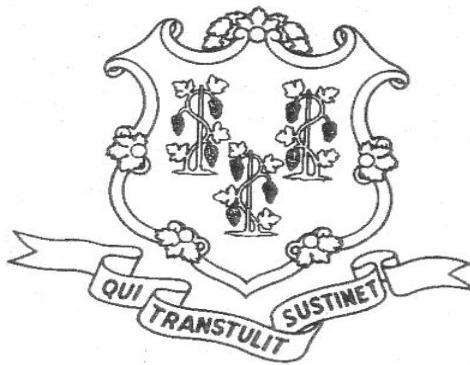


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center					
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457					
Type of Facility					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input 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 2263	RHNS	(Specify)	Medicare Provider 07-5106
------------------	--	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2263	RHNS	ICF-IID
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### For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

**General Information**

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	Report for Year Ended 9/30/2022	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center [facility name], for the cost report period beginning October 1, 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) Ursula Affainie		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)
Comm. Expires / /			
Address of Notary Public			

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	Period Covered: From 10/1/2021 To 9/30/2022		
Address of Facility 100 Randolph Road Middletown, CT 06457			
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. <b>Total Wages Paid</b>	\$		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility	Report for Year Ended	Page	of
860-344-0353	9/30/2022	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex H	100 Randolph Road Middletown, CT 06457		

License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider No. 07-5106
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Type of Facility (Check appropriate box(es))	<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
--	---	--	------------------------------------

Type of Ownership (Check appropriate box)	<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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 Andrew Goodsell	Nursing Home Administrator's License No.:	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

State of Connecticut

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

CSP-3 Rev. 10/2005

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	Report for Year Ended 9/30/2022	Page of 3   37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Athena Middlesex, LLC		100 Randolph Rd, Middletown, CT 06457	CT
Name of Partners/Members	Business Address	Title	% Owned
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member	32.25
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member	46.75
Senior Care Umbrella LLC	234 Church St New Haven, CT 06510	Member	15
L & F Schwartz Family Limite	3 Shirecrest, Avon, CT 06001	Member	3

# **General Information and Questionnaire**

## **Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a	License No. 2263	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

## General Information and Questionnaire

### Related Parties\*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Midd		License No. 2263	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	pg 33 A2		
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	pg 17	201,505	266,704
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan		88,023	88,023
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self insured employee health and dental insu	Pg 15 1a5	607,752	607,752
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 20 5A2	245,566	245,566
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	pg 16 m13	3,199	3,199
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Various: See attached			
Procure LTC Pharmacy of CT LLC-Note	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 34, B3	50,430	50,430
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## **General Information and Questionnaire**

### **Basis for Allocation of Costs**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a	License No. 2263	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

# General Information and Questionnaire Leases (Excluding Real Property)

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

### Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total \*\*\*

9,440

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

\*\* Attach copies of newly acquired leases.

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

# General Information and Questionnaire

## Accounting Basis

Name of Facility Athena Middlesex, LLC of Middlet	License No. 2263	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?

Ye  
 No

If "No," explain.

## **Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 PKF O'Connor Davies	4 Corporate Dr, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor, New Haven, CT 06511
3 Midcap Financial Services, LLC	7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
4	

**Services Provided by This Firm (*describe fully*)**

1	Year End Audit & Statements: Allow	\$	28,600
2	Medicare Cost Report: Allow	\$	2,730
3	Line of Credit: Disallow	\$	5,176
4		\$	
		Charge for Services Provided	
		\$	36,506

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

Yes  No | Pg 15, Line1d

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina, LLP	860-240-6000
2 Midcap Financial Services, LLC	646-896-1307
3 Goldman, Gruder & Woods	203-899-8915
4 Treasurer/Marshall State of CT	
5 Jackson Lewis/Pilicy & Ryan	

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

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

**Services Provided by This Firm (*describe fully*)**

1	Audit Letter: Allow (80); Misc Issues: Disallow (148)	\$	228
2	LOC Fees: Disallow	\$	32
3	A/R Collections: Disallow	\$	11,561
4	A/R Collections: Disallow	\$	1,200
5	A/R Collections: Disallow	\$	39,306
		Charge for Services Provided	
		\$	52,327

