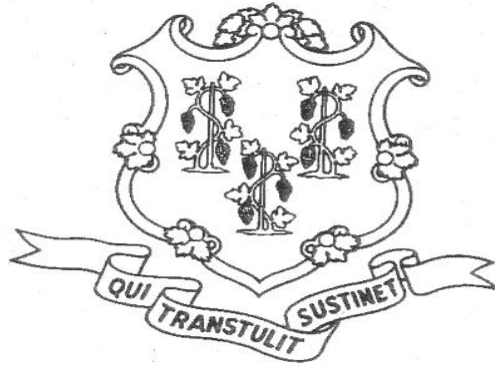


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	
Address (No. & Street, City, State, Zip Code) 261 Summit Street Plantsville, CT 06479	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2282	RHNS	(Specify)	Medicare Provider 07-54220
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Medicaid Provider Numbers:	CCNH 2282	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The	2282	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [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) Douglas Melanson			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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 261 Summit Street Plantsville, CT 06479				
Report Prepared By Athena Health Care Associates, Inc.		Phone Number 860-751-3900	Date 2/9/2023	
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 860-628-0364		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit			Address (No. & Street, City, State, Zip) 261 Summit Street Plantsville, CT 06479		
License Numbers:	CCNH 2282	RHNS	(Specify)	Medicare Provider No. 07-54220	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Carol Mortensen			Nursing Home Administrator's License No.:	1846	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

General Information and Questionnaire Corporate Owners

Name of Facility Southington SNF, LLC OF PLANTSVILLE	License No. 2282	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Not Applicable			
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Names of Stockholders Owning at Least 10% of Shares			
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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a	2282	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The S	License No. 2282	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	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility loans	Pg 33 Ln A2		
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Laurel Ridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	Pg 16 Ln m13	3,910	3,910
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	316,899	316,899
ProCare, LTC	110 Bi-County Blvd. Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20 Ln 5a2	543,065	543,065
Summit Landlord	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22 Ln9,10b; Pg 27	976,531	976,531
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15 1a5		
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached		1,114,584	1,114,584
ProCare, LTC	110 Bi-County Blvd. Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Notes payable	Pg 34 B3, Pg 27 12d	75,154	75,154

* 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	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/t	2282	9/30/2022	5	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? 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.

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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Sum			License No. 2282	Report for Year Ended 9/30/2022			Page 6	of 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						
De Lage Landen Financial Services, Inc., PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	09/30/21	48 months	9,189	9,954	
Pitney Bowes Global Financial, P.O Box 371887, 500 Ross Street, Sutire 154-0470, Pittsburgh, PA 15262	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	09/22/20	63 months	1,021	581	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							10,535	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility Southington SNF, LLC OF PLANT	License No. 2282	Report for Year Ended 9/30/2022	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	Address (No. & Street, City, State, Zip Code)
1 MidCap Financial Services LLC	259 W 30th St, Suite 301 NY, NY 10001
2 Marcum LLP	555 Long Wharf Dr, 12th Fl, New Haven, CT 06511
3 PKF O'Connor Davies, LLP	Four Corporate Drive, Suite 488, Shelton, CT 06484
4	

Services Provided by This Firm (*describe fully*)

1 Line of credit audit fees (disallow)	\$	4,865
2 Medicare Cost Report Preparation (allow)	\$	2,750
3 Tax Returns (allow)	\$	7,100
4	\$	
		Charge for Services Provided
		\$ 14,715

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 MidCap Financial Services LLC	312-258-5500
2 Treasurer State of CT/Cheshire Probate Court	
3 Goldman, Gruder & Woods LLC/ Jackson Lewis	203-899-8900/ 860-522-0404
4 Marshall Joseph Marinen	
5 Murtha Cullina/ Brenner, Saltzman	203-772-7700/ 203772-2600

