

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input 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 2247	RHNS	(Specify)	Medicare Provider 07-5395
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Medicaid Provider Numbers:	CCNH 2247	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) Athena Holdings d/b/a Laurel Ridge Health Care Cent	License No. 2247	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 Athena Holdings d/b/a Laurel Ridge Health Care Center [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) Sobha Lamontagne			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 Athena Holdings d/b/a Laurel Ridge Health Care Center	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/12/2022		
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 203-438-8226	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center	Address (No. & Street, City, State, Zip) 642 Danbury Road Ridgefield, CT 06877			
License Numbers: 2247	CCNH	RHNS	(Specify)	Medicare Provider No. 07-5395
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Sobha Lamontagne		Nursing Home Administrator's License No.:	1688	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health Care Cent	2247	9/30/2021	3 37
Legal Name of Partnership/LLC	Business Address		State(s) and/or Town(s) in Which Registered
Athena Holdings, LLC	642 Danbury Rd, Ridgefield, CT 06877		CT
Name of Partners/Members	Business Address	Title	% Owned
Conservators for Lawrence E.	135 South Rd, Farmington CT 06032		0.141272
Lawrence G. Santilli	135 South Rd, Farmington CT 06032	Manager	0.573728
Krista Santilli	135 South Rd, Farmington CT 06032		0.06
L&F Schwartz Family Limited	135 South Rd, Farmington CT 06032		0.03
Estate of Nicola Nocera	135 South Rd, Farmington CT 06032		0.05
David Reis Family Trusts #2	135 South Rd, Farmington CT 06032		0.016
David Reis Family Trusts #3	135 South Rd, Farmington CT 06032		0.048
David Reis Family Trusts #3	135 South Rd, Farmington CT 06032		0.016

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire Individual Proprietorship

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care C	License No. 2247	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

General Information and Questionnaire

Related Parties*

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247			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?					<input checked="" type="radio"/> Yes	<input type="radio"/> 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?					<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
		<input type="radio"/>	<input checked="" type="radio"/>					
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	205,152	205,152
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			
Laurelridge Landlord LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Property/Property Taxes/Insurance	Pg 22, L9 & L10b, Pg 1	1,036,820	1,036,820
Procare LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 13 B3, PG 20 Lu5a1	273,268	273,268
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care	License No. 2247	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.

Not Applicable: Non Not-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 Holdings d/b/a Laurel Ridge Health Care Center		2247		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					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	DM 125 Mailing System	03/21/21	42 Months	753	753
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copiers	12/28/17	50 Months	11,208	11,208
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier System	02/05/19	48 months	5,360	5,360
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655IX Copier System	02/26/19	48 Months	766	766
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	18,087

* 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 Holdings d/b/a Laurel Ridge	License No. 2247	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 Dworkin, Hillman, Lamorte 2 Marcum 3 Midcap Financial Services 4	Address (No. & Street, City, State, Zip Code) Four Corporate Drive, Suite 488, Shelton, CT 06484 555 Long Wharf Dr, 12th Floor, New Haven CT 06511 7255 Woodmont Ave., Bethesda, MD
--	--

Services Provided by This Firm (*describe fully*)

1 2020 Year End Audit & Tax Return-allowed	\$ 5,100
2 Medicare Cost Report -allowed	\$ 2,700
3 Midcap Audit Fees-disallow	\$ 3,418
4	\$
	Charge for Services Provided \$ 11,218

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

Yes No |Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder, & Woods 2 Murtha Cullina 3 Midcap Financial Services/Greystone & Co. 4 Pilicy & Ryan, PC 5 Treasurer, State of CT/Probate Court, N Fairfield, Steven Woods	Telephone Number 203-899-8900 860-240-6000 301-760-7600/ 917 421-4563 860-274-0018 203-794-8508/203 790-7656
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Address (No. & Street, City, State, Zip Code)

1 200 Connecticut Ave. Norwalk, CT 06854	
2 185 Asylum Street, Hartford, CT 06103	
3 7255 Woodmont Ave., Bethesda, MD/152 W 57th St, NY,NY 10019	
4 365 Main St, Watertown, CT 06795	
5 One School Street, Bethel, CT 06801, POBox 371, Danbury, CT06813	

