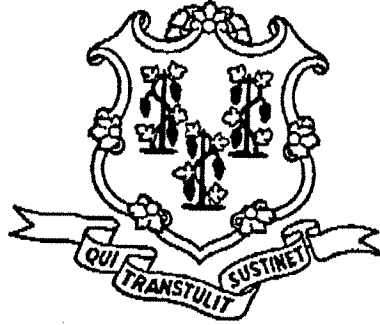


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider No. 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	RHNS	ICF-MR
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Glastonbury Health Care Center, Inc. [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, 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 penalties 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
<i>Andrew Landsman</i>		2/15/17	<i>Lawrence Santilli</i>		2/15/17
Printed Name (Administrator) Andrew Landsman			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) <i>Sharon Christal</i>	Comm. Expires 3/31/20	
Address of Notary Public 41 Terrace Ln Bristol CT 06010					

(Notary Seal)



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.mslc.com

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 1175 Hebron Ave Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
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 09/30/16	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="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP
<input checked="" type="checkbox"/> PROFIT CORP.	<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT
		<input type="checkbox"/> 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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
---	------------------------------	--	--------------------------

Administrator		
Name of Administrator Andrew Landsman	Nursing Home Administrator's License No.:	1976

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
Not Applicable	

General Information and Questionnaire Related Parties*

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2016	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="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/>	<input type="checkbox"/>	>98%	Bank Fees Pg 16 M13	\$8,870	\$8,870
Misc Facilities	Various 135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Interfacility Loans PG 33 A2		
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50%	Workers Comp Captive Facility participates in common 401k plan Pg 15 1a1	\$454,890	\$454,890
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50%	See Attached		
Shady Knoll	41 Skokorat St, Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Swap Interest Allocation Pg26 12A	\$8,013	\$8,013
Litchfield Woods	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Legal Fee Reimbursement & LOC Fee Pg 15 1e, Pg 34	\$6,677	\$6,677
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Lease of Property Pg 22 L9, 10b; Pg 27 L14	\$826,626	\$826,626

* Use additional sheets if necessary.

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

Glastonbury
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	X		>50.0%	Management Fees, Maintenance, Insurance, Office Supplies, Payroll Processing, Marketing, Employee Relations, MDS Fill In, Legal, Data Processing Lobbying, Insurance Pg 17, Pg 22 6a Pg 15 1a5, Pg 15 1g Pg 16 m13, Pg 16 m3 Pg 16 m13, Pg 13 11a Pg 15 1e, Pg 16 m13 Pg 16 m13, Pg 27 L14	\$602,444	\$214,568
Athena Health Insurance	135 South Rd Farmington, CT 06032	X		>50.0%	Self Insured Employee Health & Dental Insurance Pg 15,1	\$938,555	\$938,555
Bayview Health Care	301 Rope Ferry Rd Waterford, CT 06385	X		>98%	Data Processing Pg 16m13	\$1,512	\$1,512
Middlesex Health Care Center	100 Randolph Rd Middletown, CT 06457	X		>98%	Resident AR Reimbursement Pg 31 A2	\$1,676	NA

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary.....	Number of meals served to residents
Laundry.....	Number of pounds processed
Housekeeping.....	Number of square feet serviced
Nursing.....	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants.....	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant.....	Square feet
Property costs (depreciation).....	Square feet
Employee health and welfare.....	Gross salaries
Management services.....	Appropriate cost center involved
All other General Administrative expenses.....	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? 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		Date of Lease**	Term of Lease	Annual Amount of Lease	Page of
		9/30/2016					
Glastonbury Health Care Center, Inc.	2028C						
		Description of Items Leased					
		Related * to Owners, Operators, Officers					
		Yes	No				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285		<input type="checkbox"/>	<input checked="" type="checkbox"/>	04/10/14	39 Months	\$1,620	\$1,620
Itkon/GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009		<input type="checkbox"/>	<input checked="" type="checkbox"/>	04/04/14	48 Months	\$18,492	\$18,492
Glastonbury Senior Living Properties, LLC, 1177 Hebron Ave, Glastonbury CT 06033		<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/07/08	10 Years	\$30,408	\$30,408
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922		<input type="checkbox"/>	<input checked="" type="checkbox"/>	05/16/13	60 months	\$5,857	\$5,857
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
						Total ***	\$56,377