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

Yes  No

## Schedule of Resident Statistics

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care			License No. 2263			Report for Year Ended 9/30/2022				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					150	150						
A. On last day of PREVIOUS report period	150	150										
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents					107	107						
A. As of midnight of PREVIOUS report period	107	107										
B. As of midnight of THIS report period	77	77							77	77		
3. Total Number of Days Care Provided During Period					3,596	3,596			228	228		
A. Medicare	3,824	3,824										
B. Medicaid (Conn.)	30,770	30,770			23,968	23,968			6,802	6,802		
C. Medicaid (other states)												
D. Private Pay	1,146	1,146			966	966			180	180		
E. State SSI for RCH												
F. Other (Specify) Managed Care & VA	137	137			137	137						
G. Total Care Days During Period (3A thru F)	35,877	35,877			28,667	28,667			7,210	7,210		
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>35,877</b>	<b>35,877</b>			<b>28,667</b>	<b>28,667</b>			<b>7,210</b>	<b>7,210</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT	License No. 2263	Report for Year Ended 9/30/2022	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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	2	73		2				
Per Diem Rate								
a. One bed rm.	527.00	259.00		654.00			407.00	
b. Two bed rms.	527.00	259.00		624.00			407.00	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		4,190	4,190		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,805	1,805		
2. Restorative Treatments					
C. Other		6,215	6,215		
D. <b>Total Physical Therapy Treatments</b>		12,210	12,210		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		539	539		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		245	245		
2. Restorative Treatments					
C. Other		924	924		
D. <b>Total Speech Therapy Treatments</b>		1,708	1,708		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		3,623	3,623		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,844	1,844		
2. Restorative Treatments					
C. Other		7,234	7,234		
D. <b>Total Occupational Therapy Treatments</b>		12,701	12,701		

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of	
		2263	9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
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)	29,956	460				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	238,717	9,651				
5. Dietary Service						
a. Head Dietitian	18,288	460				
b. Food Service Supervisor	50,854	1,543				
c. Dietary Workers	414,596	23,076				
6. Housekeeping Service						
a. Head Housekeeper	24,412	942				
b. Other Housekeeping Workers	224,877	13,253				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	101,110	2,324				
b. Other Maintenance Workers	83,576	3,551				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	80,428	4,653				
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	223,238	2,283				
b. RN						
1. Direct Care	295,927	5,232				
2. Administrative**	478,552	13,505				
c. LPN						
1. Direct Care	907,489	21,410				
2. Administrative**						
d. Aides and Attendants	1,617,786	66,170				
e. Physical Therapists	459,800	10,716				
f. Speech Therapists	112,329	2,562				
g. Occupational Therapists	173,639	4,869				
h. Recreation Workers	264,494	9,892				
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	142,257	4,840				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,942,325	201,392				

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

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

**Schedule of Other Salaries and Wages (Page 10)**

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

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C			License No. 2263		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**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 <span style="float: right;">of</span>	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C				2263		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)							
<b>Section III - Administrators***</b>										
Denise Bryan-Kelly (5/2/22-7/8/22)	29,956			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	460	A2			
Donald Wilcox (10/1/21-5/1/22)							pg 16 m13			
Andrew Goodsell (7/9/22-9/30/22)							pg 16 m13			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2263	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	10,008	105			
3. Pharmacist	12,654	230			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker	71,212	1,116			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	72,000	610			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	621,236	5,206			
2. Administrative***	84,120	590			
b. LPN					
1. Direct Care	1,419,120	17,905			
2. Administrative***					
c. Aides	1,783,993	36,620			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	4,074,343	62,382			

\* 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
		9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Procare LTC Pharmacy of CT LLC, 1492 Highland Avenue, Cheshire, CT 06032	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	
Dr. Raider, 645 Saybrook Rd, Middletown, CT 06457	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Huded, 78 Marlborough St, Portland, CT 06480	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions, LLC, 705 New Britain Ave, Hartford, CT 06106	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Acute Care Gas, 23 Nutmeg Valley Road, Wolcott, CT 06716	Oxygen Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
MAS Staffing, 1 Federal St, Bldg 101 3rd Fl, Springfield, MA 01105	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Norton and Associates Inc, 34 Elm Street, Cohasset, MA 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 653 Main Street, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
SambaCare, 410 Melville Ave, Lakewood, NJ 08701	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page, 260 Madison Avenue 4th Fl, New York, NY 10016	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Broad St 4th Fl, Newark, NJ 07102	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Headcount Management, PO Box 742890, Atlanta, GA 30374	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"/>		

