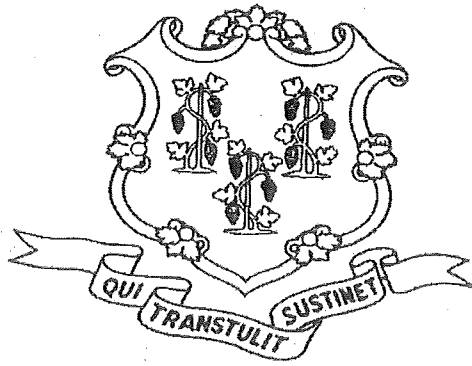


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Northbridge Healthcare Center	
Address (No. & Street, City, State, Zip Code) 2875 Main Street Bridgeport, CT 06606	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" 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 2183C	RHNS	(Specify)	Medicare Provider 07-5413
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Medicaid Provider Numbers:	CCNH 2183C	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)	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	1	37

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 Northbridge Healthcare Center [facility name] for the cost report period beginning October 01, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
<i>Erica Roman</i>		2-15-21	<i>[Signature]</i>		2-15-21
Printed Name (Administrator) Erica Roman			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me;	State of	Date	Signed (Notary Public)		Comm. Expires
<i>Karol Montagna</i>	<i>Connecticut</i>	<i>2/15/2021</i>	<i>[Signature]</i>		<i>4/30/2022</i>
Address of Notary Public: <i>74 Ruella Drive Naugatuck, CT 06460</i>					

(Notary Seal)

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Northbridge Healthcare Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 2875 Main Street Bridgeport, CT 06606				
Report Prepared By Athena Health Care Associates	Phone Number 860-751-3900	Date 2/3/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 203-336-0232	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Northbridge Healthcare Center			Address (No. & Street, City, State, Zip) 2875 Main Street Bridgeport, CT 06606		
License Numbers:	CCNH 2183C	RHNS	(Specify)	Medicare Provider No. 07-5413	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator Erica Roman			Nursing Home Administrator's License No.:	001948	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Northbridge Healthcare Center	License No. 2183C	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	
Northbridge Health Care Center, Inc.	2875 Main Street Bridgeport, CT 06606		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	2875 Main Street Bridgeport, CT 06606	President	762.313	
Michael E. Mosier	2875 Main Street Bridgeport, CT 06606	Secretary/ Treasurer	40	
Names of Stockholders Owning at Least 10% of Shares				
Custodians fro Lawrence E. Santilli	2875 Main Street Bridgeport, CT 06606		132.687	

General Information and Questionnaire Individual Proprietorship

Name of Facility Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-4 Rev. 10/2005

**General Information and Questionnaire
 Related Parties***

Name of Facility Northbridge Healthcare Center		License No. 2183C	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						
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 Name/Address and complete the information on Page 11 of the report.						
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 #	Actual Cost to the Related Party
		Yes	No %**			
Laurel Ridge Health Care Center	642 Danbury Road Ridgesfield, CT 06877	<input checked="" type="radio"/>	>98%	Bank Charges	Pg 16, m13	6,419
Athena Captive LLC	135 South Road Farmington, CT 06032	<input type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	321,921
Northbridge Landlord LLC	135 South Road Farmington, CT 06032	<input type="radio"/>		Lease of facility/ Property Taxes/ Property Insurance	Pg 22 ln9 and 10b, Pg 15, ln 1a5	936,666
Athena Health Care	135 South Road Farmington, CT 06032	<input type="radio"/>		Health Insurance		1,337,226
Athena Health Care Services Inc. 401(K) Plan	135 South Road Farmington, CT 06032	<input type="radio"/>		Facility participates in a group 401k plan		
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	>50%	Pharmacy	Pg 20, 5a2	339,318
		<input type="radio"/>				
		<input type="radio"/>				
		<input 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 Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Northbridge Healthcare Center		2183C	9/30/2020	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
Pitney Bowes, 60 Wellington Rd., Milford, T 06484	<input type="radio"/>	<input checked="" type="radio"/>	03/26/18	60 months	1,289	1,288
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	11/01/14	60 months	1,740	145
Leaf, 1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	03/04/17	48 months	18,999	18,467
	<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"/>				
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***	19,900

