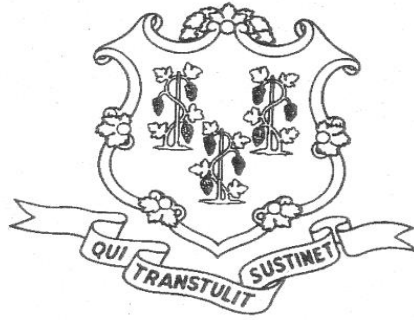


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

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 <input type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2282	(Specify)	(Specify)	Medicare Provider 07-54220
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Medicaid Provider Numbers:	CCNH / RHNS 2282	(Specify)	(Specify)
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General Information

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 10/1/2022	To 9/30/2023
Address of Facility 261 Summit Street Plantsville, CT 06479				
Report Prepared By Athena Health Care Associates, Inc.		Phone Number 860-751-3900	Date 2/28/2024	
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. 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	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville		Address (No. & Street, City, State, Zip) 261 Summit Street Plantsville, CT 06479			
License Numbers:	CCNH / RHNS 2282	(Specify)	(Specify)	Medicare Provider No. 07-54220	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input 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.					
Administrator					
Name of Administrator Douglas Melanson			Nursing Home Administrator's License No.:	1689	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Southington SNF, LLC of Plantsville d/b/a T	License No. 2282	Report for Year Ended 9/30/2023	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
 Related Parties***

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summi	License No. 2282	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 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"/>	>50%	Bank Charges	Pg 16 Ln m13	5,898	5,898
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		Workers Comp Captive	Pg 15 1a1	469,182	469,182
ProCare LTC	110 Bi-Country BLVD. Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy	Pg 20 Ln 5a2	929,866	929,866
Summit Landlord	135 South Rd. Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Lease of Facility	Pg22 Ln 9, 10b, Pg 27	437,476	437,476
Athena Health Care Insurance	135 South Rd, Farmington CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Self Insured Employee Health and Dental Ins	Pg 15 1a5	1,101,087	1,101,087
Athena Health Care	135 South Rd, Farmington CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Procure , LTC	110 Bi-Country BLVD. Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Notes payable	Pg 34 B3, Pg 27 12D	49,820	49,820

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Southington SNF, LLC of Plantsville d/b/a The	License No. 2282	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.

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
Other Lines of Business

Name of Facility Southington SNF, LLC of Plantsville	License No. 2282	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. 0				
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
	Square footage of therapy space.			
Meals on Wheels				
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				
Apartments, Independent Living, Assisted Living				
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 Southington SNF, LLC	License No. 2282	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 Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville			License No. 2282		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	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	142	142							142	142		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,626	4,626			3,685	3,685			941	941		
B. Medicaid (Conn.)	40,557	40,557			30,165	30,165			10,392	10,392		
C. Medicaid (other states)												
D. Private Pay	2,813	2,813			2,100	2,100			713	713		
E. State SSI for RCH												
F. Other (Specify) VA & Managed Care	5,111	5,111			3,895	3,895			1,216	1,216		
G. Total Care Days During Period (3A thru F)	53,107	53,107			39,845	39,845			13,262	13,262		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	169	169			140	140			29	29		
B. Other Bed Reserve Days	107	107			104	104			3	3		
5. Total Resident Days (3G + 4A + 4B)	53,383	53,383			40,089	40,089			13,294	13,294		

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Sur	License No. 2282	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)	CCNH / RHNS	(Specify)	(Specify)	

