

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider 07-5367
------------------	--------------	--------------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	ICF-IID
----------------------------	---------------	---------------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2021	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Christine L. Tkacz			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)

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 - Leases	6
General Information and Questionnaire - Accounting Basis	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
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 350 Salmon Brook Street Granby, CT 06035				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/12/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-653-9888		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		Address (No. & Street, City, State, Zip) 350 Salmon Brook Street Granby, CT 06035		
License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Christine Tkacz		Nursing Home Administrator's License No.:	1995	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr	License No. 2342	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Athena Meadowbrook, LLC	Business Address 350 Salmon Brook Street, Granby, CT 06035	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Names of Stockholders Owning at Least 10% of Shares				
Same as above				

**General Information and Questionnaire
Related Parties***

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of G	License No. 2342	Report for Year Ended 9/30/2021	Page 4	of 37
--	---------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Misc. Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, 9	654,276	654,276
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	952,019	952,019
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20	334,518	334,518
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook	License No. 2342	Report for Year Ended 9/30/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient Care Consults, laundry, housekeeping, maintenance/prop casts, admin-alloc on patient days; Physical/speech/occupational therapy- allocated on % of treatments; Administrative nursing- allocated on direct nursing hours; management fees- allocated based on methods above for each expense category				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related company expenses were allocated on Methods above except as noted in 1 above.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable: no non-nursing home cost centers				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342		9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier & Fax	01/25/17	48 Months	10,460	10,460	
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	10/10/18	60 Months	1,207	1,207	
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	07/31/19	48 Months	12,507	12,507	
Sali Barollo, 2 Executive Hill Rd, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Parking Lot	09/01/17	(Auto-Renewal)	2,700	2,700	
Var Technology Finance, P.O. Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	09/27/18	60 Months	11,195	11,195	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							38,069	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Meadowbrook, LLC d/b/a	License No. 2342	Report for Year Ended 9/30/2021	Page 7	of 37
---	---------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 335 Long Wharf Dr, 12th Fl, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Tax Return & Audit Financial Statements	\$ 4,249
2 PPP loan forgiveness (Disallow)	\$ 9,270
3 Medicare Cost Report	\$ 2,700
4	\$
	Charge for Services Provided
	\$ 16,219

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder & Woods, LLC 2 Murtha Cullina 3 Simsbury probate court 4 State Marshall/Treasurer of the State 5	Telephone Number 203-899-8900 860-240-6000
--	--

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

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 23,513
2 Employee Matters: Disallow	\$ 986
3 Employee Matters: Disallow	\$ 1,280
4 A/R Collections: Disallow	\$ 50
5	\$
	Charge for Services Provided
	\$ 25,829

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

Schedule of Resident Statistics

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	80	10		90	80	10					
B. On last day of THIS report period	90	80	10						90	80	10	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	77	70	7		77	70	7					
B. As of midnight of THIS report period	80	73	7						80	73	7	
3. Total Number of Days Care Provided During Period												
A. Medicare	6,639	4,683	1,956		4,840	3,502	1,338		1,799	1,181	618	
B. Medicaid (Conn.)	16,898	16,667	231		12,409	12,195	214		4,489	4,472	17	
C. Medicaid (other states)												
D. Private Pay	2,056	1,779	277		1,340	1,157	183		716	622	94	
E. State SSI for RCH												
F. Other (Specify) Managed Care	136	136			128	128			8	8		
G. Total Care Days During Period (3A thru F)	25,729	23,265	2,464		18,717	16,982	1,735		7,012	6,283	729	
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. Total Resident Days (3G + 4A + 4B)	25,729	23,265	2,464		18,717	16,982	1,735		7,012	6,283	729	

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr		License No. 2342		Report for Year Ended 9/30/2021			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	11		51			12		6					
Per Diem Rate													
a. One bed rm.	606.23		302.57	251.96		623.00	595.00	388.13					
b. Two bed rms.	606.23		302.57	251.96		593.00	581.00	388.13					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								9,326	9,326				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								339	339				
2. Restorative Treatments													
C. Other								11,010	11,010				
D. Total Physical Therapy Treatments								20,675	20,675				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								3,059	3,059				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								129	129				
2. Restorative Treatments													
C. Other								2,893	2,893				
D. Total Speech Therapy Treatments								6,081	6,081				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,846	5,846				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								233	233				
2. Restorative Treatments													
C. Other								11,551	11,551				
D. Total Occupational Therapy Treatments								17,630	17,630				

