

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	
Address (No. & Street, City, State, Zip Code) 261 Summit Street Plantsville, CT 06479	
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 2282	RHNS	(Specify)	Medicare Provider 07-5420
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Medicaid Provider Numbers:	CCNH 2282	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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2018	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [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 Kelly			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 261 Summit Street Plantsville, CT 06479				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 4/4/2019	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-628-0364		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summ		Address (No. & Street, City, State, Zip ) 261 Summit Street Plantsville, CT 06479		
License Numbers:	CCNH 2282	RHNS (Specify)	Medicare Provider No. 07-5420	
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.				
<b>Administrator</b>				
Name of Administrator John Kelly		Nursing Home Administrator's License No.:	801	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				









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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The	License No. 2282	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	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility loans	Pg 33 Ln A2		
Athena Health Care 401k	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility Participates in a Multi Facility 401(k)			
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	Pg 16 Ln m13	1,885	1,885
Summit Landlord	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, ln 9, 10b; Pg 27	897,948	897,948
ProCare Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20 Ln 5a2	294,679	294,679
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insurance	Pg 15, ln 1a5	1,212,753	1,212,753
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, Ln 1a1	514,049	514,049
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"/>					

\* 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 Southington SNF, LLC OF PLANTSVILLE d/b	License No. 2282	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input 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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Sun			2282	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						
Ricoh USA, 70 Valley Stream Parkway, Malvern, PA	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	09/30/16	48 Months	15,641	15,641	
HP Financial Services, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/21/13	60 Months	9,315	9,315	
Pitney Bowes Global Financial, Attn Box 371887, 500 Ross Street Suite 154-0470, Pittsburgh, PA 15262-0001	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	09/22/15	63 Months	1,021	1,021	
	<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
<b>Total ***</b>							25,977	

\* 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 Southington SNF, LLC OF PLANT	License No. 2282	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	Address (No. & Street, City, State, Zip Code)
1 Dworken Hillman Lamorte & Sterczala	4 Corporate Drive, Suite 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
3 MidCap Financial Services, LLC	259 W 30th St, Suite 301 New York, NY 10001
4	

Services Provided by This Firm (*describe fully*)

1 2017 Year End Audit Financials	\$ 9,800
2 Medicare Cost Report Preparation	\$ 2,700
3 Line of credit audit fees (Disallow)	\$ 3,474
4	\$
	<b>Charge for Services Provided</b>
	\$ 15,974

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 MidCap Financial Services LLC	
2 Treasurer State of CT/Southington Probate Court	
3 Goldman, Gruder & Woods, LLC	203-899-8900
4 Marshall Vincent Messina	203-271-6608
5 Schiff Hardin LLP	312-258-5500

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

1 259 W 30th St., Suite 301, New York, NY 10001
2
3 200 Connecticut Ave, Norwalk, CT 06854
4 Court of Probate, Cheshire Probate District, 84 South Main St, Cheshire, CT 06410
5 6600 Sears Tower, Chicago, IL 60606-6473

Services Provided by This Firm (*describe fully*)

1 Line of credit legal fees disallowed	\$ 1,953
2 Conservatorship: Disallowed	\$ 1,800
3 AR Collections: Disallowed	\$ 4,121
4 Service of Notice: Disallowed	\$ 520
5 HUD Financing: Disallowed	\$ 200
	<b>Charge for Services Provided</b>
	\$ 8,594

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	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants			2282		9/30/2018				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			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	149	149			149	149			149	149		
B. As of midnight of THIS report period	149	149			149	149			149	149		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,631	5,631			4,231	4,231			1,400	1,400		
B. Medicaid (Conn.)	40,753	40,753			30,275	30,275			10,478	10,478		
C. Medicaid (other states)												
D. Private Pay	4,035	4,035			3,014	3,014			1,021	1,021		
E. State SSI for RCH												
F. Other (Specify) VA & Managed Care	2,609	2,609			1,973	1,973			636	636		
G. Total Care Days During Period (3A thru F)	53,028	53,028			39,493	39,493			13,535	13,535		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	135	135			108	108			27	27		
B. Other Bed Reserve Days	123	123			102	102			21	21		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	53,286	53,286			39,703	39,703			13,583	13,583		

