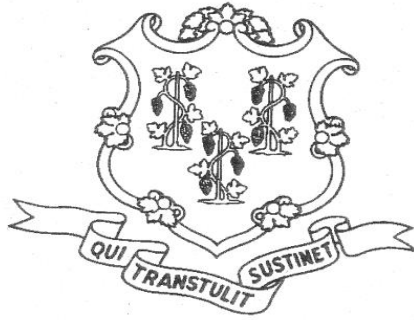


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut	
Address (No. & Street, City, State, Zip Code)	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span> <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span>	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2342	(Specify)	(Specify)	Medicare Provider 07-5367
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Medicaid Provider Numbers:	2080C	CCNH / RHNS	(Specify)	(Specify)
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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of C	2342	9/30/2023	1	37

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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) Patricia Salisbury			Printed Name (Owner) Lawrence G. Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 3/1/2024	
Item	Total	CCNH / RHNS	(Specify)	(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 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut			Address (No. & Street, City, State, Zip)		
License Numbers:	CCNH / RHNS 2342	(Specify)	(Specify)	Medicare Provider No. 07-5367	
Type of Facility (Check appropriate box(es))					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)					
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No                 If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Jarrett McClurg			Nursing Home Administrator's License No.:	1537	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name Not Applicable			License No.:		









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

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of Co	License No. 2342	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Misc. Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, 9	866,014	866,014
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15, 1	903,165	903,165
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy	Pg 20	331,762	331,762
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Note Payable -Pharmacy	Pg 34, B4 & Pg27, 12E	36,437	36,437
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbroc	License No. 2342	Report for Year Ended 9/30/2023	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.

Patient Care Consults, laundry, housekeeping, maintenance/prop casts, admin-alloc on patient days; Physical/speech/occupational therapy- allocated on % of treatments; Administrative nursing- allocated on direct nursing hours; management fees- allocated based on methods above for each expense category

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

Related company expenses were allocated on Methods above except as noted in 1 above.

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

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

Not Applicable: no non-nursing home cost centers

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility Athena Meadowbrook LLC, d/b/a Me	License No. 2342	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. <span style="float:right; border: 1px solid black; padding: 2px;">0</span>				
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
	Square footage of therapy space.			
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
	Square footage of apartments			
	Square footage of independent living			
	Square footage of assisted living			
Please identify the services provided:				

**General Information and Questionnaire**  
**Other Lines of Business (Continued)**

Name of Facility Athena Meadowbrook	License No. 2342	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

**Schedule of Resident Statistics**

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut			License No. 2342		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90						
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	80	80			80	80						
B. As of midnight of THIS report period	70	70							70	70		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,038	7,038			5,823	5,823			1,215	1,215		
B. Medicaid (Conn.)	19,014	19,014			14,117	14,117			4,897	4,897		
C. Medicaid (other states)												
D. Private Pay	2,068	2,068			1,558	1,558			510	510		
E. State SSI for RCH												
F. Other (Specify) Managed Care	162	162			113	113			49	49		
G. Total Care Days During Period (3A thru F)	28,282	28,282			21,611	21,611			6,671	6,671		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	28,282	28,282			21,611	21,611			6,671	6,671		

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

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of	License No. 2342	Report for Year Ended 9/30/2023	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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(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)	(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	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	55		4		6		
Per Diem Rate								
a. One bed rm.	563.72	#####		#####		253.47		
b. Two bed rms.	563.72	#####		#####		253.47		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	12,429	12,429			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	296	296			
2. Restorative Treatments					
C. Other	12,471	12,471			
D. <b>Total Physical Therapy Treatments</b>	25,196	25,196			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	3,780	3,780			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	146	146			
2. Restorative Treatments					
C. Other	3,257	3,257			
D. <b>Total Speech Therapy Treatments</b>	7,183	7,183			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	10,937	10,937			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	232	232			
2. Restorative Treatments					
C. Other	12,925	12,925			
D. <b>Total Occupational Therapy Treatments</b>	24,094	24,094			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of Connect	License No. 2342	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation?  Yes  No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
<b>A. Salaries and Wages*</b>										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,905		2,094							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	329,532		11,779							
5. Dietary Service										
a. Head Dietitian	71,884		1,469							
b. Food Service Supervisor	65,693		2,115							
c. Dietary Workers	485,204		25,758							
6. Housekeeping Service										
a. Head Housekeeper	54,122		2,188							
b. Other Housekeeping Workers	264,061		14,663							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	85,712		2,317							
b. Other Maintenance Workers	53,350		2,146							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	90,166		4,274							
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	238,744		2,680							
b. RN										
1. Direct Care	759,176		13,805							
2. Administrative**	465,116		13,310							
c. LPN										
1. Direct Care	1,371,188		35,472							
2. Administrative**										
d. Aides and Attendants	1,677,014		68,990							
e. Physical Therapists	555,804		12,924							
f. Speech Therapists	167,434		3,268							
g. Occupational Therapists	409,330	(409,330)	10,643							
h. Recreation Workers	163,617		6,931							
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	348,257	(3,667)	7,228							
n. Marketing										
o. Other (Specify) See Attached Schedule										
<i>A-13. Total Salary Expenditures</i>	<i>7,791,309</i>	<i>(412,997)</i>	<i>244,054</i>							

\* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
<b>Total</b>	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
<b>Total</b>	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-



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

Name of Facility				License No.	Report for Year Ended			Page	of	
Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut				2342	9/30/2023			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)	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Not Applicable										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut				2342	9/30/2023			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)	(Specify)							
<b>Section III - Administrators***</b>										
Jarrett McClurg 10/01/22-9/30/23	135,905			Health & life insurances, payroll taxes	Day to day operations of the nursing home faciltiy .	2,094	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

CSP-13 Rev. 3/2023

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

Name of Facility	License No.	Report for Year Ended						Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of	2342	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian									
2. Dentist									
3. Pharmacist	9,345		109						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	132,938		316						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**	157	(157)							
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	4,822		14						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides	(9,079)		(156)						
d. Other									
12. Other (Specify) See Attached Schedule									
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	138,183	(157)	283						

\* 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 in the Adjustment column.

\*\*\* 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 Athena Meadowbrook LLC, d/b/a Meadowbrook of Con		License No. 2342		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Norton & Associates, Inc. 97 Elm St. Cohasset, MA 2025	Nurse Pool/Social Worker	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Dental Group, 888 Worcester St, Welleslet, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, 21 Waterville Rd. Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Masstex Imagaing LLC 3 Electronics Ave, ST #201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Mas Staffing 156 Harvey RD. Londonderry, NH 03053	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Heritage Private Nursing Inc., 174 Suth Rd. St 108 Enfield, CT 06082	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC Pharmacy of CT, 230 Sea Lane, Farmingdale, NY 11735	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Minority Ownership		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook	2342	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>I. Administrative and General</b>								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 213,764	213,764						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 49,350	49,350						
4. Social Security (F.I.C.A.)	\$ 552,888	552,888						
5. Health Insurance	\$ 903,165	903,165						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 92,209	92,209						
8. Uniform Allowance	\$ 3,028	3,028						
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*	\$	125,942	(125,942)					
d. Accounting and Auditing	\$ 2,810	37,690	(34,880)					
e. Legal ( <i>Services should be fully described on Page 15b</i> )	\$	54,892	(54,892)					
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$							
g. Office Supplies	\$ 77,265	77,265						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 55,250	55,250						
2. Cellular Phones	\$ 360	1,187	(827)					
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	\$ 446,807	446,807						
<b>Subtotal</b>	\$ 2,396,896	2,613,437	(216,541)					

\* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Athena Meadowbrook LLC, d/b/a N	License No. 2342	Report for Year Ended 9/30/2023	Page 15b	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 Marcum LLP	335 Long Wharf Dr. 12th Fl, New haven, CT 06511
2 Marcum LLP	335 Long Wharf Dr. 12th Fl, New haven, CT 06511
3	
4	

Services Provided by This Firm (*describe fully*)

1 2021 and 2022 audit work:Disallow	\$ 34,880
2 Medicare cost report	\$ 2,810
3	\$
4	\$
	Charge for Services Provided
	\$ 37,690

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 Goldman, Gruder & Woods, LLC	203-899-8900
2 MurthaCukkina/Pilicy & Ryan	860-240-6000
3 State Marshall/Treasurer of the Stae/Sims Probate	
4 Romano Parker & Associates	
5 Athena Health Care/Brenner Saltzman	860-751-3900

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallow	\$ 45,500
2 Employee Matters:Disallow	\$ 3,292
3 Conservatorship: Disallow	\$ 2,329
4 Vendor related:Disallo	\$ 2,187
5 PPP loan consultation:Disallow	\$ 1,584
	Charge for Services Provided
	\$ 54,892

