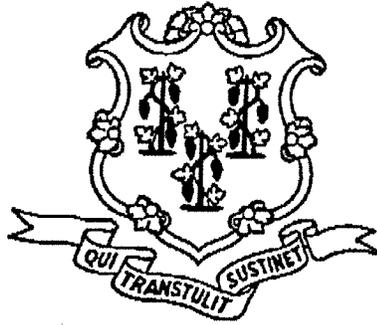


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

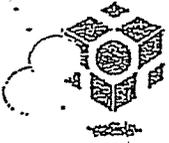
Name of Facility (as licensed) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace Waterbury, CT 06702	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 1089C	RHNS	(Specify)	Medicare Provider No. 07-5351
------------------	---------------	------	-----------	----------------------------------

Medicaid Provider Numbers:	CCNH 1089C	RHNS	ICF-MR
----------------------------	---------------	------	--------

**For Department Use Only**

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



**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

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	1	37

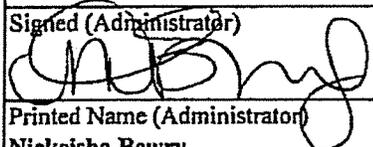
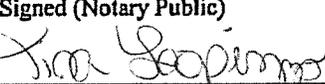
**Administrator's/Owner's Certification**

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 Abbott Terrace Health Center [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, 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
	2-9-18		2/9/18
Printed Name (Administrator) Nickeisha Bewry		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 
Address of Notary Public		Comm. Expires 6/30/21	
505 Pensfield Hill Rd Portland, CT 06480			

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility <b>Abbott Terrace Health Center</b>	Period Covered:	From <b>10/1/2016</b>	To <b>9/30/2017</b>	
Address of Facility <b>44 Abbott Terrace Waterbury, CT 06702</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/12/2018</b>		
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. <b>Total Wages Paid</b> ..... \$				
7. Total salaries paid..... \$				
8. <b>Total Wages and Salaries Paid</b> (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 <b>(203) 755-4870</b>		Report for Year Ended <b>09/30/17</b>	Page <b>2</b>	of <b>37</b>
Name of Facility (as shown on license) <b>Abbott Terrace Health Center</b>		Address (No. & Street, City, State, Zip) <b>44 Abbott Terrace Waterbury, CT 06702</b>		
License Numbers:	CCNH <b>1089C</b>	RHNS	(Specify)	Medicare Provider No. <b>07-5351</b>
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.				
<b>Administrator</b>				
Name of Administrator <b>Nickeisha Bewry</b>		Nursing Home Administrator's License No.:	<b>2016</b>	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
<b>Not Applicable</b>				



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	3A	37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Abbott Terrace Health Center, Inc.	44 Abbott Terrace, Waterbury, CT 06702	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	135 South Road, Farmington, CT 06032	President	571.53	
Michael E. Mosier	135 South Road, Farmington, CT 06032	Treasurer	10	
Debra M. Soucey	135 South Road, Farmington, CT 06032	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	135 South Road, Farmington, CT 06032		571.53	
John B. Nocera	135 South Road, Farmington, CT 06032		120	



## General Information and Questionnaire Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page	of			
Abbott Terrace Health Center	1089C	9/30/2017	4	37			
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> <p>If "Yes," provide the following information:</p>							
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 %**				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Facility & Equipment	Pg 22, Ln 9 & 10b, Pg 27 Ln 14a	\$1,427,478	\$1,427,478
Laurel Ridge Health Care Center	642 Danbury Road Ridgfield, CT 06877	<input checked="" type="checkbox"/>	>98%	Bank Fees	Pg 16, Ln m13	\$7,013	\$7,013
Athena Health Care See Attached		<input checked="" type="checkbox"/>	<50%				
Shady Knoll Health Care Center	41 Skokorat Street 111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	>98%	Interest	Pg 24 Line 3	\$1,647	\$1,647
Procare Pharmacy	2875 Main St. Bridgeport, CT 06606	<input checked="" type="checkbox"/>	>98%	Pharmacy Services	Pg 13 B3, Pg 20 Ln 5a2 & 5b	\$686,433	\$686,433
Northbridge Healthcare		<input type="checkbox"/>	>98%	Legal Fees	Pg 15, 1e	\$450	\$450
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

\* Use additional sheets if necessary.