* 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 Northbridge Healthcare Center	License No. 2183C	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 Marcum LLP	555 Long Wharf Drive, Shelton, CT 06484
2 Midcap Financial Services	259 W 30th St., Suite 301, New York, NY 10001
3 PKF O'Connor Davies, LLP	Four Corporate Dr., Suite 488, Shelton, CT 06484
4	

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparation	\$ 2,700
2 Line of Credit audits : disallow	\$ 3,275
3 9/30/20 Financial statement audit	\$ 10,400
4	\$
	Charge for Services Provided
	\$ 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 Murtha Cullina LLP	860-240-6000
2 Goldman, Gruder & Woods LLC/ Littler Mendelson/ Pilicy & Ryan	203-899-8900
3 Midcap Financial Services	312-258-5500
4 Bridgeport Probate \$1,000, Sheriff \$216	860-274-0018
5	

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

- 1 185 Asylum St. Hartford, CT 06103
- 2 200 Connecticut Ave, Norwalk, CT 06854/ PO Box 207137 Dallas, TX 75320/ PO Box 760 365 Main St., Watertown, CT 06795
- 3 259 W 30th Suite 301, New York, NY 10001
- 4 Bridgeport, CT
- 5

Services Provided by This Firm (*describe fully*)

1 Misc matters: Disallow	\$ 1,662
2 A/R Collections: Disallow	\$ 15,304
3 Line of Credit legal fees: Disallow	\$ 3,171
4 Conservatorship: Disallow	\$ 1,216
5	\$
	Charge for Services Provided
	\$ 21,353

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page	of
	2183C		9/30/2020				8	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	145	145						
B. On last day of THIS report period	145	145			145	145		
2. Number of Residents								
A. As of midnight of PREVIOUS report period	139	139						
B. As of midnight of THIS report period	77	77			77	77		
3. Total Number of Days Care Provided During Period								
A. Medicare	6,288	6,288			5,492	796		
B. Medicaid (Conn.)	30,219	30,219			25,235	4,984		
C. Medicaid (other states)								
D. Private Pay	834	834			752	82		
E. State SSI for RCH								
F. Other (Specify) Managed Care	97	97			64	33		
G. Total Care Days During Period (3A thru F)	37,438	37,438			31,543	5,895		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	25	25			25			
B. Other Bed Reserve Days								
5. Total Resident Days (3G + 4A + 4B)	37,463	37,463			31,568	5,895		

Schedule of Resident Statistics (Cont'd)

Name of Facility Northbridge Healthcare Center			License No. 2183C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		65				6						
Per Diem Rate													
a. One bed rm.	591.03		265.43		592.00		348.43						
b. Two bed rms.	591.03		265.43		572.00		348.43						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,208	3,208				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,989	1,989				
2. Restorative Treatments													
C. Other								9,101	9,101				
D. Total Physical Therapy Treatments								14,298	14,298				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								444	444				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								305	305				
2. Restorative Treatments													
C. Other								1,069	1,069				
D. Total Speech Therapy Treatments								1,818	1,818				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,444	2,444				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								2,249	2,249				
2. Restorative Treatments													
C. Other								8,872	8,872				
D. Total Occupational Therapy Treatments								13,565	13,565				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Northbridge Healthcare Center	2183C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	153,427	2,144				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	405,388	13,578				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	77,941	2,165				
c. Dietary Workers	777,572	33,512				
6. Housekeeping Service						
a. Head Housekeeper	77,507	2,191				
b. Other Housekeeping Workers	403,242	20,210				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	79,245	2,173				
b. Other Maintenance Workers	53,062	2,125				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	204,616	9,943				
9. Barber and Beautician Services						
10. Protective Services	21,506	1,044				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	269,494	4,385				
b. RN						
1. Direct Care	935,412	19,257				
2. Administrative**	581,066	15,763				
c. LPN						
1. Direct Care	1,416,630	42,421				
2. Administrative**						
d. Aides and Attendants	2,526,555	113,464				
e. Physical Therapists	502,551	11,259				
f. Speech Therapists	65,204	1,334				
g. Occupational Therapists	270,424	5,387				
h. Recreation Workers	322,304	12,484				
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	248,734	7,527				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	9,391,880	322,366				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Northbridge Healthcare Center		2183C		9/30/2020		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Northbridge Healthcare Center		License No. 2183C	Report for Year Ended 9/30/2020			Page 12	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)							
Section III - Administrators***									
Erica Roman (10/1/19-9/30/20)	153,427		Health & life insurances, payroll taxes	Day to day operations of the nursing home facility	2,144 A2				
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Northbridge Healthcare Center	2183C	9/30/2020	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	30,276	533				
2. Dentist	4,350	56				
3. Pharmacist	13,891	971				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	62				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	289					
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	1,800	5				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	6,066	98				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	92,672	1,725				