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

CSP-9 Rev. 9/2002

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE			License No. 2282			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		118		12		12						
Per Diem Rate													
a. One bed rm.	521.97		223.85		535.00		315.80						
b. Two bed rms.	521.97		223.85		513.00		315.80						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)					8,072	8,072							
1. Maintenance Treatments					1,195	1,195							
2. Restorative Treatments													
C. Other					12,630	12,630							
D. <b>Total Physical Therapy Treatments</b>					21,897	21,897							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					2,087	2,087							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					306	306							
2. Restorative Treatments													
C. Other					2,451	2,451							
D. <b>Total Speech Therapy Treatments</b>					4,844	4,844							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					7,581	7,581							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,219	1,219							
2. Restorative Treatments													
C. Other					11,129	11,129							
D. <b>Total Occupational Therapy Treatments</b>					19,929	19,929							

### Report of Expenditures - Salaries & Wages

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Sumr	License No. 2282	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,527	2,095				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	228,295	10,489				
5. Dietary Service						
a. Head Dietitian	15,760	475				
b. Food Service Supervisor	58,611	2,123				
c. Dietary Workers	455,105	30,842				
6. Housekeeping Service						
a. Head Housekeeper	48,706	2,130				
b. Other Housekeeping Workers	206,003	16,823				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,415	2,204				
b. Other Maintenance Workers	42,796	2,150				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	170,272	10,465				
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	163,097	3,108				
b. RN						
1. Direct Care	494,878	11,820				
2. Administrative**	485,296	15,799				
c. LPN						
1. Direct Care	1,248,351	50,432				
2. Administrative**						
d. Aides and Attendants	2,111,264	131,515				
e. Physical Therapists	518,005	14,518				
f. Speech Therapists	147,932	3,059				
g. Occupational Therapists	309,393	8,053				
h. Recreation Workers	214,962	11,453				
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	193,567	7,256				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,300,235	336,809				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants				2282	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)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
No Applicable										

\* 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	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plant				2282	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)							
<b>Section III - Administrators***</b>										
John Kelly (10/1/17-9/30/18)	126,527			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,095	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a T	2282	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	15,110	105				
3. Pharmacist	12,730	193				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	89,000	421				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,389	5				
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	5,490					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,750	17				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>137,469</b>	<b>741</b>				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The S		2282	9/30/2018	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive Dental Group, One Prestige Dr, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Wetmore MD, Turnpike Office Park, 1579 Straits Turnpike, Middlebury, CT 06762	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Anthony Ciardella, 360-14 North Main St, Southington, CT 06479	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Comp Pain, 130 Division St., Derby, CT 06418	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
MassTex, 3 Electronics Ave Ste 201, Danvers, MA 01923-1099	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Preventive Services, 1717 N Sam Houston Pkwy, Suite 100, PO Box 31704, Houston, TX 77038	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Curtland Brown, 55 Meriden Ave., Southington, CT 06487	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Spar, P.O. Box 609, Southington, CT 06489	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Giosa and Brown, 455 Lewis Ave, Suite 206, Meriden, CT 06451	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
CT Clinical Nursing, P.O. Box 1535, Bristol, CT 06111	Wound Management	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>		
PACT, LLC, 322 East Main St, Suite 1B, Branford, CT 06405	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Lindsay Searle, 14 Hendricks Ln, Unionville, CT 06085	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Medoptions, PO Box 5023, New Britain, CT 06050	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"/>		