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

Abbott Terrace Health Center  
RELATED PARTIES QUESTIONNAIRE  
PAGE 4  
Report for FYE 9/30/2017

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%	Legal Lobby, marketing, Bank Fees Consulting, Equipment rental, Payroll, MIS, Education Gift Card, Maintenance, Painters Health Insurance	Pg. 16 Ln 12, Pg 27 Ln 14, Pg. 15 Ln 1a e and d Pg. 16 In M 13, Pg. 15 Ln ag, Pg. 16 Ln m13 pg. 16 In m13, pg. 22 Ln 6e, Pg. 16 Ln M13, Pg. 16 Ln 1 5 Pg. 16 Ln 1 3, Pg. 16 Ln 1 2, Pg. 22 6a 7 6 f PG 15 Ln 1a5	\$2,470,876	\$2,711,102
Athena Health Care Assoc 401K Plan	135 South Rd Farmington, CT 06032				Facility participates in group 401k plan			
Athena Captive LLC	135 South Rd Farmington, CT 06032		X		Workers Comp Captive	pg. 15 a1	\$654,961	\$654,961
Misc Facilities	Various Address	X		>98%	Interfacility Loan Payable	Pg. 34 Ln 3		
Athena Health Care	135 South Rd Farmington, CT 06032	X		<50%	Management Fees	Pg17	\$91,747	\$331,973

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	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.

Adult Daycare Closed as of 4/30/2017



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility <b>Abbott Terrace Health Center</b>	License No. <b>1089C</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>7</b>	of <b>37</b>
---	-----------------------------	---	------------------	-----------------

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 <b>Dworken, Hillman, LaMorte &amp; Sterczala, PC</b> 2 <b>Marcum LLP</b> 3 4	Address (No. & Street, City, State, Zip Code) <b>Four Corporate Drive, Ste 488, Shelton, CT 06484</b> <b>555 Long Wharf Drive 12th Floor New Haven Ct 06511</b>
--	---

Services Provided by This Firm (*describe fully*)

1 <b>Audit and Tax Return</b>	\$ 9,500
2 <b>Medicare Cost Report</b>	\$ 2,700
3	\$ -
4	\$ -
	Charge for Services Provided \$12,200

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 <b>Goldman,Gruder &amp; Woods,LLC</b> 2 <b>Murtha Cullina LLP</b> 3 <b>Treasurer State of CT/State Marshall</b> 4 <b>Franklin G. Pilicy, P.C.</b> 5	Telephone Number <b>203-899-8900</b> <b>860-240-6000</b>  <b>860-274-0018</b>
---	---

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

1 <b>200 Connecticut Ave Norwalk, CT 06854</b>
2 <b>185 Asylum St Hartford, CT 06103</b>
3 <b>49 Leavenworth St Waterbury,06702</b>
4 <b>365 Main St. Watertown, CT 06795</b>
5

Services Provided by This Firm (*describe fully*)

1 <b>Accounts Receivable: (Disallowed)</b>	\$ 15,318
2 <b>Audit Letter S800(Allowed); Annual Report S150(Allowed)Professional Services 6,689 (Disallowed)</b>	\$ 7,637
3 <b>Accounts Receivable: (Disallowed)</b>	\$ 4,121
4 <b>Accounts Receivable: (Disallowed)</b>	\$ 115
5	\$ -
	Charge for Services Provided \$27,191

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

Yes     No    **Pg 15, Line 1e**

### Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page of		
Abbott Terrace Health Center			1089C			09/30/17				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			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period.....	205	205			205	205			205	205		
B. On last day of THIS report period.....	205	205			205	205			205	205		
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	190	190			189	189			190	190		
B. As of midnight of THIS report period.....	201	201			201	201			201	201		
3. Total Number of Days Care Provided During Period												
A. Medicare.....	9,015	9,015			7,488	7,488			1,527	1,527		
B. Medicaid (Conn.).....	59,040	59,040			42,986	42,986			16,054	16,054		
C. Medicaid (other states).....												
D. Private Pay.....	1,109	1,109			991	991			118	118		
E. State SSI for RCH.....												
F. Other (Specify)            Managed Care	152	152			152	152						
G. Total Care Days During Period (3A thru F).....	69,316	69,316			51,617	51,617			17,699	17,699		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	95	95			88	88			7	7		
B. Other Bed Reserve Days.....	4	4			4	4						
5. <b>Total Resident Days (3G + 4A + 4B).....</b>	<b>69,415</b>	<b>69,415</b>			<b>51,709</b>	<b>51,709</b>			<b>17,706</b>	<b>17,706</b>		

