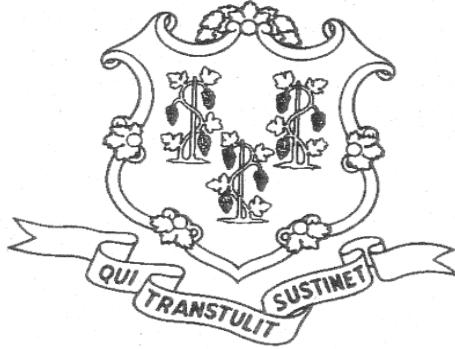


# State of Connecticut



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

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider 07-5106
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2263	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) Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center [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) Carol Salvietti			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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	Period Covered: From 10/1/2019 To 9/30/2020			
Address of Facility 100 Randolph Road Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <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 860-344-0353	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex	Address (No. & Street, City, State, Zip ) 100 Randolph Road Middletown, CT 06457			
License Numbers: CCNH 2263	RHNS	(Specify)		Medicare Provider No. 07-5106
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> 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 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 Carol Salvietti		Nursing Home Administrator's License No.:	001389	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name			License No.:	

State of Connecticut

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

CSP-3 Rev. 10/2005

**General Information and Questionnaire  
Partners/Members**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	Report for Year Ended 9/30/2020	Page of 3   37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Athena Middlesex, LLC		100 Randolph Rd, Middletown, CT 06457	CT
Name of Partners/Members	Business Address	Title	% Owned
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member	0.3525
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member	0.4675
Senior Care Umbrella LLC	234 Church St New Haven, CT 06510	Member	0.15
L & F Schwartz Family Limite	3 Shirecrest, Avon, CT 06001	Member	0.03

# **General Information and Questionnaire Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

## General Information and Questionnaire

### Related Parties\*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid		License No. 2263	Report for Year Ended 9/30/2020			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	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?				<input checked="" type="radio"/> Yes	<input type="radio"/> 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	%**				
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	pg 33 A2		
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	pg 17	268,753	327,786
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 Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self insured employee health and dental insu	Pg 15 1a5	951,256	951,256
Procare LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 20 5A2	257,360	257,360
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	pg 16 m13	4,805	4,805
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Various: See attached			
		<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 Athena Middlesex, LLC of Middletown, CT d/b/	License No. 2263	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 ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

# **General Information and Questionnaire Leases (Excluding Real Property)**

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total \*\*\*

16,546

\* 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 Athena Middlesex, LLC of Middle	License No. 2263	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 Dworkin, Hillman, Lamorte & Sterczala 2 Marcum LLP 3 Midcap Financial Services, LLC 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Dr, Shelton, CT 06484 555 Long Wharf Drive 12th Floor, New Haven, CT 06511 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
---	--

Services Provided by This Firm (*describe fully*)

1 Year End Audit & Statements: Allow	\$ 19,950
2 Medicare Cost Report: Allow	\$ 2,700
3 LOC Audit: Disallow	\$ 2,503
4	\$
	Charge for Services Provided \$ 25,153

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, LLP 2 Midcap Financial Services, LLC 3 Goldman, Gruder & Woods 4 Treasurer/Marshall State of CT 5 Jackson Lewis/Morrison Mahoney/Parrett Porto	Telephone Number 860-240-6000 646-896-1307 203-899-8915
--	--

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

1 185 Asylum St, Hartford, CT 06103
2 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
3 200 Connecticut Ave, Norwalk, CT 06854
4
5

Services Provided by This Firm (*describe fully*)

1 Audit Letter: Allow (1422); Misc Issues: Disallow (4207)	\$ 5,629
2 LOC Fees: Disallow	\$ 196
3 A/R Collections: Disallow	\$ 3,090
4 A/R Collections: Disallow	\$ 2,050
5 A/R Collections: Disallow	\$ 4,158
	Charge for Services Provided \$ 15,123

