

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Glastonbury Health Care Center, Inc. [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) Kimberly Carlson			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 1175 Hebron Ave Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 3/30/2022		
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 860-659-1905		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Glastonbury Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 1175 Hebron Ave Glastonbury, CT 06033		
License Numbers:	CCNH 2028C	RHNS (Specify)	Medicare Provider No. 07-5316	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Nickeisha Bewry		Nursing Home Administrator's License No.:	2016	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire Corporate Owners

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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	Business Address		State(s) in Which Incorporated	
Glastonbury Health Care Center, Inc	1175 Hebron Ave, Glastonbury, CT 06762		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	1175 Hebron Ave, Glastonbury, CT 06762	President	4098.425	
Michael E. Mosier	1175 Hebron Ave, Glastonbury, CT 06762	reasurer/Secreta	25	
Names of Stockholders Owning at Least 10% of Shares				
Conservators for Lawrence E. Santilli	1175 Hebron Ave, Glastonbury, CT 06762		701.575	

General Information and Questionnaire Individual Proprietorship

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

**General Information and Questionnaire
Related Parties***

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2021	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	%**				
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16 M13	4,056	4,056
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	PG 33 A2		
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Workers Comp Captive	Pg 15 1a1	213,135	213,135
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached			
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 20 5a2	413,919	413,919
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Lease of Property	Pg 22 L9, 10b; Pg 27 L	845,575	845,575
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2021	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.

Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.

**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
Glastonbury Health Care Center, Inc.		2028C	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					
	<input type="radio"/>	<input checked="" type="radio"/>					
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	03/29/18	Annual Renewal	1,844	1,844
GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/16/17	Month to Month	12,913	12,913
Atria Litchfield Hills/Hallbridge, 300 East Market St, Suite 100, Louisville, KY 40202	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Space Lease	04/01/19	Annual Renewal	35,008	35,008
Hewlett Packard/Visual Edge Technology, Inc, PO Box 402582, Atlanta, GA 30384	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/30/21	48 Months	5,803	967
	<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 ***
						50,732	

* 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 Glastonbury Health Care Center, In	License No. 2028C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 2 3 Marcum LLP 4 Midcap Financial Services, LLC	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511 7255 Woodmont Ave Suite 200, Bethesda, MD 20814
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Services Provided by This Firm (<i>describe fully</i>)	
1	\$
2	\$
3 Medicare Cost Reports	\$ 2,700
4 Line of Credit Audit (Disallowed)	\$ 3,418
	Charge for Services Provided
	\$ 6,118

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 Midcap Financial Services LLC 2 Goldman, Gruder, & Woods/Treasurer State of CT/State Marshal 3 Jackson Lewis/Beatrice Nyamekye 4 Murtha Cullina 5 Senior Planning	Telephone Number 312-258-5500 203-899-8900 860-240-6000 732-961-8430
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Address (<i>No. & Street, City, State, Zip Code</i>) 1 7255 Woodmont Ave Suite 200, Bethesda, MD 20814 2 200 Connecticut Ave, Norwalk, CT 06854 3 1133 Westchester Ave Suite 5125, West Harrison, NY 10604 4 280 Trumbull St, 12th Floor, Hartford, CT 06103 5 100 Boulevard of the Americas, Lakewood, NJ 08701

Services Provided by This Firm (<i>describe fully</i>)	
1 Line of Credit: Disallow	\$ 32
2 AR Collections: Disallow	\$ 13,480
3 Employee Matters: Disallow	\$ 34,920
4 Annual Report: Allow	\$ 240
5 Medicaid Application: Disallow	\$ 7,500
	Charge for Services Provided
	\$ 56,172

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 Glastonbury Health Care Center, Inc.		License No. 2028C			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	105	105			105	105						
B. On last day of THIS report period	105	105							105	105		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	71	71			71	71						
B. As of midnight of THIS report period	101	101							101	101		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,350	8,350			5,974	5,974			2,376	2,376		
B. Medicaid (Conn.)	20,431	20,431			14,429	14,429			6,002	6,002		
C. Medicaid (other states)												
D. Private Pay	1,867	1,867			1,591	1,591			276	276		
E. State SSI for RCH												
F. Other (Specify)	493	493			426	426			67	67		
G. Total Care Days During Period (3A thru F)	31,141	31,141			22,420	22,420			8,721	8,721		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	7	7							7	7		
B. Other Bed Reserve Days	45	45			18	18			27	27		
5. Total Resident Days (3G + 4A + 4B)	31,193	31,193			22,438	22,438			8,755	8,755		