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 30,439
2 Conservatorship fees: disallowed	\$ 667
3 LOC Midcap:Disallow	\$ 32
4 Annual Reports: Allow	\$ 160
5	\$
	Charge for Services Provided \$ 31,298

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

Yes No |Pg 15, Line1e

Schedule of Resident Statistics

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247				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					126	126						
A. On last day of PREVIOUS report period	126	126										
B. On last day of THIS report period	126	126							126	126		
2. Number of Residents					112	112						
A. As of midnight of PREVIOUS report period	112	112										
B. As of midnight of THIS report period	99	99							99	99		
3. Total Number of Days Care Provided During Period					3,743	3,743						
A. Medicare	4,933	4,933							1,190	1,190		
B. Medicaid (Conn.)	30,021	30,021			22,169	22,169			7,852	7,852		
C. Medicaid (other states)												
D. Private Pay	781	781			526	526			255	255		
E. State SSI for RCH												
F. Other (Specify) Managed Care	117	117			95	95			22	22		
G. Total Care Days During Period (3A thru F)	35,852	35,852			26,533	26,533			9,319	9,319		
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)	35,852	35,852			26,533	26,533			9,319	9,319		

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C	License No. 2247	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
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	12	80		3			4	
Per Diem Rate								
a. One bed rm.	621.38	327.48		624.00			459.30	
b. Two bed rms.	621.38	327.48		594.00			459.30	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		2,910	2,910		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,215	1,215		
2. Restorative Treatments					
C. Other		9,558	9,558		
D. Total Physical Therapy Treatments		13,683	13,683		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		585	585	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		389	389	
2. Restorative Treatments				
C. Other		1,970	1,970	
D. Total Speech Therapy Treatments		2,944	2,944	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		3,945	3,945	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments		1,357	1,357	
2. Restorative Treatments				
C. Other		10,436	10,436	
D. Total Occupational Therapy Treatments		15,738	15,738	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2247	9/30/2021	10	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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,080	2,092			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	251,129	10,295			
5. Dietary Service					
a. Head Dietitian	65,162	1,604			
b. Food Service Supervisor	65,989	2,063			
c. Dietary Workers	430,405	24,203			
6. Housekeeping Service					
a. Head Housekeeper	55,742	2,015			
b. Other Housekeeping Workers	276,178	16,926			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	114,638	2,363			
b. Other Maintenance Workers	111,193	4,595			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	159,419	10,643			
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	203,280	3,774			
b. RN					
1. Direct Care	542,355	10,249			
2. Administrative**	546,247	16,736			
c. LPN					
1. Direct Care	1,112,851	36,429			
2. Administrative**					
d. Aides and Attendants	1,583,185	76,757			
e. Physical Therapists	439,260	11,125			
f. Speech Therapists	121,769	2,387			
g. Occupational Therapists	266,107	6,572			
h. Recreation Workers	253,733	10,071			
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	213,896	6,374			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	6,939,618	257,273			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2021			Page 11	of 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).										

* 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 Holdings d/b/a Laurel Ridge Health Care Center				2247		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***										
				Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.					
Sobha Lamontagne (10/1/20 - 9/30/21)	127,080					2,092	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
	2247	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	13,684	137			
3. Pharmacist	10,685	119			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	60,055	730			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	14,626	10			
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	6,075	8			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	34,999	435			
2. Administrative***					
b. LPN					
1. Direct Care	167,010	2,184			
2. Administrative***					
c. Aides	108,299	2,043			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	415,433	5,667			