### Schedule of Resident Statistics (Cont'd)

Name of Facility <b>Abbott Terrace Health Center</b>			License No. <b>1089C</b>			Report for Year Ended <b>9/30/2017</b>			Page <b>9</b>	of <b>37</b>			
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 (1) (2) (3)			Gained (1) (2) (3)			CCNH	RHNS	(Specify)	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
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	8	182			2		9						
Per Diem Rate													
a. One bed rm.	529.59	222.93			532.00		398.96						
b. Two bed rms.	529.59	222.93			512.00		398.96						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								11,892	11,892				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								5,275	5,275				
2. Restorative Treatments													
C. Other								19,048	19,048				
D. Total Physical Therapy Treatments								36,215	36,215				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,435	1,435				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								655	655				
2. Restorative Treatments													
C. Other								2,326	2,326				
D. Total Speech Therapy Treatments								4,416	4,416				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								13,031	13,031				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								4,720	4,720				
2. Restorative Treatments													
C. Other								20,296	20,296				
D. Total Occupational Therapy Treatments								38,047	38,047				

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2017	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,748	2,126				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	385,080	15,042				
5. Dietary Service						
a. Head Dietitian	74,365	2,048				
b. Food Service Supervisor	75,912	2,064				
c. Dietary Workers	542,215	34,843				
6. Housekeeping Service						
a. Head Housekeeper	64,983	2,279				
b. Other Housekeeping Workers	451,910	31,575				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,527	2,261				
b. Other Maintenance Workers	82,790	3,109				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	260,676	15,640				
9. Barber and Beautician Services						
10. Protective Services	47,891	2,276				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	351,512	6,251				
b. RN						
1. Direct Care	436,812	11,399				
2. Administrative**	751,836	25,914				
c. LPN						
1. Direct Care	1,972,087	73,218				
2. Administrative**						
d. Aides and Attendants	2,404,625	176,608				
e. Physical Therapists	933,236	22,678				
f. Speech Therapists	113,928	2,499				
g. Occupational Therapists	667,450	17,202				
h. Recreation Workers	293,202	12,098				
i. Physicians						
1. Medical Director	39,662	2,367				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	225,712	8,317				
n. Marketing						
o. Other (Specify) See Attached Schedule	297,941	16,268				
<i>A-13. Total Salary Expenditures</i>	10,670,100	488,082				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Adult Day Care Director	\$ 56,710	1,229				
Adult Day Care Staff	\$ 41,623	2,316				
Child Day Care Staff	\$ 144,349	10,636				
Child Day Care Supervisor	\$ 55,259	2,087				
<b>Total</b>	\$ 297,941	16,268	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Medical Staff Meetings	\$ 150	1				
<b>Total</b>	\$ 150	1	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**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		
Abbott Terrace Health Center		1089C		9/30/2017		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Not Applicable									

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Abbott Terrace Health Center		1089C		9/30/2017		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)							
<b>Section III - Administrators***</b>									
Nickeisha Bewry (10/01/16-9/30/17)	126,748		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,126	A2			
<b>Section IV - Assistant Administrators</b>									

\* 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		
Abbott Terrace Health Center	1089C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....						
2. Dentist.....	22,941	86				
3. Pharmacist.....	17,096	263				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	66,815	824				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	40,581	179				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....						
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	150	1				
9. Speech Therapist						
a. Resident Care.....	3,600	10				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	5,318	91				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>156,501</b>	<b>1,454</b>				

\* 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
Abbott Terrace Health Center		1089C	9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Swallowing Diagnostic, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Dr. Kanagarantnam Jega, MD, 2271 East Main Street, Waterbury, CT 06705	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Health Care, 135 South Rd Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
Procure Pharmacy, 111 Excutive BLVD Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners; Minority Interest		
Access Therapies PO Box 823461, Phildelphia PA 19182	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Fusion Medical, PO Box 82674, Lincoln, NE 68501	Physical Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Health Drive , 888 Worecster St, Wellesley, MA 02482	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Waterbury Hospital , 64 Robbins St Waterbury, CT 06708	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Gordon O. Holder, DDS, 971 Marshall Phelps Rd, Windsor, CT 06095	Dentist	<input type="checkbox"/>	<input checked="" 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"/>			