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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care			License No. 2263				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					150	150						
A. On last day of PREVIOUS report period	150	150										
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents					144	144						
A. As of midnight of PREVIOUS report period	144	144										
B. As of midnight of THIS report period	113	113							113	113		
3. Total Number of Days Care Provided During Period					3,967	3,967						
A. Medicare	4,927	4,927							960	960		
B. Medicaid (Conn.)	40,220	40,220			30,858	30,858			9,362	9,362		
C. Medicaid (other states)												
D. Private Pay	983	983			833	833			150	150		
E. State SSI for RCH												
F. Other (Specify) Managed Care & VA	745	745			695	695			50	50		
G. Total Care Days During Period (3A thru F)	46,875	46,875			36,353	36,353			10,522	10,522		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					24	24						
A. Medicaid Bed Reserve Days	24	24										
B. Other Bed Reserve Days	7	7			7	7						
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>46,906</b>	<b>46,906</b>			<b>36,384</b>	<b>36,384</b>			<b>10,522</b>	<b>10,522</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT	License No. 2263	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	95		3			8	
Per Diem Rate								
a. One bed rm.	524.01	222.33		624.00		341.88		
b. Two bed rms.	524.01	222.33		594.00		341.88		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		3,021	3,021		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		2,328	2,328		
2. Restorative Treatments					
C. Other		9,463	9,463		
D. <b>Total Physical Therapy Treatments</b>		14,812	14,812		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		647	647	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		407	407	
2. Restorative Treatments				
C. Other		1,056	1,056	
D. <b>Total Speech Therapy Treatments</b>		2,110	2,110	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		4,534	4,534	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		2,278	2,278	
2. Restorative Treatments				
C. Other		9,264	9,264	
D. <b>Total Occupational Therapy Treatments</b>		16,076	16,076	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		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)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	141,678	2,123			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	281,459	11,094			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	65,231	2,063			
c. Dietary Workers	510,482	29,062			
6. Housekeeping Service					
a. Head Housekeeper	63,316	2,505			
b. Other Housekeeping Workers	281,454	18,100			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	94,683	2,044			
b. Other Maintenance Workers	101,054	4,221			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	104,692	6,872			
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	205,301	3,380			
b. RN					
1. Direct Care	519,302	11,136			
2. Administrative**	441,691	13,988			
c. LPN					
1. Direct Care	1,346,029	40,821			
2. Administrative**					
d. Aides and Attendants	2,401,547	111,881			
e. Physical Therapists	394,421	9,672			
f. Speech Therapists	82,414	1,743			
g. Occupational Therapists	301,894	7,463			
h. Recreation Workers	193,419	8,733			
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	190,513	6,493			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	7,720,580	293,394			

\* 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)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health				License No. 2263		Report for Year Ended 9/30/2020			Page 11	of 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>										

\* 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.

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C				2263		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>										
Carol Salvietti (4/28/20-9/30/20)	38,827			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	567	A2			
Nicotra Redd (10/1/19-9/30/20)	102,851			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	1,556	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
	2263	9/30/2020		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	12,386	565			
2. Dentist	9,299	83			
3. Pharmacist	14,366	261			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	40,900	345			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	4,610	51			
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	3,113	21			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	80,864	1,011			
2. Administrative***	5,350	86			
b. LPN					
1. Direct Care	24,727	380			
2. Administrative***					
c. Aides	885	12			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	196,500	2,815			

\* 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\***

\* 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
Athena Middlesex, LLC of Middletown, CT d/b/a/	2263	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 553,048	553,048		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 106,633	106,633		
4. Social Security (F.I.C.A.)	\$ 554,884	554,884		
5. Health Insurance	\$ 885,466	885,466		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 20,427	20,427		
8. Uniform Allowance	\$			
9. Other (Specify ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 296,670	296,670		
d. Accounting and Auditing	\$ 25,153	25,153		
e. Legal (Services should be fully described on Page 7)	\$ 15,123	15,123		
f. Insurance on Lives of Owners and Operators (Specify )*	\$			
g. Office Supplies	\$ 60,612	60,612		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,237	22,237		
2. Cellular Phones	\$			
i. Appraisal (Specify purpose and attach copy )*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ (15,650)	(15,650)		
2. Other (Specify ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 882,399	882,399		
<b>Subtotal</b>	\$ 3,407,002	3,407,002		

\* 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**

Attachment Page 15

## **Schedule of Other Employee Benefits**

## Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2020		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i><b>Subtotals Brought Forward:</b></i>	3,407,002	3,407,002		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,911	1,911		
3. Gifts to Staff and Residents	\$	21,936	21,936		
4. Employee Travel	\$	1,098	1,098		
5. Education Expenses Related to Seminars and Conventions	\$	1,480	1,480		
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> )	\$	30,000	30,000		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	8,567	8,567		
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	\$	1,984	1,984		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	8,283	8,283		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	177,576	177,576		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	113,054	113,054		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	<b>3,772,891</b>	<b>3,772,891</b>		