Is a Mileage Log Book Maintained for All Leased Vehicles? **Not Applicable - No Vehicles** Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire
Accounting Basis**

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	7	37

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

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2 Dworkin, Hillman, & LaMorte	4 Corporate Drive, Suite 488, Shelton, CT 06484
3 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4 Dopkins & Company	200 International Drive, Buffalo, NY 14221

Services Provided by This Firm (*describe fully*)

1	\$ -
2 Audit, Year End Financials & Tax Return	\$ 14,000
3 Medicare Cost Reports	\$ 2,650
4 Line of Credit Audit (Disallow)	\$ 450
	Charge for Services Provided
	\$17,100

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	Telephone Number
1 Murtha Cullina	860-240-6000
2 Schiff Hardin LLP	312-258-5500
3 Goldman, Gruder, & Woods	203-899-8900
4 Shipman & Goodwin	860-251-5000
5 Treasurer State of CT/State Marshal	

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

- 1 **185 Asylum St Hartford, CT 06103**
- 2 **6600 Sears Tower, Chicago, IL 60606**
- 3 **200 Connecticut Ave, Norwalk, CT 06854**
- 4 **One Constitution Plaza, Hartford, CT 06130**
- 5

Services Provided by This Firm (*describe fully*)

1 Audit Letter S791 (Allow); Sec of State Filings S653(Allow)	\$ 1,444
2 KeyBank Refinance: Disallow	\$ 2,685
3 AR Collections: Disallow	\$ 4,320
4 Employee Matters: Disallow	\$ 9,055
5 AR Collections: Disallow	\$ 275
	Charge for Services Provided
	\$17,779

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	License No.		Report for Year Ended				Page	of
	2028C		09/30/16				8	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30		
Glastonbury Health Care Center, Inc.								
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.....	100	100			97	97	100	
B. As of midnight of THIS report period.....	105	105			104	104	105	
3. Total Number of Days Care Provided During Period								
A. Medicare.....	9,157	9,157			6,721	6,721	2,436	
B. Medicaid (Conn.).....	22,220	22,220			16,912	16,912	5,308	
C. Medicaid (other states).....								
D. Private Pay.....	4,518	4,518			3,281	3,281	1,237	
E. State SSI for RCH.....								
F. Other (Specify) Managed Care	736	736			600	600	136	
G. Total Care Days During Period (3A thru F).....	36,631	36,631			27,514	27,514	9,117	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days.....	232	232			147	147	85	
B. Other Bed Reserve Days.....	80	80			71	71	9	
5. Total Resident Days (3G + 4A + 4B).....	36,943	36,943			27,732	27,732	9,211	

Schedule of Resident Statistics (Cont'd)

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2016			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	25		60		13		7						
Per Diem Rate													
a. One bed rm.	535.24		235.28		543.00		429.99						
b. Two bed rms.	535.24		235.28		518.00		429.99						
c. Three or more bed rms.					471.00								
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					5,422	5,422							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					408	408							
2. Restorative Treatments													
C. Other					23,774	23,774							
D. Total Physical Therapy Treatments					29,604	29,604							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					2,449	2,449							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					5	5							
2. Restorative Treatments													
C. Other					2,646	2,646							
D. Total Speech Therapy Treatments					5,100	5,100							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					4,501	4,501							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					464	464							
2. Restorative Treatments													
C. Other					23,888	23,888							
D. Total Occupational Therapy Treatments					28,853	28,853							

