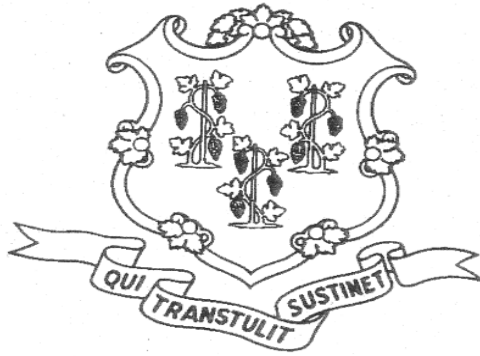


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider 07-5367
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Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	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
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2022	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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Jarrett McClurg			Printed Name (Owner) Lawrence G. 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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 350 Salmon Brook Street Granby, CT 06035				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/14/2023		
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 860-653-9888		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			Address (No. & Street, City, State, Zip) 350 Salmon Brook Street Granby, CT 06035		
License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" 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 Jarrett McClurg			Nursing Home Administrator's License No.:	1537	
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 Athena Meadowbrook, LLC d/b/a Meadowbrook of G	License No. 2342	Report for Year Ended 9/30/2022	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	%**				
Misc. Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, 9	574,069	574,069
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached			
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15, 1	1,027,761	1,027,761
Procare, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20	340,658	340,658
Procare, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Note Payable -Pharmacy		48,582	48,582
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook	License No. 2342	Report for Year Ended 9/30/2022	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.				
Patient Care Consults, laundry, housekeeping, maintenance/prop casts, admin-alloc on patient days; Physical/speech/occupational therapy- allocated on % of treatments; Administrative nursing- allocated on direct nursing hours; management fees- allocated based on methods above for each expense category				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related company expenses were allocated on Methods above except as noted in 1 above.				
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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2022			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						
Sali Barollo, 2 Executive Hill Rd, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Parking Lot	09/01/17	(Auto-Renewal)	2,700	2,700	
	<input type="radio"/>	<input checked="" type="radio"/>						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	10/10/18	60 Months	1,207	1,207	
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	07/31/19	48 Months	12,507	12,507	
Var Technology Finance, P.O. Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	09/27/18	60 Months	11,195	11,195	
	<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 ***							27,609	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Meadowbrook, LLC d/b/a	License No. 2342	Report for Year Ended 9/30/2022	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 PKF O'Connor 3 4	Address (No. & Street, City, State, Zip Code) 335 Long Wharf Dr, 12th Fl, New Haven, CT 06511 Four Corporate Dr., Shelton, CT 06484
---	---

Services Provided by This Firm (*describe fully*)

1 Tax Return, Audit, Medicare Cost Report	\$ 16,186
2 PPP Loan Forgiveness (Disallow)	\$ 6,000
3	\$
4	\$
	Charge for Services Provided
	\$ 22,186

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 Goldman, Gruder & Woods, LLC 2 Murtha Cullina 3 State Marshall/Treasurer of State, Simsbury Probate 4 Jackson Lewis PC 5	Telephone Number 203-899-8900 860-240-6000
--	--

Address (*No. & Street, City, State, Zip Code*)
 1 200 Connecticut Ave, Norwalk CT 06854
 2 118 Asylum St, Hartford, CT 06103
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 37,151
2 Employee Matters: Disallow	\$ 240
3 Employee Matters: Disallow	\$ 1,140
4 Employee Matters: Disallow	\$ 16,301
5	\$
	Charge for Services Provided
	\$ 54,832

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

Schedule of Resident Statistics

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				License No. 2342		Report for Year Ended 9/30/2022				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	90	80	10		90	80	10					
B. On last day of THIS report period	90	80	10						90	80	10	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	80	73	7		80	73	7					
B. As of midnight of THIS report period	82	73	9						82	73	9	
3. Total Number of Days Care Provided During Period												
A. Medicare	7,681	5,250	2,431		5,585	3,811	1,774		2,096	1,439	657	
B. Medicaid (Conn.)	18,572	18,420	152		13,845	13,693	152		4,727	4,727		
C. Medicaid (other states)												
D. Private Pay	2,249	1,890	359		1,605	1,343	262		644	547	97	
E. State SSI for RCH												
F. Other (Specify) Managed Care	208	208			93	93			115	115		
G. Total Care Days During Period (3A thru F)	28,710	25,768	2,942		21,128	18,940	2,188		7,582	6,828	754	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	15	15							15	15		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	28,725	25,783	2,942		21,128	18,940	2,188		7,597	6,843	754	