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

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

CSP-15 Rev. 10/2005

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/	2282	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 514,049	514,049		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 150,267	150,267		
4. Social Security (F.I.C.A.)	\$ 482,207	482,207		
5. Health Insurance	\$ 1,006,560	1,006,560		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 30,387	30,387		
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*	\$ 92,056	92,056		
d. Accounting and Auditing	\$ 15,974	15,974		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 8,594	8,594		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 43,303	43,303		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 58,384	58,384		
2. Cellular Phones	\$ 434	434		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,001,708	1,001,708		
<b>Subtotal</b>	\$ 3,404,173	3,404,173		

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

-----

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The	2282	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,404,173	3,404,173			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,762	6,762			
3. Gifts to Staff and Residents	\$ 24,908	24,908			
4. Employee Travel	\$ 1,911	1,911			
5. Education Expenses Related to Seminars and Conventions	\$ 5,812	5,812			
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> )	\$ 5,378	5,378			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 164	164			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 29,366	29,366			
4. Fund-Raising***	\$				
5. Medical Records	\$ (20)	(20)			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,138	7,138			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,914	10,914			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 975	975			
9. Subscriptions	\$ 147	147			
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**	\$ 464,592	464,592			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 210,859	210,859			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,173,079	4,173,079			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 29,366		
<b>Total Other Advertising</b>	\$ 29,366	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,874		
Infection Control Nurses of CT	\$ 40		
<b>Total Dues</b>	\$ 10,914	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 11,037		
Payroll Processing Fees	\$ 25,969		
Licensing	\$ 2,195		
Employee Physicals/Background Checks	\$ 23,431		
DSS Eligibility Worker	\$ 100,900		
Data Processing	\$ 38,632		
CMS Citation Case No. 2018-01-LTC-210	\$ 8,125		
Utility Audit	\$ 570		
<b>Total Other Administrative and General</b>	\$ 210,859	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVIL	2282	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	645,237	Contract Attached to a Prior Year	See Below
Allocation of the above	425,856	Admin/Gen 66%	Pg 16, Line 12
Allocation of the above	103,238	Indirect 16%	Pg 20 Line 5k
Allocation of the above	116,143	Direct 18%	Pg 20 Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	38,736	Admin/Gen - Other Exp	Pg 16, Line 12

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The		2282	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 346,604	346,604			
2. Non-Food Supplies	\$ 45,960	45,960			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____				
c. Other (Specify) _____	\$ _____				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 392,564</b>	<b>392,564</b>			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	436	436			
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. \$409
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg 18 Ln 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		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The S		2282	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	18,464	18,464		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies = \$8,226		\$	8,226	8,226		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	26,690	26,690		
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
Southington SNF, LLC OF PLANTSVILLE d/		2282	9/30/2018		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. \$	34,958	34,958		
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	34,958	34,958		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	282,715	282,715		
	b. Medicine Cabinet Drugs	\$	10,982	10,982		
	c. Medical and Therapeutic Supplies	\$	325,994	325,994		
	d. Ambulance/Limousine***	\$	(125)	(125)		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	56,450	56,450		
	f. X-rays and Related Radiological Procedures***	\$	21,692	21,692		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	33,671	33,671		
	i. Recreation	\$	59,986	59,986		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$	103,238	103,238		
	l. Other (Specify)**** See Attached Schedule	\$	279,287	279,287		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,173,890	1,173,890		