\*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
Abbott Terrace Health Center	1089C	9/30/2017		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$	654,961	654,961		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	186,144	186,144		
4. Social Security (F.I.C.A.).....	\$	791,210	791,210		
5. Health Insurance.....	\$	1,776,289	1,776,289		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	48,174	48,174		
8. Uniform Allowance.....	\$				
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$	6,636	6,636		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* .....	\$				
c. Bad Debts*.....	\$	98,454	98,454		
d. Accounting and Auditing.....	\$	12,200	12,200		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	27,191	27,191		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$	65,884	65,884		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	74,695	74,695		
2. Cellular Phones.....	\$	384	384		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*.....	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> ).	\$	250	250		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*.....	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$	1,290,018	1,290,018		
<b>Subtotal</b>	\$	5,032,490	5,032,490		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	5,032,490	5,032,490			
1. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 9,538	9,538			
3. Gifts to Staff and Residents.....	\$ 20,362	20,362			
4. Employee Travel.....	\$ 2,826	2,826			
5. Education Expenses Related to Seminars and Conventions	\$ 6,569	6,569			
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> ).....	\$ 6,626	6,626			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 1,400	1,400			
3. Advertising Other ( <i>Specify</i> )***.....	\$ 13,222	13,222			
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 10,325	10,325			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$ 13,813	13,813			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,567	1,567			
9. Subscriptions.....	\$ 484	484			
10. Contributions***	\$ 2,000	2,000			
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**.....	\$ 70,042	70,042			
13. Other ( <i>Specify</i> )	\$ 100,696	100,696			
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 5,291,960</b>	<b>5,291,960</b>			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotion	\$ 13,222		
<b>Total Other Advertising</b>	\$ 13,222	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 13,813		
<b>Total Dues</b>	\$ 13,813	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Misc	\$ 2,000		
<b>Total Contributions</b>	\$ 2,000	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals & Background Checks	\$ 28,342		
Bank Charges	\$ 12,299		
Payroll Processing Fees	\$ 35,033		
Data Processing Fees	\$ 18,493		
Licenses	\$ 1,529		
Medicaid Application	\$ 5,000		
<b>Total Other Administrative and General</b>	\$ 100,696	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
<b>Abbott Terrace Health Center</b>	<b>1089C</b>	<b>9/30/2017</b>	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	\$63,839	Contract Attached to a Prior Year	See Below
Allocation of the above	\$42,134 \$10,214 \$11,491	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	\$27,908	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.

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**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
Abbott Terrace Health Center		1089C	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food.....	\$ 415,529	415,529			
2.	Non-Food Supplies.....	\$ 49,475	49,475			
3.	Other (Specify) _____	\$ 1,233	1,233			
Dishes = \$1,233						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**.....		\$ 10,214	10,214			
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 476,451	476,451			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*		570	570			
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. = \$2834		
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
Abbott Terrace Health Center	1089C	9/30/2017		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. \$	33,148	33,148		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Supplies = \$10,187	\$	10,187	10,187		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>43,335</b>	<b>43,335</b>		
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
L. 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 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
Abbott Terrace Health Center	1089C	9/30/2017		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. \$	66,057	66,057		
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> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)....</b>	<b>\$</b>	<b>66,057</b>	<b>66,057</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omnicare and Procure Pharmacy	\$	386,441	386,441		
b. Medicine Cabinet Drugs.....	\$	69,466	69,466		
c. Medical and Therapeutic Supplies.....	\$	447,164	447,164		
d. Ambulance/Limousine***	\$	8,376	8,376		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	55,600	55,600		
f. X-rays and Related Radiological Procedures***	\$	32,558	32,558		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	48,602	48,602		
i. Recreation.....	\$	12,921	12,921		
j. Other (Specify)**** See Attached Schedule	\$	451,086	451,086		
<b>5K. Total Resident Care Expenditures (5a - 5j).....</b>	<b>\$</b>	<b>1,512,214</b>	<b>1,512,214</b>		