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr	License No. 2342	Report for Year Ended 9/30/2022	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	16	50		7	1	8		
Per Diem Rate								
a. One bed rm.	637.25	299.47	299.47	638.00	625.00	455.33		
b. Two bed rms.	637.00	299.47	299.47	623.00	611.00	455.33		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	11,009	11,009		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	479	479		
2. Restorative Treatments				
C. Other	11,979	11,979		
D. Total Physical Therapy Treatments	23,467	23,467		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	3,654	3,654		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	172	172		
2. Restorative Treatments				
C. Other	3,326	3,326		
D. Total Speech Therapy Treatments	7,152	7,152		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	9,078	9,078		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	445	445		
2. Restorative Treatments				
C. Other	12,036	12,036		
D. Total Occupational Therapy Treatments	21,559	21,559		

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		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342	9/30/2022	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)	141,144	1,821	16,105	208		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	314,933	10,775	35,936	1,229		
5. Dietary Service						
a. Head Dietitian	62,981	1,301	7,186	149		
b. Food Service Supervisor	57,895	1,914	6,606	218		
c. Dietary Workers	413,432	23,459	47,175	2,677		
6. Housekeeping Service						
a. Head Housekeeper	57,241	2,215	6,532	253		
b. Other Housekeeping Workers	250,067	12,910	28,534	1,473		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,758	1,821	7,275	208		
b. Other Maintenance Workers	41,724	1,818	4,761	207		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,024	3,806	11,185	434		
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	269,535	3,288	24,734	301		
b. RN						
1. Direct Care	869,568	16,195				
2. Administrative**	416,498	12,269	38,221	1,126		
c. LPN						
1. Direct Care	838,472	22,213	14,823	660		
2. Administrative**						
d. Aides and Attendants	1,750,064	68,230	182,018	9,921		
e. Physical Therapists	560,614	13,209				
f. Speech Therapists	174,994	3,454				
g. Occupational Therapists	373,489	9,859				
h. Recreation Workers	163,509	7,237	18,658	826		
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	296,040	5,609	33,780	640		
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,213,982	223,403	483,529	20,530		

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2022				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										
Not Applicable										
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).										
Not 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	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2022			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***										
Christine L. Tkacz 10/1/21-4/2/22	68,916	7,864		Health & life insurances, payroll taxes	Day to day operations of the nursing home faciltiy .	789	A2			
Jarrett McClurg 4/3/22-9/30/22	72,228	8,241		Health & life insurances, payroll taxes	Day to day operations of the nursing home faciltiy .	1,240	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of	2342	9/30/2022	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	1,462	25	167	3		
3. Pharmacist	9,344		1,066			
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	18,707	256	2,135	29		
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	63,638	262	7,262	30		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	8,960	77				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	3,225					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	69,689	675				
2. Administrative***						
b. LPN						
1. Direct Care	265,691	2,709				
2. Administrative***						
c. Aides	267,148	5,281				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	707,864	9,285	10,630	62		

* 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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2022	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Norton & Associates, Inc. 97 Elm St., Cohasset, MA 02025	Nurse Pool/Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex imaging, LLC 3 Electronics Ave, Suite #201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Mas Staffing 156 Harvey Rd, Londonderry, NH 03053	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Heritage Private Nursing, Inc. 174 South Rd. Suite 108 Enfield, CT 06082	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC Pharmacy of CT, 230 Sea Lane, Farmingdale, NY 11735	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Minority Ownership	
Solomon Page Staffing Solutions, 260 Madison Ave. 4th Fl. New York, NY 10016	Nurse Pool	<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
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 260,070	243,733	16,337	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 61,323	57,471	3,852	
4. Social Security (F.I.C.A.)	\$ 523,821	490,917	32,904	
5. Health Insurance	\$ 876,784	821,708	55,076	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 58,071	54,423	3,648	
8. Uniform Allowance	\$ 669	627	42	
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*	\$ 93,847	93,847		
d. Accounting and Auditing	\$ 22,186	19,914	2,272	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 54,832	49,216	5,616	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 70,550	63,324	7,226	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 46,199	41,467	4,732	
2. Cellular Phones	\$ 1,117	1,003	114	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	224	26	
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 5,750	5,161	589	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 441,546	396,323	45,223	
Subtotal	\$ 2,517,015	2,339,358	177,657	

