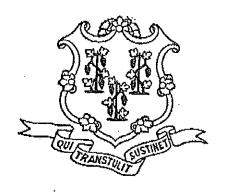
# **State of Connecticut**



15-7/

**Annual Report of Long-Term Care Facility** 

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  Chronic and Convalescent Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  Page 10/1/2014  CCNH RHNS  CCN		·	С	ost Year 2	015		RECEI	VEL	)
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035  Type of Facility  Chronic and Convalescent Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  License Numbers:  CCNH RHNS  CCNH RHNS  (Specify)  Medicare Provider No. 07-5367  Medicaid Provider Numbers:  CCNH RHNS  ICF-MR	Name of Facility (as	licensed)					[-j-13 1 :	7 20	6
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035  Type of Facility  Chronic and Convalescent Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  License Numbers:  CCNH RHNS  CCNH RHNS  (Specify)  Medicare Provider No. 07-5367  Medicaid Provider Numbers:  CCNH RHNS  ICF-MR	Athena Meadowbrod	ok, LLC d/b/a N	/leadowbrook	of Granby					
Type of Facility  Chronic and Convalescent Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  License Numbers:  CCNH RHNS (Specify)  Medicare Provider No. 07-5367  Medicaid Provider Numbers:  CCNH RHNS ICF-MR							DEPT. OF SOCI	IAL SE	RVICES E SETTINGS
Chronic and Convalescent Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  Report for Year Ending 9/30/2015  License Numbers:  CCNH RHNS (Specify)  Medicare Provider No. 2342 2342  Medicaid Provider Numbers:  CCNH RHNS ICF-MR		treet Granby, C	CT 06035			OF	FICE OF CON AN	10 HA	LOLI
Nursing Home only (CCNH)  Report for Year Beginning 10/1/2014  Report for Year Ending 9/30/2015  License Numbers:  CCNH RHNS (Specify) Medicare Provider No. 2342  Medicaid Provider Numbers:  CCNH RHNS (Specify) ICF-MR	Type of Facility		:						
10/1/2014   9/30/2015	I IVI			Rest Home Supervision	with Nursi only (RHI	ng NS)			(Specify)
2342   2342   No.   07-5367		-			r Ending				
2342   2342   No.   07-5367				-					
2342         2342         07-5367           Medicaid Provider Numbers:         CCNH         RHNS         ICF-MR	License Numbers:		CCNH	RHNS		(Speci:	fy)	Me	
	· -		2342	2342					
	Medicaid Provider N	umbers:	CC	CNH	RHN:	3		ICF-	MR
For Department Use Only	For Department Us	e Only							
Sequence Number   Signed and   Date   Sequence Number   Signed and Notarized   Date Received   Assigned   Signed and Notarized   Date Received		- 1	· ·	_		Sign	ed and Notari	zed	Date Received
			. •						

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#### of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

	Genera	al Informatio	n		
Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a	License No.		Report for Year Ended	Page	of
Meadowbrook of Granby	2342/2342		9/30/2015	1	37
A	dministrator's	s/Owner's Cer	tification	<del></del>	
MISREPRESENTATION OF THIS COST REPORT MAY UNDER STATE OR FEDER	RE LONISHY	TION OF ANY BLE BY FINE	INFORMATION CO AND/OR IMPRISON	NTAINED VMENT	IN
I HEREBY CERTIFY that I has accompanying Cost Report an Athena Meadowbrook, LLC d/b/a Meadow Granby	id supporting s	chedules prepai	and that I have examined for cost report period beg		
October 01, 2014 my knowledge and belief, it is and records of the provider(s)	and ending a true, correct	g <u>September 30</u> , and complete	0, 2015 , and tha	t to the best	of s
I hereby certify that I have directly Questionnaires, Schedule of R of Revenues and the related B Requirements of the State of C	esident Statisti alance Sheet of	ics, Statements f this Facility in	of Reported Expendit		ıents
I have read this Report and her best of my knowledge under po- expenses presented in this Rep other State assisted residents we supporting records for the expense and will be made available to a	enalities of per port as a basis for were incurred to enses recorded	jury. I also certi or securing rein o provide reside have been retai	ify that all salary and not not sale and not sale and not sale and the sale in this Facility.	non-salary XIX and/or	
		1	,		
Signed (Administrator)	Date	Signed (Owner	)	Date	<del></del>
Chilothe M. Mching	2/10/16				
Printed Name (Administrator) Christine McKinney		Printed Name ( Lawrence G. S			<del></del>
Subscribed and Sworn State of to before me:	Date 2 //5 ///	Signed (Notary	Public)	Comm. Expir	res

(Notary Seal)

Address of Notary Public



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: Glaudette B. Pickens, CPA

CC: Chris Lavigne

### State of Connecticut

# **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustn	nent		Page 1A	of 37
Name of Facility	Period Cove	red:	From	То
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			10/1/2014	9/30/2015
Address of Facility	· ·			
350 Salmon Brook Street Granby, CT 06035				
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	000	2/10	/2016
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid\$	:			
2. Laundry wages paid\$				
3. Housekeeping wages paid\$				
4. Nursing wages paid\$				
5. All other wages paid\$				
6. Total Wages Paid\$				
7. Total salaries paid\$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

# **General Information and Questionnaire Type of Facility - Organization Structure**

Name of Facility (as shown on license) Address (No. & Street, City, State, Zip) 350 Salmon Brook Street Granby, CT 06035  License Numbers:  CCNH 2342 2342 RHNS (Specify) Medicare Provider No. 07-5367  Address (No. & Street, City, State, Zip) 350 Salmon Brook Street Granby, CT 06035  Medicare Provider No. 07-5367  Rest Home with Nursing Chronic and Convalescent Nursing Home only (CCNH) Supervision only (RHNS)  Type of Ownership (Check appropriate box)  PROPRIETORSHIP  Rest Home with Nursing Supervision only (RHNS)  TRUST  Date Opened  Date Closed  Has there been any change in ownership or operation during this report year?  Yes  No If "Yes," explain fully.
CCNH RHNS (Specify) Medicare Provider No. License Numbers: 2342 2342 07-5367  Type of Facility (Check appropriate box(es))  Chronic and Convalescent Nursing Home only (CCNH) Supervision only (RHNS)  Type of Ownership (Check appropriate box)  PROPRIETORSHIP LLC PARTNERSHIP PROFIT CORP. One of Opened Ope
CCNH RHNS (Specify) Medicare Provider No.  License Numbers: 2342 2342
Type of Facility (Check appropriate box(es))  Chronic and Convalescent
Chronic and Convalescent Nursing Home only (CCNH)  Rest Home with Nursing Supervision only (RHNS)  Type of Ownership (Check appropriate box)  PROPRIETORSHIP  LLC  PARTNERSHIP  PROFIT CORP.  Date Opened  Date Closed  Has there been any change in ownership
Nursing Home only (CCNH)  Supervision only (RHNS)  Type of Ownership (Check appropriate box)  PROPRIETORSHIP LLC PARTNERSHIP PROFIT CORP. Only Non-PROFIT CORP. Only Government Trust  Date Opened Date Closed  Has there been any change in ownership
PROPRIETORSHIP LLC PARTNERSHIP PROFIT CORP. NON-PROFIT CORP. Date Closed  If this facility opened or closed during report year provide:  Has there been any change in ownership
PROPRIETORSHIP LE LLC PARTNERSHIP PROFIT CORP. NON-PROFIT CORP. Date Closed  [If this facility opened or closed during report year provide:  Has there been any change in ownership
If this facility opened or closed during report year provide:  Has there been any change in ownership
Has there been any change in ownership
or operation during this report year?
Administrator
Name of Administrator Nursing Home
Christine McKinney Administrator's 001627  License No.:
Other Operators/Owners who are assistant administrators (full or part time) of this facility.
Name License No.:
Not Applicable

