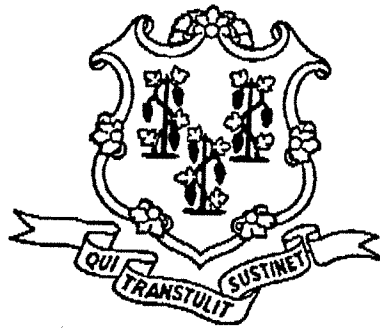


# State of Connecticut



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

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" 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 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
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Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	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



**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. Fester, 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) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2017	Page 1	of 37
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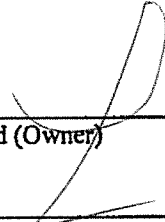
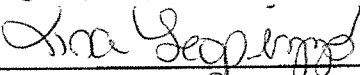
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [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 2/9/18	Signed (Owner) 	Date 2/9/18
Printed Name (Administrator) Rachel DeMaida		Printed Name (Owner) Lawrence G. Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 
Address of Notary Public		505 Pensfield Hill Rd Portland CT 06480	
			Comm. Expires 6/30/21

(Notary Seal)



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 <b>Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby</b>	Period Covered:	From <b>10/1/2016</b>	To <b>9/30/2017</b>	
Address of Facility <b>350 Salmon Brook Street Granby, CT 06035</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/9/2018</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>860-653-9888</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>Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby</b>		Address (No. & Street, City, State, Zip) <b>350 Salmon Brook Street Granby, CT 06035</b>		
License Numbers:	CCNH <b>2342</b>	RHNS <b>2342</b>	(Specify)	Medicare Provider No. <b>07-5367</b>
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input 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>Rachel DeMaida</b>		Nursing Home Administrator's License No.:	<b>1889</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 Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	4 37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Misc. Facilities	Various	<input checked="" type="checkbox"/>	>98%	Interfacility Loans	Pg 33 A2		
Valerie Manor	1360 Torrington St, Torrington, CT 06790	<input checked="" type="checkbox"/>	>98%	Bank Fees	Pg 16 13	\$2,099	\$2,099
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	Management Fees, Payroll Processing Facility participates in common 401k plan	Pg 17	\$221,171	\$148,284
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>					
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>		Self Insured Employee Health & Dental Insurance	Pg 15, 1	\$974,578	\$974,578
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="checkbox"/>	>50%	Pharmacy	Pg 20	\$9,188	\$9,188
		<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.

Report for FYE 9/30/2017

Meadowbrook  
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		Marketing, Nursing Fill in, Legal, Lobbying, Data Processing, Employee relations, Maintenance	Pg 17, Pg 15 1e, Pg 16 m13, Pg 16 m3, Pg 15 1a1, Pg 6 13, Pg 22 6a, Pg 13 11a2	\$39,895	\$39,895
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**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary.....	Number of meals served to residents
Laundry.....	Number of pounds processed
Housekeeping.....	Number of square feet serviced
Nursing.....	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants.....	Number of hours of resident care provided by EACH specialist (See listing page 13)
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.

**Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days**  
**Physical/Speech/Occupational Therapy - Allocated on % of Treatments**  
**Administrative Nursing - Allocated on Direct Nursing Hours**  
**Management Fees - Allocated based on methods above for each expense category**

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

**Related company expenses were allocated on Methods above except as noted in 1 above.**

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes  No If "No," explain fully why such allocation was not made.

**Not Applicable: No Non-Nursing Home Cost Centers**





## Lease Agreement

THIS LEASE, dated this September 1<sup>st</sup>, 2016

### BETWEEN:

<b>Sali Barolli</b>	<b>and</b>	<b>Ms. Rachel DeMaida, Administrator</b>
Address: 2 Executive Hill Rd		Representative of; MeadowBrook of Granby
Wolcott, CT 06716		350 Salmon Brook St.
Phone: 860-930-7415		Granby, CT 06035
(The "Landlord")		Phone: (860) 653-9888 _____
		(The "Tenant")

We agree to lease to you, and you agree to lease from us the paved "Parking lot" in front and on the left side of the "Greenhouse" facing the building from Rout 10, at 345 Salmon Brook St, Granby, CT, 06035, which is referred to as the "Parking" in this lease. You will use a total of up to 10 parking spaces.

You and we agree to the following terms:

- 1. TERM.** The term of this lease starts on September 1<sup>st</sup> 2016, and ends August 31<sup>st</sup>, 2017.  
You will pay a total of \$ 2400 per year. (\$200/months x 12 months).
- 2. RENT.** Payment for the rental time period 9/1/2016-8/31/2016 will be paid as follows:  
\$600.00 payable upon signing the lease to cover September, October & November 2016.  
\$1200.00 payable on December 1, 2016 to cover December 2016, January, February, March, April & May 2017.  
\$600.00 payable on June 1, 2017 to cover June, July & August 2017.  
For subsequent year leases, payment will be made as follows:  
\$1200.00 payable on December 1<sup>st</sup> and \$1200 payable on June 1<sup>st</sup>.
  - a)** You will pay us a late charge fee of 5% for each payment that is more than ten (10) days late  
Excluding the payment due upon signing the lease and the payment due December 1, 2016.
  - b)** You will pay the rent to us at our address written at the beginning of this lease. You will pay the rent even though we do not send you a bill for the rent or a notice that is due.
- 3. USE.** You will only use the Parking for your company needs. You also will not sublease the Parking or let any other people use the Parking or assign this lease to anyone else.
- 4. LAWS.** You will comply with all laws and regulations regarding the Lease. You also will not permit any others to violate any laws or regulations in the Parking lot. The use, possession or sale of illegal drugs at the Parking lot is prohibited.
- 5. CARE OF DWELLING.** We will keep the Parking in a clean and safe condition.
  - a)** You will not damage any part of the Parking lot.
  - b)** You will not through garbage on the parking lot.
  - c)** We will remove the snow from the parking lot.
- 6. PROPERTY CONDITIONS.** You acknowledge that the Parking lot is in good order and repair. You acknowledge that you have inspected the Parking lot, and are satisfied with its physical condition. We also acknowledge that we have made no representations as to the condition of the

Parking lot and no promise to decorate, alter, repair, or improve the Parking lot, unless otherwise indicated in the lease.

7. **ENTERING DWELLING.** We may enter the Parking lot at reasonable times to make necessary repairs or changes that we are required to make and to make necessary inspections and perform needed work to maintain the whole property. We may also enter the Dwelling at reasonable times to show the Parking to possible or actual purchasers, mortgage lenders, tenants or contractors.
8. **DAMAGE OF DWELLING.** You will not have to pay rent for anytime that the Parking is substantially affected because was damaged by force of nature or other casualty. However, you will pay rent if you caused the damage or destruction or unless you continue to occupy any portion of the Parking and your rent shall be reduced by the decrease in the fair rental value. You may carry your own policy or renters insurance for liability and for damage to your personal property in the Parking lot.
9. **CHANGES.** You will not make any changes in the Parking lot without our written permission.
10. **REMOVAL OF PROPERTY.** When this lease ends, you will leave the Parking lot and remove all your property and the property of others. If you fail to remove it, we may consider such property abandoned and may dispose of it, as we deem appropriate. You will leave the Parking lot in clean condition, and you will repair any damage that was caused by yourself or others, normal wear and tear accepted.
11. **DEFAULT.** You will be in default under this lease if:
  - a) You do not make a payment of rent within ten (10) days after it is due; or
  - b) You violate or do not do any of the things you agree to do under this lease; or

If you are in default under this lease, we may send you a notice and cancel this lease. This lease will end on the on the date that we give our notice to you.  
You will pay us the total rent stated in section 1 of this lease less the amount of rent that you shall already have paid.  
You also will pay us interest on any amount you owe us which is past due. The interest will be at the rate of 12 percent (12%) per year.  
If you are in default under this lease and if we refer the matter to an attorney to evict you, you will pay us a reasonable attorney's fee. If we refer this matter to an attorney because you do not pay the amount you owe us when it is due, you will pay us an attorney's fee not in excess of fifteen percent (15%) of the amount of the judgment we obtain against you. You will also pay us all of our other collection costs and expenses.
12. **WAIVER OF NOTICE.** In the event you are in default under this lease, we will not have to send you a notice telling you to vacate and leave the Dwelling.
13. **SECURITY DEPOSIT.** You will not pay a security deposit.
14. **SALE OF PROPERTY.** If we sell the property, we shall not have any further liability to you under this lease and any event that happens after you receive written notice that we have sold the property.
15. **HOLD-OVER.** If you continue to occupy the dwelling with our consent after this lease ends, this lease will be on 6 month basis. In that case, either you or we can send a notice to the other and cancel the lease at any time. All the other terms of this lease will still apply.
16. **MISCELLANEOUS.** If there is more than one of you who signs this lease, then each of you agrees to pay the entire amount that you owe us. We can delay enforcing any of our rights under this lease without losing them. If we release any of you from this lease, the rest of you shall still

pay the amount you owe us. We can also give you any of you more time to pay the amount you owe us.

17. **SEPERATE PROVISIONS.** If any provision of this lease is invalid or unenforceable, the other provisions of this lease will still apply.
18. **BINDING EFFECT.** This lease shall be binding upon you and us and your respective successors, heirs, executors and administrators.
19. **OTHER CONDITIONS.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Us (Landlord)**

Sali Barolli

Sali Barolli

Date: 12/14, 2016

**You (Tenant)**

Representative of:  
MeadowBrook of Granby

Rachel DeMaida

Date: 12/14/16, 2016



RENTAL AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

CUSTOMER LEGAL NAME: Meadowbrook Center Inc dba Meadowbrook of Granby
Tax ID#: 460862544
Telephone No: 8606539888

Billing Address: 350 Salmon Brook St, Granby, CT 06035
Equipment Location (if other than Billing Address): 350 Salmon Brook St, Granby, CT 06035

Table with columns: Unit Quantity, Description of Equipment, Make and Type, Model Number, Serial Number. Includes a table for payment terms with rows for Advance Payment, Security Deposit, Documentation Fee, and Total due.