\* 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	\$ 11,491		
Adult Day Care Supplies	\$ 730		
Adult Day Care Travel	\$ 48,815		
Medical Equip Rentals-Other	\$ 87,752		
Physical Therapy Supplies	\$ 68,702		
Cable TV Services	\$ 16,952		
Medical Equip Rentals-Medicaid	\$ 133,751		
Medical Equip Rentals- VA	\$ 82,466		
Medical Equip rentals - Private	\$ 427		
<b>Total Other Resident Care</b>	\$ 451,086	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	304,898	304,898				
b. Heat..... \$	100,453	100,453				
c. Light & Power..... \$	190,270	190,270				
d. Water..... \$	82,240	82,240				
e. Equipment Lease ( <i>Provide detail on page 6</i> )..... \$	32,506	32,506				
f. Other ( <i>itemize</i> )..... \$	112,528	112,528				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>822,895</b>	<b>822,895</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	41,562	41,562				
d. Movable Equipment..... \$	121,864	121,864				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>163,426</b>	<b>163,426</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	102,075	102,075				
d. Other ( <i>Specify</i> )..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>102,075</b>	<b>102,075</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	969,032	969,032				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	329,607	329,607				
c. Personal property taxes..... \$	44,128	44,128				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>1,608,268</b>	<b>1,608,268</b>				

\* 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	\$ 8,453		
Rubbish Removal	\$ 39,750		
Snow Removal	\$ 23,860		
Supplies	\$ 40,465		
<b>Total Other Repairs and Maintenance</b>	\$ 112,528	\$ -	\$ -

### Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of				
Abbott Terrace Health Center		1089C			9/30/2017			23	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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal.....													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal.....													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		1,402,871		1,402,871	1,238,702	SL	Various	41,562					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)						SL	Various						
C-4. Subtotal.....									41,562				
		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								
<b>D. Movable Equipment</b>													
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	2016	1,904,271		1,904,271	1,317,539	S/L	Various	116,421	
b. Disposals (attach schedule)				VAR	VAR								
c. Acquired during this report period (attach schedule)				9	2017	62,104		62,104		S/L	Various	5,443	
D-3. Subtotal.....													121,864
<b>E. Total Depreciation .....</b>													163,426

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
		\$ -		
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2





Abbott Terrace  
LEASEHOLD IMPROVMENTS  
FYE 9/30/17

Date	Vendor	Description	Asset ID	Depreciation	Amount
Balance Brought Forward					\$2,726,340.74
10/31/2016	James Hardy	Cubical Curtains	1275	5	\$716.14
10/31/2016	Direct Supply	2 P-T AC Units	1277	10	\$2,624.72
11/30/2016	Shalom Sahar	Asphalt Repair	1278	8	\$3,297.20
11/30/2016	Otis	Hydraulic Plunger	1279	20	\$5,202.51
11/30/2016	Raintech	Maglock	1280	10	\$2,273.33
12/31/2016	James Hardy	Cubical Curtains	1283	5	\$855.73
12/31/2016	Torrece	Toilet Bowl	1284	20	\$552.91
1/31/2017	Weld Powere	Heater	1287	15	\$2,474.29
3/31/2017	James hardy Lines	Cubical Curtains	1292	5	\$1,026.88
3/31/2017	Fire Services	Valve Replacement fire sprinkler	1296	10	\$5,694.70
4/30/2017	Fire Service Group	Fire Alarm/sprinklers valves	1298	10	\$1,402.12
4/30/2017	LeClaire Heating	Pump motor for heat circulator	1299	10	\$1,262.10
5/31/2017	Fire Control Services	Sprinkler Valves	1300	10	\$1,116.68
7/31/2017	Eagle Fence & Guardrail	4 New gate Rollers	1305	10	\$1,286.84
8/31/2017	Raintech	Maglock	1307	10	\$1,720.86
8/31/2017	Eagle Fence & Guardrail	Gate Controller/Operator Replacement	1308	10	\$7,231.80
8/31/2017	Melite Design LLC	Selection of Lobby fabrics, Coffee server	1309	5	\$1,120.00
8/31/2017	Daniels Equipment Co, Inc	Repair #4 washers - bearings/Assembly basket	1310	10	\$7,808.88
TOTAL additions					\$47,667.69
Balance @ 9/30/17					\$2,774,008.43