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of C	2342	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	2,396,896	2,613,437	(216,541)					
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	2,120	2,120						
3. Gifts to Staff and Residents \$		22,296	(22,296)					
4. Employee Travel \$	4,949	4,949						
5. Education Expenses Related to Seminars and Conventions \$	5,024	5,024						
6. Automobile Expense (not purchase or depreciation) \$								
7. Other (Specify) \$ See Attached Schedule								
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted (all such expenses) \$	9,090	9,090						
2. Advertising Telephone Directory (all such expenses)*** \$								
3. Advertising Other (Specify)*** \$ See Attached Schedule		8,703	(8,703)					
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 \$	5,177	5,177						
* 8. Dues and Membership Fees to Professional Associations (Specify) \$ See Attached Schedule	3,933	3,933						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	110	110						
10. Contributions*** \$ See Attached Schedule		200	(200)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$								
12. Administrative Management Services** \$	172,692	110,536	62,156					
13. Other (Specify) \$ See Attached Schedule	94,401	185,106	(90,705)					
<b>C-14 Total Administrative &amp; General Expenditures</b> \$	2,694,392	2,970,681	(276,289)					

\* 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 in the Adjustment column.



Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotional	\$ 8,703	\$ (8,703)				
<b>Total Other Advertising</b>	\$ 8,703	\$ (8,703)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Connecticut Association of Health	\$ 3,933					
<b>Total Dues</b>	\$ 3,933	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Miscellaneous	\$ 200	\$ (200)				
<b>Total Contributions</b>	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Charges	\$ 18,253	\$ (18,253)				
Payroll Processing Fees	\$ 21,291					
Facility, elevator, food licenses	\$ 968					
IRS Penalty-CP162A	\$ 6,300	\$ (6,300)				
Compliance Consulting	\$ 66,152	\$ (66,152)				
Employee Physicals/Background Checks	\$ 7,090					
Data Processing Fees	\$ 65,052					
<b>Total Other Administrative and General</b>	\$ 185,106	\$ (90,705)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook LLC, d/b/a Meado	2342	9/30/2023	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	144,000	Contract Attached to a Prior Year	See Below
Allocation of the above	110,536	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 , Pg 20, I
	2,304	Indirect 16%	Pg 20, Line 5k,
	25,920	Direct 18%	Pg 20, Line 5j

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of Co		2342	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 282,046	282,046						
2. Non-Food Supplies	\$ 67,411	67,411						
3. Other (Specify) _____ Dishes = \$3,483	\$ 3,483	3,483						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ Management Services	\$ 38,108	23,040	15,068					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 391,048</b>	<b>375,980</b>	<b>15,068</b>					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	232	232					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No							
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.		
K. Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.		
N. Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of Con		2342	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$	8,618	8,618					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) Supplies = \$7,294	\$	7,294	7,294					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	15,912	15,912					
<b>3E. Laundry Questionnaire</b>								
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.					
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.					
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.					
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.					
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Meadowbrook LLC, d/b/a Meadowbroc		2342	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	31,986	31,986				
	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.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	31,986	31,986				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procure	\$	316,603	(316,603)				
	b. Medicine Cabinet Drugs	\$	1,452	13,385	(11,933)			
	c. Medical and Therapeutic Supplies	\$	199,028	237,208	(38,180)			
	d. Ambulance/Limousine***	\$		2,105	(2,105)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		23,802	(23,802)			
	f. X-rays and Related Radiological Procedures***	\$		36,267	(36,267)			
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$						
	h. Laboratory***	\$		56,446	(56,446)			
	i. Recreation	\$	17,019	17,019				
	j. Direct Management Services*	\$	42,872	25,920	16,952			
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	3,600	16,581	(12,981)			
	m. Other (Specify)**** See Attached Schedule	\$	20,018	20,124	(106)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	<b>Total Resident Care Expenditures (5a - 5o)</b>	\$	283,989	765,460	(481,471)			

\* 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 in the Adjustment column.  
 \*\*\*\* 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 Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut			License No. 2342		Report for Year Ended 9/30/2023				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
CWPM	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	37,963			22	6f
Mason Enterprises	PO Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping/Snow Removal	38,274			22	6f
Procure	Suite 121, Farmingdale, NY 11735	<input type="radio"/>	<input checked="" type="radio"/>	Common Owners:minority Interest	Pharmacy	331,761			20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	21,291			16	13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Meadowbrook LLC, d/b/a Meadowbro	2342	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 118,398	118,398						
b. Heat	\$ 65,683	65,683						
c. Light & Power	\$ 99,147	99,147						
d. Water	\$ 79,309	79,309						
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$ 21,551	21,551						
f. Other ( <i>itemize</i> )	\$ 88,596	80,125	8,471					
See Attached Schedule								
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 472,684	464,213	8,471					
7. Depreciation ( <i>complete schedule page 23*</i> )								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$ 2,169	2,169						
d. Movable Equipment	\$ 18,940	21,386	(2,446)					
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 21,109	23,555	(2,446)					
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )								
a. Organization Expense	\$ 5,988	5,988						
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 52,800	52,800						
d. Other ( <i>Specify</i> )	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 58,788	58,788						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 866,014	866,014						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 129,303	129,303						
c. Personal property taxes	\$ 7,441	7,441						
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,082,655	1,085,101	(2,446)					

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.





