

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Sharon SNF CT LLC, d/b/a Sharon Health Care Center	
Address (No. & Street, City, State, Zip Code) 27 Hospital Hill Road Sharon, CT 06069	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2382	RHNS	(Specify)	Medicare Provider 075379
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Medicaid Provider Numbers:	CCNH 2382	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) Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Sharon SNF CT LLC, d/b/a Sharon Health Care Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) John Hortsman			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)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Sharon SNF CT LLC, d/b/a Sharon Health Care Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 27 Hospital Hill Road Sharon, CT 06069				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 4/2/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-364-1002		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Sharon SNF CT LLC, d/b/a Sharon Health Care Center		Address (No. & Street, City, State, Zip) 27 Hospital Hill Road Sharon, CT 06069		
License Numbers:	CCNH 2382	RHNS (Specify)	Medicare Provider No. 075379	
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator John Hortsman		Nursing Home Administrator's License No.:	359	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center	License No. 2382	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Sharon Landlord CT LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, 19 and L10b; pg	287,587	287,587
Athena Captive	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg 15 1a1	784,780	784,780
Athena Health Care Assoc. 401 K Plan		<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management fees	Pg. 17	73,198	125,727
Procure, LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 13 B3, Pg20 5a	319,245	319,245
Miscellaneous 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%	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 Sharon SNF CT LLC, d/b/a Sharon Health Care	License No. 2382	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

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

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

Not Applicable: No Non-Nursing Home Cost Centers

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

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

Name of Facility		License No.	Report for Year Ended			Page	of	
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382	9/30/2018			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Leaf Capital Funding, LLC 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 7970 Copier/Xerox 3655 Copier	06/08/16	50 months	10,210	10,210	
Pitney Bowes PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	01/10/16	51 months	2,052	2,052	
Hewlett Packard, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/27/13	60 months	7,290	7,290	
Hewlett Packard, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	Fortinet Fortiphone system	04/29/16	60 months	6,852	6,852	
Leaf Capital Funding, LLC 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655i Copier System	03/25/18	29 months	540	540	
	<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 ***	26,944

* 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 Sharon SNF CT LLC, d/b/a Sharon	License No. 2382	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 185 Asylum Street, Hartford, CT 06103
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Services Provided by This Firm (<i>describe fully</i>)	
1 2018 Audit fees(22,500-allowed), 2018Tax Return (2,200-allowed)	\$ 24,700
2 2017 Medicare Cost report-allowed	\$ 2,700
3	\$
4	\$
	Charge for Services Provided
	\$ 27,400

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 Goldman, Gruder, & Woods 3 Donald Light 4 Litchfield Hills Probate 5 Shipman & Goodwin /Senior Planning	Telephone Number 860-240-6000 203-899-8900 860567-0451 860-824-7012 860 251-5000/732 961-8430
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Address (<i>No. & Street, City, State, Zip Code</i>)	
1 City Place, 185 Asylum St., Hartford, CT 06103	
2 200 Connecticut Ave, Norwalk, CT 06854	
3 204 Goodhouse Rd., Litchfield, CT 06759	
4 100 Pease St., Canaan, CT 06018	
5 One Constitution Plaza, Hartford, CT 7 Randolph Rd., Howell, NJ	

Services Provided by This Firm (<i>describe fully</i>)	
1 Audit Letter \$683 (Allowed)	\$ 683
2 A/R Collections (disallowed) a	\$ 13,284
3 Conservatorship/probate-disallowed a	\$ 622
4 Probate Hearings-disallowed a	\$ 517
5 Employment matters (disallowed) a	\$ 5,116
	Charge for Services Provided
	\$ 20,222

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

a = \$19,539. Disallowance on Pg. 28 = 19,539.

Schedule of Resident Statistics

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center			License No. 2382		Report for Year Ended 9/30/2018				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	88	88			88	88			88	88		
B. On last day of THIS report period	88	88			88	88			88	88		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	75	75			75	75			78	78		
B. As of midnight of THIS report period	76	76			78	78			76	76		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,945	3,945			3,042	3,042			903	903		
B. Medicaid (Conn.)	18,370	18,370			13,856	13,856			4,514	4,514		
C. Medicaid (other states)	1,741	1,741			1,313	1,313			428	428		
D. Private Pay	3,841	3,841			2,647	2,647			1,194	1,194		
E. State SSI for RCH												
F. Other (Specify)	871	871			692	692			179	179		
G. Total Care Days During Period (3A thru F)	28,768	28,768			21,550	21,550			7,218	7,218		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	23	23			23	23						
B. Other Bed Reserve Days	10	10			10	10						
5. Total Resident Days (3G + 4A + 4B)	28,801	28,801			21,583	21,583			7,218	7,218		