* 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
	2247	9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Nurse Network, Access Capital, Inc., 405 Park Avenue, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 100 Crossing Blvd., Framingham, MA 01702	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho CT, PC, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Associated Neurologists, 69 Sand Pit Road, Suite 300, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Masstex, 3 Electronics Avenue, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Urology Associates of Danbury, 51-53 Kenosia Avenue, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, P.O. Boxes 982, Southington, CT 06489	Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialist of CT, 60 Old New Milford Road, Brookfield, CT 06804	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, 34 Elm Street, Cohasset, MA 02025	Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
NOA Diagnostics, 6851 Jericho Turnpike-Suite 150, Syosset, NY 11791	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group, Inc., P.O. Box 415126, Boston, MA 02241	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Western Connecticut Health, 20 Stony Hill Rd, Bethel CT 06801	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Stamford Hospital, 1 Hospital Plaza, Stamford CT 06904	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Gale Healthcare Solutions, PO Box 4729 Winter Park, FL 32793	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Heritage Private Nursing, 174 South Rd, Suite 108, Enfield CT 06082	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care	2247	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 205,152	205,152		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 53,020	53,020		
4. Social Security (F.I.C.A.)	\$ 476,916	476,916		
5. Health Insurance	\$ 967,322	967,322		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,589	15,589		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 128,623	128,623		
d. Accounting and Auditing	\$ 11,218	11,218		
e. Legal (Services should be fully described on Page 7)	\$ 31,298	31,298		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 65,467	65,467		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 128,655	128,655		
2. Cellular Phones	\$ 1,524	1,524		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 649,917	649,917		
Subtotal	\$ 2,734,701	2,734,701		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

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
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	2,734,701	2,734,701		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,072	5,072		
3. Gifts to Staff and Residents	\$	10,129	10,129		
4. Employee Travel	\$	2,892	2,892		
5. Education Expenses Related to Seminars and Conventions	\$	8,216	8,216		
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	15,030		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	6,671	6,671		
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	\$	4,460	4,460		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,220	8,220		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	600	600		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	399,641	399,641		
13. Other (<i>Specify</i>) See Attached Schedule	\$	98,594	98,594		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,294,226	3,294,226		

* 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	\$ 6,671		
Total Other Advertising	\$ 6,671	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 8,220		
Total Dues	\$ 8,220	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	\$ 600		
Total Contributions	\$ 600	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 2,793		
Bank Charges	\$ 23,380		
Payroll Processing Fees	\$ 18,260		
Employee Physicals & Background Checks	\$ 3,829		
	\$ -		
Data Processing	\$ 50,332		
	\$ -		
Total Other Administrative and General	\$ 98,594	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health	2247	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	556,225	Contract Attached to a Prior Year	See Below
Allocation of the above	\$100120	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,532	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
		9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 287,227	287,227		
2. Non-Food Supplies	\$ 55,720	55,720		
3. Other (Specify) _____ Dishes	\$ 1,457	1,457		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 344,404	344,404		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	295	295		
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$1,024
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 18, 2a1
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 Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2021		Page of 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. \$	17,398	17,398	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies	\$	9,293	9,293	
3D. Total Laundry Expenditures (3a + b + c)	\$	26,691	26,691	
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
		9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 32,482	32,482		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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)	\$	32,482	32,482		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare	\$	254,241	254,241		
b. Medicine Cabinet Drugs	\$	5,449	5,449		
c. Medical and Therapeutic Supplies	\$	270,174	270,174		
d. Ambulance/Limousine***	\$	2,974	2,974		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	17,244	17,244		
f. X-rays and Related Radiological Procedures***	\$	13,242	13,242		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	35,272	35,272		
i. Recreation	\$	15,805	15,805		
j. Direct Management Services*	\$	100,120	100,120		
k. Indirect Management Services*	\$	88,996	88,996		
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	147,681	147,681		
5M. Total Resident Care Expenditures (5a - 5j)	\$	951,198	951,198		

* 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)
Management Fee Direct	\$ 100,120		
Cable TV Fees	\$ 12,233		
Physical Therapy Supplies	\$ 9,174		
	\$ -		
Medical Equipment Rental-Medicaid	\$ 10,375		
Oxygen Concentrator Rentals	\$ 7,086		
Medical Equipment Rental-Other	\$ 8,693		
Total Other Resident Care	\$ 147,681	\$ -	\$ -