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	128,923	2,033				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,561	10,603				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	69,076	2,202				
c. Dietary Workers	415,446	25,357				
6. Housekeeping Service						
a. Head Housekeeper	60,624	2,296				
b. Other Housekeeping Workers	171,939	12,898				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,353	2,095				
b. Other Maintenance Workers	54,447	2,786				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	66,117	4,503				
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	199,767	4,318				
b. RN						
1. Direct Care	1,578,338	45,633				
2. Administrative**	424,352	14,237				
c. LPN						
1. Direct Care	139,754	4,941				
2. Administrative**						
d. Aides and Attendants	1,548,284	93,698				
e. Physical Therapists	725,065	21,339				
f. Speech Therapists	117,247	2,633				
g. Occupational Therapists	492,846	13,807				
h. Recreation Workers	122,970	6,266				
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	213,429	7,938				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,852,538	279,583				

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Glastonbury Health Care Center, Inc.		2028C		9/30/2016		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Brian Reynolds	70,353		Health & life insurances, Payroll Taxes	Director of Maintenance	2,095	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		9/30/2016		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***									
Elizabeth Schmeizl (10/1/15-12/31/15)	40,202		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	461	A2	Middlesex Health Care 100 Randolph Rd Middletown, CT 06450	1,680	145,732
Nickeisha Bewry (1/1/16-4/3/16)	22,846		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	528	A2	Abbott Terrace 44 Abbott Terrace Waterbury, CT	1,037	55,674
Andrew Landsman (4/4/16-9/30/16)	65,875		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,044	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	9/30/2016	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.....	32,819	886				
2. Dentist.....	11,403	23				
3. Pharmacist.....	7,964	132				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	55,983	402				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	834					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	4,500	215				
9. Speech Therapist						
a. Resident Care.....	12,630	35				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	5,871	14				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	132,004	1,707				

* 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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees (Medical Director Detail)

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2016		Page 13 a	of 37
Item		Total Cost and Hours				
		CCNH	Hours	RHNS	Hours (Specify)	Hours
8.	Physicians					
a.	Medical Director Detail	0	402	0	0	0

Dr Wilfred Elaba/Starling Physicians	\$22,050	129 hours
Dr Mintell/Prohealth	\$12,333	65 hours
Dr Elmo Villanueva	\$21,600.00	208 hours

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
Glastonbury Health Care Center, Inc.		2028C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
CT Multispecialty Group, PO Box 587, Rocky Hill, CT 06067	Medical Staff, Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Staff, Medical Director, Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
MVP Recruitment, 59 Saint Lawrence Way, North Attleboro, MA 02760	Nurse Recruitment Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Arrhythmia Consultants of CT, 330 Orchard St, Suite 210, New Haven, CT 06511	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dental & Eye	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Hartford Hospital, 80 Seymour St, PO Box 5037, Hartford, CT 06102	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Prohealth Physicians, 124 Hebron Ave, Glastonbury, CT 06033	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
University Physicians, PO Box 660, Hartford, CT 06143	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Center for Geriatric & Family Psychiatry, 55 Nye Rd, Glastonbury, CT 06033	Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SDX Swallowing Diagnostic, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill CT 06067	Sub Acute Medical Director & Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Healthcare, 135 South Rd, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

* 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	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 454,890	454,890			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 126,865	126,865			
4. Social Security (F.I.C.A.).....	\$ 509,225	509,225			
5. Health Insurance.....	\$ 840,400	840,400			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 35,503	35,503			
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*.....	\$ 41,474	41,474			
d. Accounting and Auditing.....	\$ 17,100	17,100			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 17,779	17,779			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 53,774	53,774			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 28,377	28,377			
2. Cellular Phones.....	\$ 1,620	1,620			
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*.....	\$ 250	250			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 594,053	594,053			
Subtotal	\$ 2,721,310	2,721,310			

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

(Carry Subtotals forward to next page)