# General Information and Questionnaire Partners/Members

Name of Facility Athena Meadowbrook, LLC d/b/	a Maadawhraak af	License No.	Report for Y	ear Ended	Page	of
Granby	a meadombiook of	2342/2342	9/3	0/2015	3	37
				State(s) and/		
Legal Name of Part		Business A	·	Which R		<u> </u>
Athena Meadowbrook, LLC	4	350 Salmon Broo		C	Т	
		Granby, CT 060	35			
					0,4,0	
Name of Partners/Members	Business A	Address		Title .	% Ov	vned
Lawrence G Santilli	135 South Rd, Farm	ington, CT 06032	Ma	ınager	59.00	00%
	·		·			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/	30/2015	3A	37
If this facility is owned or operated as a corp					
Legal Name of Corporation		ess Address	State(s) in W	hich Incor	porated
Name of Directors, Officers	Busin	ess Address	Title	No. S Held by	
			·		
			·		
Not Applicable					
·		-			
Names of Stockholders Owning at Least 10% of Shares					
					<u> </u>
			·		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of				
Granby	2342/2342	9/30/2015	3B	37
If this facility is owned or operated as an individual pr	oprietorship, prov	ide the following information	ı:	
Owner(s) of Facility				
			<u></u>	
		<del>_</del> .		
		,		
Not Applicable				
·				
			<u>.</u>	
·				-
		*****		
				•
		,	<del></del>	
				<del>-</del>
		·		
			<u>-</u>	

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

# General Information and Questionnaire Related Parties\*

Vame of Facility		License No.	Š.		Report for Year Ended		Page	of
	J. J. V. C. Mandambanal of Canabar	•			#100000		7	7.5
Afnena Meadowdrook, LLA	thena Meadowordok, LLC. G/D/a Meadowordok of Grandy	7567/7567			2/30/2013		-	10
Are any individuals rece	Are any individuals receiving compensation from the facility related through	acility rela	ity related thraseogiation?	ygnc	>	If "Yes," provide the Name/Address and	e Name/Add	ress and
narriage, ability to cont	narriage, ability to control, ownership, family of business	233 43300I	arion:		3	compiere me moni	iduoii oii i d	so 11 of division in
Are any individuals or c	Are any individuals or companies which provide goods or	or services,	es,					
ncluding the rental of p elated through family a	ncluding the rental of property or the loaning of funds to this facility, elated through family association, common ownership, control, or business	to this fac, control,	ility, or busin	ıess				,
issociation to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?	•	☑ Yes ☐ No	If "Yes," provide the following information:	e following	information:
		Alsc	Also Provides	es		Indicate Where		
		Goods	Goods/Services to	es to		Costs are Included		Actual Cost to the
Name of Related	Business	Non-Related Parties	elated P	arties	Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	οÑ	**%	Provided	Page # / Line #	Reported	Party
Slastonbury Health Care Center	1175 Hebron Ave, Glastonbury, CT 06033	D	^ 	%86<	Interfacility Loan Payable (\$30,000)	Pg 33 A2		
	1360 Torringford St, Torrington,					0		
Valerie Manor	CT 06790	5		%86<	Bank Fees	Pg 16 13	\$4,687	\$4,68
Athena Captive	135 South Rd, Farmington, CT 06032	Ŋ	^	%05<	Workers Comp Captive	Pg 15 1a1	\$221,011	\$221,01
	135 South Rd, Farmington, CT	ı			Facility participates in common 401k			
Athena Health Care 401k	06032	D		>20%	plan			
d then a Health Care	135 South Rd, Farmington, CT	<u> </u>	^	250%	Son Attached			
	1360 Torringford St, Torrington,							
Valerie Manor	CT 06790	D		>86<	Interfacility Loan Payable (\$137,400)	Pg 33 A2		
							·	
		ļ.						-
	-							
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								

Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

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
Athena Health Care	135 South Rd Farmington, CT 06032	N	Pg 16, Ln m  MIS, Management Fees  Pg 17  AR, Legal, Bank Charges Insurance, Lobbying, Records, Interest Storage, Marketing, Gift Certificates Project Development, Temp Administrator Fill In P16, L5, L2, P 32 D7  Data Processing, Training, Maintenance Pg 16 L2, Pg 22 6a  Nurse Fill In	Pg 16, Ln m13 Pg 17 P 16, m3; P 15,1e&19 P 27, 12D; P 27,14a In P16, L5, L2, P 32 D7 Pg 16 L2, Pg 22 6a Pg 13 11a	\$336,562	\$279,972
Athena Health Care	135 South Rd Farmington, CT 06032	%05< x	Self Insured Employee Health & Dental Insurance	Pg 15,1	\$741,522	\$741,522

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

Name of Facility	License No	).	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of	1	42	9/30/2015	5	37
Granby	2342/23			1 1	
If the facility is licensed as CDH and/or RCH or		ms or IBI	services with special iviedical	u rates,	COSIS
must be allocated to CCNH and RHNS as follow	ws.		Mathad - FAHaast'		<del>- :</del>
Item		λΙ	Method of Allocation meals served to residents		
Dietary					
Laundry			pounds processed	***	
Housekeeping			square feet serviced	Last DA	OTT.
			hours of routine care provided	-	
Nursing			classification, i.e., Director (or		
·			Nurses, Licensed Practical Nur	rses, Ai	des and
		Attendants		- 1 1 T: A	CII
Direct Resident Care Consultants			hours of resident care provided	a oy EA	СП
3.7.1.1		-	(See listing page 13)		
Maintenance and operation of plant		Square feet	· ,		
Property costs (depreciation)		Gross salar	i .		
Employee health and welfare					
Management services		Appropriat	reat and Allegated Coats		
All other General Administrative expenses		TOTAL OF DE	Tect and Anocated Costs	:.J. J	
The preparer of this report must answer the foll	owing ques	tions applies	able to the cost information pro	videa.	4
1. In the preparation of this Report, were all	□ Yes	☑ No	If "No," explain fully why suc	h alloca	ition was
costs allocated as required?			not made.		
Patient Care Consults, Laundry, Housekeep				tient D	ays
Physical/Speech/Occupational Therapy - All			ments		
Administrative Nursing - Allocated on Direc					
Management Fees - Allocated based on meth	iods above	for each ex	pense category		
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data		
Related company expenses were allocated or	n Methods a	above exce	ot as noted in 1 above.		
3. Did the Facility appropriately allocate and se				me cos	t centers?
(e.g., Assisted Living, Home Health, Outpat	tient Service	s, Adult Da	y Care Services, etc.)		
	□ Yes	□ No	If "No," explain fully why suc not made.	h alloca	ation was
Not Applicable:No Non-Nursing Home Cost	Centers				
·					

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

# General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

should not be included in these amounts.								
Name of Facility			License No.	Report for	Report for Year Ended	•	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	f Granby		2342/2342		9/30/2015	2	9	37
A CANADA	Related * to	d * to						
·	Owners,	ers,			•			
	Operators,	itors,				Annual		
	Officers	ers		Date of	Term of	Amount	Amount	ınt
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed	eq
Lenf, 1720A Crete St, Moberly, MO 65270		D.	Copier	02/07/13	48 Months	\$10,460	S	\$10,460
Leaf, 1720A Crete St, Moberly, MO 65270		•	Рах	06/18/13	44 Months	2002		\$602
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484		D.	Postal Equipment	07/10/14	39 Months	\$1,092		\$1,092
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922		N	PCC Equipment	05/16/13	60 Months	\$5,113		\$5,113
IIP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922		Q	PCC Equipment	09/25/14	60 Months	\$1,190	• ,	\$991
								_

Not Applicable - No Vehicles \* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles ?