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	2	119		8		13		
Per Diem Rate								
a. One bed rm.	588.02	#####		655.00		358.67		
b. Two bed rms.	588.02	#####		633.00		358.67		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	5,445	5,445			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	926	926			
2. Restorative Treatments					
C. Other	8,486	8,486			
D. Total Physical Therapy Treatments	14,857	14,857			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	750	750			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	83	83			
2. Restorative Treatments					
C. Other	1,045	1,045			
D. Total Speech Therapy Treatments	1,878	1,878			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	4,401	4,401			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	374	374			
2. Restorative Treatments					
C. Other	7,908	7,908			
D. Total Occupational Therapy Treatments	12,683	12,683			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Southington SNF, LLC of Plantsville d/b/a The Summit at Pl	License No. 2282	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
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	151,438		1,969						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	305,646		11,574						
5. Dietary Service									
a. Head Dietitian	55,498		1,360						
b. Food Service Supervisor	70,516		2,017						
c. Dietary Workers	539,127		28,004						
6. Housekeeping Service									
a. Head Housekeeper	186,594		4,191						
b. Other Housekeeping Workers	326,521		17,087						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	70,522		2,171						
b. Other Maintenance Workers	59,003		2,189						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	245,256		10,602						
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	194,113		3,287						
b. RN									
1. Direct Care	597,020		10,936						
2. Administrative**	556,943		15,582						
c. LPN									
1. Direct Care	2,179,122		54,165						
2. Administrative**									
d. Aides and Attendants	2,938,541		118,421						
e. Physical Therapists	515,557		12,553						
f. Speech Therapists	84,609		2,045						
g. Occupational Therapists	264,800	(264,800)	6,449						
h. Recreation Workers	274,243		11,188						
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	229,156	(8,249)	7,365						
n. Marketing									
o. Other (Specify) See Attached Schedule									
A-13. Total Salary Expenditures	9,844,225	(273,049)	323,155						

* 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 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 Plantsville				2282	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)							
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 Plantsville				2282	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)							
Section III - Administrators***										
Douglas Melanson (10/1/22-9/30/23)	151,438			Health & Life insurances, payroll taxes	Day to day operations of the nursing home facility.	1,969	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

CSP-13 Rev. 3/2023

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 The Summit	2282	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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									
3. Pharmacist	13,598		340						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	89,000		145						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**	19,036	(19,036)							
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	2,860		8						
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	(386)								
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	124,108	(19,036)	493						

* 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 Southington SNF, LLC of Plantsville d/b/a The Summit		License No. 2282	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			
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"/>			
Procure 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/a The S	2282	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 469,182	469,182						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 89,159	89,159						
4. Social Security (F.I.C.A.)	\$ 674,946	674,946						
5. Health Insurance	\$ 993,237	993,237						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 190,483	190,483						
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*	\$	81,474	(81,474)					
d. Accounting and Auditing	\$ 10,333	17,831	(7,498)					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 230	17,071	(16,841)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 53,949	53,949						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 96,024	96,024						
2. Cellular Phones	\$ 360	720	(360)					
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*	\$	36,760	(36,760)					
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 1,025,797	1,025,797						
Subtotal	\$ 3,603,700	3,746,633	(142,933)					

* 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 Southington SNF, LLC of Plantsvil	License No. 2282	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 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)	\$ 7,496
2 Medicare Cost Report Preparation (allow)	\$ 2,835
3 Tax Returns (allow)	\$ 7,500
4	\$
	Charge for Services Provided
	\$ 17,831

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	

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

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

Services Provided by This Firm (*describe fully*)

1 Line of credit audit fees (disallow)	\$ 12,825
2 Conservatorship (disallow)	\$ 3,315
3 Collections/ EE matters (disallow)	\$ 701
4 Service of Notice (disallow)	\$ 230
5	\$
	Charge for Services Provided
	\$ 17,071

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
Southington SNF, LLC of Plantsville d/b/a The Summ	2282	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	3,603,700	3,746,633	(142,933)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	2,980	2,980						
3. Gifts to Staff and Residents \$		23,518	(23,518)					
4. Employee Travel \$	7,119	7,119						
5. Education Expenses Related to Seminars and Conventions \$	8,329	8,329						
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>) \$	9,090	9,090						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$		6,252	(6,252)					
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 \$	3,033	3,033						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	9,676	9,676						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	1,375	1,375						
10. Contributions*** \$		200	(200)					
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** \$	350,392	468,431	(118,039)					
13. Other (<i>Specify</i>) \$	172,482	231,578	(59,096)					
See Attached Schedule								
C-14 Total Administrative & General Expenditures	\$ 4,168,176	4,518,214	(350,038)					