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	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,721,310	2,721,310			
1. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 6,168	6,168			
3. Gifts to Staff and Residents.....	\$ 3,372	3,372			
4. Employee Travel.....	\$ 2,321	2,321			
5. Education Expenses Related to Seminars and Conventions	\$ 5,156	5,156			
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>).....	\$ 5,004	5,004			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 805	805			
3. Advertising Other (<i>Specify</i>)***.....	\$ 24,252	24,252			
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$ 2,254	2,254			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 8,267	8,267			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,165	7,165			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 615	615			
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**.....	\$ 394,047	394,047			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 145,248	145,248			
C-14 Total Administrative & General Expenditures	\$ 3,325,984	3,325,984			

* 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	\$ 24,252		
Total Other Advertising	\$ 24,252	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 7,165		
Total Dues	\$ 7,165	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 3,516		
Bank Charges	\$ 7,570		
Payroll Processing Fees	\$ 22,376		
Employee Physicals/Background Checks	\$ 18,112		
JDA Settlement	\$ 1,512		
Utility Audit	\$ 471		
Fine: Citation No. 2016-85	\$ 1,140		
Data Processing/ Software Maint. Fees	\$ 57,452		
Compliance Consulting	\$ 33,099		
Total Other Administrative and General	\$ 145,248	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	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	\$551,336	Contract Attached to a Prior Year	See Below
Allocation of the Above	\$363,882 \$88,214 \$99,240	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$30,165	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
Glastonbury Health Care Center, Inc.	2028C	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 226,985	226,985			
2. Non-Food Supplies.....	\$ 38,706	38,706			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 88,214	88,214			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 353,905	353,905			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	300	300			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$285		
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
P. 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.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016		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. \$	15,681	15,681		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Supplies = \$7,221	\$	7,221	7,221		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	22,902	22,902		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$17384		
K. Did you receive revenue from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$17384		
L. 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 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** 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	9/30/2016		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. \$	31,200	31,200		
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. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)...	\$	31,200	31,200		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care	\$	476,936	476,936		
b. Medicine Cabinet Drugs.....	\$	17,099	17,099		
c. Medical and Therapeutic Supplies.....	\$	199,121	199,121		
d. Ambulance/Limousine***.....	\$	1,971	1,971		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***.....	\$	35,631	35,631		
f. X-rays and Related Radiological Procedures***.....	\$	40,723	40,723		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***.....	\$	34,875	34,875		
i. Recreation.....	\$	10,727	10,727		
j. Other (Specify)**** See Attached Schedule	\$	215,103	215,103		
5K. Total Resident Care Expenditures (5a - 5j).....	\$	1,032,186	1,032,186		

* 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	\$ 99,240		
Cable TV	\$ 15,224		
Medical Equip Rentals-Medicaid	\$ 8,375		
Physical Therapy Supplies	\$ 78,242		
Occupational Therapy Supplies	\$ 168		
Oxygen Equipment Rentals	\$ 3,045		
Medical Equip Rentals-Other	\$ 10,809		
Total Other Resident Care	\$ 215,103	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
Glastonbury Health Care Center, Inc.		2028C		9/30/2016		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="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	17,873			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	22,930			22	6f
Pine Lawns	272 Dug Rd, South Glastonbury, CT 06073	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping & Snow Removal	22,106			22	6f
Omnicare/Value Health Care	525 Knotter Dr, Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy	471,825			20	5A2
Harmony Healthcare	430 Boston St, Suite 104 Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance Consulting	33,099			16	M13
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