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Abbott Terrace Health Center			1089C		9/30/2017			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal.....									
<b>B. Mortgage Expense</b>									
1.									
2. <b>Transferred to Landlord</b>									
3.									
B-4. Subtotal.....									
<b>C. Leasehold Improvements and Other (Specify)</b>									
1. Acquired prior to this report period	9	2016	Various	3,251,341	2,256,264	SL	Var	99,650	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	47,668		SL	Var	2,425	
C-4. Subtotal.....									102,075
<b>D. Total Amortization .....</b>									102,075

\* 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
Abbott Terrace Health Center	1089C	9/30/2017	24A	37
<b>C. Leasehold Improvements</b> (Specify)				
1. Acquired prior to this report period	9 2016 Various	1,908,914 SL	VAR	99,650
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2017 Various	47,668 SL	VAR	2,425
C-4. Subtotal.....				102,075
<b>C. Other (Specify)</b>				
1.	1997			
2. Intangible Asset - Bed Purchase	Various	347,350 SL	0	
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2016 Various	2,256,264 SL	Var	99,650
Total Disposals				
Total Acquired during this report period	9 2017 Various	47,668 SL	Var	2,425

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	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	1985			
2. Date Structure Completed	1986			
3. If <b>NOT</b> Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	04/20/86			
5. Total Licensed Bed Capacity	205			
6. Square Footage				
7. Acquisition Cost				
a. Land	74,800			
b. Building	7,871,030			

**Part B - Owner and Related Parties**

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
<b>1. Financing</b>				
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)	30			
e. Amount of Principal Borrowed	12,752,000			
f. Principal balance outstanding as of 9/30/2017	11,257,947			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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
Abbott Terrace Health Center		1089C	9/30/2017			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....			\$				
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2017			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).....		\$	9,924	9,924		
A. Item	Rate	Amount				
Energy Upgrade Project		220,258				
Lender						
GPE Financial						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....		\$	9,924	9,924		
12. D. Other Interest Expense (Specify).....		\$	156,000	156,000		
Vender Interest = \$7,348; Line of Credit Interest = \$140,644; Note Payable Interest = \$7,822; = ; Mortgage Bond Fees = \$186						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....		\$	165,924	165,924		
14. Insurance						
a. Insurance on Property (buildings only).....		\$	131,262	131,262		
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)...		\$	131,262	131,262		
15. Total All Expenditures (A-13 thru C-14).....		\$	20,944,967	20,944,967		

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center				1089C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 667,450	667,450		
4.	Var	Var	Other - See attached Schedule.....	\$ 120,677	120,677		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **.....	\$			
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 98,454	98,454		
10.	15	1d&e	Accounting & Legal.....	\$ 26,243	26,243		
11.			Telephone.....	\$			
12.			Cellular Telephone.....	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	L3	Gifts, flowers and coffee shops.....	\$ 20,362	20,362		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.	16	L5	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	Unallowable Advertising *.....	\$ 14,622	14,622		
19.			Income Tax / Corporate Business Tax...	\$			
20.	16	m4&10	Fund Raising / Contributions.....	\$ 2,000	2,000		
21.	16	m12	Unallowable Management Fees.....	\$ (158,549)	(158,549)		
	18	2c		\$ (38,436)	(38,436)		
	20	5j		\$ (43,241)	(43,241)		
22.	30	IV7	Barber and Beauty.....	\$ 400	400		
23.	Var	Var	Other - See attached Schedule.....	\$ 28,806	28,806		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 6,690	6,690		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 745,478	745,478		

\* 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	
Abbott Terrace Health Center			1089C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 745,478	745,478		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 386,441	386,441		
28.	20	5d	Ambulance/Limousine.....	\$ 8,376	8,376		
29.	20	5f	X-rays, etc.....	\$ 32,558	32,558		
30.	20	5h	Laboratory.....	\$ 48,602	48,602		
31.	20	5c	Medical Supplies.....	\$ 20,500	20,500		
32.	20	5e2	Oxygen (non emergency).....	\$ 55,600	55,600		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 374,674	374,674		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 12,616	12,616		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.	30	iv2	Rental of Building Space or Rooms.....	\$			
39.	Var	Var	Other - See Attached Schedule.....	\$ 15,302	15,302		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 14,026	14,026		
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.	30	iv5	Interest Income on Accounts Rec.....	\$ 306	306		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51. Total Amount of Decrease (Items 1 - 50) .....				\$ 1,714,479	1,714,479		