\* 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
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	441,169	441,169		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	83,354	83,354		
4. Social Security (F.I.C.A.)	\$	419,878	419,878		
5. Health Insurance	\$	543,855	543,855		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	40,910	40,910		
8. Uniform Allowance	\$	2,723	2,723		
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*	\$				
d. Accounting and Auditing	\$	229,933	229,933		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	36,506	36,506		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$	52,327	52,327		
g. Office Supplies	\$				
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	66,269	66,269		
2. Cellular Phones	\$	27,626	27,626		
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$	673,754	673,754		
<b>Subtotal</b>	\$	2,618,304	2,618,304		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

**Schedule of Other Employee Benefits**

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
Athena Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,618,304	2,618,304		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	2,800	2,800	
3. Gifts to Staff and Residents	\$	8,725	8,725	
4. Employee Travel	\$	885	885	
5. Education Expenses Related to Seminars and Conventions	\$	2,524	2,524	
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> )	\$	17,304	17,304	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )**** See Attached Schedule	\$	6,278	6,278	
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	2,571	2,571	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	4,239	4,239	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	625	625	
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**	\$	132,993	132,993	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	222,026	222,026	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	<b>3,019,274</b>	<b>3,019,274</b>	

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 6,278		
<b>Total Other Advertising</b>	\$ 6,278	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 4,239		
<b>Total Dues</b>	\$ 4,239	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 1,830		
Data Processing Fees	\$ 73,684		
Bank Charges	\$ 29,521		
Payroll Processing Fees	\$ 16,439		
Employee Physicals & Background Checks	\$ 11,532		
Administrator-Contract	\$ 89,020		
<b>Total Other Administrative and General</b>	\$ 222,026	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown, CT	2263	9/30/2022	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	201,505	Contract Attached to a Prior Year	See Below
Allocation of the above	2,241 36,271	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Rd 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 Middlesex, LLC of Middletown, CT d/b/a Mid		2263	9/30/2022	18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 519,836	519,836		
2. Non-Food Supplies	\$ 47,914	47,914		
3. Other (Specify) _____ Dishes	\$ 2,122	2,122		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 569,872</b>	<b>569,872</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	295	295		
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 checked="" type="radio"/> Yes <input 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 Athena Middlesex, LLC of Middletown, CT d/b/a Middl	License No. 2263	Report for Year Ended 9/30/2022	Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	16,242	16,242	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other ( <i>Specify</i> ) Supplies	\$	3,068	3,068	
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	<b>\$</b>	<b>19,310</b>	<b>19,310</b>	
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
		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 51,491	51,491		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>51,491</b>	<b>51,491</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	227,740	227,740		
b. Medicine Cabinet Drugs	\$	23,363	23,363		
c. Medical and Therapeutic Supplies	\$	337,577	337,577		
d. Ambulance/Limousine***	\$	7,248	7,248		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	14,244	14,244		
f. X-rays and Related Radiological Procedures***	\$	12,472	12,472		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	24,478	24,478		
i. Recreation	\$	19,978	19,978		
j. Direct Management Services*	\$	36,271	36,271		
k. Indirect Management Services*	\$	32,241	32,241		
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	135,916	135,916		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>871,528</b>	<b>871,528</b>		

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

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

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

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

## **Schedule of Other Resident Care**

## Report of Expenditures

\* 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 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	95,280	95,280			
b. Heat	\$	54,442	54,442			
c. Light & Power	\$	77,325	77,325			
d. Water	\$	70,437	70,437			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	9,440	9,440			
f. Other ( <i>itemize</i> )	\$	106,724	106,724			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	413,648	413,648			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	10,407	10,407			
d. Movable Equipment	\$	48,376	48,376			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	58,783	58,783			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$	2,425	2,425			
c. Leasehold Improvements	\$	38,120	38,120			
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$	40,545	40,545			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	618,084	618,084			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	188,065	188,065			
c. Personal property taxes	\$	14,675	14,675			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	920,152	920,152			