Report of Expenditures - Salaries & Wages

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	176,945	2,110	18,740	223		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	270,475	10,837	28,646	1,148		
5. Dietary Service						
a. Head Dietitian	35,989	752	3,812	80		
b. Food Service Supervisor	54,552	1,715	5,778	182		
c. Dietary Workers	385,341	23,081	40,811	2,445		
6. Housekeeping Service						
a. Head Housekeeper	49,481	2,039	5,240	216		
b. Other Housekeeping Workers	203,186	13,176	21,520	1,395		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	52,053	1,625	5,513	172		
b. Other Maintenance Workers	42,657	1,926	4,518	204		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	73,413	3,972	7,775	421		
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	173,333	3,292	11,218	213		
b. RN						
1. Direct Care	692,196	15,620	18,866	519		
2. Administrative**	400,863	12,905	25,944	835		
c. LPN						
1. Direct Care	594,540	19,882	9,972	476		
2. Administrative**						
d. Aides and Attendants	1,261,198	62,002	109,240	5,695		
e. Physical Therapists	562,682	13,558				
f. Speech Therapists	168,006	3,298				
g. Occupational Therapists	344,740	9,465				
h. Recreation Workers	138,881	6,756	14,709	716		
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	274,475	6,171	29,070	654		
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,955,006	214,182	361,372	15,594		

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Not Applicable										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Critine L. Tkacz 10/1/20-10/25/20, 12/8/20-7/11/21, 8/6/21-9/30/21	146,622	15,535		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,893	A2			
Janet Shahan 7/12/21-8/5/21	19,467	2,062				200				
Katie Lee 10/26/20-12/7/20	10,856	1,143				240				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of	2342	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,784		1,248			
3. Pharmacist	8,943		947			
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	3,625	52	384	6		
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	122,614	344	12,986	36		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	91					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	3,164					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	24,625	220				
2. Administrative***						
b. LPN						
1. Direct Care	254,279	2,556				
2. Administrative***						
c. Aides	182,717	3,089				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	611,842	6,261	15,565	42		

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2021	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Norton & Associates, Inc. 97 Elm St., Cohasset, MA 02025	Nurse Pool/Social Worker	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex imaging, LLC 3 Electronics Ave, Suite #201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Mas Staffing 156 Harvey Rd, Londonderry, NH 03053	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Procare Professional Healthcare Services, PO Box 646, Oxford, CT 06478	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC Pharmacy of CT, 230 Sea Lane, Farmingdale, NY 11735	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Minority Ownership	
		<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 checked="" type="radio"/>	<input 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	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 161,631	152,384	9,247	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 55,884	52,687	3,197	
4. Social Security (F.I.C.A.)	\$ 428,613	404,091	24,522	
5. Health Insurance	\$ 983,100	926,855	56,245	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 21,852	20,602	1,250	
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*	\$ 98,877	94,215	4,662	
d. Accounting and Auditing	\$ 16,219	14,666	1,553	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 25,829	23,355	2,474	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 108,179	97,819	10,360	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 31,075	28,099	2,976	
2. Cellular Phones	\$ 1,320	1,194	126	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	226	24	
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 8,550	7,731	819	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 405,728	366,872	38,856	
Subtotal	\$ 2,347,107	2,190,796	156,311	

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,347,107	2,190,796	156,311		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,966	4,490	476		
3. Gifts to Staff and Residents	\$ 5,242	4,740	502		
4. Employee Travel	\$ 6,085	5,502	583		
5. Education Expenses Related to Seminars and Conventions	\$ 4,628	4,185	443		
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>)	\$ 15,030	13,591	1,439		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,692	8,764	928		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,519	4,086	433		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,030	7,261	769		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 274	248	26		
10. Contributions*** See Attached Schedule	\$ 500	452	48		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 307,865	278,382	29,483		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 82,840	74,907	7,933		
C-14 Total Administrative & General Expenditures	\$ 2,796,778	2,597,404	199,374		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 8,764	\$ 928	
Total Other Advertising	\$ 8,764	\$ 928	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 7,261	\$ 769	
Total Dues	\$ 7,261	\$ 769	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 452	\$ 48	
Total Contributions	\$ 452	\$ 48	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ -		
Bank Charges	\$ 10,193	\$ 1,080	
Payroll Processing Fees	\$ 16,914	\$ 1,791	
Facility, elevator, food Licenses	\$ 2,675	\$ 283	
Employee Physicals/Background Checks	\$ 6,778	\$ 718	
Data Processing Fees	\$ 38,347	\$ 4,061	
Total Other Administrative and General	\$ 74,907	\$ 7,933	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2021	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	431,244	Contract Attached to a Prior Year	See Below
Allocation of the above	\$97,808	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	23,244	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G		2342	9/30/2021		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 219,403	198,391	21,012		
2.	Non-Food Supplies	\$ 42,814	38,714	4,100		
3.	Other (<i>Specify</i>) _____ Dishes	\$ 368	333	35		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____ Management Services		\$ 68,999	62,391	6,608		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 331,584	299,829	31,755		
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	211	191	20		
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$307
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2021		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	8,752	7,914	838		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (<i>Specify</i>) Supplies	\$	6,684	6,044	640		
3D. Total Laundry Expenditures (3a + b + c)	\$	15,436	13,958	1,478		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbro		2342	9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	42,291	38,241	4,050		
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)		\$	42,291	38,241	4,050	
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Procure	\$	314,968	314,939	29		
b. Medicine Cabinet Drugs	\$	9,107	8,235	872		
c. Medical and Therapeutic Supplies	\$	203,341	183,867	19,474		
d. Ambulance/Limousine***	\$	12,239	12,239			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	20,387	19,147	1,240		
f. X-rays and Related Radiological Procedures***	\$	13,885	13,885			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	17,689	17,689			
i. Recreation	\$	5,174	4,678	496		
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	115,720	106,331	9,389		
5M. Total Resident Care Expenditures (5a - 5j)		\$	712,510	681,010	31,500	