* 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
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,517,015	2,339,358	177,657		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,540	2,280	260		
3. Gifts to Staff and Residents	\$ 29,823	26,769	3,054		
4. Employee Travel	\$ 7,148	6,416	732		
5. Education Expenses Related to Seminars and Conventions	\$ 2,925	2,625	300		
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>)	\$ 11,569	10,384	1,185		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,238	8,292	946		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,168	3,741	427		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,444	3,989	455		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 103,923	93,280	10,643		
C-14 Total Administrative & General Expenditures	\$ 2,692,793	2,497,134	195,659		

* 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	\$ 8,292	\$ 946	
Total Other Advertising	\$ 8,292	\$ 946	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 3,989	\$ 455	
Total Dues	\$ 3,989	\$ 455	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 11,114	\$ 1,268	
Payroll Processing Fees	\$ 17,424	\$ 1,988	
Facility, Elevator, food licenses	\$ 664	\$ 76	
Compliance Consulting	\$ 6,988	\$ 797	
Employee Physicals/Background Checks	\$ 8,199	\$ 935	
Data Processing Fees	\$ 48,891	\$ 5,579	
Total Other Administrative and General	\$ 93,280	\$ 10,643	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2022	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		Contract Attached to a Prior Year	See Below
Allocation of the above		Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		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
Athena Meadowbrook, LLC d/b/a Meadowbrook of G		2342	9/30/2022		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 269,486	241,885	27,601		
2.	Non-Food Supplies	\$ 38,315	34,391	3,924		
3.	Other (<i>Specify</i>) _____ Dishes=2365	\$ 2,365	2,123	242		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 310,166	278,399	31,767		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	236	212	24		
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No						
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2022		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. \$	11,179	10,034	1,145		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (Specify) Supplies=6346	\$	6,346	5,696	650		
3D. Total Laundry Expenditures (3a + b + c)	\$	17,525	15,730	1,795		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbro		2342	9/30/2022		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. \$	24,047	21,584	2,463		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt. \$					
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 24,047	21,584	2,463		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Procure	\$	322,586	322,519	67		
b. Medicine Cabinet Drugs	\$	8,540	7,665	875		
c. Medical and Therapeutic Supplies	\$	212,782	190,989	21,793		
d. Ambulance/Limousine***	\$	1,875	1,875			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	19,666	18,013	1,653		
f. X-rays and Related Radiological Procedures***	\$	11,731	11,731			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	25,307	25,307			
i. Recreation	\$	11,826	10,615	1,211		
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	39,971	36,913	3,058		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 654,284	625,627	28,657		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical equip rentals-Medicaid	\$ 10,895	\$ 1,243	
Physical therapy supplies	\$ 9,928		
Occupational therapy supplies	\$ 178		
Oxygen concentrator rentals	\$ 924	\$ 105	
Cable television	\$ 14,988	\$ 1,710	
Total Other Resident Care	\$ 36,913	\$ 3,058	\$ -

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		Report for Year Ended 9/30/2022			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
CWPM	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,671	3,500		22	6f
Mason Enterprises	PO Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping/Snow Removal	18,488	2,110		22	6f
Procare	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:minority Interest	Pharmacy	322,519	67		20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	17,424	1,988		16	i3
		<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
Athena Meadowbrook, LLC d/b/a Meadowbr	2342	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 102,354	91,871	10,483			
b. Heat	\$ 45,802	41,111	4,691			
c. Light & Power	\$ 100,859	90,529	10,330			
d. Water	\$ 68,293	61,298	6,995			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 27,609	24,780	2,829			
f. Other (<i>itemize</i>)	\$ 68,322	61,324	6,998			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 413,239	370,913	42,326			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,717	2,415	302			
d. Movable Equipment	\$ 20,440	18,169	2,271			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 23,157	20,584	2,573			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 5,982	5,369	613			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 54,357	48,317	6,040			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 60,339	53,686	6,653			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 574,069	510,284	63,785			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 138,396	123,019	15,377			
c. Personal property taxes	\$ 14,881	13,228	1,653			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 810,842	720,801	90,041			

* 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	\$ 18,488	\$ 2,110	
Rubbish removal	\$ 30,671	\$ 3,500	
Snow removal	\$ 4,614	\$ 526	
Supplies	\$ 7,551	\$ 862	
Total Other Repairs and Maintenance	\$ 61,324	\$ 6,998	\$ -