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

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

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

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

## Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 116,143		
Physical Therapy Supplies	\$ 72,501		
Medical Equip Rentals-Other	\$ 18,676		
Oxygen Concentrator Rentals	\$ 2,415		
Cable TV Fees	\$ 28,881		
Medical Equip Rentals-Medicaid	\$ 40,667		
OT Supplies	\$ 4		
	\$ -		
<b>Total Other Resident Care</b>	\$ 279,287	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsvill			2282	9/30/2018	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	Hartford Region Richmond, VA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	25,969			16	m13
CT Waste Processing	Ave Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	29,443			22	6f
Winterberry Landscape Management LLC	2070 West Street, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	37,249			22	6f
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Ownership:Minority Interest	Drugs/pharmaceuticals	294,679			20	5c
		<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
Southington SNF, LLC OF PLANTSVILLE	2282	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 81,039	81,039				
b. Heat	\$ 72,380	72,380				
c. Light & Power	\$ 166,821	166,821				
d. Water	\$ 60,724	60,724				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 25,977	25,977				
f. Other ( <i>itemize</i> )	\$ 104,798	104,798				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 511,739	511,739				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 4,428	4,428				
b. Building & Building Improvements	\$ 30,930	30,930				
c. Non-Movable Equipment	\$ 9,132	9,132				
d. Movable Equipment	\$ 69,707	69,707				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 114,197	114,197				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,492	3,492				
c. Leasehold Improvements	\$ 21,740	21,740				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 25,232	25,232				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 683,529	683,529				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 130,705	130,705				
c. Personal property taxes	\$ 12,301	12,301				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 965,964	965,964				

\* 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	\$ 16,508		
Rubbish Removal	\$ 29,443		
Supplies	\$ 36,883		
Snow Removal	\$ 21,964		
	\$ -		
<b>Total Other Repairs and Maintenance</b>	\$ 104,798	\$ -	\$ -

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### Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of				
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants			2282		9/30/2018			23	37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			69,573		69,573	62,931	S/L	Var	4,428				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,428			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			562,055		562,055	411,259	S/L	Various	30,930				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										30,930			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			257,105		257,105	222,965	S/L	Various	9,132				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										9,132			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1996 Dodge Caravan		X		10	09	7,493		7,493	7,493	S/L	5		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2017	1,694,626		1,694,626	1,400,469	S/L	Various	68,065	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	22,773		22,773		S/L	Various	1,642	
D-3. Subtotal													69,707
<b>E. Total Depreciation</b>													114,197

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
various	See Attached	\$ 22,773	various	\$ 1,642
<b>Total additions for Movable Equipmen</b>		\$ 22,773		\$ 1,642 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
various	See Attached	\$ 29,748	various	\$ 2,975
<b>Total additions for Leasehold Improvemen</b>		\$ 29,748		\$ 2,975 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

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**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summ			2282		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2. Finance Fees-Key Bank	2	2018	3 yrs	15,715		S/L		3,492	
3.									
B-4. Subtotal									3,492
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2017		214,299	64,083	S/L	Various	18,765	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018		29,748		S/L	Various	2,975	
C-4. Subtotal									21,740
<b>D. Total Amortization</b>									25,232

\* 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 Southington SNF, LLC OF PLANTSV	License No. 2282	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		08/01/02		
4. Date of Initial Licensure		08/01/02		
5. Total Licensed Bed Capacity		150		
6. Square Footage				
7. Acquisition Cost				
a. Land		880,000		
b. Building		4,371,469		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD/Key Bank		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%/6.92%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		9,526,089		
f. Principal balance outstanding as of		7,015,384		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTS	2282	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Southington SNF, LLC OF PLANT		2282		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)				\$			
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)				\$	41,619	41,619	
Vender Interest = \$8,484; Key Bank Line of Credit Interest							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	41,619	41,619	
14. Insurance							
a. Insurance on Property (buildings only)				\$	87,764	87,764	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	87,764	87,764	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	14,845,971	14,845,971	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit				2282	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 309,393	309,393		
4.			Other - See attached Schedule	\$ 3,745	3,745		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 13,389	13,389		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 92,056	92,056		
10.	15	1d&e	Accounting	\$ 3,474	3,474		
10a.			Legal	\$ 8,594	8,594		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	16	13	Life insurance premiums on the life of Owners, Partners, Operators	\$ 24,908	24,908		
14.			Gifts, flowers and coffee shops	\$			
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.	16	m2&k	Automobile Expense (e.g. personal use)	\$ 29,530	29,530		
18.	15	1j&k	Unallowable Advertising *	\$ 250	250		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 297,897	297,897		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 20,492	20,492		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 409	409		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 804,137	804,137		