TERMS AND CONDITIONS

In this agreement ("Rental"), "we," "our," and "us" refers to LEAF Capital Funding, LLC and "you" and "your" refer to the Customer. You agree to rent the Equipment from us upon the following terms and conditions:

1. RENTAL PAYMENTS AND TERM: The Rental is enforceable on you upon your execution. The term of the Rental shall commence on the date the Equipment is delivered to you ("Rental Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, rental, repossession, delivery or return of Equipment.
4. RENTAL EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to expiration of the Rental of your election to return the Equipment, this Rental will continue on a month-to-month basis at the same monthly Rental Payment until you provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
NO WARRANTY: We do not manufacture the Equipment and you have selected the equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition ("Risk Period").

interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, renting and/or ownership of the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Rental, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Rental Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Rental. We may sell or assign our rights in the Rental and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Rental is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS RENTAL WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Rental is the parties' entire agreement and can be amended only in writing signed by both parties. This Rental may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Rental is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Rental that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY CUSTOMER: Meadowbrook Center Inc dba Meadowbrook Granby
Print Name: Jorge Calderon III
Title: Facility Support Specialist
E-Mail Address:
Date: 1-25-2017

PERSONAL GUARANTY: Undersigned guarantees that Customer will make all payments and perform all other obligations under the Rental when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Customer or the Equipment. Undersigned also waives all relationship defenses and notification if the Customer is in default and consents to any extensions or modifications granted to Customer. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Customer. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

NED X
Print Name:
E-Mail Address:
Signed by:
CAPITAL FUNDING, LLC By:
Title:
Date:

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

Name of Facility <b>Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby</b>	License No. <b>2342/2342</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>7</b>	of <b>37</b>
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 <b>Marcum LLP</b> 2 <b>Blum Shapiro</b> 3 4	Address (No. & Street, City, State, Zip Code) <b>335 Long Wharf Dr, 12th Fl, New Haven, CT 06511</b> <b>29 South Main St. West Hartford, CT</b>
---	---

Services Provided by This Firm (*describe fully*)

1 <b>Tax Return &amp; Audit Financial Statements</b>	\$ 28,825
2 <b>1065 Partnership Returns (Disallow)</b>	\$ 1,342
3	\$ -
4	\$ -
	Charge for Services Provided \$30,167

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>Shipman &amp; Goodwin/McGuigan</b> 2 <b>Murtha Cullina</b> 3 <b>Rosenthal Law Firm</b> 4 <b>Halloran &amp; Sage</b> 5 <b>See Attached</b>	Telephone Number <b>860-251-5000</b> <b>860-240-6000</b> <b>860-677-7171</b> <b>860-522-6103</b>
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 **One Constitution Plaza, Hartford, CT 06130**  
 2 **118 Asylum St, Hartford, CT 06103**  
 3 **PO Box 586 Avon, CT 06001**  
 4 **225 Asylum St Hartford, CT 06103**  
 5

Services Provided by This Firm (*describe fully*)

1 <b>Employee Matters: Disallow</b>	\$ 4,196
2 <b>Audit Letter, Annual Report \$1,068 (Allow), General Matters \$4,283 (Disallow)</b>	\$ 5,351
3 <b>General Matters</b>	\$ 4,550
4 <b>Financing: Disallowed</b>	\$ 1,074
5 <b>A/R Collections/Conservatorship: Disallowed</b>	\$ 17,956
	Charge for Services Provided \$33,127

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	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342		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.....	90	80	10		90	80	10		90	80	10	
B. On last day of THIS report period.....	90	80	10		90	80	10		90	80	10	
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	87	80	7		90	80	10		87	80	7	
B. As of midnight of THIS report period.....	84	79	5		87	79	8		84	79	5	
3. Total Number of Days Care Provided During Period												
A. Medicare.....	5,758	3,370	2,388		4,456	2,623	1,833		1,302	747	555	
B. Medicaid (Conn.).....	21,133	21,130	3		19,405	19,404	1		1,728	1,726	2	
C. Medicaid (other states).....												
D. Private Pay.....	3,681	3,183	498		2,775	2,423	352		906	760	146	
E. State SSI for RCH.....												
F. Other (Specify)           Managed Care	328	328			230	230			98	98		
G. Total Care Days During Period (3A thru F).....	30,900	28,011	2,889		26,866	24,680	2,186		4,034	3,331	703	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	72	72			59	59			13	13		
B. Other Bed Reserve Days.....	34	28	6		34	28	6					
5. Total Resident Days (3G + 4A + 4B).....	31,006	28,111	2,895		26,959	24,767	2,192		4,047	3,344	703	

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

Name of Facility <b>Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby</b>			License No. <b>2342/2342</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	CCNH	RHNS	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	6	60		9			1		8				
Per Diem Rate													
a. One bed rm.	535.16	247.72	195.64	533.00			505.00		438.53				
b. Two bed rms.	535.16	247.72	195.64	503.00			491.00		438.53				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								6,033	6,033				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								94	94				
2. Restorative Treatments													
C. Other								13,873	13,873				
D. <b>Total Physical Therapy Treatments</b>								20,000	20,000				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,601	1,601				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								9	9				
2. Restorative Treatments													
C. Other								3,597	3,597				
D. <b>Total Speech Therapy Treatments</b>								5,207	5,207				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,627	4,627				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								96	96				
2. Restorative Treatments													
C. Other								14,742	14,742				
D. <b>Total Occupational Therapy Treatments</b>								19,465	19,465				