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

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

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

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		Report for Year Ended 9/30/2021			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	33,128	3,509		22	6f
Mason Enterprises	PO Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping/Snow Removal	23,930	2,535		22	6f
Procare	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:minority Interest	Pharmacy	262,529	29		20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	15,258	1,743		16	i3
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbr	2342	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 70,186	63,464	6,722			
b. Heat	\$ 65,246	58,998	6,248			
c. Light & Power	\$ 96,319	87,095	9,224			
d. Water	\$ 50,413	45,585	4,828			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 38,069	34,422	3,647			
f. Other (<i>itemize</i>)	\$ 76,399	69,083	7,316			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 396,632	358,647	37,985			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,716	2,414	302			
d. Movable Equipment	\$ 6,302	5,602	700			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 9,018	8,016	1,002			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 5,982	5,409	573			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 54,346	48,308	6,038			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 60,328	53,717	6,611			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 654,276	581,579	72,697			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 137,116	121,881	15,235			
c. Personal property taxes	\$ 16,291	14,481	1,810			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 877,029	779,674	97,355			

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

Depreciation Schedule

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		Report for Year Ended 9/30/2021			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			39,230		39,230	26,858	SL	Various	2,716				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										2,716			
		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	2020	242,609		242,609	181,028	S/L	Various	5,613	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2021	13,777		13,777		S/L	Various	689	
D-3. Subtotal													6,302
E. Total Depreciation													9,018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2021	2 Unimac dryers	\$ 13,777	10	\$ 689
Total additions for Movable Equipmen		\$ 13,777		\$ 689 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.	9	Var	10 Yrs	59,822	40,476	SL		5,982	
2.									
3.									
A-4. Subtotal									5,982
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2020	Various	811,884	200,444	SL	Var	54,346	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021	Various				Var		
C-4. Subtotal									54,346
D. Total Amortization									60,328

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Me	License No. 2342	Report for Year Ended 9/30/2021	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		10/01/1991		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		10/01/91		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building		6,048,250		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		08/29/18		
c. Interest Rate for the Cost Year		5.01%		
d. Term of Mortgage (number of years)		10 Years		
e. Amount of Principal Borrowed		6,250,000		
f. Principal balance outstanding as of		5,837,831		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a M	2342	9/30/2021	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a	2342	9/30/2021	27	37		
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$		9,001	8,001	1,000	
Vendor Interst=\$21,507 Key Bank Line of Credit=\$30,238						
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$		9,001	8,001	1,000	
14. Insurance						
a. Insurance on Property (buildings only)	\$		95,072	84,508	10,564	
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)	\$		95,072	84,508	10,564	
15. Total All Expenditures (A-13 thru C-14)	\$		12,220,118	11,428,120	791,998	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 344,740	344,740		
4.			Other - See attached Schedule	\$ 8,919	8,065	854	
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 91	91		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 2,137	1,932	205	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 94,215	94,215		
10.			Accounting	\$ 3,275	3,275		
10a.			Legal	\$ 8,195	8,195		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,411	1,411		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 4,740	4,740		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 8,764	8,764		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 191,305	191,305		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 11,273	10,193	1,080	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 1,254	1,134	120	
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 680,319	678,060	2,259	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing Salaries & Benefits	\$ 8,065	\$ 854	
Total Other Salaries Adjustment			\$ 8,065	\$ 854	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Vendor Rebate	\$ 1,932	\$ 205	
Total Other Fees Adjustments			\$ 1,932	\$ 205	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 10,193	\$ 1,080	
Total Other A&G Adjustments			\$ 10,193	\$ 1,080	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 680,319	678,060	2,259	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 314,968	314,939	29	
28.			Ambulance/Limousine	\$ 12,239	12,239		
29.			X-rays, etc	\$ 13,885	13,885		
30.			Laboratory	\$ 17,689	17,689		
31.			Medical Supplies	\$ 16,022	14,488	1,534	
32.			Oxygen (non emergency)	\$ 20,387	19,147	1,240	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 19,292	17,445	1,847	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,185	4,688	497	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 154	139	15	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 52,174	52,174		
46.			Management Fees Indirect	\$ 46,377	46,377		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,198,691	1,191,270	7,421	