\*\*\* 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	ADC Indirect Costs	189,939		
20	5j	Medical Equipment Rental	87,752		
20	5j	Medical Equipment Rental- VA	82,466		
20	5j	Medical Equipment Rental- Private	427		
20	5b	Ebox	14,090		
<b>Total Other Ancillary Costs</b>			<b>\$ 374,674</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	12,616		
<b>Total Excess Movable Equipment Depreciation</b>			<b>12,616</b>		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Various	Various	ADC Capital Costs	4,982		
22	7b	ADC Fair Rent	10,320		
<b>Total Other Property Adjustments</b>			<b>15,302</b>		

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only).....	\$ 31,164,512	31,164,512				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (17,782,421)	(17,782,421)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 2,880,373	2,880,373				
b. Medicare Room and Board Contractual Allowance **.....	\$ 512,366	512,366				
4. a. Private-Pay Residents and Other.....	\$ 2,164,529	2,164,529				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (323,252)	(323,252)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare.....	\$ 354,748	354,748				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (354,838)	(354,838)				
c. Prescription Drugs - Non-Medicare.....	\$ 315,822	315,822				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (315,822)	(315,822)				
2. a. Medical Supplies - Medicare.....	\$					
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$					
3. a. Physical Therapy - Medicare.....	\$ 961,043	961,043				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (647,382)	(647,382)				
c. Physical Therapy - Non-Medicare.....	\$ 399,354	399,354				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (399,354)	(399,354)				
4. a. Speech Therapy - Medicare.....	\$ 260,523	260,523				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (184,258)	(184,258)				
c. Speech Therapy - Non-Medicare.....	\$ 131,700	131,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (131,700)	(131,700)				
5. a. Occupational Therapy - Medicare.....	\$ 1,125,190	1,125,190				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (760,799)	(760,799)				
c. Occupational Therapy - Non-Medicare.....	\$ 390,903	390,903				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (390,903)	(390,903)				
6. a. Other (Specify) - Medicare.....	\$ 7,955	7,955				
b. Other (Specify) - Non-Medicare.....	\$ (24,011)	(24,011)				
<b>III Total Resident Revenue (Section I thru Section II.).....</b>	<b>\$ 19,354,278</b>	<b>19,354,278</b>				
<b>IV. Other Revenue*</b>						
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) .....	\$ 131,470	131,470				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$ 400	400				
8. Other (Specify).....	\$ 247,339	247,339				
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 379,209</b>	<b>379,209</b>				
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 19,733,487</b>	<b>19,733,487</b>				

\* 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			
20, 5h	Lab -Part B	\$ 7,955		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 7,955</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ (24,011)		
<b>Total Other Resident Revenue</b>		<b>\$ (24,011)</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, A8	Interest on Related Party Note	N/A	\$ 131,164		
pg 31, A2	Interest on A/R		\$ 306		
<b>Total Interest Income</b>			<b>\$ 131,470</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Child Day Care Income	\$ 120,677		
n/a	Adult Day Care Income	\$ 48,105		
n/a	Bad Debt Recovery	\$ 78,557		
<b>Total Other Revenue</b>		<b>\$ 247,339</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	31	37
<b>Account</b>			<b>Amount</b>	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> ).....			\$	128,466
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,799,338
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	32,835
5. Prepaid Expenses.....			\$	304,748
a. Prepaid Insurance	281,333			
b. Health Insurance	14,109			
c. Project Development	9,306			
d.				
6. Interest Receivable.....			\$	65,210
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	152,803
A/R Adult Day Care	8,214			
Due from Related Parties	144,589			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>2,483,400</b>
<b>B. Fixed Assets</b>				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
3. Buildings	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
4. Leasehold Improvements	*Historical Cost.....	2,774,008	\$	763,018
	Accum. Depreciation	(2,010,990) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	1,402,871	\$	122,607
	Accum. Depreciation	(1,280,264) Net.....		
6. Movable Equipment	*Historical Cost.....	1,908,534	\$	469,130
	Accum. Depreciation	(1,439,404) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	57,842
Movable Equipment Carryforward	57,842			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,412,597</b>