Schedule of Resident Statistics (Cont'd)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Ca	License No. 2382	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	54		11		3		
Per Diem Rate								
a. One bed rm.	578.21	248.03		540.00		480.99		
b. Two bed rms.	578.21	248.03		525.00		480.99		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,891	5,891		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	469	469		
2. Restorative Treatments				
C. Other	11,396	11,396		
D. Total Physical Therapy Treatments	17,756	17,756		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,100	1,100		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	136	136		
2. Restorative Treatments				
C. Other	920	920		
D. Total Speech Therapy Treatments	2,156	2,156		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,719	4,719		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	543	543		
2. Restorative Treatments				
C. Other	9,741	9,741		
D. Total Occupational Therapy Treatments	15,003	15,003		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(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)	132,673	2,072				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	209,157	9,357				
5. Dietary Service						
a. Head Dietitian	12,476	334				
b. Food Service Supervisor	67,035	2,118				
c. Dietary Workers	331,577	21,066				
6. Housekeeping Service						
a. Head Housekeeper	32,979	1,067				
b. Other Housekeeping Workers	188,310	13,232				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,747	2,152				
b. Other Maintenance Workers	44,559	2,137				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	51,361	3,955				
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	117,885	2,058				
b. RN						
1. Direct Care	414,275	10,059				
2. Administrative**	366,553	13,075				
c. LPN						
1. Direct Care	552,953	19,771				
2. Administrative**						
d. Aides and Attendants	1,175,445	67,983				
e. Physical Therapists	485,536	13,695				
f. Speech Therapists	99,038	1,957				
g. Occupational Therapists	250,136	5,998				
h. Recreation Workers	153,307	7,450				
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	166,350	5,271				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,913,352	204,807				

* 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
Psych Consulting Services	\$ 49,200	416				
Total	\$ 49,200	416	\$ -	-	\$ -	-

**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
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
John Hortsman (10/01/17-09/30/18)	132,673			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,072	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Sharon SNF CT LLC, d/b/a Sharon Health Care Cer	2382	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	1,593	25				
3. Pharmacist	6,718	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	78,000	156				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	11,393	33				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	355,007	3,250				
2. Administrative***	498	8				
b. LPN						
1. Direct Care	100,849	2,241				
2. Administrative***						
c. Aides	128,942	5,158				
d. Other						
12. Other (Specify) See Attached Schedule	49,200	416				
B-13 Total Fees Paid in Lieu of Salaries	732,200	11,335				

* 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 Sharon SNF CT LLC, d/b/a Sharon Health Care Center		License No. 2382	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Sabooh Mubbashar, 123 Peck Hill Road, Woodbridge, CT 06525	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Nurse - Fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Procure Professional Healthcare, P.O. Box 823461, Philadelphia, PA 19182	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 653 Main Street, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Procure, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest	
Healthdrive, 85 Barnes Rd, Wallingford, CT 06492	Podiatrist, Ophthalmologist, Audiology, Eye & Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Mark Marshall, DO, 32 Burton Road, Salisbury, CT 06068	Medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Quotidian, 52 Seneff Road, Washington, CT 06793	Assistant Medical Director	<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"/>		
		<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
Sharon SNF CT LLC, d/b/a Sharon Health Care	2382	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 266,121	266,121		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 58,796	58,796		
4. Social Security (F.I.C.A.)	\$ 321,021	321,021		
5. Health Insurance	\$ 741,211	741,211		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 20,003	20,003		
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*	\$ 49,656	49,656		
d. Accounting and Auditing	\$ 27,400	27,400		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,222	20,222		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 58,221	58,221		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,149	8,149		
2. Cellular Phones	\$ 2,280	2,280		
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*	\$ 1,728	1,728		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 522,473	522,473		
Subtotal	\$ 2,097,281	2,097,281		

* 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
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,097,281	2,097,281			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,000	5,000			
3. Gifts to Staff and Residents	\$ 19,797	19,797			
4. Employee Travel	\$ 1,744	1,744			
5. Education Expenses Related to Seminars and Conventions	\$ 13,840	13,840			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,607	6,607			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 8,029	8,029			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,375	1,375			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 15,505	15,505			
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	\$ 2,707	2,707			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,480	6,480			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,325	1,325			
9. Subscriptions	\$ 1,616	1,616			
10. Contributions*** See Attached Schedule	\$ 3,000	3,000			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 48,311	48,311			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 99,254	99,254			
C-14 Total Administrative & General Expenditures	\$ 2,331,871	2,331,871			

