itemize</i> )			\$	104,352
Due From Related Party	104,352			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	292,677
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	120,712	\$	790
	Accum. Depreciation	119,922		Net
3. Buildings	*Historical Cost	2,854,912	\$	565,625
	Accum. Depreciation	2,289,287		Net
4. Leasehold Improvements	*Historical Cost	1,876,551	\$	1,012,443
	Accum. Depreciation	864,108		Net
5. Non-Movable Equipment	*Historical Cost	909,320	\$	18,438
	Accum. Depreciation	890,882		Net
6. Movable Equipment	*Historical Cost	1,109,598	\$	55,054
	Accum. Depreciation	1,054,544		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable				
9. Other Fixed Assets ( <i>itemize</i> )				
Moveable Equipment Carryforward		10,128	\$	10,128
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	1,662,478

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

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)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	1,955,155
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	544,799
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,193,044		
	Accum. Depreciation	4,193,044	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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	544,799
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	353,371
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	(6,526,898)
Name and Address		Amount	Loan Date	
Due from Related Party		(6,526,898)	3/29/12	
7. Other Assets <i>(itemize)</i>			\$	(377,609)
LOC Deposit		11,148		
Solar Panel Project		(388,757)		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(6,551,136)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	(4,051,182)

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

## Annual Report of Long-Term Care Facility

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## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2020	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,106,687
2. Notes Payable ( <i>itemize</i> )				\$	1,464,207
Due From Related Party					1,780,142
Midcap Line of Credit					(315,935)
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> )				\$	228,937
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	208,268
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> )				\$	442,285
					Acc'd Health Insurance 14,744
Acc'd Operating Expenses 80,515					Legal Settlement Due to 14,057
Acc'd Expense - Sales Tax 581					
Provider Taxes Due 332,388					See Schedule
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,450,384

\* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,450,384	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (5,702)
Name and Address of Lender	Amount	Loan Date		
Working Capital Reserve	(5,702)	NA		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (813,577)
Notes Payable Related Landlord		(813,577)		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (819,279)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,631,105

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	544,799
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			\$	544,799
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,355,954)
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ (1,921,132)
7. Total Net Worth			\$	(7,227,086)
<b>C. Total Reserves and Net Worth</b>			\$	(6,682,287)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(4,051,182)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2020	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(5,128,655)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,644,873
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,566,005
D. Net Income or Deficit			\$	(1,921,132)
E. Balance			\$	(7,049,787)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	(177,296)			
Rounding	(3)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(177,299)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(7,227,086)

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

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Michael Mosier			(860) 751-3900	
Contact Email Address				
mmosier@athenahealthcare.com				