* 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotional	\$ 6,252	\$ (6,252)				
Total Other Advertising	\$ 6,252	\$ (6,252)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF monthly dues	\$ 9,326					
CAHCF Long Term	\$ 350					
Total Dues	\$ 9,676	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF - Inaugural ball	\$ 200	\$ (200)				
Total Contributions	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank charges	\$ 31,097	\$ (31,097)				
Payroll Processing Fees	\$ 24,682					
Licensing	\$ 325					
Employee Physicals/ Background Checks	\$ 12,305					
Data Processing	\$ 81,970					
Medicare assessment	\$ 53,200					
CMS Penalty 2023-01-LTC-411	\$ 21,879	\$ (21,879)				
Treasurer License Penalty	\$ 6,120	\$ (6,120)				
Total Other Administrative and General	\$ 231,578	\$ (59,096)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC of Plantsville d/b/	2282	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 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		License No.	Report for Year Ended				Page	of
Southington SNF, LLC of Plantsville d/b/a The Summit		2282	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 518,584	522,200	(3,616)					
2. Non-Food Supplies	\$ 75,363	75,363						
3. Other (Specify) _____ Dishes	\$ 4,068	4,068						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ Management Services	\$ 104,168	104,168						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 702,183	705,799	(3,616)					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	436	436					
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.						
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 Summit d		2282	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. \$	15,194	15,194				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Supplies		\$	14,758	14,758				
3D. Total Laundry Expenditures (3a + b + c)		\$	29,952	29,952				
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/b/a The		2282	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. \$	70,364	70,364				
	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)	\$	70,364	70,364				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procare LTC	\$	406,633	(406,633)				
	b. Medicine Cabinet Drugs	\$	14,608	35,229	(20,621)			
	c. Medical and Therapeutic Supplies	\$	297,096	312,096	(15,000)			
	d. Ambulance/Limousine***	\$		2,859	(2,859)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		25,953	(25,953)			
	f. X-rays and Related Radiological Procedures***	\$		27,514	(27,514)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		46,298	(46,298)			
	i. Recreation	\$	28,815	28,815				
	j. Direct Management Services*	\$	84,997	117,190	(32,193)			
	k. Indirect Management Services*	\$	(28,616)		(28,616)			
	l. Cable TV	\$	3,600	40,625	(37,025)			
	m. Other (Specify)**** See Attached Schedule	\$	52,744	53,520	(776)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	453,244	1,096,732	(643,488)			

* 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 Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville			License No. 2282		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
ADP	100 Corporate Dr, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	24,563			16	m13
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			22	6f
Winterberry Landscape Management LLC	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal/Landscaping	37,575			20	5c
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Southington SNF, LLC of Plantsville d/b/a The	2282	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 140,585	140,585						
b. Heat	\$ 59,189	59,189						
c. Light & Power	\$ 141,292	141,292						
d. Water	\$ 62,773	62,773						
e. Equipment Lease (Provide detail on page 22b)	\$ 9,691	9,691						
f. Other (itemize)	\$ 94,842	94,842						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 508,372	508,372						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 8,537	8,537						
c. Non-Movable Equipment	\$ 2,059	2,059						
d. Movable Equipment	\$ 32,869	38,030	(5,161)					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 43,465	48,626	(5,161)					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 100,633	100,633						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 100,633	100,633						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 658,930	658,930						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 95,571	95,571						
c. Personal property taxes	\$ 10,848	10,848						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 909,447	914,608	(5,161)					

* 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
Southington SNF, LLC of Plantsville d/b/a The Summit at F			2282	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						
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		9,189
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		502
	<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"/>						
							Total ***	9,691