* 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	9/30/2016			22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance..... \$	75,241	75,241			
b. Heat..... \$	63,248	63,248			
c. Light & Power..... \$	134,671	134,671			
d. Water..... \$	72,224	72,224			
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	56,377	56,377			
f. Other (<i>itemize</i>)..... \$	76,174	76,174			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	477,935	477,935			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements..... \$	245	245			
b. Building & Building Improvements..... \$	95,710	95,710			
c. Non-Movable Equipment..... \$	40,066	40,066			
d. Movable Equipment..... \$	84,877	84,877			
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	220,898	220,898			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense..... \$					
b. Mortgage Expense..... \$					
c. Leasehold Improvements..... \$	18,870	18,870			
d. Other (<i>Specify</i>)..... \$					
*8e. Total Amortization Costs (8a + b + c + d)..... \$	18,870	18,870			
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	581,109	581,109			
10. Property Taxes					
a. Real estate taxes paid by owner..... \$					
b. Real estate taxes paid by lessor..... \$	173,457	173,457			
c. Personal property taxes..... \$	18,036	18,036			
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,012,370	1,012,370			

* 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	\$ 13,993		
Rubbish Removal	\$ 22,930		
Snow Removal	\$ 14,357		
Supplies	\$ 24,894		
Total Other Repairs and Maintenance	\$ 76,174	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*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 Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
Dec-15	Hill Rom-Mattress	\$ 3,241	5	\$ 324
Feb-16	Write Way Signs & Designs-Indoor/Outdoor S	\$ 1,202	10	\$ 60
Feb-16	McKesson-Therapy Bars/Platform	\$ 5,856	15	\$ 195
Mar-16	McKesson-Blood Pressure Unit	\$ 950	5	\$ 95
Apr-16	Joerns-Patient Lift	\$ 1,662	10	\$ 83
May-16	Raintech-Wrist Transponder	\$ 1,293	5	\$ 129
Jun-16	Supreme Industrial Products-Floor Scrubber	\$ 7,675	5	\$ 768
Jun-16	Joerns-Mattress	\$ 1,377	5	\$ 138
Jun-16	Joerns-Bed	\$ 7,629	10	\$ 381
Aug-16	Direct Supply-Televisions	\$ 1,579	5	\$ 158
Sep-16	CDW-Laptop	\$ 911	3	\$ 152
	Total additions for Movable Equipment	\$ 33,375		\$ 2,483 *
Deletions:				
Various				
	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:				
Jul-16	Modern Mechanical-Compressors for RTU	\$ 20,210	10	\$ 1,011
Jul-16	Modern Mechanical-Condenser Fan	\$ 769	5	\$ 77
Aug-16	Modern Mechanical-HVAC Motor & Fans	\$ 10,338	5	\$ 1,034
Total additions for Leasehold Improvements		\$ 31,317		\$ 2,121 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility	License No.		Report for Year Ended		Page	of			
	2028C		9/30/2016				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									
2. Finance Fees - Key Bank									
3. Finance Fees - Key Bank									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2015	Various	1,234,832	674,074			16,749	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
	9	2016	Various	31,317		SL		2,121	
C-4. Subtotal.....									18,870
D. Total Amortization									18,870

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period	Various	23,452	16,749	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	SL	2,121	
C-4. Subtotal.....				18,870
C. Other (Specify)				
1. Intangible Asset - Bed Purchase	15 yrs	650,622		6.67%
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	674,074	16,749	
Total Disposals				
Total Acquired during this report period	Various	SL	2,121	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	25	37

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	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	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	7,992,000			
f. Principal balance outstanding as of 9/30/2016	7,406,125			
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	9/30/2016			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)