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 8,567		
<b>Total Other Advertising</b>	<b>\$ 8,567</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
AHCA Media Dues	\$ 1,500		
CT Assoc of Health Care Facilities	\$ 6,783		
<b>Total Dues</b>	<b>\$ 8,283</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 1,580		
Data Processing Fees	\$ 43,712		
Bank Charges	\$ 27,045		
Payroll Processing Fees	\$ 22,990		
Employee Physicals & Background Checks	\$ 13,815		
Energy Audit	\$ 1,412		
Senior Planning Services - Medicaid App	\$ 2,500		
<b>Total Other Administrative and General</b>	<b>\$ 113,054</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown, CT	2263	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	268,673	Contract Attached to a Prior Year	See Below
Allocation of the above	2,988 48,361	Admin/Gen 66% Indirect 16% Direct 18%	Pg 28, Line 21
Athena Health Care Assoc., Inc 135 South Rd Farmington, CT 06032	252	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
		9/30/2020		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 363,736	363,736		
2. Non-Food Supplies	\$ 53,416	53,416		
3. Other (Specify) _____ Dishes	\$ 1,715	1,715		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 418,867</b>	<b>418,867</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	384	384		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" 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)				
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.	\$491
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 Athena Middlesex, LLC of Middletown, CT d/b/a Middl	License No. 2263	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. \$	20,317	20,317	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	7,939	7,939	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	28,256	28,256	
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.
<b>K. Where is the revenue received reported in the Cost Report?</b>				(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
		9/30/2020		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	21,997	21,997		
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 (Specify)	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	21,997	21,997		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	231,475	231,475		
b. Medicine Cabinet Drugs	\$	10,675	10,675		
c. Medical and Therapeutic Supplies	\$	423,258	423,258		
d. Ambulance/Limousine***	\$	45,716	45,716		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,010	9,010		
f. X-rays and Related Radiological Procedures***	\$	16,770	16,770		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	37,730	37,730		
i. Recreation	\$	7,909	7,909		
j. Direct Management Services*	\$	48,361	48,361		
k. Indirect Management Services*	\$	42,988	42,988		
l. Other (Specify)**** See Attached Schedule	\$	93,296	93,296		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	967,188	967,188		

\* 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**

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care C				License No. 2263	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
Winterberry Gardens	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	16,926			22	6f
ADP	225 Second Ave Waltham MA 02454	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	22,990			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	36,132			22	6f
Procare LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	Pharmacy	257,360			20	5a2
Pro Landscaping & Design LLC	256 Tuttle Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	14,001			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<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	\$ 16,926		
Rubbish Removal	\$ 37,262		
Snow Removal	\$ 15,036		
Supplies	\$ 22,734		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 91,958</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended		Page of
Athena Middlesex, LLC of Middletown, CT	2263	9/30/2020		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 134,678	134,678		
b. Heat	\$ 74,446	74,446		
c. Light & Power	\$ 111,589	111,589		
d. Water	\$ 78,455	78,455		
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$ 16,546	16,546		
f. Other <i>(itemize)</i>	\$ 91,958	91,958		
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 507,672	507,672		
7. Depreciation <i>(complete schedule page 23*)</i>				
a. Land Improvements	\$ 4,057	4,057		
b. Building & Building Improvements	\$ 277,309	277,309		
c. Non-Movable Equipment	\$ 15,178	15,178		
d. Movable Equipment	\$ 53,832	53,832		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 350,376	350,376		
8. Amortization <i>(Complete att. Schedule Page 24*)</i>				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 18,421	18,421		
c. Leasehold Improvements	\$			
d. Other <i>(Specify)</i>	\$			
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 18,421	18,421		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 154,984	154,984		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 16,552	16,552		
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 540,333	540,333		

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

## Depreciation Schedule

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

**\*\*Ties to Page 23, Line A2**

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

## Amortization Schedule\*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			License No. 2263		Report for Year Ended 9/30/2020			Page 24	of 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-HUD Mortgage	12	2018		44,077		SL		14,693	
2. Finance Fees-Refinance	9	2011	35 yrs	130,495	27,961	SL	0	3,728	
3.									
B-4. Subtotal									18,421
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									18,421

\* 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 Athena Middlesex, LLC of Middletow	License No. 2263	Report for Year Ended 9/30/2020	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?\*

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	03/07/02			
4. Date of Initial Licensure	03/07/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	65,200			
b. Building	5,400,000			

##### Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	03/29/11			
c. Interest Rate for the Cost Year	4.32%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	8,023,900			
f. Principal balance outstanding as of	6,883,207			