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Schedule of Resident Statistics (Cont'd)

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C		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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
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		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		67		8		13						
Per Diem Rate													
a. One bed rm.	511.61		287.70		653.00		382.15						
b. Two bed rms.	511.61		287.70		628.00		382.15						
c. Three or more bed rms.					581.00								
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					3,790	3,790							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					607	607							
2. Restorative Treatments													
C. Other					15,327	15,327							
D. Total Physical Therapy Treatments					19,724	19,724							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					323	323							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					76	76							
2. Restorative Treatments													
C. Other					2,010	2,010							
D. Total Speech Therapy Treatments					2,409	2,409							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					2,412	2,412							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					588	588							
2. Restorative Treatments													
C. Other					15,799	15,799							
D. Total Occupational Therapy Treatments					18,799	18,799							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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)	141,451	2,226				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	261,399	9,986				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	66,109	1,867				
c. Dietary Workers	410,584	22,765				
6. Housekeeping Service						
a. Head Housekeeper	56,451	2,153				
b. Other Housekeeping Workers	161,964	11,032				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,179	2,158				
b. Other Maintenance Workers	26,253	1,141				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	94,828	6,284				
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	222,890	3,947				
b. RN						
1. Direct Care	607,558	14,665				
2. Administrative**	361,880	11,954				
c. LPN						
1. Direct Care	733,122	25,596				
2. Administrative**						
d. Aides and Attendants	1,007,805	54,876				
e. Physical Therapists	541,661	14,845				
f. Speech Therapists	90,167	2,119				
g. Occupational Therapists	379,779	8,887				
h. Recreation Workers	178,615	7,361				
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	237,789	7,532				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,657,484	211,394				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Glastonbury Health Care Center, Inc.				2028C	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										
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).										
Brian Reynolds	77,179			Health & life insurances, Payroll Taxes	Director of Maintenance	2,158	A7a			

* 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	
Glastonbury Health Care Center, Inc.				2028C	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***										
Nickeisha Bewry (10/1/19-9/30/20)	105,451			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,746	A2			
Mark Finkelstein (5/24/21-8/14/21)	36,000			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	480	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	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	39,600	990				
2. Dentist	12,363	81				
3. Pharmacist	12,426	338				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other	2,523	36				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	71,700	538				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,737					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	(1,350)					
9. Speech Therapist						
a. Resident Care	5,850	16				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	318,765	2,509				
2. Administrative***						
b. LPN						
1. Direct Care	539,902	4,950				
2. Administrative***						
c. Aides	400,300	8,489				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,408,816	17,947				

* 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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill, CT 06067	Sub Acute Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Baystate Medical Center, PO Box 415555, Boston, MA 02241	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Cardiologists PC, PO Box 23833, Belfast, ME 04915	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Hospital, 80 Seymour St, Hartford CT 06102	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Saint Francis Hospital, 114 Woodland St, Hartford, CT 06105	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Ophthalmologists, 499 Farmington Ave Ste 100, Farmington, CT 06032	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<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	
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, Inc, 97 Elm St, Cohasset MA 02025	Social Worker, RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page Staffing Solutions, 260 Madison Ave 4th Floor, New York, NY 10016	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dedicated Nursing Associates Inc, 6536 William Pen Hwy Rt 22, Suite 201, Delmont, PA 15626	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Gale Healthcare Solutions LLC, PO Box 4729, Winter Park, FL 32793	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Paramount Healthcare Services Inc, 3 Courthouse Lane Unit 2, Chelmsford, MA 01824	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care, 410 Mrelville Ave, Lakewood, NJ 08701	C.N.A Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* 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
Glastonbury Health Care Center, Inc.	2028C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 213,135	213,135		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 78,242	78,242		
4. Social Security (F.I.C.A.)	\$ 398,209	398,209		
5. Health Insurance	\$ 854,088	854,088		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,114	17,114		
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*	\$ 190,967	190,967		
d. Accounting and Auditing	\$ 6,118	6,118		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 56,172	56,172		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 65,756	65,756		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,425	21,425		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 5,512	5,512		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 480,160	480,160		
Subtotal	\$ 2,386,898	2,386,898		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

.....

Schedule of Other Taxes

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

.....