ŝ

Yes

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

Hewlett-Packard Financial Services Company 200 Connell Drive, Suite 5000 Berkeley Heights, NJ 07922



MEADOWBROOK CENTER, INC. 350 Salmon Brook St, GRANBY, CT, 06035, UNITED STATES 52059499604044USA2

#### Dear Customer:

Thank you for choosing HP Financial Services as your leasing source. We are glad we could be of assistance in helping you get the technology solutions you need for your business. To expedite the shipment of your equipment, it is very important for you to review the enclosed lease documents and to follow these step-by-step instructions for completing your lease transaction. Please remember that your equipment can't be shipped until you complete and return these documents.

- Please carefully review the enclosed lease documents for the equipment you ordered from CDW. IF ANY CHANGES NEED TO BE MADE TO THESE DOCUMENTS, PLEASE CALL 1-888-277-5944 and ask for the documentation specialist assigned to your geographic location.
- Please have an individual authorized to sign legal documents sign, date and initial the documents where indicated.
- 3. AN ADVANCE LEASE PAYMENT MAY BE REQUIRED ALONG WITH THE SIGNED DOCUMENTS. To expedite, please fill out the authorization form (attached to the lease agreement) and attach a copy of a VOIDED check. Execution of this form will provide us with authorization to withdraw certain payments from your business account. We will utilize your check number. Upon commencement of your lease agreement, this check will be automatically credited to your account with us. Record the check number, along with the total amount of the total first payment shown on Schedule A which includes the documentation fee of \$100.00, in your check register.
- PLEASE FAX THE EXECUTED LEASE, INCLUDING THE SCHEDULES AND EXHIBITS ATTACHED THERETO TO 1-888-277-5945. We will start to process the transaction immediately upon receipt of these documents.
- 5. Per the terms of the lease agreement, you agree that you shall be deemed to have irrevocably accepted the equipment under any lease 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period. However, you agree to execute and deliver to us a delivery and acceptance certificate upon our request. If a delivery and acceptance certificate is sent to you, when you receive the equipment, please sign such delivery and acceptance certificate and the Schedule A to the lease agreement and return both to us by fax at 1-888-277-5945. "Acceptance Date" means the first business day following the expiration of such 10-day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of the lease shall begin on the Acceptance Date.
- Your lease agreement requires that you provide proof of all risk replacement cost insurance coverage
  for the leased equipment, including all rents and other amounts due and owing with respect to such
  equipment as of the date of payment.
- 7. You must also always maintain adequate commercial liability insurance coverage on your leased equipment. You must have "Hewlett-Packard Financial Services Company and its assignees" named as an "additional insured(s)" under such liability coverage and upon our request, furnish us with an insurance certificate showing that you have such coverage. The insurance certificate should also include: a) your company name; b) your company address and equipment location; c) the insurance policy period; d) liability coverage amounts; and e) your lease number.

Again, thank you for choosing HP Financial Services as your leasing source. If you have any questions or concerns, please don't hesitate to call us.

Sincerely, Customer Delivery Specialist 1-888-277-5944



Lessee (Complete Legal Name): MEADOWBROOK CENTER, INC.

Lease Agreement Number: 52059499604044USA2

#### **Business Lease Agreement**

This lease (including the attached Schedules A and B, this "Lease") refers throughout to Lessee as "you" or "your" and to Lessor as "we", "us" or "our". In consideration of our purchase of the equipment described on Schedule A (the "Equipment"), you hereby lease the Equipment from us for your business purposes only (and not for personal, family or household purposes), subject to all terms and conditions of this Lease. You acknowledge that you selected the vendor as identified in Schedule A (the "Vendor") and all such Equipment without our assistance. You agree that this Lease is a net lease so you will pay, by Lease payment increase or upon our demand, all costs, fees, taxes (e.g. property, sales and use taxes) or other charges connected with the Lease and the Equipment, as well as all costs for insurance, repairs, maintenance, shipping, and filling fees. You authorize us to adjust your Lease payment by up to ten percent (10%) if the actual total cost of the Equipment at acceptance varies from the original estimate. Lease payments shall commence on the Acceptance Date, as defined below, and are due in advance or arrears each monthly or quarterly period ("Period") during the Lease term on the monthly or quarterly anniversary of the Acceptance Date, all as specified in Schedule A. You agree to pay a one-time documentation fee in the amount specified in Schedule A with the first Lease payment to cover account-setup costs. If you do not elect to either purchase the payment to come account-seep costs, a you on the text of the Lease term in accordance with the Lease term in accordance with the terms of Schedule A hereto, or you fail to comply with your obligations arising from the election, you will continue to pay the original Lease payments for any full or partial Period that you keep the Equipment. If you have selected either a FMV or a 10% End of Term Purchase Option (as Indicated on Schedule A), then we and you intend this Lease to be a "Finance Lease" as defined in Article 2A of the Uniform Commercial Code (as enacted and in effect in any applicable jurisdiction, the "UCC") and you authorize us to file a UCC financing statement to give public notice of our ownership of the Equipment. If you have selected a \$1.00 End of Term Purchase Option or if this Lease is otherwise deemed to be a "lease intended for security", then to secure payment and performance of your obligations under this Lease, you hereby grant us a purchase money security interest in the Equipment and in all attachments, accessories, additions, products, replacements, and proceeds (including insurance proceeds) to and of the Equipment, as well as a security interest in any other equipment we have leased to or financed for you, and you authorize us to file a UCC financing statement to perfect such security interest. You hereby appoint us as your attorney-in-fact to: (i) sign any UCC financing statements in your name, (ii) modify Schedule A to reflect any Lease payment adjustment provided for above and to complete or modify any Equipment description in Schedule A or any related document to accurately describe the Equipment actually accepted by you, and (iii) correct all hypographical, clerical or legal name errors discovered in any or all of the documentation required in connection with this Lease and execute or initial all such documentation corrections in your name.

EXCEPT AS TO QUIET ENJOYMENT, WE MAKE ABSOLUTELY NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING NO WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE. You can only make any claim relating to the Equipment against the Vendor or manufacturer, and you waive any such claim against us. We hereby assign any Equipment warranties during the Lease term for your exercise at your expense. WE WILL NOT BE LIBBLE FOR INCIDENTAL, SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES. YOU AGREE TO MAKE PAYMENTS TO US WHEN DUE, UNCONDITIONALLY, WITHOUT ABATEMENT OR OFFSET FOR ANY CAUSE AND REGARDLESS OF ANY PROBLEMS WITH THE EQUIPMENT, VENDOR, OR US AND YOU WAIVE ANY CLAIM OR DEFENSE TO ANY LEASE PAYMENT.

You agree to indemnify us against third party claims or other loss or damages, including attorneys' fees, arising directly or indirectly out of Equipment defects, use, or operation, and whether arising out of breach of contract, tort, or strict or product lability. You agree not to move the Equipment or to transfer, setl, subtease, or encumber either the Equipment or any rights under this Lease without our prior written consent. We may freely assign our rights and interests under this Lease without notice to you or your consent. You agree that our assignee will have the same rights and remedies as we do and that our assignee's rights will not be subject to any claims or defenses you may have against us. You and any guarantor hereby authorize us to share information about you and any guarantor (including personally identifiable information) with our assignees, potential assignees, the Vendor and other third parties providing services to us.

We own the Equipment and, unless you have selected a \$1.00 End of Term Purchase Option, we retain all benefits of ownership and you agree not to take any position inconsistent with our ownership. We may inspect the Equipment and attach Equipment ownership labets. You are solely responsible for the installation, operation, and maintenance of the Equipment, will keep it in good condition, will use it in compliance with applicable law, and will not attach it to building fixtures. You bear all risk of loss or damage to or from the Equipment arising prior to its return to us and will have it duly insured against public liability for bodily injury or damage to property arising in connection with the Equipment. You will provide to us a certificate showing that you have such insurance coverages, naming us as loss payee. Upon the occurrence of any loss or irreparable damage to the Equipment ("Casualty Loss"), you agree to Immediately (c) replace the affected Equipment will "Casualty Loss"), you agree to Immediately (c) replace the affected Equipment will "Casualty Loss"), you agree to Immediately (c) replace the affected Equipment of Equipment of Equipment of the Stipulated Loss Value and supplied by a manufacturer acceptable to us or (d) pay us an amount ("Stipulated Loss Value") which is the sum of (i) all arrears in Lease payments as of the date of payment of the Stipulated Loss Value, if any (ii) all acceptable to the Equipment Total Cost with the applicable percentage specified in the next sentence. The applicable percentage will be 40% for Equipment having an initial Term of 24 months or greater, but less than 36 months; and 30% for Equipment having an initial Term of 36 months or greater, but less than 36 months; and 30% for Equipment having an initial Term of 36 months or greater.