Annual Report of Long-Term Care Facility

CSP-27 Rev. 6/95

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		9/30/2016			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)..... \$				61,349	61,349			
Vender Interest = \$8,531; Interest LOC = \$13,225; KeyBank Term Loan Interest & Fees = \$39,593								
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$				61,349	61,349			
14. Insurance								
a. Insurance on Property (buildings only).....			\$	74,412	74,412			
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)...				\$	74,412	74,412		
15. Total All Expenditures (A-13 thru C-14).....				\$	13,376,785	13,376,785		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	9/30/2016	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.	10	A12g	Occupational Therapy.....	\$ 492,846	492,846		
4.	Var	Var	Other - See attached Schedule.....	\$ 27,046	27,046		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 834	834		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 41,474	41,474		
10.	15	1d&e	Accounting & Legal.....	\$ 16,785	16,785		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 360	360		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 3,372	3,372		
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.	16	m2&3 1j&k1	Unallowable Advertising *.....	\$ 25,057	25,057		
19.	15	&2	Income Tax / Corporate Business Tax...	\$ 250	250		
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 255,998	255,998		
	18	2c		\$ 62,060	62,060		
	20	5j		\$ 69,818	69,818		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 81,480	81,480		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 285	285		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$ 17,384	17,384		
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,095,049	1,095,049		

* 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.

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	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,095,049	1,095,049		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 476,936	476,936		
28.	20	5d	Ambulance/Limousine.....	\$ 1,971	1,971		
29.	20	5f	X-rays, etc.....	\$ 40,723	40,723		
30.	20	5h	Laboratory.....	\$ 34,875	34,875		
31.	20	5c	Medical Supplies.....	\$ 21,230	21,230		
32.	20	5e2	Oxygen (non emergency).....	\$ 35,631	35,631		
33.	20	5j	Occupational Therapy.....	\$ 168	168		
34.	Var	Var	Other - See Attached Schedule.....	\$ 10,809	10,809		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 8,606	8,606		
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.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 11,624	11,624		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	31	LA2	Interest Income on Accounts Rec.....	\$ 51	51		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,737,673	1,737,673		

*** 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.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 11,279,018	11,279,018				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,981,847)	(5,981,847)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,703,470	3,703,470				
b. Medicare Room and Board Contractual Allowance **.....	\$ 438,220	438,220				
4. a. Private-Pay Residents and Other.....	\$ 3,543,833	3,543,833				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (265,670)	(265,670)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 420,606	420,606				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (420,606)	(420,606)				
c. Prescription Drugs - Non-Medicare.....	\$ 183,319	183,319				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (183,319)	(183,319)				
2. a. Medical Supplies - Medicare.....	\$ 10,730	10,730				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (9,437)	(9,437)				
c. Medical Supplies - Non-Medicare.....	\$ 16,466	16,466				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (16,466)	(16,466)				
3. a. Physical Therapy - Medicare.....	\$ 1,305,489	1,305,489				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (1,130,721)	(1,130,721)				
c. Physical Therapy - Non-Medicare.....	\$ 325,774	325,774				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (325,774)	(325,774)				
4. a. Speech Therapy - Medicare.....	\$ 317,610	317,610				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (273,294)	(273,294)				
c. Speech Therapy - Non-Medicare.....	\$ 64,225	64,225				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (64,225)	(64,225)				
5. a. Occupational Therapy - Medicare.....	\$ 1,274,851	1,274,851				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (1,142,535)	(1,142,535)				
c. Occupational Therapy - Non-Medicare.....	\$ 309,350	309,350				
d. Occupational Therapy - Non-Medicare Contractual Allowance **...	\$ (309,350)	(309,350)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 6,964	6,964				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 13,076,681	13,076,681				
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 (Specify)	\$ 51	51				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 120,020	120,020				
V. Total Other Revenue (1 thru 8).....	\$ 120,071	120,071				
VI. Total All Revenue (III + V).....	\$ 13,196,752	13,196,752				

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ 6,964		
Total Other Resident Revenue		\$ 6,964	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 51		
Total Interest Income			\$ 51	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 34,643		
19 3E	Laundry Services	\$ 17,384		
	Bad Debt Recovery	\$ 67,993		
Total Other Revenue		\$ 120,020	\$ -	\$ -