Address (<i>No. & Street, City, State, Zip Code</i>)	
1	259 W 30th St, Suite 301 NY, NY 10001
2	
3	200 Connecticut Ave., Norwalk, CT 06854/ 90 State House Square 8th Flr, Hartford, CT 06103
4	
5	280 Trumbull St., Hartford, CT 06103/ 271 Whitney Ave., New Haven, CT 06511

Services Provided by This Firm (*describe fully*)

1 Line of credit audit fees (disallow)	\$	1,272
2 Conservatorship (disallow)	\$	1,000
3 Collections/ EE matters (disallow)	\$	6,295
4 Service of Notice (disallow)	\$	260
5 Annual Report filing \$80 (allow)/ Legal Matters \$2,640 (disallow)	\$	2,720
		Charge for Services Provided
		\$ 11,547

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

Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants			2282			9/30/2022				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150							
B. On last day of THIS report period	150	150							150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	146	146			146	146							
B. As of midnight of THIS report period	146	146							146	146			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,935	5,935			4,707	4,707			1,228	1,228			
B. Medicaid (Conn.)	38,295	38,295			28,044	28,044			10,251	10,251			
C. Medicaid (other states)													
D. Private Pay	3,169	3,169			2,518	2,518			651	651			
E. State SSI for RCH													
F. Other (Specify) VA & Managed Care	5,830	5,830			4,457	4,457			1,373	1,373			
G. Total Care Days During Period (3A thru F)	53,229	53,229			39,726	39,726			13,503	13,503			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	191	191			162	162			29	29			
B. Other Bed Reserve Days	111	111			89	89			22	22			
5. Total Resident Days (3G + 4A + 4B)	53,531	53,531			39,977	39,977			13,554	13,554			

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE			License No. 2282			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		116		8		15						
Per Diem Rate													
a. One bed rm.	585.39		263.47		625.00		318.59						
b. Two bed rms.	585.39		263.47		603.00		318.59						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,451	5,451				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,201	1,201				
2. Restorative Treatments													
C. Other								12,413	12,413				
D. Total Physical Therapy Treatments								19,065	19,065				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,054	1,054				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								254	254				
2. Restorative Treatments													
C. Other								1,446	1,446				
D. Total Speech Therapy Treatments								2,754	2,754				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,242	5,242				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,060	1,060				
2. Restorative Treatments													
C. Other								12,217	12,217				
D. Total Occupational Therapy Treatments								18,519	18,519				

Report of Expenditures - Salaries & Wages

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit	License No. 2282	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	134,956	2,058				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	297,904	11,529				
5. Dietary Service						
a. Head Dietitian	47,085	1,304				
b. Food Service Supervisor	65,172	1,941				
c. Dietary Workers	559,052	29,156				
6. Housekeeping Service						
a. Head Housekeeper	183,928	4,133				
b. Other Housekeeping Workers	288,981	14,928				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,097	2,143				
b. Other Maintenance Workers	58,811	2,199				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	242,731	11,602				
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	181,886	3,240				
b. RN						
1. Direct Care	740,726	11,359				
2. Administrative**	608,486	16,805				
c. LPN						
1. Direct Care	1,688,217	44,564				
2. Administrative**						
d. Aides and Attendants	2,263,686	94,579				
e. Physical Therapists	488,676	10,462				
f. Speech Therapists	59,841	1,237				
g. Occupational Therapists	342,988	8,116				
h. Recreation Workers	283,939	12,494				
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	202,624	6,133				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,808,786	289,982				