You do not and will not: 1) export, re-export, or transfer any Equipment, software, source code or any direct product thereof to a prohibited destination, or to nationals of proscribed countries wherever located, without prior authorization from the United States and other applicable governments; and 2) use any Equipment, software or technology, technical data, or technical assistance related thereto or the products thereof in the design, development, or production of nuclear, missile, chemical, or biological weapons or transfer the same to a prohibited destination, or to nationals of proscribed countries, without prior authorization from the United States and other applicable governments. You are not an entity or person designated by the United States government or any other applicable government with which transacting business without the prior consent of such government is prohibited.

If you do not pay or perform any obligation under this Lease within 10 days of when such payment or performance is due, or you or any guarantor die, become insolvent or unable to pay debts when due; stop doing business as a going concern; merge, consolidate, transfer all or substantially all of your assets; make an assignment for the benefit of creditors, file bankruptcy, appoint a trustee or receiver or undergo a material adverse change in your financial or operating condition, we can do any or all of the following: (1) accelerate without notice all payments provided for in this Lease (discounted at the Discount Rate). (2) immediately repossess the Equipment or (absent Equipment repossession or return) claim a further amount equal to Stipulated Loss Value from you, (3) collect all costs of collection, including any bad check charges and reasonable attorneys' fees, (4) collect tost tax benefits and all unpaid amounts due hereunder, (5) sell or relet the Equipment, and (6) exercise all other remedies at law or equity. If we do not receive any payment when due, you will pay a one-time late charge on any overdue payment equal to the greater of \$.10 per dollar for each late payment, or \$15 (to compensate for the cost and expense of collecting and processing the late payment), plus a charge of 1 1/2% of the late payment for every month after the first month in which the payment is late (for damages including our inability to relevest the late amount), but in any case, never to exceed more than the maximum charge allowed by law. In addition, if you are delinquent in payment, you agree to pay the actual outof-pocket expenses incurred by us in our collection efforts (including, but not limited to, any bad check charges). Your payments may be applied, as we elect, first to the oldest amount due. Our action or failure to act on any one remedy shall not constitute an election of such as our sole remedy. Any provision of this Lease is severable if unenforceable. Any action or claim by you against us shall be commenced within one year after the cause of action arises or be forever barred.

You agree to sign such other documents and take such other actions as we may require to accomplish the intent and purpose of this Lease. All of your representations, warranties and obligations hereunder strall survive the termination of this Lease. All notices, demands and other communications required to be given under this Lease shall be in writing and shall be deemed to have been given if delivered personally or mailed via certified mail or a nationally recognized overnight courier service.



TIME IS OF THE ESSENCE, THIS LEASE SHALL BE DEEMED FULLY EXECUTED AND PERFORMED IN THE STATE OF NEW JERSEY AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS THEREOF. TO THE EXTENT NOT PROHIBITED BY APPLICABLE LAW, THE PARTIES HERETO EXPRESSLY WAIVE ALL RIGHTS TO A TRIAL BY JURY IN ANY JURISDICTION. YOU WAIVE ANY STATUTORY PROVISIONS WHICH CONFLICT WITH THE YERMS OF THIS LEASE, INCLUDING BUT NOT LIMITED TO UCC ARTICLE 2A SECTION 303 AND SECTIONS 508 THROUGH 522. You acknowledge that neither any Vendor nor any Equipment salesperson is an agent of ours nor are they authorized to waive or after the terms of this Lease. Their representations in no way affect any of our rights and obligations as herein set forth. If an E-Signature Rider is executed and delivered to us in connection with this Lease ("E-Rider"), such E-Rider will apply in the event this Lease and the Delivery and Acceptance Certificate (if requested) are submitted to you for electronic execution. You agree that an executed copy of this Lease bearing our original manual signature and your signature (either an original manual signature or such signature reproduced by your signature comments that a second of a reliable electronic form, such as a photocopy, facsimile or, if you have executed this Lease electronically pursuant to an executed E-Rider, a printout of this Lease from our systems bearing your electronic signature), shall be marked "Original" by us and shall constitute the only original document for all effective purposes; all other copies shall be duplicates. To the extent this Lease constitutes chattel paper (as defined in the UCC), no security interest in this Lease may be created except by possession or transfer of the executed copy marked "Original" by us.

You acknowledge that certain personal information may be communicated to us in the course of the performance of the Lease and will be used by us to administer our rights and obligations under the Lease and any other agreement entered into between you and us. You confirm that you have obtained any requisite consent to the disclosure and processing of such information by us for that purpose. All such personal data will be processed in accordance with the Hewlett-Packard privacy policy in force from time to time (available at www.hp.com). You authorize us to share information related to this Lease with our affiliates for any reason and any third party as necessary to fulfill our obligations under this Lease.

By signing and initiating a copy of this Lease where required below (either on paper or electronically) and providing the deposit account information required by Schedule B, you are agreeing to all of the terms and conditions of this Lease, including the terms and conditions contained in Schedules A and B and Annex 1, each of which is hegeby incorporated by reference into this Business Lease Agreement. This Lease shall become effective upon our acceptance hereof but we will have no obligation to purchase the Equipment until you have accepted it as set forth below.

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#### Read Carefully Before Signing

This lease is non-cancellable and is our full and final agreement, merging all prior understandings, and cannot be modified or terminated except by a written agreement signed by you and by a corporate officer of our company. You warrant to us that you have received, reviewed and approved your vendor's written supply contract covering the equipment terms of sale and warranties. You hereby authorize us to purchase the equipment in reliance solely upon your statements herein. By your initials below, you shall be deemed to have irrevocably accepted the equipment 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period, However, you agree to execute and deliver to us a delivery and acceptance certificate upon our request. "acceptance date" means the first business day following the expiration of such 10-day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of this lease shall begin on the acceptance date.

shall begin on the accepta	ince date,		$\alpha I$	114
LESSEE (INITIAL) X	100	DATE:	1/25	117
ACCEPTED BY: HEWLETT	-PACKARD FINAN	ICIAL SERVICES C	OMPANY <sup>1</sup>	/
BY:		t	ATE:	
Cununutu				

#### Guaranty

In consideration of this Lease of Equipment to Lessee, and to be legally bound, the undersigned ("Guarantor") personally, irrevocably and unconditionally guarantees payment and performance of, and as a primary debtor agrees to be jointly and severally liable for (without becoming entitled to the benefits of) all obligations under this Lease until such obligations are satisfied. WE MAY PROCEED ACAINST THE GUARANTOR IN THE FIRST INSTANCE WITHOUT RESORTING TO OTHER REMEDIES, AND THE GUARANTOR WAIVES ANY STATUTORY OR OTHER RIGHT TO REQUIRE OTHERWISE. Guarantor waives subrogation rights; waives defenses and rights relating to impairment, invalidity, modification, extension of the Lease, or relating to substitution, dishonor, release or compromise of Lessee; waives demand, protest, presentent; and waives all notices related to any of the foregoing, Guarantor shall pay all costs of enforcement and collection including attorneys' fees. THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF NEW JERSEY, GUARANTOR CONSENTS TO THE PERSONAL JURISDICTION AND VENUE OF FEDERAL AND STATE COURTS IN NEW JERSEY. THE PARTIES HERETO EXPRESSLY WAIVE ALL RIGHTS TO A TRIAL BY JURY.