Annual Report of Long-Term Care Facility

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	141,466
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	894,786
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	29,052
5. Prepaid Expenses.....			\$	146,338
a. Prepaid Insurance	145,030			
b. Prepaid Expenses	1,308			
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	117,639
Medicaid Cost Settlement	3,407			
Due From Related Party	114,232			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,329,281
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	120,712	\$	1,770
	Accum. Depreciation	(118,942) Net.....		
3. Buildings	*Historical Cost.....	2,854,912	\$	941,164
	Accum. Depreciation	(1,913,748) Net.....		
4. Leasehold Improvements	*Historical Cost.....	206,040	\$	163,718
	Accum. Depreciation	(42,322) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	909,320	\$	92,142
	Accum. Depreciation	(817,178) Net.....		
6. Movable Equipment	*Historical Cost.....	1,055,903	\$	174,005
	Accum. Depreciation	(881,898) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	29,108
Moveable Equipment Carryforward		29,108		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,401,907

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

(Carry Total forward to next page)

GLASTONBURY HEALTH CARE
PREPAID EXPENSES
September 30, 2016

ACCT. # 1580

Direct TV \$1,308.19 Expense Account 6545

Balance 9/30/16 \$1,308.19

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	2,731,188
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	(4,006,686)	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)			\$	731,157
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
4. Goodwill (Purchased Only).....			\$	762,858
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)	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$	71,286
Deposits IRS		71,286		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	(5,692,754)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	(2,230,409)

* 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	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,032,674
2. Notes Payable (<i>itemize</i>).....			\$	(11,155)
Due From Related Party			(252,000)	
Key Bank Line of Credit			240,845	
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>).....			\$	336,723
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	14,674
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>).....			\$	1,748
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities (<i>itemize</i>).....			\$	161,515
Acc'd Operating Expenses			16,918	
Acc'd Expense - Sales Tax			2,188	
Provider Taxes Due			142,409	
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	1,536,179

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

**GLASTONBURY HEALTH CARE
ACCRUED EXPENSES-OPERATIONS
September 30, 2016**

	ACCT. #	2170
Athena Food Rebate	(\$1,257.80)	6334
IBNR Health Insurance 3rd Quarter	(\$2,469.80)	5364
Athena Management Fee	\$13,645.56	5120
Wage Enhancement	\$7,000.00	
	<hr/>	
Balance 9/30/16	\$16,917.96	
	<hr/> <hr/>	

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2016	34	37
Account				Amount	
Total Brought Forward:				1,536,179	
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>).....\$ (706,935)					
Notes Payable Related Landlord		(1,052,405)			
Key Bank Term Loan		345,470			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ (712,637)					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 823,542					

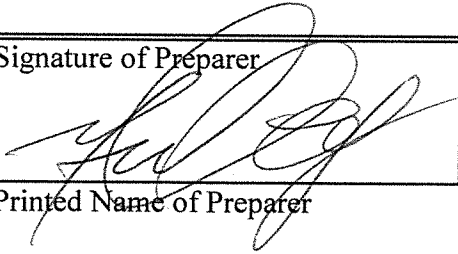
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	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.....			\$	186,358
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.....			\$	731,157
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	50,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(3,655,075)
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	\$ (180,033)
7. Total Net Worth.....			\$	(3,785,108)
C. Total Reserves and Net Worth			\$	(3,053,951)
D. Total Liabilities, Reserves, and Net Worth			\$	(2,230,409)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(3,458,726)
B. Total Revenue (From Statement of Revenue Page 30)			\$	13,196,752
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	13,376,785
D. Net Income or Deficit.....			\$	(180,033)
E. Balance.....			\$	(3,638,759)
F. Additions				
1. Additional Capital Contributed (itemize)				
Change in Swap	(154,147)			
Rounding	7,794	4		
2. Other (itemize)				
F-3. Total Additions.....			\$	(146,349)
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify).....			\$	
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify).....			\$	
Purpose	Amount			
3. Total Deductions.....			\$	
H. Balance at End of Period			\$	(3,785,108)
09/30/16				

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2016	37	37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		
	CFO	2-15-17		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.