Depreciation Schedule

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				License No. 2342		Report for Year Ended 9/30/2022			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				39,230		39,230	29,574	SL	Various	2,717			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											2,717		
		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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						256,386		256,386	187,330	S/L	Various	19,109	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						26,613				S/I	Various	1,331	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						26,613						1,331	
D-3. Subtotal													20,440
E. Total Depreciation													23,157

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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
9/30/2022	60 Inch range oven	Administrative	\$ 26,613	10	\$ 1,331
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			\$ 26,613		\$ 1,331
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
9/30/2022	Fire Sprinkler Repairs	\$ 8,083	10	\$ 404
Total additions for Leasehold Improvemen		\$ 8,083		\$ 404
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342		9/30/2022			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.	9	Var	10 Years	59,822	46,460	SL		5,982	
2.									
3.									
A-4. Subtotal									5,982
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	21	Various	1,662,379	398,900	SL	Var	53,953	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	22	Various	8,083		SL	Var	404	
C-4. Subtotal									54,357
D. Total Amortization									60,339

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Me	License No. 2342	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		10/01/1991		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		10/01/91		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building		6,048,250		
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		08/29/18		
c. Interest Rate for the Cost Year		5.01%		
d. Term of Mortgage (number of years)		10 Years		
e. Amount of Principal Borrowed		6,250,000		
f. Principal balance outstanding as of		5,714,567		
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
Athena Meadowbrook, LLC d/b/a M		2342	9/30/2022			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
Athena Meadowbrook, LLC d/b/a		2342		9/30/2022			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)				\$	22,346	19,863	2,483	
Vendor interest=\$22,346								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	22,346	19,863	2,483	
14. Insurance								
a. Insurance on Property (buildings only)				\$	103,969	92,417	11,552	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	103,969	92,417	11,552	
15. Total All Expenditures (A-13 thru C-14)				\$	13,465,216	12,564,314	900,902	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2022	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.			Occupational Therapy	\$ 373,489	373,489		
4.			Other - See attached Schedule	\$ 5,510	4,946	564	
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 8,960	8,960		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 93,847	93,847		
10.			Accounting	\$ 6,000	6,000		
10a.			Legal	\$ 54,832	54,832		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 757	679	78	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 29,823	26,769	3,054	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 9,238	8,292	946	
19.			Income Tax / Corporate Business Tax	\$ 6,000	5,385	615	
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (137,748)	(137,748)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 20,167	18,102	2,065	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 470,875	463,553	7,322	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12M	Marketing Salaries & Benefits	\$ 4,946	\$ 564	
Total Other Salaries Adjustment			\$ 4,946	\$ 564	\$ -

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	\$ 11,114	\$ 1,268	
16	M13	Compliance Consultant	\$ 6,988	\$ 797	
Total Other A&G Adjustments			\$ 18,102	\$ 2,065	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 470,875	463,553	7,322	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 322,586	322,519	67	
28.			Ambulance/Limousine	\$ 1,875	1,875		
29.			X-rays, etc	\$ 11,731	11,731		
30.			Laboratory	\$ 25,307	25,307		
31.			Medical Supplies	\$ 17,810	15,986	1,824	
32.			Oxygen (non emergency)	\$ 19,666	18,013	1,653	
33.			Occupational Therapy	\$ 178	178		
34.			Other - See Attached Schedule	\$ 6,342	5,692	650	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,185	4,654	531	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 13,098	11,757	1,341	
45.			Management Fees Direct	\$ (37,568)	(37,568)		
46.			Management Fees Indirect	\$ (33,394)	(33,394)		
47.			Other - Direct	\$			
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)				\$ 823,691	810,303	13,388	

*** 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	5b	Ebox	\$ 5,692	\$ 650	
Total Other Ancillary Costs			\$ 5,692	\$ 650	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7e	Excess Moveable Equipment Depreciation (Carryforwards)	\$ 4,654	\$ 531	
Total Excess Movable Equipment Depreciation			\$ 4,654	\$ 531	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Television	\$ 11,757	\$ 1,341	
Total Other Adjustments			\$ 11,757	\$ 1,341	\$ -