JARANTOR SIGNATURE HE	:H=	
:X		 
c. Sec # :		 



#### Schedule A to Business Lease Agreement

Lease Agreement Number: 52059499604044USA2

Lessee (full legal name): MEADOWBROO	OK CENTER, INC.		
Billing Address: 350 Salmon Brook St,	GRANBY, CT, 06035, UNITED STA	ites `	
Tax ID Number:			
Telephone Number (including area co	de): 7084488304 Fax Number (	including area code):	
	hed Annex 1 to this Schedule		
Description:			450
Equipment Location: (if different from 350 Salmon Brook St, GRANBY, CONNE			
Vendor CDW			
Information(name):			
Term: 60	End-of-Term Option:	Periodic Lease Payment:	Tax on Periodic Lease
Period: Monthly	DOLLAR OUT	\$93.17	Payment (if applicable):
Payable: Arrears			\$ 5.92
Advance Lease Payment: \$	Tax on Advance Lease	Documentation Fee:	
	Payment (if applicable)	\$100.00	
The payment of any Advance Lease Payment refu	ected herein shall be a condition to	Total First Payment:	
Lessor's agreement to this Lease and may include applicable taxes, and/or (b) any other "Down Pays"	ment" (defined herein below).	\$199.09	
"Down Payment" shall mean such amount detern execution of this Lease and shall be credited agai Equipment leased under this Lease.			ide any Advance Lease Payment, the first le taxes, and the Documentation Fee.)

Lessee's end of term options:

If you have on a timely basis fully complied with all the terms and conditions of this Lease, you may choose to exercise one of the following options upon the natural expiration of the term or any extension or renewal term on an "all or none" basis as to each option, provided however, you must give us written notice not less than ninety (90) days before expiration of the relevant term:

- 1. PURCHASE OPTIONS: You may purchase the Equipment for the Purchase Price (as defined below) on an "as-is, where-is" basis, without any representations or warrantles, including no warrantles of merchantability or fitness for a particular purpose. "Purchase Price" means (a) if you have selected a FMV End of Term Purchase Option (as indicated above), the then "Fair Market Value" (as defined below) of the Equipment (plus all applicable taxes), or (b) if you have selected a 10% End of Term Purchase Option (as indicated above), an amount equal to one dollar (\$1.00) (plus all applicable taxes). "Fair Market Value" means the price that a willing buyer (who is neither a lessee in possession nor a used equipment dealer) would pay for the Equipment in an arm's-length transaction to a willing selter under no compulsion to sell; provided, however, that in such determination: (i) the Equipment will be assumed to be in the condition in which it is required to be maintained and returned under this Lease, (ii) in the case of any installed Equipment, that Equipment shall be valued on an installed basis, and (iii) costs of removal from the current location shall not be a deduction from such valuation. If you and we are unable to agree on the Fair Market Value of the Equipment at least thirty (30) days before Lease expiration, we will appoint an independent appraiser (reasonably acceptable to you and at your expense) to determine the Fair Market Value and such appraiser's determination will be final, binding and conclusive.
- 2. RENEWAL OPTION: You may renew the Lease at the then Fair Market Rental Value. "Fair Market Rental Value" means the amount of periodic rent that would be payable for the Equipment in an arm's length transaction between an informed and willing lessee and an informed and willing lessee, neither under computation to lease. Such amount will not be reduced by the costs of removing any Equipment from its current location or moving it to a new location. In the event of such an election, Lessee shall enter into a mutually agreeable renewal agreement with Lessor on or before the last day of the then applicable term confirming the period for which the Lease is to be renewed (the "Renewal Term"), and the amount of Rent and the times at which such Rent is to be payable during the Renewal Term.
- 3. EQUIPMENT RETURN OPTION: You may return the Equipment, at your expense, to a location designated by us on or before the last day of the Lease term. Upon return, the Equipment must be in the same condition as when you first received it (excepting only reasonable wear and tear) and include all original parts, attachments and accessories. For all Equipment to be returned to us, you agree to (a) remove any of your labels, tags or other identifying marks on the Equipment and wipe clean or permanently delete all data contained on the Equipment, including without limitation, any data contained on internal or external drives, discs, or accompanying media, and (b) pack the Equipment in accordance with the manufacturer's guidelines. You must also return to us all copies of any operating system software (including any certificate of authenticity) you received with the Equipment.
- 4. AUTOMATIC EXTENSION. IF THE LEASE DOES NOT CONTAIN A \$1.00 END-OF-TERM PURCHASE OPTION, AND YOU FAIL TO DELIVER TO US THE END-OF-TERM HOTICE HOT LESS THAN KINETY (90) DAYS BEFORE THE EXPIRATION OF THE RELEVANT TERM, THEN, WITHOUT ARY ADDITIONAL NOTICE OR DOCUMENTATION, THE THEN RELEVANT TERM SHALL BE AUTOMATICALLY EXTENDED FOR SUCCESSIVE CALENDAR MONTHS WITH RESPECT TO ALL ITEMS OF EQUIPMENT SUBJECT TO THIS LEASE THROUGH THE END OF THE CALENDAR PERIOD FALLINAR DELIVERED TO US ANEND-OF-TERM NOTICE WITH RESPECT TO THIS LEASE AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY. IF YOU DELIVER SUCH END-OF-TERM NOTICE, BUT SHALL HAVE SUBSEQUENTLY FAILED TO COMPLY WITH ITS OBLIGATIONS ARISING FROM THE ELECTIONS SPECIFIED THEREIN; THEN THEN APPLICABLE TERM OF THIS LEASE SHALL, WITHOUT ANY ADDITIONAL MOTICE OR DOCUMENTATION, BE AUTOMATICALLY EXTENDED. FOR EACH CALENDAR PERIOD THAT THE THEN APPLICABLE TERM OF THIS LEASE IS SO EXTENDED, YOU SHALL PAY TO US LEASE PAYMENTS IN AN AMOUNT EQUAL TO THE PERIODIC LEASE PAYMENT IN EFFECT IMMEDIATELY PRIOR TO SUCH EXTENSION AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY.

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# Annex 1 to the Schedule

Equipment Schedule Number 52059499604044USA2 Forming Part of Lease # 52059499604044USA2 between Lessor Hewlett-Packard Financial Services Company and Lessee MEADOWBROOK CENTER, INC.

QTY S	ITEM NO	DESCRIPTION	UNITERRICE	EXTENDED ERIGE
9	3145422	LVO TS TP E545 A-5350 320GB 4GB W8	- Marie Language Control of the Cont	
	1 1	M/g#: 20B20011US	435.12	3,916.08
2	3262308	Contract: MARKET		
4	3202309	HP SB 1910-24G SWITCH	270.00	540,00
	i !	Mfg#: JE006AS#ABA Contract: MARKET		
1	1908445	CYBERNET PWR SUP	05.74	
	1 [	Mg#: EPU180W	65.74	65.74
9	500817	Contract: MARKET	1	
3	500817	INTERMEDIATE CUSTOM TAG	10.00	90.00
		Mfg#: INTERMD CSTM TAG Contract: MARKET	] [	*****
15	2086051	LOGI B100 USB OPT BLK MOU		
		Mfg#: 910-001439	6.50	97.50
ł	1	Contract: MARKET		

Shipping	160.90
Total Amount	4.870.22

The described items constitute all the Equipment covered by the above referenced lease. Lessee (initial):X