##### Complete if Mortgage was Refinanced

###### During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

##### Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 335471	335,471			
Name of Lender		Rate				
Key Bank		4.23%				
Address of Lender						
8115 Preston Rd Suite 500, Dallas, TX 75225						
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)		\$ 335,471	335,471			

(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 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			335,471	335,471		
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item			Rate	Amount		
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify) Vendor Interest = \$34,073; Line of Credit Interest = \$49,7			\$	83,791	83,791	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)			\$	419,262	419,262	
14. Insurance						
a. Insurance on Property (buildings only)			\$	83,210	83,210	
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)			\$			
1. Umbrella ( <i>Blanket Coverage</i> )			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)			\$	83,210	83,210	
15. <b>Total All Expenditures</b> (A-13 thru C-14)			\$	14,676,756	14,676,756	

## **D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended		Page of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health				2263	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	A12	Occupational Therapy	\$ 301,894	301,894		
4.			Other - See attached Schedule	\$ 13,211	13,211		
			<b>Page 13 - Professional Fees</b>				
5.	13	B8C	Resident Care Physicians **	\$ 4,610	4,610		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 29,545	29,545		
			<b>Pages 15 &amp; 16 - Administrative and General</b>				
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 296,670	296,670		
10.	15	1d&e	Accounting	\$ 2,503	2,503		
10a.			Legal	\$ 13,701	13,701		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 21,936	21,936		
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&c3	Unallowable Advertising *	\$ 8,567	8,567		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ (15,650)	(15,650)		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (39,015)	(39,015)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,545	29,545		
			<b>Page 18 - Dietary Expenditures</b>				
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 491	491		
			<b>Page 19 - Laundry Expenditures</b>				
25.			Laundry services to employees, guests and others who are not residents	\$			
			<b>Page 20 - Housekeeping Expenditures</b>				
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 668,008	668,008		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12m	Marketing:Salary & Benefits	\$ 13,211		
<b>Total Other Salaries Adjustment</b>			\$ 13,211	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 27,045		
16	M13	Senior Planning Medicaid App	\$ 2,500		
<b>Total Other Fees Adjustments</b>			\$ 29,545	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 27,045		
16	M13	Senior Planning Medicaid App	\$ 2,500		
<b>Total Other A&amp;G Adjustments</b>			\$ 29,545	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			2263	9/30/2020		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 668,008	668,008		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 231,475	231,475		
28.	20	5d	Ambulance/Limousine	\$ 45,716	45,716		
29.	20	5f	X-rays, etc	\$ 16,770	16,770		
30.	20	5h	Laboratory	\$ 37,730	37,730		
31.	20	5c	Medical Supplies	\$ 15,000	15,000		
32.	20	5e2	Oxygen (non emergency)	\$ 9,010	9,010		
33.	20	5j	Occupational Therapy	\$ 590	590		
34.			Other - See Attached Schedule	\$ 48,200	48,200		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,153	10,153		
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.	30	IV5	Interest Income on Account Rec.	\$ 438	438		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (10,640)	(10,640)		
46.			Management Fees Indirect	\$ (9,458)	(9,458)		
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>				\$ 1,062,992	1,062,992		

\*\*\* 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**

### **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

### **Schedule of Other - Indirect Adjustments**

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## **Schedule of Unallowable Building Interest**

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 22,010,892	22,010,892				
b. Medicaid Room and Board Contractual Allowance **	\$ (12,921,605)	(12,921,605)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,717,615	1,717,615				
b. Medicare Room and Board Contractual Allowance **	\$ (135,660)	(135,660)				
4. a. Private-Pay Residents and Other	\$ 2,145,907	2,145,907				
b. Private-Pay Room and Board Contractual Allowance **	\$ (447,833)	(447,833)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 130,763	130,763				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 136,346	136,346				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (136,110)	(136,110)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 462,091	462,091				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (389,245)	(389,245)				
c. Physical Therapy - Non-Medicare	\$ 320,900	320,900				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (320,900)	(320,900)				
4. a. Speech Therapy - Medicare	\$ 142,910	142,910				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (114,096)	(114,096)				
c. Speech Therapy - Non-Medicare	\$ 110,815	110,815				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (110,815)	(110,815)				
5. a. Occupational Therapy - Medicare	\$ 539,668	539,668				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (433,273)	(433,273)				
c. Occupational Therapy - Non-Medicare	\$ 335,175	335,175				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (335,175)	(335,175)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 548,612	548,612				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,256,982	13,256,982				
<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> )	\$ 709	709				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 29,627	29,627				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 30,336	30,336				
<b>VI. Total All Revenue</b> (III +V)	\$ 13,287,318	13,287,318				