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,386,898	2,386,898		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,376	5,376			
3. Gifts to Staff and Residents	\$ 4,938	4,938			
4. Employee Travel	\$ 403	403			
5. Education Expenses Related to Seminars and Conventions	\$ 525	525			
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>)	\$ 31,112	31,112			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,402	4,402			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,760	5,760			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,515	7,515			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,364	1,364			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 343,127	343,127			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 107,293	107,293			
C-14 Total Administrative & General Expenditures	\$ 2,898,713	2,898,713			

* 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	\$ 4,402		
Total Other Advertising	\$ 4,402	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 7,515		
Total Dues	\$ 7,515	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 18,619		
Payroll Processing Fees	\$ 17,526		
Employee Physicals/Background Checks	\$ 5,140		
Data Processing/Software Maint. Fees	\$ 55,293		
Fine: Case No. 2021-01-LTC-158	\$ 9,750		
Facility License	\$ 965		
Total Other Administrative and General	\$ 107,293	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	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	478,798	Contract Attached to a Prior Year	See Below
Allocation of the Above	316,007	Admin/Gen 66%	Pg 16, Line 12
Allocation of the Above	76,608	Indirect 16%	Pg 20, Line 5k
Allocation of the Above	86,183	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	27,120	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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	281,215	281,215		
2. Non-Food Supplies	\$	50,900	50,900		
3. Other (<i>Specify</i>) _____	\$				
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>) _____					
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 332,115	332,115		
2E. Dietary Questionnaire					
F. Resident Meals:	Total no. of meals served per day:*	256	256		
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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2021		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	14,170	14,170		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (<i>Specify</i>) Supplies = \$3,589	\$	3,589	3,589		
3D.	Total Laundry Expenditures (3a + b + c)	\$	17,759	17,759		
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$1,230
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,230
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			30 IV8	

* 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
Glastonbury Health Care Center, Inc.		2028C	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. \$	40,797	40,797		
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)	\$	40,797	40,797		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	438,238	438,238		
b.	Medicine Cabinet Drugs	\$	747	747		
c.	Medical and Therapeutic Supplies	\$	270,465	270,465		
d.	Ambulance/Limousine***	\$	25,683	25,683		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	16,461	16,461		
f.	X-rays and Related Radiological Procedures***	\$	31,589	31,589		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	58,966	58,966		
i.	Recreation	\$	5,139	5,139		
j.	Direct Management Services*	\$	86,183	86,183		
k.	Indirect Management Services*	\$	76,608	76,608		
l.	Other (Specify)**** See Attached Schedule	\$	74,844	74,844		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,084,924	1,084,924		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Cable TV	\$ 14,634		
Medical Equip Rentals-Medicaid	\$ 13,506		
Physical Therapy Supplies	\$ 8,660		
Oxygen Equipment Rentals	\$ 29,911		
Medical Equip Rentals-Other	\$ 8,133		
Total Other Resident Care	\$ 74,844	\$ -	\$ -

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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,334			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	29,594			22	6f
Winterberry Landscape Management, LLC	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	53,004			22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	413,919			20	5A2
		<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 67,091	67,091				
b. Heat	\$ 50,805	50,805				
c. Light & Power	\$ 119,678	119,678				
d. Water	\$ 59,028	59,028				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 50,732	50,732				
f. Other (<i>itemize</i>)	\$ 74,429	74,429				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 421,763	421,763				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 245	245				
b. Building & Building Improvements	\$ 82,757	82,757				
c. Non-Movable Equipment	\$ 4,376	4,376				
d. Movable Equipment	\$ 25,668	25,668				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 113,046	113,046				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 711	711				
c. Leasehold Improvements	\$ 77,527	77,527				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 78,238	78,238				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 626,757	626,757				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 111,885	111,885				
c. Personal property taxes	\$ 16,175	16,175				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 946,101	946,101				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 14,531		
Rubbish Removal	\$ 29,594		
Snow Removal	\$ 22,493		
Supplies	\$ 7,811		
Total Other Repairs and Maintenance	\$ 74,429	\$ -	\$ -

Depreciation Schedule

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			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			120,711		120,711	119,921	S/L	Various	245				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										245			
B. Building and Building Improvements													
1. Acquired prior to this report period			2,854,912		2,854,912	2,289,287	S/L	Various	82,757				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										82,757			
C. Non-Movable Equipment													
1. Acquired prior to this report period			909,321		909,321	890,884	S/L	Various	4,376				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										4,376			
		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	1,119,725		1,119,725	1,054,540	S/L	Various	22,507	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2021	50,323						3,161	
D-3. Subtotal													25,668
E. Total Depreciation													113,046