# General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2015		7	37
		were maintained on the following basis:			
The records of this facility for the f	Sorton covered by this report	more mannamed on the tonowing basis.			
	Modified Cash				
Is the accounting basis for this		NI. TORNIA BARRALLE			
1	Yes $\square$	No If "No," explain.			
previous period?	· · · · · · · · · · · · · · · · · · ·				
,	2.55				
				_	
	# W # # # # # # # # # # # # # # # # # #				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		_	
1 Marcum LLP		335 Long Wharf Dr, 12th Fl, New Have			
2 Marcum LLP		335 Long Wharf Dr, 12th Fl, New Have			
3 Marcum LLP		335 Long Wharf Dr. 12th Fl. New Have	en, CT 0651	፲ 1	
4 Marcum LLP	:1 - C.11 - N	335 Long Wharf Dr, 12th Fl, New Have	en, C1 0051	Ţ	
Services Provided by This Firm (de		L. Control of the Con			
1 Tax Return & Audit Financial Sta	itements 9/30/15	Nation American Control of the Contr		\$ 26,125	
2 2013 Tax Return (Disallow)				\$ 2,063	
3 Medicare Cost Report (Disallow)				\$ 2,650	
4 2013 Administrative Fees (Disallo	w)	Look Tr. Look Are Market	·	<u>\$ 440</u>	
			Charge for S	Services Pr	ovided
				S31,278	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.			
☑ Yes ☐ No	Pg 15, Line1d				
Legal Services Information					
Name of Legal Firm or Independen	nt Attorney		Telephone 1		
1 Shipman & Goodwin			860-251-50		
2 Murtha Cullina		•	860-240-60		
3 Rosenthal Law Firm	a		860-677-71	/1	
4 Probate/State Marshal/Trea	isurer St of CT				
5 Harrison & Burch	Zin Coda)		1		
Address (No. & Street, City, State,  1 One Constitution Plaza, Ha					
1					
118 Asylum St, Hartford, C 3 PO Box 586 Avon, CT 0600					
4	<b>A</b>	·			
5 400 Seabury Drive #4178, B	loomfield, CT 06002	<u> </u>			
Services Provided by This Firm (a				· <del></del>	
I Employee Matters: Disallow				S 3,534	
2 Survey & Ownership Matters: Di	sallow			\$ 6,620	
3 A/R Collections: Disallowed	(JASSA V * I			S 4,559	
				\$ 440	***************************************
4 A/R Collections: Disallowed		_		\$ 5,075	
5 Note Agreement: Disallow			Charge for		rovided
			Charge Iot	\$20,228	Trided
	and diame Destina of This Descriptor	Vac Specify Evnence Classification and Line No.	L	\$20,228	
i		Yes, Specify Expense Classification and Line No.			
☑ Yes ☐ No	Pg 15, Line1e				

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

# Schedule of Resident Statistics

Name of Facility			License No.	Şo.	-		Report for Year Ended	or Year E	Snded		Page	Je
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	lby			2342/2342	5		•	09/30/15	, <u>,</u>		, ×	3.7
					٦	101	EI	- 18				
		Total	Total		le l	rerioa 10/1	1 nru 6/30	96/		Period 7/1	Thru 9/30	/30
	Total All	CCNH	RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS (	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity		!										
A. On last day of PREVIOUS report period	90	80	10		8	98	10	•	06	80	9	<u>-</u>
B. On last day of THIS report period	90	08	10		96	8	10		æ	8	9	
2. Number of Residents										20	2	
A. As of midnight of PREVIOUS report period	84	74	10		78	7	7		25	7.4	g.	
B. As of midnight of THIS report period.	98	9/	10		-	12			8	1	3	
3. Total Number of Days Care Provided During Period									8	0	PI -	
A. Medicare.	2929	4,005	2,562		5.023	3.082	1.941		1 544	033		
	10.250	10 250	-		┰			T	2,1	277	170	
1	┸	17,430	7		14,453	14,452			4,806	4,806		
C. Medicald (other states)							<u> </u>					
D. Private Pay.	3,694	3,477	217		2,656	2.489	167	-	1.038	886	62	
E. State SSI for RCH						-			2006	3	3	
F. Other (Specify) Managed Care	375	375			251	251			124	12,5		
G. Total Care Days During Period (3A thru F)	29,895	27,115	2.780		┼	20 274	100		12.4	1	1	
n 3					-	1	9-	1	710,	150,0	7/	
for Which Revenue Was Received for Reserved												
Beds			•						<del></del>			••
- 1	27	27			15	151		_	- 22	12	,	. =
B. Other Bed Reserve Days	7	4			4	4			1	7		
5. Total Resident Days (3G + 4A + 4B),	29,926	27,146	2,780	7	22.402	20.293	2.109		7 574	258 9	11.5	
					4	2226	-11.07		+764	0,033	0/1	

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

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Vame of Faci				Licer	ise No.				Report	for Year	Ended		Page	of
Athena Mea			C d/b/a		03.40.02	40					0/20/	7015		37
Meadowbro	ok of G	ranby			2342/234	12	·				9/30/	2015	9	- 31
d. Wana the		-1	in the partified b	od oo	anaitu du	ring t	ha rano	et voor	·9			YES 🖸	NO .	
			in the certified b		pacity du	បពន្ធ ព	пе геро	ri yeai				IES E	NO	
If "YES	", provi		ollowing informa	tion:								5 01		
	<u>.                                    </u>	Place o	f Change			hange	in Bec			C	apacity A	fter Change		
	]		(Specify)	L.,	Lost			Gaine	d					
Date of	CCNH	RHNS												
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
					,									_
			W-71									*		
							-							
<del></del>			-											
									-					
5. If there	was any	y change	in certified bed	capaci	ity during	the r	eport y	ear (as	reporte	d in iten	n 4 above	e) provide the num	ber of	
RESID	ENT D	AYS for	90 days followi	ng the	change.									
											·			
			Change in R	eside	nt Days					cc	CNH	RHNS	(Spe	cify)
1st chan	ge													
4th char	ıge		*** *** *** *** *** *** ***			<u></u>				<u> </u>				
6. Number	of Res	idents a	nd Rates on Septe	ember			ar	.,						
			Medicare		Medi	caid				S	elf-Pay		Other State	e Assisted
	Item		CCNH	C	CNH	R	HNS	С	CNH	RF	INS	(Specify)	R,C,H,	ICF-MR
No. of F	Residen	ts	12		58				12		1	3		
Per Dier	n Rate							7 1						
a. One	bed rm.		525.77		242.17		195,68	4:	93.00		465.00	396,81		
b. Two	bed rm	ıs.	525.77		242.17		195.68	4	63.00		451.00	396.81		. = =
c. Thre	e or mo	re				1								
•	rms.													
		of Physic	cal Therapy Treat	ments	3					ТО	TAL	CCNH	RHNS	(Specify)
		care - Pa									3,432	3,432		
В	. Medic	caid (Ex	clusive of Part B)	)						Average Market				
	1. M	aintenan	ce Treatments								332	332		
	2. Re	storative	e Treatments											
	. Other										14,654	14,654		
			d Therapy Treat							nominated consists	18,418	18,418	Maria de la companio	ecologosta acesas
			h Therapy Treatr	nents										
		care - Pa								kilkesti:	1,724	1,724	and the state of t	u variati ventsi
В		-	clusive of Part B	)						100000	198	198		
			ce Treatments e Treatments					••••			170	190		
	. Other		e Heatments				-				4,009	4,009		
			Therapy Treatm	onte						<del> </del>	5,931	5,931	-	
			pational Therapy		ments					200719				2000 TA15
		care - Pa		Tical	ILICITES						4,056	4,056	344534534	19.500 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00 (19.00
			clusive of Part B	<b>)</b>						0.815		V 0.5		5.00.00
D			ice Treatments	,						2010/00/00 COM	404	404		
			e Treatments											_
C	. Other									T	15,486	15,486		
D	. Total	Оссира	tional Therapy	Treati	nents						19,946	19,946		