**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	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)	115,695	1,966	11,915	203		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	205,125	8,556	21,125	881		
5. Dietary Service						
a. Head Dietitian	21,911	754	2,256	78		
b. Food Service Supervisor	49,670	1,873	5,115	193		
c. Dietary Workers	352,747	24,689	36,328	2,543		
6. Housekeeping Service						
a. Head Housekeeper	42,127	1,898	4,338	196		
b. Other Housekeeping Workers	145,068	10,556	14,940	1,087		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	50,175	1,889	5,167	195		
b. Other Maintenance Workers	35,141	1,957	3,619	201		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	87,492	5,690	9,010	586		
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	162,933	3,421	19,635	412		
b. RN						
1. Direct Care	518,980	14,465	20,221	615		
2. Administrative**	314,235	11,040	37,870	1,331		
c. LPN						
1. Direct Care	602,427	22,701	70,965	2,642		
2. Administrative**						
d. Aides and Attendants	966,350	65,073	133,940	9,168		
e. Physical Therapists	495,468	13,393				
f. Speech Therapists	185,166	3,545				
g. Occupational Therapists	319,541	9,041				
h. Recreation Workers	103,015	5,958	10,609	614		
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	165,824	6,637	17,078	684		
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	4,939,090	215,102	424,131	21,629		

\* 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			
	2342/2342		9/30/2017				11	37	
Name	Salary Paid			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 I - Operators/Owners</b>									
Not Applicable									
<b>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).</b>									
Not Applicable									

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

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

Name of Facility (as licensed)			License No.	Report for Year Ended	Page	of			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342	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>									
Rachel DeMaida (10/1/16-9/30/17)	115,699	11,911	Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,169	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		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	13	37		
	Total Cost and Hours					
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.....	8,861	56	913	6		
3. Pharmacist.....	7,431	114	765	12		
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	5,168	82				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	100,499	449	10,351	46		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	179		8			
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....	3,054					
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	46,117	391				
2. Administrative***	888	29	107	3		
b. LPN						
1. Direct Care	11,834	207				
2. Administrative***						
c. Aides.....	6,893	263				
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	190,924	1,591	12,144	67		

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30/2017	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Access Therapies, PO Box 823461, Philadelphia, PA 19182	Physical Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Healthdrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Connecticut Foot Specialist PC	Podiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Healthdrive Eyecare Group, 888 Worcester St, Wellesley, MA 02482	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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
CT Multispecialty, 100 Retreat Ave #605, Hartford, CT 06106	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Procure Professional Healthcare Services, PO Box 646, Oxford, CT 06478	RN & LPN Pool	<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	
Ready Nurse, PO Box 301076, Dallas, TX 75303	LPN & CNA Pool	<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"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation.....	\$ 260,694	240,078	20,616		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 96,472	88,843	7,629		
4. Social Security (F.I.C.A.).....	\$ 400,699	369,011	31,688		
5. Health Insurance.....	\$ 803,322	739,794	63,528		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 19,250	17,728	1,522		
8. Uniform Allowance.....	\$				
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$				
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)* .....</b>	\$				
<b>c. Bad Debts* .....</b>	\$ 35,132	35,132			
<b>d. Accounting and Auditing.....</b>	\$ 30,167	27,350	2,817		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 33,127	30,034	3,093		
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)* .....</b>	\$				
<b>g. Office Supplies.....</b>	\$ 60,001	54,399	5,602		
<b>h. Telephone and Cellular Phones.....</b>					
1. Telephone & Pagers.....	\$ 24,018	21,775	2,243		
2. Cellular Phones. ....	\$ 1,732	1,570	162		
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)* .....</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>).</b>	\$ 250	227	23		
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*.....	\$ 326	296	30		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>3. Resident Day User Fee</b>	\$ 530,335	480,818	49,517		
<b>Subtotal</b>	\$ 2,295,525	2,107,055	188,470		

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,295,525	2,107,055	188,470		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,616	4,185	431		
3. Gifts to Staff and Residents.....	\$ 9,784	8,870	914		
4. Employee Travel.....	\$ 2,804	2,542	262		
5. Education Expenses Related to Seminars and Conventions	\$ 1,462	1,326	136		
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses).....	\$ 6,389	5,792	597		
2. Advertising Telephone Directory (all such expenses)***	\$ 1,044	947	97		
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 20,576	18,655	1,921		
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.....	\$ 7,874	7,139	735		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 5,980	5,422	558		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 1,353	1,227	126		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 153,876	139,509	14,367		
13. Other (Specify) See Attached Schedule	\$ 122,610	111,162	11,448		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,633,893	2,413,831	220,062		