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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of Connec			2342	9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Sali Barollo, 2 Executive Hill Rd, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Parking Lot	09/01/17	(Auto-Renewal)	3,600		3,600
	<input checked="" type="radio"/>	<input type="radio"/>						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	10/10/18	60 Months	1,207		1,207
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	03/23/23	48 Months	12,642		6,321
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	07/31/19	48 Months	12,507		10,423
	<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"/>						
							<b>Total ***</b>	21,551

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* 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.

### Depreciation Schedule

Name of Facility Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut			License No. 2342		Report for Year Ended 9/30/2023			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		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period			39,230		39,230	32,291	SL	Various	2,169			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										2,169		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period				9	2022	282,999		282,999	S/L	Various	17,267	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative				9	2023	58,446		58,446	S/L	Various	4,119	
d. Standard Resident				6	2013			625,028	S/L	Various		
e. Specialized Resident												
Total Acquired during this report period						58,446		683,474			4,119	
D-3. Subtotal												21,386
<b>E. Total Depreciation</b>												23,555



## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
May-23	Dell Computer Equipment	Administrative	\$ 6,184	5	\$ 618
Aug-23	Geriatric Medical-baldder scanner	Administrative	\$ 7,944	7	\$ 567
Aug-23	FCS sprinkler valve replacement	Administrative	\$ 4,411	10	\$ 221
Aug-23	FCS sprinkler valve replacement	Administrative	\$ 3,600	10	\$ 180
Aug-23	waczyk Elerctric-Light pole fixtures	Administrative	\$ 2,261	10	\$ 113
Aug-23	HPC-Hatco Booster	Administrative	\$ 5,414	10	\$ 271
Aug-23	American Rooter-plumbing	Administrative	\$ 7,248	25	\$ 145
Aug-23	HPC-solinoid valve	Administrative	\$ 2,689	10	\$ 134
Sept-23	Barts Electric-outdoor generator	Administrative	\$ 18,695	5	\$ 1,870
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 58,446		\$ 4,119 *
<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
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Meadowbrook LLC, d/b/a Meadowbrook of Connecticut			2342		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.	9	Var	10 Yrs	59,822	52,442	SL		5,988	
2.									
3.									
A-4. Subtotal									5,988
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2022	Various	1,670,462	453,257	S/L	Var	52,800	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2023	Various			S/L	Var		
C-4. Subtotal									52,800
<b>D. Total Amortization</b>									58,788

\* Straight-line method must be used.

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

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

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

Name of Facility Athena Meadowbrook LLC, d/b/a Mea	License No. 2342	Report for Year Ended 9/30/2023	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed	10/01/1991				
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure	10/01/91				
5. Total Licensed Bed Capacity	90				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building	6,048,250				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	08/29/18				
c. Interest Rate for the Cost Year	5.01%				
d. Term of Mortgage (number of years)	10 Years				
e. Amount of Principal Borrowed	6,250,000				
f. Principal balance outstanding as of _____	5,546,917				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Meadowbrook LLC, d/b/a Me		2342	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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	
Athena Meadowbrook LLC, d/b/a		2342		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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 = \$34,308				\$	34,308	34,308				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	34,308	34,308				
14. Insurance										
a. Insurance on Property (buildings only)				\$	111,391	111,391				
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)				\$	111,391	111,391				
15. Total All Expenditures (A-13 thru C-14)				\$	12,634,703	13,784,524	(1,149,821)			