Report of Expenditures - Salaries & Wages

Nar	Report of Expansion of Facility	License No.	Datati	Report for Year		Page	of
Ath	ena Meadowbrook, LLC d/b/a Meadowbrook of nby	2342/2	23.42	9/30/2	015	10	37
	time records maintained by all individuals receiving com		☑ Yes	□ No	013	10	
	time records maintained by an individuals receiving com	pensation:	E1 103	Total Cost a	nd Flours		
52315	Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A.	Salaries and Wages*	10 x 30 34 25 25 25 25 25 25 25 25 25 25 25 25 25	Tions	201110132323		G. 88 38 95 95 94 1	10000
A.	Operators/Owners (Complete also Sec. I		300000000	100			12.0
	of Schedule A1)	2.514.111.22		1525301031331230153			14-23-12-12-12-12-12-12-12-12-12-12-12-12-12-
	2. Administrator(s) (Complete also Sec. III		100 C 200 S	34.55.27	5710719770	ricoja statisticija	XX Wall to be
	of Schedule A1)	113,148	1,942	11,587	199	100000000000000000000000000000000000000	10.22.02300.000.00
├	Assistant Administrator (Complete also Sec. IV	115,146	1,742	11,507	NA CAMBRE		
ļ		26.75.0010.01.0200	HARIOTE BOUNCE	7. CO 164 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	Her Contractor	10.400 CH1/0034-045-03	**********
<u> </u>	of Schedule A1)	012-000-00-012-00-00-00-00-00-00-00-00-00-00-00-00-00	200200000000000000000000000000000000000	6270334600740346006	edatelistical control	52,000 120 150 050 050 18	tarana
	4. Other Administrative Salaries (telephone	107.710	0.740	10.324	05.1		
<u> </u>	operator, clerks, receptionists, etc.)	187,719	8,340	19,224	854	unicata de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composici	
	5. Dietary Service	25,000	772	2.662	70		
	a. Head Dictitian	25,999 48,696	772 1,872	2,663 4,987	79 192		-
$\vdash$	b. Food Service Supervisor	327,167	24,371	33,505	2,496		
$\vdash$	c. Dietary Workers  6. Housekeeping Service	327,107	24,3/1	33,303	2,490	90.5	EST NO VIEW
		40,510	1,892	4,149	194	ALCOHOLD STREET	200000000000000000000000000000000000000
-	a. Head Housekeeper b. Other Housekeeping Workers	141,634	11,034	14,505	1,130		
⊢	7. Repairs & Maintenance Services	141,034	11,054	14,303	1,130		10 Sec. 10 Sec
	a. Engineer or Chief of Maintenance	46,180	1,929	4,729	197	254 (2005 254 254 254 254 254 254 254 254 254 25	ALL CARREST
	b. Other Maintenance Workers	31,819	1,960		201		
-	8. Laundry Service	01,019	1,500 (200)	3,232	400	E W. C. St. St. T.	200000000
	a. Supervisor						2322000000
⊢	b. Other Laundry Workers	80,597	5,512	8,254	.565		
-	Barber and Beautician Services	00,377	3,012	0,201	1002		
	10. Protective Services						
	11. Accounting Services	70.0		2007216620000000000000000000000000000000	177 (187 28)		
	a. Head Accountant	TO THE REAL PROPERTY.		30.11			E-y-DZ ENGLES
	b. Other Accountants	* 11.77-7					
$\vdash$	12. Professional Care of Residents		introduces in	0.65 5 5 5		10.000.00	4.00
1	a. Directors and Assistant Director of Nurses	147,871	3,127	18,301	387		
	b. RN		150 000 000	100000000000000000000000000000000000000	(C) (C) (1) (A)		
	1. Direct Care	485,045	13,458	25,449	887		505 P21 X 2010 13
	2. Administrative**	303,487	11,571		1,432		
$\vdash$	c. LPN			100		0.76 0.75 0.76	F111 (2015)
	1. Direct Care	613,388	23,825	62,191	2,302		
$\vdash$	2. Administrative**						
	d. Aides and Attendants	937,929	63,210	128,806	9,248		
	e. Physical Therapists	451,560	12,564			•	
F	f. Speech Therapists	184,746	3,560				
Г	g. Occupational Therapists	307,004					
Г	h. Recreation Workers	74,111	4,508	7,590	462		
_	i. Physicians	Ballion Residence		1000			100
1	Medical Director			<u> </u>			
	2. Utilization Review						
	3. Resident Care***						
	4. Other (Specify)	2.00					
_							
	j. Dentists			<del> </del>		<b>!</b>	
<u></u>	k. Pharmacists	-		<del>                                     </del>	<del>                                     </del>	ļ	1
L.	l. Podiatrists	167.622	( 000	10000		<u> </u>	<del> </del>
Ľ	m. Social Workers/Case Management	165,008	6,291	16,899	644	<del>                                     </del>	
$\vdash$	n. Marketing	30000000000000000000000000000000000000	ARCHES CONTRACTOR		2510000000000		SECULIARIO.
	o. Other (Specify)					205	
	A-13. Total Salary Expenditures	4,713,618	210,267	403,658	21,469		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)
	7549.38.749	Tandi Militari	法安保的		118280	
	地區等度是	<b>建设建筑线</b>	og folk sa Gr	\$3,457.656.00		\$140.00G
	(李)(李)(李)(李)	海湖的基础基础	器的影響的國		3384 V 30 Hb	是一个
	7-27-74-72-75-19	逐渐等 激发			1,48 (8)16 (5)	275.54
	180 LE 180 LE 18	MANAGE PROPERTY.	65 8 W 65 88	STATE STATE		數學的
		避過激素		4000 44 1000	368.23	900000
		(2) Total (54.6)	\$400 ACC 1000	400.2020	4.75	
rang ay katang ity ing Kalasa Ang aya ay	\$150 PER SECTION	THE PERSON				SERVICE SERVICE
	-27627	TAXIII TA	\$4578 Disk		CHARLES FOR	38.789.3848
			0.8208.081090	**************************************	28/86/A	Skilje ur s
	18 (% (C) 18 (B)	466648113944				(38)
	900000000000000000000000000000000000000	30/ # 26/ <b>\$#2</b>			學教育的發展	
	71.1887.1.185.X <del>J</del>		省份(基格司)		法图1900年度	\$400 C
	h-arponitesos/hot.comes				9×52-52-52	22.00 K
	0.368			\$15 STATE:		
	- 2 7 88 S 78 78 18			STATE OF THE PARTY	7 (T. F.) S	
	<b>《美国英国大学</b>		222 0450	2000 TO 12	<b>电影影响影响</b>	2700 4004
	<b>国际发展</b>	Street Touristan				空景 / 学是
Total	<b>S</b>	<b>建建筑建筑设置</b>	S	34.61/±0.45	<b>S</b>	

Schedule of Physician: Other Fees (Page 13)	\$	Hours	\$ DHMC	Hours RHNS	\$ (Specific)	Hours (Specify)
Service .	CCNH	CCNH	RHNS	Kans	(Specify)	(Specify)
	A 1000000000000000000000000000000000000	169131912434161	39/43/2007 PAR	Solid Kirkstein d	200 MAY 14 15 15 15 15 15 15 15 15 15 15 15 15 15	5,900,000,000
Medical Staff Meetings	S 363	4	\$ 37			<b>美国和第一段</b>
			3744 W. N. (C. (C. )	200 TO 200	<b>有上数数数数</b>	等。政府经
	4 350% 350%	<b>李奕思的经验</b>		900 446	1000000000000	NEWS LEADING
	6 0003801020808	enta versiosio	######################################	000 E. W. L	2.50 (\$1.00)	2000 CONTR
		3752384542			100000000000000000000000000000000000000	
	5 (\$2.4) (\$200 \$2	\$6155 \$1750 VS	308 WALES	3000年2000年		XX*****
en om med et en		译作的 经验证金额	变物 海里省縣	MARKE !	148 (228) (2)	\$42 Tes
	e PCV 9790000000	TO THE PROPERTY.				<b>建筑基份</b>
			9年3000000000000000000000000000000000000	SAME OF THE PARTY.	/公共/转位	F79-1290
	Selection of the select	53 (2.13)	<b>学学学生</b>		12 (12 2)	等等等
	1 Maj 285 7 C F S A S	238.0648.0666.68		CAR PROPE		
			<b>对原的自己的</b> 是5克	Advision (Special)	100000000000000000000000000000000000000	(E07270.18
the state of the s	e Page (Althorn Stim) (Figure	(2015) (4.14)	21.488750 38.28		<b>20世纪</b> 第	50 50 10 10 10 10 10 10 10 10 10 10 10 10 10
Tatal	\$ 363	47	\$10000000000000000000000000000000000000	14884198.488	\$ 500 - 100	FERNANCE