* 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 Northbridge Healthcare Center		License No. 2183C	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		
CT Dental, 300 Church St. Suite 203, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC, 110 Bi-County Blvd, Suite 121, Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Dr. Vasudha Vallabhneni, Northeast Medical Group, 99 Hawley Lane 3rd Flr, Stratford, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Margaret Rose, 217 Hickory St., Bridgeport, CT 06610	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd., Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Systems, 135 South Rd., Farmington, CT 06032	MDS Fill-In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Connecticut Vascular & Thoracic, 501 Kings Hwy East, Suite 112, Fairfield, CT 06825	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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 321,921	321,921		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 122,302	122,302		
4. Social Security (F.I.C.A.)	\$ 650,627	650,627		
5. Health Insurance	\$ 1,092,829	1,092,829		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 44,641	44,641		
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*	\$ 142,402	142,402		
d. Accounting and Auditing	\$ 16,375	16,375		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 21,353	21,353		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 66,133	66,133		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 93,203	93,203		
2. Cellular Phones	\$ 3,265	3,265		
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*	\$ 1,030	1,030		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 666,817	666,817		
Subtotal	\$ 3,242,898	3,242,898		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Northbridge Healthcare Center	2183C	9/30/2020	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,242,898	3,242,898		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,220	3,220		
3. Gifts to Staff and Residents	\$	27,071	27,071		
4. Employee Travel	\$	1,996	1,996		
5. Education Expenses Related to Seminars and Conventions	\$	3,248	3,248		
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>)	\$	16,000	16,000		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	13,507	13,507		
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	\$	4,891	4,891		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,187	6,187		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	400	400		
9. Subscriptions	\$	768	768		
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**	\$	382,078	382,078		
13. Other (<i>Specify</i>) See Attached Schedule	\$	110,642	110,642		
C-14 Total Administrative & General Expenditures		\$ 3,812,906	3,812,906		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 13,507		
Total Other Advertising	\$ 13,507	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CLIA Laboratory	\$ 360		
CAHCF	\$ 5,742		
Total Dues	\$ 6,187	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals & background checks	\$ 8,225		
Bank fees	\$ 22,634		
Payroll Processing Fees	\$ 24,804		
HUD Professional Liab risk assessment	\$ 3,750		
Date Processing Fees	\$ 49,234		
Licenses	\$ 1,995		
Total Other Administrative and General	\$ 110,642	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	2183C	9/30/2020	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc, Inc 135 South Rd, Farmington, CT 06032	522,178	Contract attached to a prior year	See Below
Allocation of Above	344,637		Pg 16, line 12
Allocation of Above	83,548		Pg 18, line 2c
Allocation of Above	93,992		Pg 20, Line 5j
Athena Health Care Assoc, Inc 135 South Rd, Farmington, CT 06032	37,440		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
Northbridge Healthcare Center	2183C	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 347,078	347,078		
2. Non-Food Supplies	\$ 53,016	53,016		
3. Other (Specify) _____ Dishes	\$ 1,174	1,174		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services	\$ 83,548	83,548		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 484,816	484,816		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				\$4,397
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 Northbridge Healthcare Center		License No. 2183C	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. \$	17,650	17,650	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies		\$	8,591	8,591	
3D. Total Laundry Expenditures (3a + b + c)		\$	26,241	26,241	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center		2183C	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. \$	61,206	61,206			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt. \$					
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 61,206	61,206			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Procure LTC	\$	350,152	350,152			
b. Medicine Cabinet Drugs	\$	1,307	1,307			
c. Medical and Therapeutic Supplies	\$	425,763	425,763			
d. Ambulance/Limousine***	\$	4,989	4,989			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	24,628	24,628			
f. X-rays and Related Radiological Procedures***	\$	17,927	17,927			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	36,647	36,647			
i. Recreation	\$	12,268	12,268			
j. Direct Management Services*	\$	93,992	93,992			
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	78,461	78,461			
5M. Total Resident Care Expenditures (5a - 5j)		\$ 1,046,134	1,046,134			