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 Southington SNF, LLC of Plantsville d/b/a The Summit at Plantsville			License No. 2282		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			
A. Land Improvements													
1. Acquired prior to this report period			69,573		69,573	69,573	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	515,240	S/L	Various	8,537				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										8,537			
C. Non-Movable Equipment													
1. Acquired prior to this report period			257,105		257,105	252,873	S/L	Various	35,382				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										35,382			
		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	2022	1,864,581	1,864,581	1,723,686	S/L	Various	35,382	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident					9	2023	38,432		38,432	S/L	Various	2,648	
e. Specialized Resident													
Total Acquired during this report period							38,432		38,432			2,648	
D-3. Subtotal													38,030
E. Total Depreciation													81,949

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/30/2022	bed	Standard Resident	\$ 3,759	10	\$ 188
1/31/2023	meat slicer	Standard Resident	\$ 1,289	10	\$ 64
2/28/2023	food processor	Standard Resident	\$ 5,468	10	\$ 273
7/31/2023	PTAC units	Standard Resident	\$ 5,078	5	\$ 508
8/31/2023	AC	Standard Resident	\$ 4,726	5	\$ 473
9/30/2023	dryer	Standard Resident	\$ 13,386	10	\$ 669
9/30/2023	AC	Standard Resident	\$ 4,726	5	\$ 473
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 38,432		\$ 2,648 *
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
1/31/2023	heating control board	\$ 5,716	5	\$ 572
2/28/2023	elevator mounted unit	\$ 4,977	5	\$ 498
7/31/2023	pc board	\$ 4,621	5	\$ 462
7/31/2023	elevator door	\$ 6,132	5	\$ 613
7/31/2023	paving	\$ 5,800	8	\$ 363
7/31/2023	condensor	\$ 26,762	15	\$ 892
9/30/2023	fire doors	\$ 3,000	10	\$ 150
9/30/2023	expansion tank	\$ 12,975	20	\$ 324
9/30/2023	doors	\$ 11,167	20	\$ 279
9/30/2023	sidewalk	\$ 4,945	15	\$ 165
Total additions for Leasehold Improvement		\$ 86,095		\$ 4,318 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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
Southington SNF, LLC of Plantsville d/b/a The Summit at Pl			2282		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							
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	2022	Various	1,135,827	258,833	S/L	Var	96,315	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2023	Various	86,095		S/L	Var	4,318	
C-4. Subtotal									100,633
D. Total Amortization									100,633

* 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 Plantsville	License No. 2282	Report for Year Ended 9/30/2023	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 _____	5,956,436			
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 Plantsville		2282	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. 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 Plantsvil		2282		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				\$	18,649	18,649				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	18,649	18,649				
14. Insurance										
a. Insurance on Property (buildings only)				\$	177,840	177,840				
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)				\$	177,840	177,840				
15. Total All Expenditures (A-13 thru C-14)				\$	16,714,475	18,008,863	(1,294,388)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC of Plantsville d/b/ 2282		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 25,688,688	25,688,688			
b. Medicaid Room and Board Contractual Allowance **	\$ (14,536,436)	(14,536,436)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,875,389	2,875,389			
b. Medicare Room and Board Contractual Allowance **	\$ (478,723)	(478,723)			
4. a. Private-Pay Residents and Other	\$ 5,425,804	5,425,804			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,527,237)	(1,527,237)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 152,296	152,296			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (152,296)	(152,296)			
c. Prescription Drugs - Non-Medicare	\$ 240,439	240,439			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (240,439)	(240,439)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 1,240	1,240			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,240)	(1,240)			
3. a. Physical Therapy - Medicare	\$ 767,968	767,968			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (609,012)	(609,012)			
c. Physical Therapy - Non-Medicare	\$ 208,200	208,200			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (208,200)	(208,200)			
4. a. Speech Therapy - Medicare	\$ 195,505	195,505			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (152,406)	(152,406)			
c. Speech Therapy - Non-Medicare	\$ 74,950	74,950			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (74,950)	(74,950)			
5. a. Occupational Therapy - Medicare	\$ 739,134	739,134			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (592,724)	(592,724)			
c. Occupational Therapy - Non-Medicare	\$ 146,670	146,670			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (146,670)	(146,670)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 337,134	337,134			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,133,084	18,133,084			
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>)	\$ 174,034	175,160	(1,126)		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 9,368	9,368			
V. Total Other Revenue (1 thru 8)	\$ 183,402	184,528	(1,126)		
VI. Total All Revenue (III +V)	\$ 18,316,486	18,317,612	(1,126)		