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:				
1/31/2021	Medline-BP Monitor	\$ 4,398	5	\$ 440
1/31/2021	Medline-BP Monitor	\$ 4,398	5	\$ 440
3/31/2021	HPC-Booster for Dryer	4099	5	\$ 410
5/31/2021	HPC-Refrigerator	3737	10	\$ 187
6/30/2021	Daniels Equipment-Washer	16846	10	\$ 842
7/31/2021	Daniels Equipment-Washer	16846	10	\$ 842
Total additions for Movable Equipmen		\$ 50,323		\$ 3,161 *
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:				
11/30/2020	Air Temp-Kitchen Mau Motor	\$ 3,932	5	\$ 393
6/30/2021	Facilities Compliance-Plumbing Backflow Preventers	\$ 5,170	20	\$ 129
7/31/2021	ACI Flooring-Tile Flooring	2653	20	\$ 66
8/31/2021	Winterberry Landscape-Landscaping Trees/Shrubs/Flowers	15980	10	\$ 799
Total additions for Leasehold Improvermen		\$ 27,735		\$ 1,388 *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*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
Glastonbury Health Care Center, Inc.			2028C		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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees -LOC	9	2018	3	6,395	5,685	SL		710	
2. Finance Fees	9	2020		10,437					
3.									
B-4. Subtotal									710
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2020		1,876,552	864,109			76,139	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021		27,735				1,388	
C-4. Subtotal									77,527
D. Total Amortization									78,237

* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	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		5/16/1986		
2. Date Structure Completed		1/25/1988		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		105		
6. Square Footage				
7. Acquisition Cost				
a. Land		544,799		
b. Building		4,193,044		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		7,992,000		
f. Principal balance outstanding as of <u>9/30/2021</u>		6,634,266		
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
Glastonbury Health Care Center, Inc.		2028C	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
Glastonbury Health Care Center, Inc	2028C	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) Vendor Interest = \$7,542; Interest LOC = \$229,371	\$	236,913	236,913	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	236,913	236,913	
14. Insurance				
a. Insurance on Property (buildings only)	\$	112,148	112,148	
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)	\$	112,148	112,148	
15. Total All Expenditures (A-13 thru C-14)	\$	13,157,532	13,157,532	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	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	\$ 379,779	379,779		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 6,737	6,737		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 190,967	190,967		
10.			Accounting	\$ 3,418	3,418		
10a.			Legal	\$ 55,932	55,932		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 4,938	4,938		
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 *	\$ 4,402	4,402		
19.			Income Tax / Corporate Business Tax	\$ 5,512	5,512		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 202,174	202,174		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 52,114	52,114		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$ 1,230	1,230		
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 907,203	907,203		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 18,619		
22	6d	Fee Income: A&G Water & Sewer Usage	\$ 23,745		
16	M13	Fine CMS Case 2021-01-LTC-158	\$ 9,750		
Total Other A&G Adjustments			\$ 52,114	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 907,203	907,203		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 438,239	438,239		
28.			Ambulance/Limousine	\$ 25,683	25,683		
29.			X-rays, etc	\$ 31,589	31,589		
30.			Laboratory	\$ 58,966	58,966		
31.			Medical Supplies	\$ 18,772	18,772		
32.			Oxygen (non emergency)	\$ 16,461	16,461		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 19,167	19,167		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,722	6,722		
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.	\$ 1,033	1,033		
44.			Other - Miscellaneous Administrative	\$			
45.	20	5j	Management Fees Direct	\$ 55,138	55,138		
46.	20	5k	Management Fees Indirect	\$ 49,012	49,012		
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)				\$ 1,627,985	1,627,985		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	\$ 8,133		
20	5j	Radio and Television Revenue	\$ 11,034		
Total Other Ancillary Costs			\$ 19,167	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 6,722		
Total Excess Movable Equipment Depreciation			\$ 6,722	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	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>)	\$ 12,506,979	12,506,979				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,019,151)	(7,019,151)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 7,185,925	7,185,925				
b. Medicare Room and Board Contractual Allowance **	\$ (4,880,499)	(4,880,499)				
4. a. Private-Pay Residents and Other	\$ 4,241,120	4,241,120				
b. Private-Pay Room and Board Contractual Allowance **	\$ (989,522)	(989,522)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 164,533	164,533				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (164,533)	(164,533)				
c. Prescription Drugs - Non-Medicare	\$ 322,436	322,436				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (322,436)	(322,436)				
2. a. Medical Supplies - Medicare	\$ 8,272	8,272				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,472)	(6,472)				
c. Medical Supplies - Non-Medicare	\$ 16,753	16,753				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (16,753)	(16,753)				
3. a. Physical Therapy - Medicare	\$ 530,140	530,140				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (421,893)	(421,893)				
c. Physical Therapy - Non-Medicare	\$ 535,540	535,540				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (531,610)	(531,610)				
4. a. Speech Therapy - Medicare	\$ 139,320	139,320				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (122,755)	(122,755)				
c. Speech Therapy - Non-Medicare	\$ 154,925	154,925				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (154,925)	(154,925)				
5. a. Occupational Therapy - Medicare	\$ 475,661	475,661				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (403,363)	(403,363)				
c. Occupational Therapy - Non-Medicare	\$ 539,360	539,360				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (539,260)	(539,260)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 885,767	885,767				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,133,559	12,133,559				
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>)	\$ 1,033	1,033				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 98,608	98,608				
V. Total Other Revenue (1 thru 8)	\$ 99,641	99,641				
VI. Total All Revenue (III +V)	\$ 12,233,200	12,233,200				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 7,441		
	Misc Revenue from DRS Funds	\$ 878,326		
Total Other Resident Revenue		\$ 885,767	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 1,033		
Total Interest Income			\$ 1,033	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 23,745		
19 3E	Laundry Services	\$ 1,230		
	Bad Debt Recovery	\$ 73,633		
Total Other Revenue		\$ 98,608	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,323,646
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,448,121
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	18,910
5. Prepaid Expenses			\$	157,838
a. Prepaid Insurance	142,204			
b. Prepaid Health Insurance	15,634			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(286,599)
8. Other Current Assets (<i>itemize</i>)			\$	151,044
Due From Related Party	151,044			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,812,961
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	120,712	\$	544
	Accum. Depreciation	120,168		Net
3. Buildings	*Historical Cost	2,854,912	\$	482,868
	Accum. Depreciation	2,372,044		Net
4. Leasehold Improvements	*Historical Cost	1,904,286	\$	962,651
	Accum. Depreciation	941,635		Net
5. Non-Movable Equipment	*Historical Cost	909,320	\$	14,061
	Accum. Depreciation	895,259		Net
6. Movable Equipment	*Historical Cost	1,166,643	\$	86,431
	Accum. Depreciation	1,080,212		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	43,897
Moveable Equipment Carryforward	3,406			
See Schedule	40,491			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,590,453