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Equip Rentals- Medicaid	\$ 35,585		
Physical Therapy Supplies	\$ 23,569		
Oxygen Concentrator Rentals	\$ 5,853		
Cable TV Fees	\$ 15,493		
Medical Equip Rentals- Other	\$ (2,039)		
Total Other Resident Care	\$ 78,461	\$ -	\$ -

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

Name of Facility Northbridge Healthcare Center		License No. 2183C	Report for Year Ended 9/30/2020	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
ADP	Hartford Region, Richmond, VA	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	24,804				16 m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	Rubbish Removal	36,623				22 6f
Procure LTC	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy	359,796				20 5
Outdoor Lawn Services LLC	PO Box 320144, Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	Landscaping & Snow Removal	20,164				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"/>						
		<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
Northbridge Healthcare Center	2183C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 100,551	100,551				
b. Heat	\$ 56,613	56,613				
c. Light & Power	\$ 154,218	154,218				
d. Water	\$ 86,287	86,287				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 19,900	19,900				
f. Other (<i>itemize</i>)	\$ 80,307	80,307				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 497,876	497,876				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,425	1,425				
b. Building & Building Improvements	\$ 67,212	67,212				
c. Non-Movable Equipment	\$ 7,938	7,938				
d. Movable Equipment	\$ 68,193	68,193				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 144,768	144,768				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 11,473	11,473				
c. Leasehold Improvements	\$ 29,149	29,149				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 40,622	40,622				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 554,212	554,212				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 248,682	248,682				
c. Personal property taxes	\$ 32,919	32,919				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,021,203	1,021,203				

* 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	\$ 7,934		
Rubbish Removal	\$ 36,783		
Snow Removal	\$ 12,230		
Supplies	\$ 23,360		
Total Other Repairs and Maintenance	\$ 80,307	\$ -	\$ -

Depreciation Schedule

Name of Facility Northbridge Healthcare Center		License No. 2183C		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	
									Date of Acquisition
A. Land Improvements									
1. Acquired prior to this report period	99,523		99,523	84,706	S/L	Various	1,425		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal								1,425	
B. Building and Building Improvements									
1. Acquired prior to this report period	2,141,554		2,141,554	1,824,711	S/L	Various	67,212		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal								67,212	
C. Non-Movable Equipment									
1. Acquired prior to this report period	896,157		896,157	831,425	S/L	Various	7,938		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal								7,938	
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
									Is a mileage logbook maintained?
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period			1,564,757	1,313,838	S/L	Various	66,188		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)			24,878		S/L	Various	2,005		
D-3. Subtotal								68,193	
E. Total Depreciation								144,768	