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

* 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 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	113,566	113,566			
b. Heat	\$	55,539	55,539			
c. Light & Power	\$	123,687	123,687			
d. Water	\$	69,872	69,872			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	18,087	18,087			
f. Other (<i>itemize</i>)	\$	81,033	81,033			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	461,784	461,784			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	4,206	4,206			
b. Building & Building Improvements	\$	8,503	8,503			
c. Non-Movable Equipment	\$	7,988	7,988			
d. Movable Equipment	\$	47,271	47,271			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	67,968	67,968			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	1,767	1,767			
c. Leasehold Improvements	\$	92,413	92,413			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	94,180	94,180			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	661,198	661,198			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	249,522	249,522			
c. Personal property taxes	\$	13,832	13,832			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,086,700	1,086,700			

* 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

Depreciation Schedule

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center				License No. 2247			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				58,327			37,012			4,206			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											4,206		
B. Building and Building Improvements													
1. Acquired prior to this report period				790,401			775,298	S/L	Various	8,503			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											8,503		
C. Non-Movable Equipment													
1. Acquired prior to this report period				328,728			280,471	SL	Various	7,988			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											7,988		
	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	1,873,577			1,735,117	S/L	Various	46,663		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal												47,271	
E. Total Depreciation												67,968	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***Ties to Page 23, Line C3**

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/0/1900		0	\$ -	\$ -
11/30/2020	Unimac Dryer	\$ 6,029	10	\$ 301
8/31/2021	Digital Scale Chair	1058.18	10	52.909
2/28/2021	Boiler Pump	2459.35	10	122.9675
9/30/2021	Pump	2621.74	10	131.087
1/0/1900		0	0	0
Total additions for Movable Equipment		\$ 12,168		\$ 608 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2021	Water Heater	\$ 3,830	10	\$ 191
				\$ -
				0
				0
				0
				0
Total additions for Leasehold Improvements		\$ 3,830		\$ 191 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2021			Page 24	of 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. Bed License									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees	2	2018	36 months	15,904	5,301	SL		1,767	
2.									
3.									
B-4. Subtotal									1,767
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2020		1,127,928	386,446			92,222	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021	Various	3,830			Various	191	
C-4. Subtotal									92,413
D. Total Amortization									94,180

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Athena Holdings d/b/a Laurel Ridge H	License No. 2247	Report for Year Ended 9/30/2021	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/12/01			
4. Date of Initial Licensure	01/12/01			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	1,687,627			
b. Building	9,308,667			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
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	10,300,900			
f. Principal balance outstanding as of 9/30/21	8,550,913			

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 Athena Holdings d/b/a Laurel Ridge I	License No. 2247	Report for Year Ended 9/30/2021			Page 26	of 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 9/30/2021			Page 27	of 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)		\$	857	857		
A. Item	Rate	Amount				
Lighting fixt./energy upgrade	6.70%	69,894				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$	857	857		
12. D. Other Interest Expense (Specify)		\$	8,627	8,627		
Vendor Interst=\$7,847 Key Bank Line of Credit=\$780						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	9,484	9,484		
14. Insurance						
a. Insurance on Property (buildings only)		\$	130,538	130,538		
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)		\$	130,538	130,538		
15. Total All Expenditures (A-13 thru C-14)		\$	13,692,558	13,692,558		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		CCNH	RHNS	28 37
			Item Description	Total Amount of Decrease		
<i>Page 10 - Salaries and Wages</i>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$ 266,107	266,107	
4.			Other - See attached Schedule	\$ 5,291	5,291	
<i>Page 13 - Professional Fees</i>						
5.			Resident Care Physicians **	\$ 14,626	14,626	
6.			Occupational Therapy	\$		
7.			Other - See attached Schedule	\$		
<i>Pages 15 & 16 - Administrative and General</i>						
8.			Discriminatory Benefits	\$		
9.			Bad Debts	\$ 128,623	128,623	
10.			Accounting	\$ 3,418	3,418	
10a.			Legal	\$ 31,138	31,138	
11.			Telephone	\$		
12.			Cellular Telephone	\$ 1,164	1,164	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$ 10,129	10,129	
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 *	\$ 6,671	6,671	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$ 600	600	
21.			Unallowable Management Fees	\$ 237,172	237,172	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 23,380	23,380	
<i>Page 18 - Dietary Expenditures</i>						
24.			Meals to employees, guests and others who are not residents	\$		
<i>Page 19 - Laundry Expenditures</i>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<i>Page 20 - Housekeeping Expenditures</i>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ 728,319	728,319		