* 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	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plant				2282	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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plan				2282		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***										
Carol Mortensen (10/1/21-9/30/22)	134,956			Health & Life insurances, payroll taxes	Day to day operations of the nursing home facility.	2,058	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a T	2282	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	2,715	24				
3. Pharmacist	13,975	107				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	87,500	145				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,216					
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	3,166	5				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	32,554	353				
2. Administrative***						
b. LPN						
1. Direct Care	453,351	5,026				
2. Administrative***						
c. Aides	606,814	12,769				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,205,291	18,429				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The S		2282	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Garumuni DeSilva, MD, 15 Aldo Dr., Woodbridge, CT 06525	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Dysphagia Experts, 21 Waterville Rd., Avon, CT 06001	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Andrew Guest, 171 Liberty St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Shahzad Zaki M.D., 1257 South Broad St., Wallingford, CT 06492	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
Healthdrive Behavioral Health Services, 103 Myron St., West Springfield, MA 01089	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
All American Healthcare Services, Inc., PO Box 825968, Philadelphia, PA 19182-5968	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Access Medical Staffing LLC, PO Box 185502, Hamden, CT 06518	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Sambacare, 410 Melville Ave., Lakewood, NJ 08701	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Norton & Associates, 97 Elm St., Cohasset, MA 02025	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, C/O Access Capital, 400 Park Ave., New York, NY 10022	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Solomon Page Staffing Solutions, 260 Madison Ave., 4th Floor, New York, NY 10016	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Masstex Imaging, 3 Electronics Ave., Ste 201, Danvers, MA 01923-1099	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Midstate Medical Center, PO Box 310912, Newington, CT 06131-1912	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Healthmed Urgent Care, 1257 South Broad St., Wallingford, CT 06492	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Quest Diagnostics, PO Box 844217, Boston, MA 02284-4217	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* 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
Southington SNF, LLC OF PLANTSVILLE d/b/	2282	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 316,899	316,899			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 106,422	106,422			
4. Social Security (F.I.C.A.)	\$ 606,727	606,727			
5. Health Insurance	\$ 941,689	941,689			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 83,181	83,181			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 83,991	83,991			
d. Accounting and Auditing	\$ 14,715	14,715			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,547	11,547			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 60,917	60,917			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 120,944	120,944			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 1,750	1,750			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,000,636	1,000,636			
Subtotal	\$ 3,349,418	3,349,418			

* 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
Southington SNF, LLC OF PLANTSVILLE d/b/a The	2282	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	3,349,418	3,349,418			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,980	2,980			
3. Gifts to Staff and Residents	\$ 37,605	37,605			
4. Employee Travel	\$ 854	854			
5. Education Expenses Related to Seminars and Conventions	\$ 6,140	6,140			
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>)	\$ 12,120	12,120			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$ 14,061	14,061			
See Attached Schedule					
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	\$ 5,264	5,264			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 8,828	8,828			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,815	1,815			
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**	\$ 546,705	546,705			
13. Other (<i>Specify</i>)	\$ 155,178	155,178			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 4,140,968	4,140,968			