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	mattress	\$ 826	5	\$ 83
11/30/2019	sink for dishroom	\$ 2,606	20	\$ 65
11/30/2019	mattress	\$ 826	5	\$ 83
12/31/2019	3 laptops	\$ 707	3	\$ 118
1/31/2020	awning	\$ 2,654	10	\$ 133
5/31/2020	5 wheelchairs, 1 walker	\$ 637	5	\$ 64
5/31/2020	6 wheelchairs	\$ 639	5	\$ 64
5/31/2020	5 wheelchairs, 2 walkers	\$ 741	5	\$ 74
5/31/2020	5 wheelchairs, 2 walkers	\$ 741	5	\$ 74
5/31/2020	5 wheelchairs, 2 walkers	\$ 741	5	\$ 74
6/30/2020	television	\$ 585	5	\$ 59
6/30/2020	vacuum	\$ 677	8	\$ 42
6/30/2020	actuator	\$ 818	5	\$ 82
6/30/2020	3 mattresses	\$ 938	5	\$ 94
7/31/2020	6 chrome laptops	\$ 1,772	3	\$ 294
7/31/2020	tablets	\$ 1,009	3	\$ 168
8/31/2020	blender	\$ 4,203	10	\$ 210
9/30/2020	2 tv's	724	5	72
9/30/2020	chairs for nurses station	1095	10	55
9/30/2020	chairs for offices	876	10	44
9/30/2020	5 service carts	1063	10	53
Total additions for Movable Equipment		\$ 24,878		\$ 2,005 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	replace dishwasher motor	\$ 3,693	5	\$ 369
12/31/2019	2 a/c compressors	\$ 15,876	15	\$ 528
12/31/2019	void 6/30/19 a/c compressors	\$ (20,775)	15	\$ (694)
12/31/2019	roof repairs	\$ 6,897	10	\$ 344
1/31/2020	replaced 2 horn strobes	\$ 994	5	\$ 98
1/31/2020	replaced thermostat	\$ 963	5	\$ 95
1/31/2020	replace water solenoid	\$ 1,254	5	\$ 124
2/29/2020	replace door operator	\$ 34,979	15	\$ 1,167
5/31/2020	new door	\$ 2,704	10	\$ 134
8/31/2020	new circuit breaker	\$ 4,333	10	\$ 216
8/31/2020	laundry room sub frame	\$ 12,760	10	\$ 637
8/31/2020	front sidewalk railing	\$ 14,380	10	\$ 718
Total additions for Leasehold Improvement		\$ 78,058		\$ 3,736 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Northbridge Healthcare Center	Date of Acquisition		License No. 2183C	Report for Year Ended 9/30/2020		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense							
1. Bed License Purchase	9	1997	None	525,000	342,708	None	
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1. Finance Fees	2	2018	3 yrs	32,151	17,862	S/L	11,473
2. Finance Fees Greystone		2019		45,387		S/L	
3.							
B-4. Subtotal							11,473
C. Leasehold Improvements and Other							
1. Acquired prior to this report period	9	2019	Various	249,013	70,853	S/L	25,413
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)	9	2020	Various	78,058		S/L	3,736
C-4. Subtotal							
D. Total Amortization							29,149
							40,622

* 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 Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	11/13/96				
4. Date of Initial Licensure	11/13/96				
5. Total Licensed Bed Capacity	145				
6. Square Footage					
7. Acquisition Cost					
a. Land	393,226				
b. Building	7,959,774				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD				
b. Date Mortgage Obtained	02/27/20				
c. Interest Rate for the Cost Year	3.45%				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	7,696,000				
f. Principal balance outstanding as of 9/30/20	7,266,416				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center		2183C	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. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Northbridge Healthcare Center		2183C		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)				\$	43,712	43,712	
Vendor Int-\$10,516, Midcap LOC=\$33,196							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	43,712	43,712	
14. Insurance							
a. Insurance on Property (buildings only)				\$	114,149	114,149	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	114,149	114,149	
15. Total All Expenditures (A-13 thru C-14)				\$	16,592,795	16,592,795	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center				2183C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 270,424	270,424		
4.			Other - See attached Schedule	\$ 9,576	9,576		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 289	289		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 142,402	142,402		
10.	15	1d	Accounting	\$ 3,275	3,275		
10a.			Legal	\$ 21,353	21,353		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,545	2,545		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 27,071	27,071		
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&3	Unallowable Advertising *	\$ 13,507	13,507		
19.	15	k1	Income Tax / Corporate Business Tax	\$ 1,030	1,030		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 196,429	196,429		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 23,034	23,034		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 4,397	4,397		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 715,332	715,332		