* 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	\$ 5,291		
Total Other Salaries Adjustment			\$ 5,291	\$ -	\$ -

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	\$ 23,380		
Total Other A&G Adjustments			\$ 23,380	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 728,319	728,319		
			<i>Page 20 - Resident Care Supplies***</i>				
27.			Prescription Drugs	\$ 254,241	254,241		
28.			Ambulance/Limousine	\$ 2,974	2,974		
29.			X-rays, etc	\$ 13,242	13,242		
30.			Laboratory	\$ 35,272	35,272		
31.			Medical Supplies	\$ 19,060	19,060		
32.			Oxygen (non emergency)	\$ 17,244	17,244		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,326	17,326		
			<i>Page 22 - Maintenance and Property</i>				
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$ 7,368	7,368		
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	\$			
			<i>Page 27 - Insurance</i>				
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
			<i>Other - Miscellaneous</i>				
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 674	674		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 64,683	64,683		
46.			Management Fees Indirect	\$ 57,496	57,496		
47.			Other - Direct	\$			
			<i>Not For Profit Providers Only</i>				
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49.			<i>Total Amount of Decrease (Items 1 - 48)</i>	\$ 1,217,899	1,217,899		

*** 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-Other	\$ 8,693		
20	5j	Radio + Television Revenue	\$ 8,633		
Total Other Ancillary Costs			\$ 17,326	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	\$ 7,368		
Total Excess Movable Equipment Depreciation			\$ 7,368	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,899,209	17,899,209				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,773,335)	(8,773,335)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,137,566	2,137,566				
b. Medicare Room and Board Contractual Allowance **	\$ 410,545	410,545				
4. a. Private-Pay Residents and Other	\$ 1,532,047	1,532,047				
b. Private-Pay Room and Board Contractual Allowance **	\$ (342,360)	(342,360)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 184,076	184,076				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (184,076)	(184,076)				
c. Prescription Drugs - Non-Medicare	\$ 86,882	86,882				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (86,882)	(86,882)				
2. a. Medical Supplies - Medicare	\$ 6,460	6,460				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 880	880				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (880)	(880)				
3. a. Physical Therapy - Medicare	\$ 526,390	526,390				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (455,306)	(455,306)				
c. Physical Therapy - Non-Medicare	\$ 216,410	216,410				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (216,410)	(216,410)				
4. a. Speech Therapy - Medicare	\$ 261,010	261,010				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (229,449)	(229,449)				
c. Speech Therapy - Non-Medicare	\$ 117,775	117,775				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (117,775)	(117,775)				
5. a. Occupational Therapy - Medicare	\$ 620,922	620,922				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (517,926)	(517,926)				
c. Occupational Therapy - Non-Medicare	\$ 424,800	424,800				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (424,800)	(424,800)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 217,141	217,141				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,292,914	13,292,914				
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>)	\$ 20,124	20,124				
V. Total Other Revenue (1 thru 8)	\$ 20,124	20,124				
VI. Total All Revenue (III +V)	\$ 13,313,038	13,313,038				

* 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)
	Misc revenue from DRS funds	\$ 220,206		
	Retroactives	\$ (3,065)		
		\$ -		
Total Other Resident Revenue		\$ 217,141	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income		\$ -	\$ -	\$ -	

Schedule of Other Revenue

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 50,134	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,366,416	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (886,175)	
4. Inventories			\$ 16,883	
5. Prepaid Expenses			\$ 158,943	
a. Prepaid Insurance		144,165		
b. Prepaid Interest		14,778		
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$ (262,323)	
8. Other Current Assets (<i>itemize</i>)			\$ 289,910	
A/R Related Parties		289,910		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,733,788	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	58,327	\$	17,109
	Accum. Depreciation	41,218	Net	
3. Buildings	*Historical Cost	790,401	\$	6,600
	Accum. Depreciation	783,801	Net	
4. Leasehold Improvements	*Historical Cost	1,131,758	\$	652,899
	Accum. Depreciation	478,859	Net	
5. Non-Movable Equipment	*Historical Cost	328,728	\$	40,269
	Accum. Depreciation	288,459	Net	
6. Movable Equipment	*Historical Cost	1,880,929	\$	98,542
	Accum. Depreciation	1,782,387	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 4,813	
Equipment Carryforward AJE		4,813		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 820,232	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