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page	of
Athena Meadowbrook LLC, d/b/a Meado		2342		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,420,792	12,420,792					
b. Medicaid Room and Board Contractual Allowance **	\$ (6,659,019)	(6,659,019)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,695,623	2,695,623					
b. Medicare Room and Board Contractual Allowance **	\$ 46,586	46,586					
4. a. Private-Pay Residents and Other	\$ 3,201,716	3,201,716					
b. Private-Pay Room and Board Contractual Allowance **	\$ (715,299)	(715,299)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 161,335	161,335					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (161,335)	(161,335)					
c. Prescription Drugs - Non-Medicare	\$ 106,556	106,556					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (106,556)	(106,556)					
2. a. Medical Supplies - Medicare	\$ 29,180	29,180					
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2,160)	(2,160)					
c. Medical Supplies - Non-Medicare	\$ 679	679					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (679)	(679)					
3. a. Physical Therapy - Medicare	\$ 1,018,546	1,018,546					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (654,803)	(654,803)					
c. Physical Therapy - Non-Medicare	\$ 316,750	316,750					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (316,750)	(316,750)					
4. a. Speech Therapy - Medicare	\$ 360,405	360,405					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (238,454)	(238,454)					
c. Speech Therapy - Non-Medicare	\$ 111,250	111,250					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (111,250)	(111,250)					
5. a. Occupational Therapy - Medicare	\$ 920,453	920,453					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (620,164)	(620,164)					
c. Occupational Therapy - Non-Medicare	\$ 319,210	319,210					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (317,710)	(317,710)					
6. a. Other ( <i>Specify</i> ) - Medicare	\$						
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 9,804	9,804					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,814,706	11,814,706					
<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> )	\$ 1,355	1,355					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$ 77,371	77,371					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 78,726	78,726					
<b>VI. Total All Revenue</b> (III +V)	\$ 11,893,432	11,893,432					

\* 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)	(Specify)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
N/A	Medicaid Recoupments	\$ (1,435)		
N/A	Medicare Retro	\$ 11,239		
<b>Total Other Resident Revenue</b>		\$ 9,804	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
pg 31, L A	Interest on A/R	N/A	\$ 1,355		
<b>Total Interest Income</b>			\$ 1,355	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Bad Debt Recoveries	\$ 77,371		
<b>Total Other Revenue</b>		\$ 77,371	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook LLC, d/b/a Mead	2342	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	110,449
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	934,084
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,325
5. Prepaid Expenses			\$	101,211
a. Prepaid Insurance	83,719			
b. Prepaid Expenses	17,492			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,165,069
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>819,968</u>		\$	458,019
	Accum. Depreciation <u>361,949</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>39,230</u>		\$	4,770
	Accum. Depreciation <u>34,460</u>	Net		
6. Movable Equipment	*Historical Cost <u>535,541</u>		\$	138,080
	Accum. Depreciation <u>397,461</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	413
Excluded Movable Equipment	413			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	601,282

\* 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 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 Current Liabilities (Itemize)			\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook LLC, d/b/a Mead	2342	9/30/2023	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	1,766,351
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	625,028		
	Accum. Depreciation	625,028	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	59,822		
	Accum. Depreciation	58,430	Net	\$ 1,392
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> )			\$	14,660
	Tax Deposits	100,078		
	Deferred Tax + Start up cost/Project Developer	(85,418)		
	See Schedule			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	16,052
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	1,782,403

\* 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
Athena Meadowbrook LLC, d/b/a Meadowbro		2342	9/30/2023	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,130,682
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	384,084
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	341,386
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,643,433
Acc'd Operating Expenses		(36,953)			
Acc'd Expense - Sales Tax		6			
Provicer Taxes Du		1,680,380	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>5,499,585</b>

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

(Carry Total forward to next page)

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

Name of Facility Athena Meadowbrook LLC, d/b/a Meadow	License No. 2342	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				5,499,585
<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> )				\$ 297,551
Name and Address of Lender	Amount	Loan Date		
Accr'd Rent	165,332			
Procure Investment	132,219			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (455,427)
Note Procure CT(pharmacy)		59,225		
Due to/from other facilities		(514,652)		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (157,876)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 5,341,709



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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook LLC, d/b/a Mea	2342	9/30/2023	35	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			\$	(621,754)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,037,989)
6. Gain or Loss for Period			\$	(1,899,563)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(3,559,306)
<b>C. Total Reserves and Net Worth</b>			\$	(3,559,306)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,782,403

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook LLC, d/b/a Mead	2342	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(1,593,709)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	11,893,432
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,792,995
D. Net Income or Deficit			\$	(1,899,563)
E. Balance			\$	(3,493,272)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2021 AJE	(66,031)			
rounding	(3)			
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	(66,034)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(3,559,306)
09/30/23				

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

Name of Facility Athena Meadowbrook LLC, d/b/a	License No. 2342	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Amanda Doncet		(860) 751-3900		
Contact Email Address				
adoncet@athenahealthcare.com				