\* 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**

## Depreciation Schedule

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

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

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life		Depreciation
		Movable Category		Cost	Useful Life	
<b>Additions:</b>						
10/1/2022	Computers	Administrative	\$ 8,180	5	\$ 818	
3/1/2023	Dry Vapor Steam Generator w/Vacuum	Standard Resident	\$ 4,786	8	\$ 298	
3/1/2023	Long-Term Hospital Bed	Standard Resident	\$ 1,653	10	\$ 83	
4/1/2023	Gas-powered Restaurant Range	Standard Resident	\$ 8,632	10	\$ 432	
4/1/2023	Hobart Dishwasher	Standard Resident	\$ 9,690	10	\$ 485	
		PICK A CATEGORY				
<b>Total additions for Movable Equipment</b>			\$ 32,941		\$ 2,116	*
<b>Deletions:</b>						
<b>Total deletions for Movable Equipment</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
			Cost	Cost	Useful Life	
<b>Additions:</b>						
10/1/2022	Boiler Replacement		\$ 547,974		20	\$ 13,699
12/1/2022	Fire Alarm System		\$ 16,750		10	\$ 838
<b>Total additions for Leasehold Improvement</b>			\$ 564,724		\$ 14,537	*
<b>Deletions:</b>						
<b>Total deletions for Leasehold Improvement</b>			\$ -		\$ -	**

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			License No. 2263		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1. Finance Fees-HUD Mortgage	12	2018		44,077	41,652	SL		2,425	
2.									
3.									
<b>B-4. Subtotal</b>									2,425
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period		2021	Various	40,115	1,003	SL	Var	23,583	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2022	Various	564,724		SL	Var	14,537	
<b>C-4. Subtotal</b>									38,120
<b>D. Total Amortization</b>									40,545

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Athena Middlesex, LLC of Middletow	License No. 2263	Report for Year Ended 9/30/2022	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

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

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	12/30/20			
c. Interest Rate for the Cost Year	2.95%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	6,989,900			
f. Principal balance outstanding as of	6,672,785			

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

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26	of 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
		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)	\$	21,327	21,327			
Vendor Interest = \$13,648; Line of Credit Interest = \$7,679						
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	21,327	21,327			
14. Insurance						
a. Insurance on Property (buildings only)	\$	36,555	36,555			
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
<b>14d. Total Insurance Expenditures (14a + b + c)</b>	\$	36,555	36,555			
<b>15. Total All Expenditures (A-13 thru C-14)</b>	\$	15,939,825	15,939,825			

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

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2263	9/30/2022	28   37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b><i>Page 10 - Salaries and Wages</i></b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12	Occupational Therapy	\$ 173,639	173,639		
4.			Other - See attached Schedule	\$			
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 229,933	229,933		
10.	15	1d&e	Accounting	\$ 5,176	5,176		
10a.			Legal	\$ 52,247	52,247		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 8,725	8,725		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&3	Unallowable Advertising *	\$ 6,278	6,278		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$			
20.	16	m4&5	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (43,031)	(43,031)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,521	29,521		
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 462,488	\$ 462,488			

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

### **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 29,521		
<b>Total Other A&amp;G Adjustments</b>			\$ 29,521	\$ -	\$ -

State of Connecticut

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

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

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2263	9/30/2022	29	37
						Total Amount of Decrease	
						CCNH	RHNS
			Item Description			(Specify)	
			Subtotals Brought Forward			\$ 462,488	462,488
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 227,740	227,740		
28.	20	5d	Ambulance/Limousine	\$ 7,248	7,248		
29.	20	5f	X-rays, etc	\$ 12,472	12,472		
30.	20	5h	Laboratory	\$ 24,478	24,478		
31.	20	5c	Medical Supplies	\$ 18,938	18,938		
32.	20	5e2	Oxygen (non emergency)	\$ 14,244	14,244		
33.	20	5j	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 45,164	45,164		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,484	6,484		
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.	\$ 30	30		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (11,736)	(11,736)		
46.			Management Fees Indirect	\$ (10,432)	(10,432)		
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>		\$ 797,118		797,118		