\* 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)
Promotional	\$ 18,655	\$ 1,921	
<b>Total Other Advertising</b>	\$ 18,655	\$ 1,921	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 5,422	\$ 558	
<b>Total Dues</b>	\$ 5,422	\$ 558	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fine:Citation No. 2017-01-LTC-205	\$ 9,157	\$ 943	
Bank Charges	\$ 1,310	\$ 135	
Payroll Processing Fees	\$ 19,526	\$ 2,011	
Facility and elevator Licenses	\$ 1,460	\$ 150	
Compliance Consulting	\$ (2,040)	\$ (210)	
Employee Physicals/Background Checks	\$ 19,862	\$ 2,045	
Data Processing Fees	\$ 61,289	\$ 6,312	
AR Temp Fill In	\$ 598	\$ 62	
<b>Total Other Administrative and General</b>	\$ 111,162	\$ 11,448	\$ -

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No.  2342/2342	Report for Year Ended  9/30/2017	Page of  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	\$197,927	Contract Attached to a Prior Year	See Below
Allocation of the above	\$130,632 \$31,668 \$35,627	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	\$23,244	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 208,567	189,093	19,474		
2. Non-Food Supplies.....	\$ 30,643	27,782	2,861		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 31,668	28,711	2,957		
d. Other (Specify) _____	\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 270,878</b>	<b>245,586</b>	<b>25,292</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	254	230	24		
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. = \$2145		
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 Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
<b>3. Laundry</b>					
<b>a. In-House Processing*</b>		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. \$	22,770	20,644	2,126
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$			
<b>c. Management Services**</b> .....		\$			
<b>d. Other (Specify)</b> Supplies = \$4,059		\$	4,059	3,680	379
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	26,829	24,324	2,505
<b>3F. Laundry Questionnaire</b>					
<b>G. Is cost of employee laundry included in 3E?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
<b>H. Did you receive revenue from employees?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
<b>I. Where is the revenue received reported in the Cost Report?</b>		(Page/Line Item)			
<b>J. Is Cost of laundry provided to persons other than employees or residents included in 3E?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
<b>K. Did you receive revenue from these people?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
<b>L. Where is the revenue received reported in the Cost Report?</b>		(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	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	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. \$	18,621	16,882	1,739	
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>18,621</b>	<b>16,882</b>	<b>1,739</b>	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care	\$	293,144	291,959	1,185	
b. Medicine Cabinet Drugs.....	\$	3,187	2,889	298	
c. Medical and Therapeutic Supplies.....	\$	162,150	147,011	15,139	
d. Ambulance/Limousine***	\$	1,500	1,500		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	21,824	19,477	2,347	
f. X-rays and Related Radiological Procedures***	\$	17,044	17,044		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	18,547	18,547		
i. Recreation.....	\$	21,557	19,545	2,012	
j. Other (Specify)**** See Attached Schedule	\$	109,008	103,485	5,523	
<b>5K. Total Resident Care Expenditures (5a - 5j).....</b>	<b>\$</b>	<b>647,961</b>	<b>621,457</b>	<b>26,504</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	\$ 32,301	\$ 3,326	
Medical Equip Rentals-Medicaid	\$ 3,503	\$ 361	
Physical Therapy Supplies	\$ 37,553		
Occupational Therapy Supplies	\$ 35		
Oxygen Concentrator Rentals	\$ 6,140	\$ 632	
Cable Television	\$ 11,687	\$ 1,204	
Medical Equip Rentals-Other	\$ 12,266		
<b>Total Other Resident Care</b>	<b>\$ 103,485</b>	<b>\$ 5,523</b>	<b>\$ -</b>

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2017	Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance.....	\$ 68,525	62,127	6,398	
b. Heat.....	\$ 72,849	66,048	6,801	
c. Light & Power.....	\$ 112,101	101,634	10,467	
d. Water.....	\$ 49,871	45,215	4,656	
e. Equipment Lease ( <i>Provide detail on page 6</i> ).....	\$ 20,602	18,679	1,923	
f. Other ( <i>itemize</i> ).....	\$ 54,415	49,334	5,081	
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b> .....	\$ 378,363	343,037	35,326	
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements.....	\$			
b. Building & Building Improvements.....	\$			
c. Non-Movable Equipment.....	\$ 4,421	3,930	491	
d. Movable Equipment.....	\$ 48,616	43,214	5,402	
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b> .....	\$ 53,037	47,144	5,893	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense.....	\$ 5,982	5,423	559	
b. Mortgage Expense.....	\$			
c. Leasehold Improvements.....	\$ 26,618	23,660	2,958	
d. Other ( <i>Specify</i> ).....	\$			
*8e. <b>Total Amortization Costs (8a + b + c + d)</b> .....	\$ 32,600	29,083	3,517	
9. Rental payments on leased real property less real estate taxes included in item 10b.....	\$ 854,282	759,362	94,920	
10. Property Taxes				
a. Real estate taxes paid by owner.....	\$			
b. Real estate taxes paid by lessor.....	\$ 123,965	110,191	13,774	
c. Personal property taxes.....	\$ 14,266	12,681	1,585	
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b> .....	\$ 1,078,150	958,461	119,689	