* 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	\$ 14,061		
Total Other Advertising	\$ 14,061	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Monthly Dues	\$ 8,828		
Total Dues	\$ 8,828	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank charges	\$ 22,009		
Payroll Processing Fees	\$ 24,563		
Licensing	\$ 1,591		
Employee Physicals/ Background Checks	\$ 24,627		
Data Processing	\$ 75,245		
Other Professional Fees	\$ 7,143		
Total Other Administrative and General	\$ 155,178	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVIL	2282	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 Associates, Inc, 135 South Rd, Farmington, CT 06032	769,650	Full Management Services	See below
	507,969	Admin/Gen 66%	Pg 16 Line 12
Allocations of the above	123,144	Indirect 16%	Pg 18 Line 2C
	138,537	Direct 18%	Pg 20, Line 5J
Athena Health Care Associates, Inc, 135 South Rd, Farmington, CT 06032	38,736	Admin/Gen-Other Expenses	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The		License No. 2282	Report for Year Ended 9/30/2022		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 498,030	498,030			
2.	Non-Food Supplies	\$ 67,581	67,581			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____ Management Services		\$ 123,144	123,144			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 688,755	688,755			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	437	437			
G.	Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No					
H.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost. \$867					
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
Southington SNF, LLC OF PLANTSVILLE d/b/a The S		2282	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. \$	19,273	19,273		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Supplies	\$	11,139	11,139		
3D. Total Laundry Expenditures (3a + b + c)	\$	30,412	30,412		
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
Southington SNF, LLC OF PLANTSVILLE d/		2282	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. \$	62,447	62,447		
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)	\$	62,447	62,447		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure LTC	\$	519,255	519,255		
b.	Medicine Cabinet Drugs	\$	13,113	13,113		
c.	Medical and Therapeutic Supplies	\$	326,678	326,678		
d.	Ambulance/Limousine***	\$	6,329	6,329		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	10,500	10,500		
f.	X-rays and Related Radiological Procedures***	\$	33,098	33,098		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	51,925	51,925		
i.	Recreation	\$	28,695	28,695		
j.	Direct Management Services*	\$	138,537	138,537		
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	129,787	129,787		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,257,917	1,257,917		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page of					
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			2282	9/30/2022	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Dr, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	24,563			16	13
CT Waste Processing	414 New Britain Ave, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,453			22	6f
ProCare	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners/Minority Interest	Pharmacy	543,065			20	5c
Winterberry Landscape Management LLC	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal/Landscaping	37,575			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington SNF, LLC OF PLANTSVILLE d	2282	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 133,184	133,184				
b. Heat	\$ 49,688	49,688				
c. Light & Power	\$ 141,593	141,593				
d. Water	\$ 64,318	64,318				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,535	10,535				
f. Other (<i>itemize</i>)	\$ 85,992	85,992				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 485,310	485,310				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 10,394	10,394				
c. Non-Movable Equipment	\$ 3,460	3,460				
d. Movable Equipment	\$ 52,656	52,656				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 66,510	66,510				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 73,439	73,439				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 73,439	73,439				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 701,114	701,114				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 109,955	109,955				
c. Personal property taxes	\$ 12,684	12,684				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 963,702	963,702				

* 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	\$ 17,136		
Rubbish Removal	\$ 30,613		
Supplies	\$ 17,805		
Snow Removal	\$ 20,438		
Total Other Repairs and Maintenance	\$ 85,992	\$ -	\$ -

Depreciation Schedule

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plant			License No. 2282		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			69,574		69,574	69,574	S/L	Various					
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			562,055		562,055	504,846	S/L	Various	10,394				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										10,394			
C. Non-Movable Equipment													
1. Acquired prior to this report period			257,103		257,103	249,411	S/L	Various	3,460				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										3,460			
		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					9	2021	1,841,296	1,841,296	1,671,029	S/L	Various	51,516	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative					9	2022	23,285		23,285	S/L	Various	1,140	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period							23,285	23,285				1,140	
D-3. Subtotal													52,656
E. Total Depreciation													66,510

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
8/31/2022	ice & water dispenser	Administrative	\$ 8,200	10	\$ 410
9/30/2022	tilt truck	Administrative	\$ 1,461	15	\$ 49
9/30/2022	dryer	Administrative	\$ 13,624	10	\$ 681
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 23,285		\$ 1,140
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/31/2022	replace make up air system	\$ 11,987	15	\$ 400
8/31/2022	replace roof	\$ 414,200	10	\$ 20,710
8/31/2022	replaced pit can on elevator	\$ 4,073	5	\$ 407
8/31/2022	cast iron roof drains	\$ 4,749	5	\$ 475
9/30/2022	new condensor motor	\$ 1,362	5	\$ 136
9/30/2022	new motor for heat unit	\$ 1,186	5	\$ 119
9/30/2022	elevator repair	\$ 7,561	5	\$ 756
9/30/2022	new cooling system for generator	\$ 4,490	5	\$ 449
9/30/2022	elevator project	\$ 255,059	20	\$ 6,376
Total additions for Leasehold Improvement		\$ 704,667		\$ 29,828
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summ			2282		9/30/2022			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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-Key Bank	2	2018	3 years	15,715	15,715	S/L			
2. Finance Fees-Greystone	9	2019	Pending	58,070		S/L			
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2021	Various	431,161	185,395	S/L	Various	43,611	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2022	Various	704,667		S/L	Various	29,828	
C-4. Subtotal									73,439
D. Total Amortization									73,439