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

(Carry Total forward to next page)

ABBOTT TERRACE HEALTH CARE CENTER  
PREPAID EXPENSES  
September 30, 2017

ACCT. # 1580

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Project Development - Lighting

\$9,306.06

BALANCE PER GENERAL LEDGER 9/30/17

\$9,306.06

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,895,997
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	
2. Land Improvements				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
3. Buildings				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
4. Non-Movable Equipment				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
5. Movable Equipment				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
6. Motor Vehicles				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
4. Goodwill (Purchased Only).....			\$	212,650
5. Investments Related to Resident Care ( <i>itemize</i> ).....			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> ).....			\$	284,812
Project Development		263,162		
Deposits IRS		19,150		
Deferred Finance Fees		2,500		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7).....			\$	497,462
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8).....			\$	4,393,459

\* 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
Abbott Terrace Health Center	1089C	9/30/2017	33	37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable.....				\$ 1,985,670
2. Notes Payable ( <i>itemize</i> ).....				\$ 4,715,000
Notes Payable				4,715,000
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> ).....				\$ 232,642
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....				\$
6. Accrued Payroll Taxes Payable.....				\$ 13,613
7. Medicare Final Settlement Payable.....				\$
8. Medicare Current Financing Payable.....				\$
9. Mortgage Payable ( <i>Current Portion</i> ).....				\$
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> ).....				\$
11. Accrued Income Taxes*.....				\$
12. Other Current Liabilities ( <i>itemize</i> ).....				\$ 501,686
Acc'd Operating Expenses				139,144
Acc'd Expense - CT State Sales Tax				2,185
Provider Taxes Due				345,085
Accrued health insurance				15,272
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$ 7,448,611</b>

\* 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.

ABBOTT TERRACE HEALTH CARE CENTER  
ACCRUED EXPENSES - OPERATING  
September 30, 2017

ACCT. # 2170

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Health Insurance	\$81,414.52
Dental	\$1,805.00
Medical Equipment	\$21,799.31
Food Invoices	\$7,563.94
Painters and Pharmacy bill	\$33,948.12
Nursing Supplies	(\$7,387.15)

Balance @ 9/30/17

\$139,143.74

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center		1089C	9/30/2017	34	37
Account				Amount	
Total Brought Forward:				7,448,611	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> ).....				\$	177,076
Name of Lender	Purpose	Amount	Date Due		
GPE Financial	Energy Savings Pro.	177,076			
2. Mortgages Payable.....				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> ).....				\$	1,917,654
Name and Address of Lender	Amount	Loan Date			
Due to Partnership Due to Related Parties	2,142,027 (224,373)	03/29/12			
4. Other Long-Term Liabilities ( <i>itemize</i> ).....				\$	
_____					
_____					
_____					
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$	2,094,730
C. Total All Liabilities (Lines A-13 + B-5).....				\$	9,543,341

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land.....			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> ) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	
<b>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	1,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(3,939,402)
6. Gain or Loss for Period				
	10/1/2016	thru 9/30/2017	\$	(1,211,480)
7. Total Net Worth.....			\$	(5,149,882)
<b>C. Total Reserves and Net Worth .....</b>			\$	(5,149,882)
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	4,393,459

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2017	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(3,980,676)		
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$	19,733,487		
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	20,944,967		
D. Net Income or Deficit.....			\$	(1,211,480)		
E. Balance.....			\$	(5,192,156)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
SWAP Adjustment	1,578					
2016 wage enhancement	13,000					
2016 AJE - health insurance	27,701					
rounding	(5)					
2. Other ( <i>itemize</i> )						
F-3. Total Additions.....					\$	42,274
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> ).....					\$	
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount				
2. Other Withdrawings ( <i>Specify</i> ).....			\$			
Purpose	Amount					
3. Total Deductions.....			\$			
H. Balance at End of Period	09/30/17		\$	(5,149,882)		

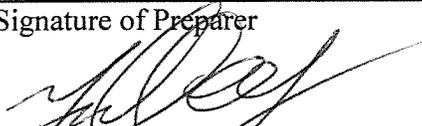
### I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2017	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**

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
	CFO	2/9/18

Printed Name of Preparer

Athena Health Care Associates, Inc

Address	Phone Number
135 South Road Farmington, CT 06032	(860) 751-3900