* 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	A4	Marketing Salaries	\$ 9,576		
Total Other Salaries Adjustment			\$ 9,576	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed Dues	\$ 400		
16	m13	Bank charges	\$ 22,634		
Total Other A&G Adjustments			\$ 23,034	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center				2183C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 715,332	715,332		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 350,152	350,152		
28.	20	5d	Ambulance/Limousine	\$ 4,989	4,989		
29.	20	5f	X-rays, etc	\$ 17,927	17,927		
30.	20	5h	Laboratory	\$ 36,647	36,647		
31.	20	5c	Medical Supplies	\$ 19,460	19,460		
32.	20	500	Oxygen (non emergency)	\$ 24,628	24,628		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ (2,039)	(2,039)		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 11,802	11,802		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 24	24		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 53,572	53,572		
46.	20	5k	Management Fees Indirect	\$ 47,619	47,619		
47.			Other - Direct	\$ 11,893	11,893		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,292,006	1,292,006		

*** 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 Equip Rental	\$ (2,039)		
Total Other Ancillary Costs			\$ (2,039)	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Move Equipment Depreciation-Carryforward A/E	\$ 11,802		
Total Excess Movable Equipment Depreciation			\$ 11,802	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Radio and television revenue	\$ 11,893		
Total Other Adjustments			\$ 11,893	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Northbridge Healthcare Center	2183C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,087,120	17,087,120				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,988,271)	(8,988,271)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,011,382	2,011,382				
b. Medicare Room and Board Contractual Allowance **	\$ 416,533	416,533				
4. a. Private-Pay Residents and Other	\$ 2,084,734	2,084,734				
b. Private-Pay Room and Board Contractual Allowance **	\$ (407,221)	(407,221)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 116,855	116,855				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (116,855)	(116,855)				
c. Prescription Drugs - Non-Medicare	\$ 111,214	111,214				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (111,214)	(111,214)				
2. a. Medical Supplies - Medicare	\$ 5,624	5,624				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (5,624)	(5,624)				
c. Medical Supplies - Non-Medicare	\$ 10,431	10,431				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (10,431)	(10,431)				
3. a. Physical Therapy - Medicare	\$ 476,463	476,463				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (410,562)	(410,562)				
c. Physical Therapy - Non-Medicare	\$ 329,350	329,350				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (329,350)	(329,350)				
4. a. Speech Therapy - Medicare	\$ 134,130	134,130				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (116,780)	(116,780)				
c. Speech Therapy - Non-Medicare	\$ 99,150	99,150				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (99,150)	(99,150)				
5. a. Occupational Therapy - Medicare	\$ 440,912	440,912				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (389,627)	(389,627)				
c. Occupational Therapy - Non-Medicare	\$ 524,180	524,180				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (524,180)	(524,180)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 1,489,082	1,489,082				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,827,895	13,827,895				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 24	24				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 125,762	125,762				
V. Total Other Revenue (1 thru 8)	\$ 125,786	125,786				
VI. Total All Revenue (III +V)	\$ 13,953,681	13,953,681				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Misc Revenue from CRF funding	\$ 1,489,082		
Total Other Resident Revenue		\$ 1,489,082	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg31, Ln A	Interest on Accts Rec	n/a	\$ 24		
Total Interest Income			\$ 24	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Bad Debt recoveries	\$ 125,762		
Total Other Revenue		\$ 125,762	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	234,691
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,404,506
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(931,406)
4 Inventories			\$	23,836
5. Prepaid Expenses			\$	493,565
a. Prepaid Insurance	115,441			
b. Prepaid Expense other	362,629			
c. Prepaid Health Insurance	15,495			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(131,686)
A/R Related Party Facilities	268,314			
Medicare Covid Grant	(400,000)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,093,506
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	99,523	\$	13,392
	Accum. Depreciation	86,131		Net
3. Buildings	*Historical Cost	2,141,550	\$	249,631
	Accum. Depreciation	1,891,919		Net
4. Leasehold Improvements	*Historical Cost	327,071	\$	227,069
	Accum. Depreciation	100,002		Net
5. Non-Movable Equipment	*Historical Cost	896,157	\$	56,794
	Accum. Depreciation	839,363		Net
6. Movable Equipment	*Historical Cost	1,569,201	\$	187,170
	Accum. Depreciation	1,382,031		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	20,436
Equipment Carry forward adjustment	20,436			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	754,492