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Southington SNF, LLC OF PLANTSV	License No. 2282	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	08/01/02			
4. Date of Initial Licensure	08/01/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	880,000			
b. Building	4,371,469			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.92%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,526,089			
f. Principal balance outstanding as of _____	6,166,786			
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
Southington SNF, LLC OF PLANTS		2282	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	
Southington SNF, LLC OF PLAN		2282		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) Vendor Interest				\$ 13,306	13,306		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 13,306	13,306		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 168,535	168,535		
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)				\$ 168,535	168,535		
15. Total All Expenditures (A-13 thru C-14)				\$ 17,825,429	17,825,429		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit				2282	9/30/2022	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.	10	A12g	Occupational Therapy	\$ 342,988	342,988		
4.			Other - See attached Schedule	\$ 39,633	39,633		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 5,216	5,216		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 83,991	83,991		
10.	15	1d	Accounting	\$ 4,865	4,865		
10a.			Legal	\$ 11,467	11,467		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 37,605	37,605		
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.	18	m2&3	Unallowable Advertising *	\$ 14,061	14,061		
19.	15	k1	Income Tax / Corporate Business Tax	\$ 1,750	1,750		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 276,793	276,793		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 22,009	22,009		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 867	867		
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)				\$ 841,245	841,245		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing salary & benefits	\$ 39,633		
Total Other Salaries Adjustment			\$ 39,633	\$ -	\$ -

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	\$ 22,009		
Total Other A&G Adjustments			\$ 22,009	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Sumn				2282	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 841,245	841,245		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 519,255	519,255		
28.	20	5d	Ambulance/Limousine	\$ 6,329	6,329		
29.	20	5f	X-rays, etc	\$ 33,098	33,098		
30.	20	5b	Laboratory	\$ 51,925	51,925		
31.	20	5c	Medical Supplies	\$ 27,604	27,604		
32.	20	5e2	Oxygen (non emergency)	\$ 10,500	10,500		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 40,522	40,522		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,161	5,161		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 1,663	1,663		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 75,489	75,489		
46.	20	5j	Management Fees Indirect	\$ 67,101	67,101		
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)				\$ 1,679,892	1,679,892		

*** 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	\$ 12,604		
20	5j	Radio & Television	\$ 27,918		
Total Other Ancillary Costs			\$ 40,522	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec-Carryforward AJE	\$ 5,161		
Total Excess Movable Equipment Depreciation			\$ 5,161	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
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
Southington SNF, LLC OF PLANTSVIL	2282	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>)	\$ 22,940,879	22,940,879			
b. Medicaid Room and Board Contractual Allowance **	\$ (12,669,527)	(12,669,527)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,521,154	3,521,154			
b. Medicare Room and Board Contractual Allowance **	\$ (278,875)	(278,875)			
4. a. Private-Pay Residents and Other	\$ 5,754,873	5,754,873			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,639,472)	(1,639,472)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 253,703	253,703			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (253,703)	(253,703)			
c. Prescription Drugs - Non-Medicare	\$ 467,539	467,539			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (467,539)	(467,539)			
2. a. Medical Supplies - Medicare	\$ 7,663	7,663			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 106	106			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (106)	(106)			
3. a. Physical Therapy - Medicare	\$ 810,110	810,110			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (678,349)	(678,349)			
c. Physical Therapy - Non-Medicare	\$ 208,600	208,600			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (208,600)	(208,600)			
4. a. Speech Therapy - Medicare	\$ 269,750	269,750			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (217,722)	(217,722)			
c. Speech Therapy - Non-Medicare	\$ 68,400	68,400			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (68,400)	(68,400)			
5. a. Occupational Therapy - Medicare	\$ 833,452	833,452			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (693,666)	(693,666)			
c. Occupational Therapy - Non-Medicare	\$ 188,500	188,500			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (188,500)	(188,500)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 209,809	209,809			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,170,079	18,170,079			
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>)	\$ 38,751	38,751			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 44,707	44,707			
V. Total Other Revenue (1 thru 8)	\$ 83,458	83,458			
VI. Total All Revenue (III +V)	\$ 18,253,537	18,253,537			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Misc revenue from CRF funding	\$ 232,544		
	Rate adjustments	\$ (22,735)		
Total Other Resident Revenue		\$ 209,809	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 32 In D	Interest on Note Receivable Related Party	1,137,764	\$ 37,088		
Pg 32 In A	Medicare and Medicaid Interest		\$ 1,663		
Total Interest Income			\$ 38,751	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 44,707		
Total Other Revenue		\$ 44,707	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	66,137
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,270,589
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	27,167
5. Prepaid Expenses			\$	254,143
a. Prepaid Insurance/ Health Insurance	195,026			
b. Other Prepaid Expenses	51,024			
c. Prepaid Property Taxes	8,093			
d. See Schedule				
6. Interest Receivable			\$	217,443
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(279,825)
A/R Medicaid Settlement- Wage Enhancement	(279,825)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,555,654
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	69,574	\$	
	Accum. Depreciation	69,574		Net
3. Buildings	*Historical Cost	562,053	\$	46,815
	Accum. Depreciation	515,238		Net
4. Leasehold Improvements	*Historical Cost	1,135,828	\$	876,994
	Accum. Depreciation	258,834		Net
5. Non-Movable Equipment	*Historical Cost	257,103	\$	4,232
	Accum. Depreciation	252,871		Net
6. Movable Equipment	*Historical Cost	1,864,570	\$	140,885
	Accum. Depreciation	1,723,685		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	11
Excluded Movable Equipment	11			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,068,937