Schedule of Other - Direct Adjustments

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

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
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,564,546	11,472,810	91,736			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,000,848)	(5,947,398)	(53,450)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,997,627	2,005,515	992,112			
b. Medicare Room and Board Contractual Allowance **	\$ 88,996	43,419	45,577			
4. a. Private-Pay Residents and Other	\$ 3,231,619	2,542,271	689,348			
b. Private-Pay Room and Board Contractual Allowance **	\$ (610,205)	(454,964)	(155,241)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 180,025	180,025				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (180,025)	(180,025)				
c. Prescription Drugs - Non-Medicare	\$ 102,787	102,787				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (102,787)	(102,787)				
2. a. Medical Supplies - Medicare	\$ 8,810	8,810				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,790)	(1,790)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,041,561	1,041,561				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (716,312)	(716,312)				
c. Physical Therapy - Non-Medicare	\$ 311,590	311,590				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (311,590)	(311,590)				
4. a. Speech Therapy - Medicare	\$ 428,529	428,529				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (306,019)	(306,019)				
c. Speech Therapy - Non-Medicare	\$ 126,900	126,900				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (126,900)	(126,900)				
5. a. Occupational Therapy - Medicare	\$ 957,839	957,839				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (693,703)	(693,703)				
c. Occupational Therapy - Non-Medicare	\$ 329,150	329,150				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (329,150)	(329,150)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (25,951)	(25,951)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,964,699	10,354,617	1,610,082			
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 41,682	41,682				
V. Total Other Revenue (1 thru 8)	\$ 41,682	41,682				
VI. Total All Revenue (III +V)	\$ 12,006,381	10,396,299	1,610,082			

* 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	Medicaid Recoupments	\$ (52,282)		
n/A	HHS stimulus	\$ 73,006		
	CT CRF repayment	\$ (46,675)		
Total Other Resident Revenue		\$ (25,951)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad debt recoveries	\$ 41,682		
Total Other Revenue		\$ 41,682	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	253,841
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,451,562
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	15,763
5. Prepaid Expenses			\$	209,855
a. Prepaid Insurance	148,166			
b. Prepaid Health Insurance	4,389			
c. Prepaid Expenses (itemize)	57,300			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	574
	574			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,931,595
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>819,968</u>		\$	510,819
	Accum. Depreciation <u>309,149</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>39,230</u>		\$	6,939
	Accum. Depreciation <u>32,291</u>	Net		
6. Movable Equipment	*Historical Cost <u>474,649</u>		\$	98,573
	Accum. Depreciation <u>376,076</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,859
Excluded Movable Equipment	2,859			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	619,190

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Tax Deposits	\$ 92,398
		Deferred Tax A/E 3,4	\$ 51,651
		Start up cost	\$ (201,803)
Total Other Assets			\$ (57,754)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea		2342	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	2,550,785
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	625,028		
		Accum. Depreciation	625,028	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	59,822		
		Accum. Depreciation	52,442	Net	\$ 7,380
4. Goodwill (Purchased Only)					
\$					
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>)					
\$ (57,754)					

See Schedule (57,754)					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$ (50,374)					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$ 2,500,411					

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbr		2342	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,140,951
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	370,096
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	276,579
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>)				\$	1,329,426
Acc'd Operating Expenses		90,654			
Acc'd Expense - Sales Tax		185			
Provider Taxes Due		1,233,579			
Acc'd Health Insurance		5,008			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,117,052

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowt	License No. 2342	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,117,052	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 297,551
Name and Address of Lender	Amount	Loan Date		
Accr'd Rent	165,332			
Procure Investment	132,219			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (320,483)
Solar project		42,190		
Note Procure CT (Pharmacy)		93,481		
Due to/From other facilities		(456,154)		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (22,932)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,094,120

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2022	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			\$	(621,754)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	486,880
6. Gain or Loss for Period			\$	(1,458,835)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(1,593,709)
C. Total Reserves and Net Worth			\$	(1,593,709)
D. Total Liabilities, Reserves, and Net Worth			\$	2,500,411

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Mead	2342	9/30/2022	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(999,845)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,006,381		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,465,216		
D. Net Income or Deficit			\$	(1,458,835)		
E. Balance			\$	(2,458,680)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
AJE-Covid funding	729,736					
2021 Management fee adjmt	180,000					
AJE tax adjmt	3,538					
AJE tax adjmt	(48,303)					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	864,971
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			\$	(1,593,709)		

I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a	License No. 2342	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" 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	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			(860) 751-3900	
Contact Email Address				
lrinadli@athenahealthcare.com				