	Deposits-IRS/Utility Deposits	\$ -
	Deferred Finance Fees/Amort Finance Fees	\$ 69,290
	Project Development	\$ 496,358
Total Other Assets		\$ 565,648

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
		9/30/2021	32 37
Account		Amount	
		Total Brought Forward:	\$ 2,554,020
C. Leasehold or like property recorded for Equity Purposes.			
1. Land		\$ 800,000	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net \$	
3. Buildings	*Historical Cost 9,000,000 Accum. Depreciation 4,550,895	Net \$ 4,449,105	
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)		\$ 5,249,105	
D. Investment and Other Assets			
1. Deferred Deposits		\$	
2. Escrow Deposits		\$	
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net \$	
4. Goodwill (Purchased Only)		\$ 3,919,211	
5. Investments Related to Resident Care (<i>itemize</i>)		\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)		\$ (2,070,610)	
Name and Address	Amount	Loan Date	
Due from Related Party	(2,070,610)	3/29/12	
7. Other Assets (<i>itemize</i>)		\$ 565,648	
Deferred Finance Fees/Amort Finance Fees			
Project Development			
		565,648	
D-8. Total Investments and Other Assets (Lines D1 thru 7)		\$ 2,414,249	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)		\$ 10,217,374	

* 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 Holdings d/b/a Laurel Ridge Health C	2247	9/30/2021	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 1,962,556
2. Notes Payable (<i>itemize</i>)			\$ (577,435)
Line of Credit			13,882
Due to Related Party			(591,317)
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>)			\$ 304,397
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 374,499
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*			\$ (16,398)
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,568,123
			Provider Taxes Due 1,211,425
Acc'd Int-Private Pay Security Depo			
Acc'd Operating Expenses 340,476 Acc'd Health Ins 16,132			
Acc'd Expense - CT Sales Tax 90 See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 3,615,742

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of		
		9/30/2021	34	37		
Account				Amount		
Total Brought Forward:				3,615,742		
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 1,605		
Name of Lender	Purpose	Amount	Date Due			
Graybar Lease-energy upgrades		1,605	12/10/21			
2. Mortgages Payable				\$		
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (2,907)		
Name and Address of Lender	Amount	Loan Date				
Accrued Rent	(2,907)					
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,306,925		
Due to Related Landlord				1,306,925		
See Schedule						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,305,623		
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,921,365		

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge H	2247	9/30/2021	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$ 800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$ 4,449,105
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				\$ 5,249,105
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 326,304
6. Gain or Loss for Period		10/1/2020	thru	9/30/2021
				\$ (279,400)
7. Total Net Worth				\$ 46,904
C. Total Reserves and Net Worth				\$ 5,296,009
D. Total Liabilities, Reserves, and Net Worth				\$ 10,217,374

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Hea	2247	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	465,173
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,313,038
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,592,438
D. Net Income or Deficit			\$	(279,400)
E. Balance			\$	185,773
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Health Insurance 2020		(95,544)		
Tax Accrual 2020		(28,402)		
Rent 2020		(14,919)		
Rounding		(4)		
F-3. Total Additions			\$	(138,869)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/21		\$	46,904

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge	License No. 2247	Report for Year Ended 9/30/2021	Page 37	of 37
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Check appropriate category

<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)
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Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer

Athena Health Care Associates, Inc

Address 135 South Road Farmington, CT 06032	Phone Number (860) 751-3900
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Contacted Person Regarding Additional Information Needed Regarding This Report

Lynn Rinaldi	Phone Number (860) 751-3900
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Contact Email Address

lrinadli@athenahealthcare.com