\* 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	\$ 9,090	\$ 936	
Rubbish Removal	\$ 20,591	\$ 2,121	
Snow Removal	\$ 10,254	\$ 1,056	
Supplies	\$ 9,399	\$ 968	
<b>Total Other Repairs and Maintenance</b>	<b>\$ 49,334</b>	<b>\$ 5,081</b>	<b>\$ -</b>

**Depreciation Schedule**

Name of Facility		License No.		Report for Year Ended			Page	of				
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342		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	38,553		38,553	12,974	SL	Various	4,421					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal.....								4,421				
	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	162,015		162,015	61,137	S/L	Various	20,219	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2017	13,327		13,327		S/L	Various	1,051	
2.a. Leased Movable Equipment **												
a. Acquired prior to this report period			6	2013	625,028		625,028	567,605	SL	Var	20,678	
b. Acquired during this report period (attach schedule)												
D-3. Subtotal.....												21,270
<b>E. Total Depreciation</b> .....												25,691

\*\* Leased moveable equipment is shown for Cost Reporting purposes and is NOT included in the total Facility expense.

Therefore, this allowable capital cost was added back on Page 29, line 39.

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







**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342		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.	9	Var	10 yrs	59,822	16,548	SL		5,982	
2.									
3.									
A-4. Subtotal.....									5,982
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal.....									
<b>C. Leasehold Improvements and Other (Specify)</b>									
1. Acquired prior to this report period	9	2016	Various	1,028,357	215,679	SL	Var	26,116	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	8,131		S/L	Var	502	
C-4. Subtotal.....									26,618
<b>D. Total Amortization .....</b>									32,600

\* 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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	24A	37
<b>C. Leasehold Improvements (Specify)</b>				
1. Acquired prior to this report period	Various	71,570 SL	26,116	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	S/L	502	
C-4. Subtotal.....				26,618
<b>C. Other (Specify)</b>				
1. Bed License Purchase	None	144,109 None		
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	215,679 SL	26,116	
Total Disposals				
Total Acquired during this report period	Various		502	



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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

**Part A**

Is the property either owned by the Facility or leased from a Related Party\*?  Yes  No  
 \*If 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.  
 If "Yes," complete Part B.  
 If "No," complete Part C.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	10/01/1991
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	10/01/91
5. Total Licensed Bed Capacity	90
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	6,048,250

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2017				
<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
Baygrape Associates 64 Higley Road, Granby, CT 06090	Real & Personal Property	06/01/13	10 yrs	854,282

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	Report for Year Ended 9/30/2017			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342		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)..... \$								
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)..... \$				6,012	5,344	668		
Vender Interest = \$6,012								
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)..... \$				6,012	5,344	668		
14. Insurance								
a. Insurance on Property (buildings only).....			\$	60,765	54,013	6,752		
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. <b>Total Insurance Expenditures</b> (14a + b + c).... \$				60,765	54,013	6,752		
15. <b>Total All Expenditures (A-13 thru C-14).....</b>				\$ 10,687,761	9,812,949	874,812		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342/2342	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.....	\$ 319,541	319,541		
4.	Var	Var	Other - See attached Schedule.....	\$ 5,097	4,621	476	
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 187	179	8	
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 35,132	35,132		
10.	15	1d&e	Accounting & Legal.....	\$ 33,401	30,282	3,119	
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 52	47	5	
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 9,784	8,870	914	
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 *.....	\$ 21,620	19,602	2,018	
19.	15	&2	Income Tax / Corporate Business Tax...	\$ 326	296	30	
20.			Fund Raising / Contributions.....	\$			
21.	16 18 20	m12 2c 5j	Unallowable Management Fees.....	\$ 48,105 \$ 11,662 \$ 13,120	43,613 10,573 11,895	4,492 1,089 1,225	
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 9,295	8,427	868	
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 3,986	3,614	372	
<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)				\$ 511,308	496,692	14,616	

\* 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	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342/2342	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 511,308	496,692	14,616	
<b>Page 20 - Resident Care Supplies ***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 293,144	291,959	1,185	
28.	20	5d	Ambulance/Limousine.....	\$ 1,500	1,500		
29.	20	5f	X-rays, etc.....	\$ 17,044	17,044		
30.	20	5h	Laboratory.....	\$ 18,547	18,547		
31.	20	5c	Medical Supplies.....	\$ 11,513	10,438	1,075	
32.	20	5e2	Oxygen (non emergency).....	\$ 21,824	19,477	2,347	
33.	20	5j	Occupational Therapy.....	\$ 35	35		
34.	Var	Var	Other - See Attached Schedule.....	\$ 12,266	12,266		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 6,668	6,046	622	
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.....	\$			
<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.....	\$ 9,291	8,424	867	
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	rv5	Interest Income on Accounts Rec.....	\$ 143	130	13	
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.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 903,283	882,558	20,725	

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	12,266		
<b>Total Other Ancillary Costs</b>			\$ 12,266	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7c	Leased Moveable Equipment Depreciation	(18,747)	(1,931)	
22	7e	Excess Moveable Equipment Depreciation	24,793	2,553	
<b>Total Excess Movable Equipment Depreciation</b>			6,046	622	