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	rate adjustments	\$ 346,598		
	Medicare retros	\$ (9,464)		
Total Other Resident Revenue		\$ 337,134	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest on A/R		1,126	\$ (1,126)	
pg 32 In D	Interest on Note Receivable		27,045		
	ERC Interest		146,989		
Total Interest Income			\$ 175,160	\$ (1,126)	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Bad Debt Recovery	\$ 9,368		
Total Other Revenue		\$ 9,368	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC of Plantsville d/	2282	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	34,423
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,946,411
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	29,232
5. Prepaid Expenses			\$	169,255
a. Prepaid Insurance	152,413			
b. Prepaid Expenses	8,577			
c. Prepaid Property Taxes	8,265			
d. See Schedule				
6. Interest Receivable			\$	244,488
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,423,809
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	69,574		
	Accum. Depreciation	69,574	Net	
3. Buildings			\$	38,278
	*Historical Cost	562,053		
	Accum. Depreciation	523,775	Net	
4. Leasehold Improvements			\$	862,456
	*Historical Cost	1,221,923		
	Accum. Depreciation	359,467	Net	
5. Non-Movable Equipment			\$	2,173
	*Historical Cost	257,103		
	Accum. Depreciation	254,930	Net	
6. Movable Equipment			\$	141,300
	*Historical Cost	1,903,014		
	Accum. Depreciation	1,761,714	Net	
7. Motor Vehicles			\$	
	*Historical Cost			
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,044,207

* 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 Southington SNF, LLC of Plantsville d/	License No. 2282	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,468,016
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	2,372,550	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	2,878,919
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>)			\$	140,992
Deferred Finance Fees		64,370		
Project Development		76,622		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,384,195
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,731,130

* 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/b/a Th		2282	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,464,440
2. Notes Payable (<i>itemize</i>)				\$	(5,622,303)
Line of Credit					(5,622,303)
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>)				\$	399,790
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	426,611
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>)				\$	3,641,570
Acc'd Operating Expenses		68,205			
Acc'd Expense - CT State Sales Tax		260			
Provider Tax Due		3,573,105			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,390,525

* 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 d/b/a	License No. 2282	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				1,390,525
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 from Related party	698,394	None		
Notes Payable-Procure Investment	129,942			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (3,175,041)
Due to Related - Landlord		(3,256,746)		
Notes Payable Procure CT		80,061		
Notes Payable Procure MA		1,644		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (2,346,705)
C. Total All Liabilities (Lines A-13 + B-5)				\$ (956,180)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC of Plantsville	2282	9/30/2023	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			\$	1,998,919
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			\$	2,878,919
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(400,000)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,899,642
6. Gain or Loss for Period				
	10/1/2022	thru	9/30/2023	
			\$	308,749
7. Total Net Worth			\$	5,808,391
C. Total Reserves and Net Worth			\$	8,687,310
D. Total Liabilities, Reserves, and Net Worth			\$	7,731,130

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC of Plantsville d/b	2282	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	2,694,327
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	18,317,612
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	18,008,863
D. Net Income or Deficit			\$	308,749
E. Balance			\$	3,003,076
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
ERC JE	2,805,317			
Rounding	(2)			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	2,805,315
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			\$	5,808,391
09/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility Southington SNF, LLC of Plantsville d/b/a	License No. 2282	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input type="checkbox"/> Home (CCNH) & RHNS <input type="checkbox"/> Combined	<input type="checkbox"/> (Specify)	<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		
Amanda Doncet		860-751-3900		
Contact Email Address				
adoncet@athenahealthcare.com				