* 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	
		LOC Finance Fees	\$ 48,203
Total Other Assets			\$ 48,203

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)			\$ -

**NORTHBRIDGE HEALTHCARE
PREPAID OTHER
ACCOUNT 1580
FYE 9/30/20**

6/30/2020	Estimate Med Ins	90,000.00	Oct
6/30/2020	Estimate Med Ins	90,000.00	Nov
7/31/2020	Estimate Med Ins	90,000.00	Dec
8/31/2020	Estimate Med Ins	90,000.00	Jan
8/31/2020	Onshift	2,016.76	Oct & Nov
9/30/2020	Direct Supply	612.00	Oct

362,628.76

Cost Year	2008 Cost Report-Heritage Furn	2008 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2014 cost report - tv's	2015 cost report - tv's	2016 cost report - tv's	2017 cost report - tv's	2018 cost report-TV's	2020 cost report-TV's	Totals
1997	Deprec										\$ 1,431
1997	Book Value										\$ 22,257
1998	Deprec										\$ 2,957
1998	Book Value										\$ 22,114
1999	Deprec										\$ 3,282
1999	Book Value										\$ 21,210
2000	Deprec										\$ 3,539
2000	Book Value										\$ 17,940
2001	Deprec										\$ 3,870
2001	Book Value										\$ 14,911
2002	Deprec										\$ 3,282
2002	Book Value										\$ 12,556
2003	Deprec										\$ 2,888
2003	Book Value										\$ 9,837
2004	Deprec										\$ 7,158
2004	Book Value										\$ 2,488
2005	Deprec										\$ 5,076
2005	Book Value										\$ 3,059
2006	Deprec										\$ 2,395
2006	Book Value										\$ 2,988
2007	Deprec										\$ 36,081
2007	Book Value										\$ 3,839
2008	Deprec										\$ 39,086
2008	Book Value										\$ 4,091
2009	Deprec										\$ 35,001
2009	Book Value										\$ 4,104
2010	Deprec										\$ 30,897
2010	Book Value										\$ 4,082
2011	Deprec										\$ 26,836
2011	Book Value										\$ 3,175
2012	Deprec										\$ 23,062
2012	Book Value										\$ 3,394
2013	Deprec										\$ 19,668
2013	Book Value										\$ 3,541
2014	Deprec										\$ 18,929
2014	Book Value										\$ 4,409
2015	Deprec										\$ 21,136
2015	Book Value										\$ 6,243
2016	Deprec										\$ 26,747
2016	Book Value										\$ 7,542
2017	Deprec										\$ 10,210
2017	Book Value										\$ 43,542
2018	Deprec										\$ 12,613
2018	Book Value										\$ 32,238
2019	Deprec										\$ 11,78
2019	Book Value										\$ 20,436
2020	Deprec										\$ 916
2020	Book Value										\$ 10,483
2021	Deprec										\$ 9,953
2021	Book Value										\$ 7,310
2022	Deprec										\$ 3,173
2022	Book Value										\$ 3,048
2023	Deprec										\$ 125
2023	Book Value										\$ 130
2024	Deprec										\$ -
2024	Book Value										\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	1,847,998
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	393,226
2. Land Improvements			*Historical Cost _____ Accum. Depreciation _____ Net	
3. Buildings			*Historical Cost <u>6,999,069</u> Accum. Depreciation <u>5,570,093</u> Net	
4. Non-Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
5. Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
6. Motor Vehicles			*Historical Cost _____ Accum. Depreciation _____ Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,822,202
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost <u>525,000</u> Accum. Depreciation <u>342,708</u> Net	
4. Goodwill (Purchased Only)			\$ 625,498	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (4,301,880)	
Name and Address		Amount	Loan Date	
		(4,301,880)		
7. Other Assets (<i>itemize</i>)			\$ 215,559	
Project Development			130,345	
Deposits IRS			37,011	
See Schedule			48,203	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(3,278,531)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	391,669