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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





**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	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).....	\$ 10,722,245	10,720,744	1,501			
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,468,831)	(5,467,917)	(914)			
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 2,004,642	1,225,207	779,435			
b. Medicare Room and Board Contractual Allowance **.....	\$ 357,216	158,661	198,555			
4. a. Private-Pay Residents and Other.....	\$ 2,870,972	2,222,675	648,297			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (218,809)	(105,137)	(113,672)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare.....	\$ 200,352	200,352				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (200,352)	(200,352)				
c. Prescription Drugs - Non-Medicare.....	\$ 143,147	143,147				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (143,147)	(143,147)				
2. a. Medical Supplies - Medicare.....	\$ 2,513	2,513				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (2,513)	(2,513)				
c. Medical Supplies - Non-Medicare.....	\$ 3,687	3,687				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (3,687)	(3,687)				
3. a. Physical Therapy - Medicare.....	\$ 796,837	796,837				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (617,401)	(617,401)				
c. Physical Therapy - Non-Medicare.....	\$ 228,425	228,425				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (228,425)	(228,425)				
4. a. Speech Therapy - Medicare.....	\$ 338,230	338,230				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (265,491)	(265,491)				
c. Speech Therapy - Non-Medicare.....	\$ 76,880	76,880				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (76,880)	(76,880)				
5. a. Occupational Therapy - Medicare.....	\$ 787,666	787,666				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (646,562)	(646,562)				
c. Occupational Therapy - Non-Medicare.....	\$ 223,775	223,775				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (223,775)	(223,775)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 1,392	1,392				
<b>III Total Resident Revenue (Section I thru Section II).....</b>	<b>\$ 10,662,106</b>	<b>9,148,904</b>	<b>1,513,202</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).....	\$ 143	130	13			
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 8,934	8,934				
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 9,077</b>	<b>9,064</b>	<b>13</b>			
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 10,671,183</b>	<b>9,157,968</b>	<b>1,513,215</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.



## Meadow Brook Moveable Equipment Carryforward Schedule

Cost Year	Amount	Totals
	2013 Purchase Step up	2017 TV's for cost report
Cost	\$ 188,216	\$ 4,577
Term	\$ 7	\$ 5
2013 Deprec	\$ 26,888	\$ 26,888
2013 Book Value	\$ 161,328	\$ 161,328
2014 Deprec	\$ 26,888	\$ 26,888
2014 Book Value	\$ 134,440	\$ 134,440
2015 Deprec	\$ 26,888	\$ 26,888
2015 Book Value	\$ 107,552	\$ 107,552
2016 Deprec	\$ 26,888	\$ 26,888
2016 Book Value	\$ 80,663	\$ 80,663
2017 Deprec	\$ 26,888	\$ 458
2017 Book Value	\$ 53,775	\$ 4,119
2018 Deprec	\$ 26,888	\$ 915
2018 Book Value	\$ 26,887	\$ 3,204
2019 Deprec	\$ 26,887	\$ 915
2019 Book Value	\$ -	\$ 2,289
2020 Deprec	\$ -	\$ 915
2020 Book Value	\$ -	\$ 1,374
2021 Deprec	\$ -	\$ 915
2021 Book Value	\$ -	\$ 459
2022 Deprec	\$ -	\$ 459
2022 Book Value	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> ).....			\$	64,936
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	714,405
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	13,248
5. Prepaid Expenses.....			\$	168,631
a. Prepaid Insurance	154,968			
b. Prepaid Health Insurance	10,966			
c. Prepaid Expenses	1,452			
d. Prepaid Leases	1,245			
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	20,651
A/R Related	20,651			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>981,871</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.....	185,992	\$	87,804
	Accum. Depreciation	(98,188) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	38,553	\$	21,159
	Accum. Depreciation	(17,394) Net.....		
6. Movable Equipment	*Historical Cost.....	326,342	\$	109,255
	Accum. Depreciation	(217,087) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	37,216
Excluded Movable Equipment	37,216			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>255,434</b>

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

MEADOWBROOK  
PREPAID EXPENSES  
September 30, 2017

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ACCT. # 1580

Therapy Equipment

\$1,451.97

Balance per General Ledger

\$1,451.97

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	32   37
Account			Amount
Total Brought Forward:			\$ 1,237,305
C. Leasehold or like property recorded for Equity Purposes.			
1. Land.....			\$
2. Land Improvements *Historical Cost.....			
Accum. Depreciation _____ Net.....			\$
3. Buildings *Historical Cost.....			
Accum. Depreciation _____ Net.....			\$
4. Non-Movable Equipment *Historical Cost.....			
Accum. Depreciation _____ Net.....			\$
5. Movable Equipment *Historical Cost.....			625,028
Accum. Depreciation (588,283) Net.....			\$ 36,745
6. Motor Vehicles *Historical Cost.....			
Accum. Depreciation _____ Net.....			\$
7. Minor Equipment-Not Depreciable.....			\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$ 36,745</b>
D. Investment and Other Assets			
1. Deferred Deposits.....			\$
2. Escrow Deposits.....			\$
3. Organization Expense *Historical Cost.....			59,822
Accumulated Deprec (22,531) Net.....			\$ 37,291
4. Goodwill (Purchased Only).....			\$
5. Investments Related to Resident Care ( <i>itemize</i> ).....			\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$
Name and Address	Amount	Loan Date	
7. Other Assets ( <i>itemize</i> ).....			\$ 27,007
Tax Deposits 643			
Project Development 26,364			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7).....</b>			<b>\$ 64,298</b>
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....</b>			<b>\$ 1,338,348</b>