* 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	
32	D7	Project Development	\$ 40,491
Total Other Other Fixed Assets (Itemize)			\$ 40,491

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	4,403,413
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	544,799
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,193,044		
	Accum. Depreciation	4,193,044	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)			\$	544,799
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	353,371
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	(6,526,898)
Name and Address		Amount	Loan Date	
Due from Related Party		(6,526,898)	3/29/12	
7. Other Assets <i>(itemize)</i>			\$	(378,320)
LOC Deposit		10,437		
Solar Panel Project		(388,757)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(6,551,847)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(1,603,634)

* 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,476,776
2. Notes Payable (<i>itemize</i>)				\$	4,058,763
Due From Related Party				(5,411,546)	
Midcap Line of Credit				9,470,309	
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>)				\$	225,240
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	302,613
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,016,207
Acc'd Health Insurance				7,343	
Acc'd Operating Expenses				163,736	
Acc'd Expense - Sales Tax				687	Accrued Other-Related P 31,892
Provider Taxes Due				812,549	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,079,599

* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			7,079,599	
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>)				\$ (5,702)
Name and Address of Lender	Amount	Loan Date		
Working Capital Reserve	(5,702)	NA		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (813,577)
Notes Payable Related Landlord		(813,577)		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (819,279)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,260,321

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	544,799
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			\$	544,799
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(7,534,422)
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ (924,332)
7. Total Net Worth			\$	(8,408,754)
C. Total Reserves and Net Worth			\$	(7,863,955)
D. Total Liabilities, Reserves, and Net Worth			\$	(1,603,635)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(7,227,086)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,233,200
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,157,532
D. Net Income or Deficit			\$	(924,332)
E. Balance			\$	(8,151,418)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance 2020			(235,820)	
AJE Rent Adjustment			(21,518)	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(257,338)
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			\$	(8,408,756)
				09/30/21

I. Preparer's/Reviewer's Certification

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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 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			135 South Road Farmington, CT 06032	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Michael Mosier			(860) 751-3900	
Contact Email Address				
mmosier@athenahealthcare.com				