\* 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	Community Coordinator/Marketing: Salary & Benefits	\$ 3,745		
<b>Total Other Salaries Adjustment</b>			\$ 3,745	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 11,037		
16	M13	Lobbying	\$ 355		
16	M13	CMS case No. 2018-01-LTC-210	\$ 8,125		
0	0		\$ -		
16	8n	Disallowed Dues	\$ 975		
<b>Total Other A&amp;G Adjustments</b>			\$ 20,492	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit				2282	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 804,137	804,137		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 282,715	282,715		
28.	20	5d	Ambulance/Limousine	\$ (125)	(125)		
29.	20	5f	X-rays, etc	\$ 21,692	21,692		
30.	20	5h	Laboratory	\$ 33,671	33,671		
31.	20	5c	Medical Supplies	\$ 34,816	34,816		
32.	20	5e2	Oxygen (non emergency)	\$ 56,450	56,450		
33.	20	5j	Occupational Therapy	\$ 4	4		
34.			Other - See Attached Schedule	\$ 197,419	197,419		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,649	10,649		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 63	63		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,441,491	1,441,491		

\*\*\* 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	\$ 18,676	\$ -	\$ -
20	5j	Radio and Television Revenue	\$ 25,281	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
18	2c	Unallowable Management Fees.....-Indirect Care	\$ 72,217	\$ -	\$ -
20	5j	Unallowable Management Fees.....-Direct Care	\$ 81,245	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			<b>\$ 197,419</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec Carryforward AJE	\$ 10,649	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 10,649</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVIL12282		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 20,731,582	20,731,582			
b. Medicaid Room and Board Contractual Allowance **	\$ (11,569,169)	(11,569,169)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,808,675	2,808,675			
b. Medicare Room and Board Contractual Allowance **	\$ (161,407)	(161,407)			
4. a. Private-Pay Residents and Other	\$ 3,499,941	3,499,941			
b. Private-Pay Room and Board Contractual Allowance **	\$ (517,923)	(517,923)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 219,686	219,686			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (215,776)	(215,776)			
c. Prescription Drugs - Non-Medicare	\$ 141,256	141,256			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (141,256)	(141,256)			
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	\$ 707,007	707,007			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (545,184)	(545,184)			
c. Physical Therapy - Non-Medicare	\$ 72,969	72,969			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (72,969)	(72,969)			
4. a. Speech Therapy - Medicare	\$ 356,623	356,623			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (259,359)	(259,359)			
c. Speech Therapy - Non-Medicare	\$ 47,385	47,385			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (47,385)	(47,385)			
5. a. Occupational Therapy - Medicare	\$ 685,247	685,247			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (515,847)	(515,847)			
c. Occupational Therapy - Non-Medicare	\$ 97,720	97,720			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (97,720)	(97,720)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (55,645)	(55,645)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,168,451	15,168,451			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 41,448	41,448			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 42,921	42,921			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 84,369	84,369			
<b>VI. Total All Revenue</b> (III +V)	\$ 15,252,820	15,252,820			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (55,645)		
<b>Total Other Resident Revenue</b>		\$ (55,645)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 32, In D	Interest on Note Receivable	1,137,764	\$ 41,385		
pg 32, In A	Medicare and Medicaid Interest	-	\$ 63		
0	0	-	\$ -		
<b>Total Interest Income</b>			\$ 41,448	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
0	Bad Debt Recovery	\$ 42,921		
<b>Total Other Revenue</b>		\$ 42,921	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	79,889
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,183,529
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	60
4. Inventories			\$	24,357
5. Prepaid Expenses			\$	370,372
a. Prepaid Insurance	344,570			
b. Other Prepaid Expenses	3,076			
c. Prepaid Property Taxes	8,523			
d. See Schedule	14,203			
6. Interest Receivable			\$	62,447
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	216,269
A/R Related Facilities	216,269			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,936,923
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	69,574	\$	2,214
	Accum. Depreciation	67,360		
		Net		
3. Buildings	*Historical Cost	562,053	\$	119,866
	Accum. Depreciation	442,187		
		Net		
4. Leasehold Improvements	*Historical Cost	244,047	\$	158,224
	Accum. Depreciation	85,823		
		Net		
5. Non-Movable Equipment	*Historical Cost	257,103	\$	25,008
	Accum. Depreciation	232,095		
		Net		
6. Movable Equipment	*Historical Cost	1,681,064	\$	210,888
	Accum. Depreciation	1,470,176		
		Net		
7. Motor Vehicles	*Historical Cost	7,493	\$	
	Accum. Depreciation	7,493		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	36,335
Excluded Movable Equipment	36,335			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	552,535