* 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	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	2,624,591
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	880,000
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,371,469		
	Accum. Depreciation	2,260,461	Net	\$ 2,111,008
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	2,991,008
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	4,306,111
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(3,062,908)
Name and Address	Amount	Loan Date		
Due from Related Party	(3,062,908)	3/29/12		
7. Other Assets (<i>itemize</i>)			\$	120,537
	Deferred Finance Fees	64,370		
	Project Development	56,167		
	See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,363,740
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,979,339

* 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
Southington SNF, LLC OF PLANTSVILLE d	2282	9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,840,462
2. Notes Payable (<i>itemize</i>)			\$	(5,472,138)
<u>Line of Credit</u>				(5,472,138)
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>)			\$	387,576
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	411,320
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*			\$	80,417
12. Other Current Liabilities (<i>itemize</i>)			\$	2,814,946
Acc'd Operating Expenses		266,678		
Acc'd Expense - CT State Sales Tax		960		
Provider Tax Due		2,547,308		
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,062,583

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE		License No. 2282	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,062,583	
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>)				\$ 828,336	
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	698,394	None			
Notes Payable Procure Investment	129,942				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (596,915)	
Due to Related - Landlord		(725,457)			
Notes Payable Procure CT		126,370			
Notes Payable Procure MA		2,172			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 231,421	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,294,004	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTS	2282	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	2,111,008
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			\$	2,991,008
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(400,000)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,666,219
6. Gain or Loss for Period				
	10/1/2021	thru	9/30/2022	\$ 428,108
7. Total Net Worth			\$	2,694,327
C. Total Reserves and Net Worth			\$	5,685,335
D. Total Liabilities, Reserves, and Net Worth			\$	6,979,339

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVII	2282	9/30/2022	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2021		\$	2,349,881
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	18,253,537
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	17,825,429
D.	Net Income or Deficit		\$	428,108
E.	Balance		\$	2,777,989
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
	accounting expense	(3,560)		
	insurance expense	(814)		
	workers comp expense	(77,550)		
	personal property tax expense	(1,738)		
	2. Other (<i>itemize</i>)			
F-3.	Total Additions		\$	(83,662)
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	09/30/22	\$	2,694,327

I. Preparer's/Reviewer's Certification

Name of Facility Southington SNF, LLC OF	License No. 2282	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				
<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 Rd, Farmington, CT 06032		860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Michael Mosier		860-751-3900		
Contact Email Address				
mmosier@athenahealthcare.com				