\* 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)
	Misc Revenue from CRF Funding	\$ 548,612		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 548,612</b>	<b>\$ -</b>	<b>\$ -</b>

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

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

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	n/a	\$ 438		
pg 32, L D	Interest on Escrow Accounts	430,630	\$ 271		
<b>Total Interest Income</b>		<b>\$ 709</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 29,627		
<b>Total Other Revenue</b>		<b>\$ 29,627</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 238,396	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,268,962	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (942,444)	
4. Inventories			\$ 23,701	
5. Prepaid Expenses			\$ 72,196	
a. Prepaid Insurance		97,503		
b. Prepaid Expenses		(32,000)		
c. Prepaid Health Insurance		6,693		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$ (289,139)	
8. Other Current Assets ( <i>itemize</i> )			\$ 272,456	
A/R Related Parties		272,456		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 644,128	
B. Fixed Assets				
1. Land			\$ 101,303	
2. Land Improvements	*Historical Cost	70,170	\$ 15,523	
	Accum. Depreciation	54,647	Net	
3. Buildings	*Historical Cost	9,897,027	\$ 4,853,609	
	Accum. Depreciation	5,043,418	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	395,936	\$ 80,202	
	Accum. Depreciation	315,734	Net	
6. Movable Equipment	*Historical Cost	1,758,665	\$ 124,263	
	Accum. Depreciation	1,634,402	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 121,128	
See Schedule		121,128		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 5,296,028	

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

(Carry Total forward to next page )

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

<b>Total Other Current Assets (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Other Fixed Assets (Itemize)</b>		\$ 121,128

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

<b>Total Other Assets</b>		\$ 1,384,294

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

<b>Total Notes Payable</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2020	32	37
Account			Amount	
			Total Brought Forward:	\$ 5,940,156
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				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)				\$ 1,384,294
See Schedule	1,384,294			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 1,384,294
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 7,324,450

\* 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								
Athena Middlesex, LLC of Middletown, CT d	2263	9/30/2020	33   37								
Account			Amount								
<b>Liabilities</b>											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 2,220,530								
2. Notes Payable ( <i>itemize</i> )			\$ 1,523,985								
Notes Payable			1,200,085								
PPP			323,900								
See Schedule											
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$ 220,699								
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$								
6. Accrued Payroll Taxes Payable			\$ 258,195								
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> )			\$ 25,171								
11. Accrued Income Taxes*			\$								
12. Other Current Liabilities ( <i>itemize</i> )			\$ 522,583								
Acc'd Operating Expenses			30,906								
Acc'd Health Insurance			(2,113)								
Acc'd Expense-CT State Sales Tax			327								
Provider Taxes Due			412,107								
Acc'd Property Taxes			81,356								
See Schedule											
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			<b>\$ 4,771,163</b>								

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

(Carry Total forward to next page)

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

Name of Facility Athena Middlesex, LLC of Middletown, CT	License No. 2263	Report for Year Ended 9/30/2020	Page 34	of 37		
Account			Amount			
Total Brought Forward:			4,771,163			
<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> )						
Name and Address of Lender	Amount	Loan Date				
4. Other Long-Term Liabilities ( <i>itemize</i> )						
See Schedule						
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)						
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)						

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2020	35	37
		Account	Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	548,900
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,489,382)
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ (1,389,438)
7. Total Net Worth			\$	(4,329,920)
<b>C. Total Reserves and Net Worth</b>				\$ (4,329,920)
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 7,324,450

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown,	2263	9/30/2020	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ (2,762,768)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 13,287,318		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 14,676,756		
D. Net Income or Deficit				\$ (1,389,438)		
E. Balance				\$ (4,152,206)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
2019 accounting exp adjmt				(912)		
Health Insurance				(176,802)		
2. Other ( <i>itemize</i> )						
F-3. Total Additions				\$ (177,714)		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip )		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ (4,329,920)		

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

Name of Facility Athena Middlesex, LLC of Middletown,	License No. 2263	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

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Athena Health Care Associates, Inc		
Address	Phone Number	
135 South Road Farmington, CT 06032	(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Sean Harrison	(860) 751-3900	
Contact Email Address		
sharrison@athenahealthcare.com		