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

(Carry Total forward to next page)

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,489,458
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	880,000
2. Land Improvements			*Historical Cost _____	
Accum. Depreciation _____			Net	
3. Buildings			*Historical Cost 4,371,469	
Accum. Depreciation 1,812,105			Net	
4. Non-Movable Equipment			*Historical Cost _____	
Accum. Depreciation _____			Net	
5. Movable Equipment			*Historical Cost _____	
Accum. Depreciation _____			Net	
6. Motor Vehicles			*Historical Cost _____	
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	3,439,364
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	4,306,111
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ (3,062,908)	
Name and Address		Amount	Loan Date	
Due from Related Party		(3,062,908)	3/29/12	
7. Other Assets ( <i>itemize</i> )			\$	48,118
Deferred Finance Fees			12,223	
Project Development			35,895	
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	1,291,321
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	7,220,143

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



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Health Insurance	\$ 14,203
		<b>Total Prepaid Expenses</b>	<b>\$ 14,203</b>

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

Page Ref	Line Ref	Description	
		<b>Total Other Current Assets (Itemize)</b>	<b>\$ -</b>

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

Page Ref	Line Ref	Description	
		<b>Total Other Fixed Assets (Itemize)</b>	<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		<b>Total Other Assets</b>	<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		<b>Total Notes Payable</b>	<b>\$ -</b>

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

Page Ref	Line Ref	Description	
		<b>Total Other Current Liabilities (Itemize)</b>	<b>\$ -</b>

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

Page Ref	Line Ref	Description	
		<b>Total Other Long-Term Liabilities (Itemize)</b>	<b>\$ -</b>

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## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE		2282	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,448,941
2. Notes Payable ( <i>itemize</i> )				\$	152,486
Due From Related Facilities					163,000
Line of Credit - Key Bank					(10,514)
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> )				\$	206,290
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	4,833
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> )				\$	452,179
Acc'd Operating Expenses					191,447
Acc'd Expense-CT State Sales Tax					2,772
Provider Tax Due					256,086
Accrued Health Insurance					1,874 See Schedule
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,264,729

\* 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 Southington SNF, LLC OF PLANTSVILLE		License No. 2282	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,264,729	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 698,394	
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	698,394	None			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (821,910)	
Due to Related-Landlord		(821,910)			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (123,516)	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,141,213	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSV	2282	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	2,559,364
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			\$	3,439,364
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	(400,000)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,632,717
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	406,849
7. Total Net Worth			\$	1,639,566
<b>C. Total Reserves and Net Worth</b>			\$	5,078,930
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,220,143

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVII	2282	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	1,134,769
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,252,820
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,845,971
D. Net Income or Deficit			\$	406,849
E. Balance			\$	1,541,618
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	98,237			
Prior Yr Expense Adj (Pitney Bowes)	(289)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	97,948
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	1,639,566

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

Name of Facility Southington SNF, LLC OF	License No. 2282	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		