* 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	\$ 15,505		
Total Other Advertising	\$ 15,505	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF DUES	\$ 6,480		
Total Dues	\$ 6,480	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 3,000		
Total Contributions	\$ 3,000	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 37,892		
Bank Charges	\$ 16,107		
Payroll Processing Fees	\$ 15,239		
Employee Physicals and background checks	\$ 14,391		
Compliance Consulting	\$ 14,695		
Licenses	\$ 930		
Total Other Administrative and General	\$ 99,254	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Sharon SNF CT LLC, d/b/a Sharon Health	2382	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	73,198	Full Management Services	See Below
Amounts added back on Page 28	\$13175.64	Admin/Gen 66% Indirect 16% Direct 18%	Page 20 Line 5K
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen-Other Expense	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
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 265,788	265,788			
2.	Non-Food Supplies	\$ 20,966	20,966			
3.	Other (Specify) _____ Dishes = \$1,346	\$ 1,346	1,346			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 288,100	288,100			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	236	236			
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						If yes, specify cost. \$4,679
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No						If yes, specify amt. \$1,993
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Pg 18, Line 2a1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center		License No. 2382	Report for Year Ended 9/30/2018	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. \$	12,151	12,151	
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
	c. Other (Specify) Supplies = \$4,867	\$	4,867	4,867	
3D.	Total Laundry Expenditures (3a + b + c)	\$	17,018	17,018	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care		2382	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	40,000	40,000		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	22,468	22,468		
	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	40,000	40,000		
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	22,468	22,468		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure	\$	254,637	254,637		
	b. Medicine Cabinet Drugs	\$	3,940	3,940		
	c. Medical and Therapeutic Supplies	\$	198,610	198,610		
	d. Ambulance/Limousine***	\$	3,064	3,064		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	34,593	34,593		
	f. X-rays and Related Radiological Procedures***	\$	13,890	13,890		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	19,670	19,670		
	i. Recreation	\$	30,883	30,883		
	j. Direct Management Services*	\$	13,176	13,176		
	k. Indirect Management Services*	\$	11,712	11,712		
	l. Other (Specify)**** See Attached Schedule	\$	66,362	66,362		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	650,537	650,537		

* 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)
Physical Therapy Supplies	\$ 16,587		
Medical Equipment Rental-Medicaid	\$ 14,937		
Cable TV Services	\$ 21,790		
Oxygen Equipment Rental	\$ 6,218		
Medical Equipment Rental-Other	\$ 6,140		
Speech Therapy Supplies	\$ 690		
Total Other Resident Care	\$ 66,362	\$ -	\$ -

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

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center			License No. 2382		Report for Year Ended 9/30/2018			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	11,183			16	m13
Welsh Sanitation	PO Box 1209, Hopewell Junction, NY 12533	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	26,387			22	6f
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest	Pharmacy	309,991			16	m13
AB Landscaping	PO Box 802, Sharon, CT 06069	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal/Landscaping	29,633			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Ca	2382	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 79,890	79,890				
b. Heat	\$ 73,877	73,877				
c. Light & Power	\$ 90,328	90,328				
d. Water	\$ 37,088	37,088				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 26,944	26,944				
f. Other (<i>itemize</i>)	\$ 80,456	80,456				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 388,583	388,583				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 15,765	15,765				
d. Movable Equipment	\$ 43,060	43,060				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 58,825	58,825				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 57,284	57,284				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 57,284	57,284				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 287,587	287,587				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 53,139	53,139				
c. Personal property taxes	\$ 3,236	3,236				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 460,071	460,071				

* 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	\$ 9,718		
Rubbish Removal	\$ 26,411		
Snow Removal	\$ 19,915		
Supplies	\$ 24,412		
Total Other Repairs and Maintenance	\$ 80,456	\$ -	\$ -

Depreciation Schedule

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care Center				License No. 2382		Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period				209,765		209,765	85,736	SL	Various	15,765			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											15,765		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Ford, E35YCUTA, 2003				x		4	2012	10,000	10,000	10,000	SL	10	
b. Bus Graphics						9	2013	4,668	4,668	4,201	SL	5	467
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						9	2017	409,802	409,802	223,825	S/L	Var	39,574
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						9	2018	40,200	40,200		S/L	Var	3,019
D-3. Subtotal													43,060
E. Total Depreciation													58,825