\* 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 <b>Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby</b>	License No. <b>2342/2342</b>	Report for Year Ended <b>9/30/2017</b>	Page of <b>33   37</b>
Account			Amount
<b>Liabilities</b>			
A. Current Liabilities			
1. Trade Accounts Payable.....			\$ 871,663
2. Notes Payable ( <i>itemize</i> ).....			\$ 204,400
Interfacility Loans <span style="float: right;">204,400</span>			
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> ).....			\$ 114,552
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....			\$
6. Accrued Payroll Taxes Payable.....			\$ 3,088
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> ).....			\$ 252,868
Acc'd Operating Expenses <span style="float: right;">102,843</span>			
Acc'd Expense - Sales Tax <span style="float: right;">147</span>			
Provider Taxes Due <span style="float: right;">138,289</span>			
Acc'd Health insurance <span style="float: right;">11,589</span>			
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>			<b>\$ 1,446,571</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.

**MEADOWBROOK  
ACCRUED EXPENSES-OPERATIONS  
September 30, 2017**

	<b>ACCT. #</b>	<b>2170</b>
Health Insurance	(\$36,561.39)	5364
Water	(\$7,343.65)	5571
Water	(\$2,070.80)	5571
Health Insurance	(\$571.13)	5364
Business Promotion	(\$185.75)	5133
Ambulance	(\$168.00)	7850
Employee Relations	(\$344.57)	5378
Food	(\$67.56)	6334
Data Processing	(\$1,515.00)	5148
Freda Hayes	(\$17,605.00)	1300
Data Processing	(\$880.14)	5148
Advertising	(\$300.00)	5131
Medical Equipment	(\$279.17)	8250
Maintenance	(\$1,095.41)	5538
Rubbish Removal	(\$63.81)	5547
Oxygen	(\$1,490.40)	7538
Oxygen	(\$891.61)	7531
Payroll Fees	(\$388.98)	5146
Entertainment	(\$140.00)	6540
Physical Therapy Supplies	(\$310.51)	7318
Seminars	(\$25.00)	5370
Gas	(\$2,237.94)	5572
Data Processing	(\$306.00)	5148
Data Processing	(\$306.00)	5148
Data Processing	(\$306.00)	5148
Pharmacy	(\$26,507.04)	
Accounting	(\$4,125.00)	5126
Nursing Supplies	\$3,243.14	
<b>Balance 9/30/17</b>	<b><u>(\$102,842.72)</u></b>	



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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342/2342	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,446,571	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> ).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> ).....\$ 165,332					
Name and Address of Lender	Amount	Loan Date			
Accr'd Rent	165,332				
4. Other Long-Term Liabilities ( <i>itemize</i> ).....\$					
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4).....\$ 165,332					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5).....\$ 1,611,903					

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	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> ) ..				\$	36,745
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.....				\$	36,745
<b>B. Net Worth</b>					
1. Owner's Capital.....				\$	
2. Capital Stock.....				\$	
3. Paid-in Surplus.....				\$	(565,325)
4. Treasury Stock.....				\$	
5. Cumulated Earnings.....				\$	271,603
6. Gain or Loss for Period                      10/1/2016                      thru                      9/30/2017				\$	(16,578)
7. Total Net Worth.....				\$	(310,300)
<b>C. Total Reserves and Net Worth .....</b>				\$	(273,555)
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>				\$	1,338,348

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(87,227)
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$	10,671,183
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	10,687,761
D. Net Income or Deficit.....			\$	(16,578)
E. Balance.....			\$	(103,805)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Additional Rent			(225,715)	
Prior Yr Fixed Asset Credit/Void			145	
2016 Accr. Health Insurance			12,075	
2016 Pension Adj			7,000	
2. Other ( <i>itemize</i> )				
F-3. Total Additions.....			\$	(206,495)
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. <b>Balance at End of Period</b>			\$	(310,300)
				09/30/17

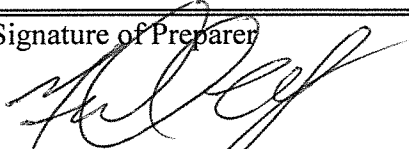
### I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No.  2342/2342	Report for Year Ended  9/30/2017	Page 37	of 37
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<i>Check appropriate category</i>		
CCNH	RHNS	Other ( <i>Specify</i> )
<input checked="" type="checkbox"/>	<input checked="" 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  CFO	Date Signed  2/9/18
--	------------------	---------------------------

Printed Name of Preparer

Athena Health Care Associates, Inc

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