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

### **Schedule of Other Ancillary Costs**

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

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

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

Attachment Page 29

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

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

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

## **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 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> )	\$ 18,113,015	18,113,015			
b. Medicaid Room and Board Contractual Allowance **	\$ (10,178,429)	(10,178,429)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,330,216	1,330,216			
b. Medicare Room and Board Contractual Allowance **	\$ (58,836)	(58,836)			
4. a. Private-Pay Residents and Other	\$ 1,930,754	1,930,754			
b. Private-Pay Room and Board Contractual Allowance **	\$ (420,357)	(420,357)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 89,704	89,704			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 146,428	146,428			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (146,428)	(146,428)			
2. a. Medical Supplies - Medicare	\$ 3,938	3,938			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 1,452	1,452			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,452)	(1,452)			
3. a. Physical Therapy - Medicare	\$ 417,270	417,270			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (301,018)	(301,018)			
c. Physical Therapy - Non-Medicare	\$ 268,500	268,500			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (268,500)	(268,500)			
4. a. Speech Therapy - Medicare	\$ 124,400	124,400			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (97,159)	(97,159)			
c. Speech Therapy - Non-Medicare	\$ 94,325	94,325			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (94,325)	(94,325)			
5. a. Occupational Therapy - Medicare	\$ 390,602	390,602			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (286,784)	(286,784)			
c. Occupational Therapy - Non-Medicare	\$ 274,900	274,900			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (274,900)	(274,900)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1,051,403	1,051,403			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,108,719	12,108,719			
<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> )	\$ 30	30			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 30	30			
<b>VI. Total All Revenue</b> (III +V)	\$ 12,108,749	12,108,749			

\* 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)
	Misc Revenue from CRF Funding	\$ 1,051,403		
	<b>Total Other Resident Revenue</b>	\$ 1,051,403	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	n/a	\$ 30		
	<b>Total Interest Income</b>		\$ 30	\$ -	\$ -

**Schedule of Other Revenue**

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

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	32,317
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,462,324
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,007
5. Prepaid Expenses			\$	122,613
a. Prepaid Insurance			128,680	
b. Prepaid Expenses			(10,704)	
c. Prepaid Health Insurance			4,637	
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	890,686
8. Other Current Assets ( <i>itemize</i> )			\$	7,276
A/R Related Parties			7,276	
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,534,223
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost			Accum. Depreciation	Net
3. Buildings			\$	
*Historical Cost			Accum. Depreciation	Net
4. Leasehold Improvements			\$	565,716
*Historical Cost			Accum. Depreciation	604,839 Net
5. Non-Movable Equipment			\$	55,851
*Historical Cost			Accum. Depreciation	395,936 Net
6. Movable Equipment			\$	77,270
*Historical Cost			Accum. Depreciation	1,810,859 Net
7. Motor Vehicles			\$	
*Historical Cost			Accum. Depreciation	1,733,589 Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	100,895
See Schedule			100,895	
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	799,732

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

(Carry Total forward to next page )

**Schedule of Prepaid Expenses Page 31 Line A5**

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

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

Page Ref	Line Ref	Description	
		Moveable Equipment Carryforward	\$ 2,325
		Project Development & Deposit	\$ 98,570
<b>Total Other Fixed Assets (Itemize)</b>			\$ 100,895

**Schedule of Other Assets Page 32 Line D7**

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

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

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

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

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

Name of Facility Athena Middlesex, LLC of Middletown	License No. 2263	Report for Year Ended 9/30/2022	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 3,333,955
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	3,333,955

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 3,935,754
2. Notes Payable ( <i>itemize</i> )				\$ 4,504,776
Notes Payable				4,504,776
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> )				\$ 207,128
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 369,054
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> )				\$ 2,097,665
Acc'd Operating Expenses				31,617
Acc'd Health Insurance				(1,836)
Acc'd Expense-CT State Sales Tax				15
Provider Taxes Due				2,068,368
Acc'd Property Taxes				(499) See Schedule
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 11,114,377

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

(Carry Total forward to next page)

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

Name of Facility Athena Middlesex, LLC of Middletown, CT	License No. 2263	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				\$ 11,114,377
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 1,745,952
See Schedule				1,745,952
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,745,952
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 12,860,329

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Athena Middlesex, LLC of Middletow	License No. 2263	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ 548,900
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (6,244,198)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ (3,831,076)
7. Total Net Worth				\$ (9,526,374)
<b>C. Total Reserves and Net Worth</b>				\$ (9,526,374)
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 3,333,955

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown,	2263	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (6,040,528)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 12,108,749		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 15,939,825		
D. Net Income or Deficit				\$ (3,831,076)		
E. Balance				\$ (9,871,604)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
HHS Revenue				358,863		
Health Insurance				(13,633)		
2. Other ( <i>itemize</i> )						
F-3. Total Additions				\$ 345,230		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ (9,526,374)		

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

Name of Facility Athena Middlesex, LLC of Middletown,	License No. 2263	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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

### Preparer/Reviewer Certification

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

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