Schedule of Land Improvements Acquired during this report period

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

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
Various	See Attached	40200	Various	3019
Total additions for Movable Equipmen		\$ 40,200		\$ 3,019 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
Various	See Attached	70969	Various	2710
Total additions for Leasehold Improvemen		\$ 70,969		\$ 2,710 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center			2382		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				536,740	183,746	SL		54,574	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018		70,969		SL	Var	2,710	
C-4. Subtotal									57,284
D. Total Amortization									57,284

* 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 Sharon SNF CT LLC, d/b/a Sharon He	License No. 2382	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		04/10/12		
4. Date of Initial Licensure		04/10/12		
5. Total Licensed Bed Capacity		88		
6. Square Footage		40,000		
7. Acquisition Cost				
a. Land		430,400		
b. Building		6,024,600		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		04/10/12		
c. Interest Rate for the Cost Year		5.05%		
d. Term of Mortgage (number of years)		7		
e. Amount of Principal Borrowed		5,100,000		
f. Principal balance outstanding as of		3,000,000		
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
Sharon SNF CT LLC, d/b/a Sharon H		2382	9/30/2018			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
Sharon SNF CT LLC, d/b/a Sharon		2382		9/30/2018		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)				\$	5,194	5,194	
A. Item		Rate	Amount				
Energy Efficient Lighting Project		3.99%	134,398				
Lender							
GPE Financial							
Address of Lender							
82 Wolcott Rd., Wethersfield, CT							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	5,194	5,194	
12. D. Other Interest Expense (Specify)				\$	33,937	33,937	
Vender Interest = (\$7,187); Interest Seller Note = \$41,124							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	39,131	39,131	
14. Insurance							
a. Insurance on Property (buildings only)				\$	65,211	65,211	
b. Insurance on Automobiles				\$	1,831	1,831	
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)				\$	67,042	67,042	
15. Total All Expenditures (A-13 thru C-14)				\$	9,910,373	9,910,373	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382	9/30/2018	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	\$ 250,136	250,136		
4.			Other - See attached Schedule	\$ 4,061	4,061		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 11,393	11,393		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 49,656	49,656		
10.			Accounting	\$			
10a.			Legal	\$ 19,539	19,539		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,560	1,560		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 19,797	19,797		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,610	1,610		
16.	16	15	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 *	\$ 16,880	16,880		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 1,728	1,728		
20.	16	m4&	Fund Raising / Contributions	\$ 3,000	3,000		
21.	16	m12	Unallowable Management Fees	\$ (34,669)	(34,669)		
22.	16	m6	Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 32,127	32,127		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 2,686	2,686		
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)				\$ 379,504	379,504		

* 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	12m	Marketing Salaries & Benefits	\$ 4,061		
Total Other Salaries Adjustment			\$ 4,061	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 16,107		
16	M13	Compliance Consulting	\$ 14,695		
16	8n	Disallowed Dues	\$ 1,325		
Total Other A&G Adjustments			\$ 32,127	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Sharon SNF CT LLC, d/b/a Sharon Health Care Center			2382	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 379,504	379,504		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 254,637	254,637		
28.	20	5d	Ambulance/Limousine	\$ 3,064	3,064		
29.	20	5f	X-rays, etc	\$ 13,890	13,890		
30.	20	5h	Laboratory	\$ 19,670	19,670		
31.	20	5c	Medical Supplies	\$ 8,800	8,800		
32.	20	5e2	Oxygen (non emergency)	\$ 34,593	34,593		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ (11,720)	(11,720)		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,597	2,597		
36.			Depreciation on Unallowable Motor Vehicles	\$ 467	467		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 41	41		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 18,190	18,190		
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)				\$ 723,733	723,733		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental-Other	\$ 6,140		
18	2c	Unallowable Management Fees.....-Indirect Care	\$ (8,405)		
20	5j	Unallowable Management Fees.....-Direct Care	\$ (9,455)		
Total Other Ancillary Costs			\$ (11,720)	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Excluded Movable Equipment (See Attached)	\$ 2,597		
Total Excess Movable Equipment Depreciation			\$ 2,597	\$ -	\$ -

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)
		Cable	18,190		
Total Other Adjustments			\$ 18,190	\$ -	\$ -