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,454,822	10,319,771	135,051			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,407,655)	(5,322,831)	(84,824)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,366,139	1,725,135	641,004			
b. Medicare Room and Board Contractual Allowance **	\$ 33,930	26,039	7,891			
4. a. Private-Pay Residents and Other	\$ 2,858,965	2,217,656	641,309			
b. Private-Pay Room and Board Contractual Allowance **	\$ (558,186)	(385,981)	(172,205)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 161,804	161,804				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (161,804)	(161,804)				
c. Prescription Drugs - Non-Medicare	\$ 127,045	127,045				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (127,045)	(127,045)				
2. a. Medical Supplies - Medicare	\$ 7,022	7,022				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (962)	(962)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 911,874	911,874				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (646,702)	(646,702)				
c. Physical Therapy - Non-Medicare	\$ 289,760	289,760				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (289,760)	(289,760)				
4. a. Speech Therapy - Medicare	\$ 334,270	334,270				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (225,969)	(225,969)				
c. Speech Therapy - Non-Medicare	\$ 140,955	140,955				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (140,955)	(140,955)				
5. a. Occupational Therapy - Medicare	\$ 752,770	752,770				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (538,708)	(538,708)				
c. Occupational Therapy - Non-Medicare	\$ 301,315	301,315				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (301,315)	(301,315)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (94,987)	(94,987)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,246,623	9,078,397	1,168,226			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,259,388	1,259,043	345			
V. Total Other Revenue (1 thru 8)	\$ 1,259,388	1,259,043	345			
VI. Total All Revenue (III +V)	\$ 11,506,011	10,337,440	1,168,571			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	30,993
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,501,574
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(629,721)
4. Inventories			\$	14,628
5. Prepaid Expenses			\$	150,077
a. Prepaid Insurance	137,125			
b. Prepaid Health Insurance	12,952			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(125,140)
8. Other Current Assets (<i>itemize</i>)			\$	64,399
A/R Related	64,399			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,006,810
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	811,885	\$	557,094
	Accum. Depreciation	254,791		
		Net		
5. Non-Movable Equipment				
	*Historical Cost	39,230	\$	9,656
	Accum. Depreciation	29,574		
		Net		
6. Movable Equipment				
	*Historical Cost	442,851	\$	87,215
	Accum. Depreciation	355,636		
		Net		
7. Motor Vehicles				
	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
8. Minor Equipment-Not Depreciable				
9. Other Fixed Assets (<i>itemize</i>)				
Excluded Movable Equipment	8,044		\$	8,044
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	662,009

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Tax Deposits	\$ 72,216
		Project Development	\$ 8,083
		Start up cost	\$ (201,803)
Total Other Assets			\$ (121,504)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Mea	License No. 2342	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,668,819
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	625,028		
	Accum. Depreciation	625,028	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	59,822		
	Accum. Depreciation	46,460	Net	\$ 13,362
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>				\$ (121,504)
See Attached				
See Schedule			(121,504)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ (108,142)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 1,560,677

* 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 Meadowbr		2342	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,394,074
2. Notes Payable (<i>itemize</i>)				\$	(637,296)
Interfacility Loans					(417,783)
Due to/from other facilities					(219,513)
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>)				\$	322,106
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	269,145
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>)				\$	951,347
					Provider Taxes Due 792,033
Acc'd management fee (16,494)					Acc'd Health Insurance 14,521
Acc'd Operating Expenses 161,418					
Acc'd Expense - Sales Tax (131) See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,299,376

* 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 Meadowbrook	License No. 2342	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,299,376	
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>)				\$ 165,332
Name and Address of Lender	Amount	Loan Date		
Accr'd Rent	165,332			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 95,814
Solar project		95,814		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 261,146
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,560,522

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	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(621,754)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	336,016
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ align="right">(714,107)
7. Total Net Worth			\$	(999,845)
C. Total Reserves and Net Worth			\$	(999,845)
D. Total Liabilities, Reserves, and Net Worth			\$	1,560,677

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	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(230,580)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,506,011
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,220,118
D. Net Income or Deficit			\$	(714,107)
E. Balance			\$	(944,687)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2020 Health Insurance	(55,158)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(55,158)
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			\$	(999,845)
09/30/21				

I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a	License No. 2342	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			(860) 751-3900	
Contact Email Address				
lrinadli@athenahealthcare.com				