* 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
Northbridge Healthcare Center	2183C	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,444,821
2. Notes Payable (<i>itemize</i>)			\$	2,228,420
Due to related parties			451,075	
Midcap Line of credit			1,777,345	
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>)			\$	318,308
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	324,416
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>)			\$	451,746
Accrued Operating expenses			13,279	Accrued State Income Ta (2,340)
Accrued expense- sales tax			699	Deferred Rent 1,006
Provider tax due			422,355	
Accrued Health Insurance			16,747	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,767,711

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

(Carry Total forward to next page)

NORTHBRIDGE HEALTHCARE
ACCRUED EXPENSES OPERATING
ACCOUNT 2170
9/30/2020

9/30/2018	\$	43,835.33	Health Insurance
9/30/2019	\$	(30,306.92)	Health Insurance
9/30/2020	\$	7,315.46	Life Insurance
9/30/2020	\$	21,074.52	Health Insurance
9/30/2020	\$	920.00	MGM benefits
9/30/2020	\$	13,173.15	Water
9/30/2020	\$	(56,426.18)	Management fee adj
9/30/2020	\$	210.42	Business promotion
9/30/2020	\$	714.29	Business promotion
9/30/2020	\$	116.99	Advertising help wanted
9/30/2020	\$	1,190.30	Payroll processing
9/30/2020	\$	701.91	Laundry supplies
9/30/2020	\$	360.00	Speech therapy
9/30/2020	\$	10,400.00	Accounting fee
Balance	\$	<u>13,279.27</u>	

G. Balance Sheet (cont'd)

Name of Facility Northbridge Healthcare Center		License No. 2183C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,767,711	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 63,926	
Name and Address of Lender	Amount	Loan Date			
Related Party	63,926	3/29/12			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 193,981	
Related Party Notes		193,981			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 257,907	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,025,618	

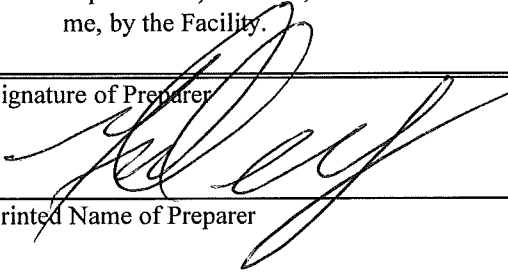
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	393,226
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,428,976
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,822,202
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	250,455
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,068,492)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(2,639,114)
7. Total Net Worth			\$	(6,456,151)
C. Total Reserves and Net Worth			\$	(4,633,949)
D. Total Liabilities, Reserves, and Net Worth			\$	391,669

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(3,740,098)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,953,681
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,592,795
D. Net Income or Deficit			\$	(2,639,114)
E. Balance			\$	(6,379,212)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance		(78,273)		
Accrued State Income Tax		2,340		
Deferred Rent		(1,006)		
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(76,939)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(6,456,151)
	09/30/20			

I. Preparer's/Reviewer's Certification

Name of Facility Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2-15-21		
Printed Name of Preparer Athena Health Care Associates, Inc.				
Address: Address 135 South Rd, Farmington, CT 06032		Phone Number 860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Neil Kluczwski		Phone Number 860-751-3986		
Contact Email Address nkluczwski@athenahealthcare.com				

Error Check

Level	Item	Reported as		
	Page 23 - Historical Cost of Building Improvement	2,141,554	is inconsistent with Page 31	9,140,619
	Page 23 - Historical Cost of Movable Eq.	1,589,635	is inconsistent with Page 31	1,569,201
	Page 23 - Accumulated Dep. of Building Improvement	1,891,923	is inconsistent with Page 31	7,462,012
				6,999,065
				(20,434)
				5,570,089