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
Sharon SNF CT LLC, d/b/a Sharon Health	2382	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,670,217	9,670,217			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,112,466)	(5,112,466)			
2. a. Medicaid (<i>All other states</i>)	\$ 899,205	899,205			
b. Other States Room and Board Contractual Allowance **	\$ (482,444)	(482,444)			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,859,987	1,859,987			
b. Medicare Room and Board Contractual Allowance **	\$ 272,953	272,953			
4. a. Private-Pay Residents and Other	\$ 2,519,531	2,519,531			
b. Private-Pay Room and Board Contractual Allowance **	\$ (90,179)	(90,179)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 272,240	272,240			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (272,240)	(272,240)			
c. Prescription Drugs - Non-Medicare	\$ 131,472	131,472			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (131,472)	(131,472)			
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	\$ 840,605	840,605			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (511,375)	(511,375)			
c. Physical Therapy - Non-Medicare	\$ 141,035	141,035			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (141,035)	(141,035)			
4. a. Speech Therapy - Medicare	\$ 245,070	245,070			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (100,575)	(100,575)			
c. Speech Therapy - Non-Medicare	\$ 28,950	28,950			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,950)	(28,950)			
5. a. Occupational Therapy - Medicare	\$ 715,450	715,450			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (450,150)	(450,150)			
c. Occupational Therapy - Non-Medicare	\$ 123,830	123,830			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (123,830)	(123,830)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (286,828)	(286,828)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,989,001	9,989,001			
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>)	\$ 41	41			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 885	885			
V. Total Other Revenue (1 thru 8)	\$ 926	926			
VI. Total All Revenue (III +V)	\$ 9,989,927	9,989,927			

* 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	Medicare Retroactive	\$ (286,828)		
Total Other Resident Revenue		\$ (286,828)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest on A/R	-	\$ 41		
Total Interest Income			\$ 41	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Dividend - Rehab Care	\$ 600		
	Bad Debt Recoveries	\$ 285		
Total Other Revenue		\$ 885	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Hea	2382	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	267,436
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	809,236
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,523
5. Prepaid Expenses			\$	282,159
a. Prepaid Insurance	255,846			
b. Prepaid Expenses-Other	16,437			
c. Prepaid Insurance	9,876			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	136,037
Related Party	136,037			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,511,391
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>607,709</u>		\$	366,677
	Accum. Depreciation <u>241,032</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>209,765</u>		\$	108,263
	Accum. Depreciation <u>101,502</u>	Net		
6. Movable Equipment	*Historical Cost <u>441,574</u>		\$	175,156
	Accum. Depreciation <u>266,418</u>	Net		
7. Motor Vehicles	*Historical Cost <u>14,668</u>		\$	
	Accum. Depreciation <u>14,668</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	8,503
Excluded Movable Equipment/move equip accun	8,503			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	658,599

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Hea	License No. 2382	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,169,990
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	2,794,347
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,794,347
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,964,337

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

Schedule of Prepaid Expenses Page 31 Line A5

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Ca		2382	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,442,400
2. Notes Payable (<i>itemize</i>)				\$	889,424
Loans - Related Parties					889,424
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>)				\$	98,534
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	4,045
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>)				\$	986,306
Accrued Health Insurance		10,461	Provider Taxes Due	132,049	
Due to Affiliates		693,158			
Acc'd Operating Expenses		150,982			
Acc'd Expense - CT Sales & Use Ta		(344)	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,420,709

* 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 Sharon SNF CT LLC, d/b/a Sharon Health C		License No. 2382	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,420,709	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	75,449
Name of Lender		Purpose	Amount	Date Due	
Energy Efficiency Project			75,449		
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>)					
Notes Payable: Related Landlord			1,814,473	\$	1,814,473
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	1,889,922
C. Total All Liabilities (Lines A-13 + B-5)				\$	5,310,631

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon He	2382	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(425,848)
6. Gain or Loss for Period			\$	79,554
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(346,294)
C. Total Reserves and Net Worth			\$	(346,294)
D. Total Liabilities, Reserves, and Net Worth			\$	4,964,337

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Heal	2382	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(586,370)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,989,927
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,910,373
D. Net Income or Deficit			\$	79,554
E. Balance			\$	(506,816)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	75,514			
2017 AJE: See Attached	85,008			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	160,522
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			\$	(346,294)

I. Preparer's/Reviewer's Certification

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health	License No. 2382	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		