Schedule of Other Fees (Page 13)	S	Hours	\$	Hours	S	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
		<b>电影</b> 计编号	至整体的特			维统数数
			<b>医波尔特学规划</b>			W. 70134 SE
	WINDS NO.	HINE WELL			1917 12 202 202	
	美羅拳 给给	<b>多国家的企业</b>	SISE SERVE		是物质学	
s og tilka kendiger sam en medter sin fra den 1. met eller fra 1. met en 1. met	125-12-12-12-12-12-12-12-12-12-12-12-12-12-	WHILE SET		<b>经验证的</b>	**************************************	<b>公开</b> 经验
			992 8425	好了。这里大	2世级为其第	Savanie Lieu
	\$5.57 (10) FF (10)	群为证据2000年	非型 医 粉丝			京物 建筑
	2000	EAST-2013/8/85	扩架 透過域數	5.00 F. S.	18 B	<b>*************************************</b>
			3.48.27.19.20.7	OFFICE OF STREET	20.20	
	12.50.47.150.00.43.15.15	#47.12620.00	<b>计学活动</b> 数	1000 FEV 58400	UST SEE ENGINE	海岸洲亚
				0.05736.120	<b>100 32/45/30</b>	XXXX
		HARTEST DESIGNATION		155 TO 150		<b>"全外来开"</b>
	19/01/12/20/20/20/20/20/20/20/20/20/20/20/20/20	STREET STORY	-/40X 80 0 14 4 5 5	NATES AND	<b>运动发展发展</b>	EXXXXXXX
	TO DESCRIB			DWINE S	TW-3204-007	
Total	\$	77-12 TX 12 12 12 12 12 12 12 12 12 12 12 12 12	\$(1000)	HAYSTEN ZiTUS	\$	\$150 X250

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Name of Bacility			AS	Sistant Aum License No.	ASSISTANT AUTHINSTRAIOTS AILC OLITET NEGATED T ALLES	Culler Report for	Report for Year Ended	aiucs	Page	jo
Ivality of Facility									þ	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	/b/a Mead	owbrook o	fGranby	234	2342/2342		9/3	9/30/2015	11	37
		Salary Paid								
				Fringe Benefits and/or Other	·	Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
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		- <del> </del>				`				
Assistant Administrators who are identified on Page 12).						,				
Not Applicable										
-						,	,			
									. •	

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

				.	Adillistrators and Outer Netaled Falties		ol Nelale	ת במוחבא.		
Name of Facility (as licensed)				License No.		Report for	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	n/a Meadow	vbrook of C	ranby	23.	2342/2342		9/30	9/30/2015	12	37
	7.8	Salary Paid								
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name				Payments	Full Description of	Hours		Name and Address of All	Hours	Compensation
	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Christine McKinney (10/1/14-9/30/15)	113,148	11,587		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,141	A2			
Section IV - Assistant Administrators							•			
							1			
						·				
* No allowance for salaries will be considered unless full informati	e considere	d unless ful	1 informatic	on is provided. Us	ion is provided. Use additional sheets if required.	mired.				

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

114444	License No.		Report for Y		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/	2342	9/30/2	2015	13	37
	· · · · · · · · · · · · · · · · · · ·		Total Cost a	nd Hours		***************************************
1999) (19 th 1999) (19 th 1991) (1995						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary			high season of			
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,866	22	908	2		
3. Pharmacist	6,210	127	636	13		,
4. Podiatrist						
5. Physical Therapy						0.000 (813)
a. Resident Care	10,050	175				
b. Other						
6. Social Worker						
7. Recreation Worker	*****************	Zennya kaning panana Caring kanala	BOTTH MANAGEMENT AVAILABLE	and the same of the same		
8. Physicians		00.0015-05-05-				
a. Medical Director (entire facility)	101,233	362	10,367	37	andrzejiachona szebejtentasz	27 X 2 X 2 X 2 X 2 X 2 X 3 X 3 X 3 X 3 X 3
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,807	workers a second wild be highly a second	iostocija provinski zdovos	MARKATON STOREST PROGRAMME	Sud-Consider Medical Property and Advisory	Sebala da menarana
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)  2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						10 N 20 A
See Attached Schedule	363	4	37			
9. Speech Therapist						60.000
a. Resident Care	5,063	14				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN		Series and the				
1. Direct Care						
2. Administrative***	444	7	54	1		
b. LPN						
1. Direct Care						
2. Administrative***			ļ			
c. Aides						
d. Other						<u> </u>
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	146,036	711	12,002	53		
		· <del>*</del>				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Y	ear Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbroo	k of Granby	2342/2342		9/30/	/2015	14	37
Name & Address of Individual		nation of Service	Operator	to Owners,	Expla	nation of R	Lelationship
Noble Hospital, 115 West Silver St, Westfield,		Physician	Yes	No	*		
MA 01085	,			Ū Ū			
Healthdrive Audiology Group, 888 Worcester St, Wellesley, MA 02482		Physician		· ·			
Onward Healthcare, PO Box 27421 New York, NY 10087		ical Therapist		Ø			
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001		ech Therapist		Ø			
ProHealth Physicians, Dr Shastri, 6 Northwesters Drive, Bloomfield, CT 06002		Director/Medical Staff		Ø			· .
Retina Consultants, PC. 191B Main St, Manchester, CT 06040		Physician		Į.			<u>.</u>
Healthdrive Eyecare Group, 888 Worcester St, Wellesley, MA 02482		Physician · ·		Ø			•
CT GI Endoscopy Center, 4 Northwestern Dr, Bloomfield, CT 06002		Physician		Į.			
Omnicare, PO Box 740391, Cincinnati, OH 45274	F	harmacist		Į.			
Healthdrive Medical Dental, 85 Barnes Rd Suite 207, Wallingford, CT 06492		Dentist	0	Ø			
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Med	lical Director		Ø	·	· · · <del>· · · · · · · · · · · · · · · · </del>	
CT Multispecialty/David Fenton, 100 Retreat Ave #605, Hartford, CT 06106	Asst N	ledical Director		Ø			*****
Arrhythmia Consultants of CT, 95 Woodland St, 4th Floor, Hartford, CT 06105		Physician		Q			
Connecticut Surgery Center, 81 Gillett St, Hartford, CT 06105		Physician				A-W-0	
Athena Healthcare, 135 South Rd, Farmington, CT 06032	λ	ADS Fill In	Ø		Common Owr	ners	
			0				****
		,			,,		
		•					W
			0				
						al and the	

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

	ense No.	Report for Ye	ear Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby 234	2/2342	9/30/	2015	15	37
Ĭtem	- 1-11	Total	CCNH	RHNS	(Specify)
Administrative and General					
a. Employee Health & Welfare Benefits		100	1		
1. Workmen's Compensation	\$	221,011	203,577	17,434	
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	121,334	111,763	9,571	
4. Social Security (F.I.C.A.)	\$	381,008	350,954	30,054	
5. Health Insurance	\$	654,853	603,197	51,656	
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	16,350	15,060	1,290	
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> )	\$				
See Attached Schedule					100
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and		960 00000000000000000000000000000000000			
Operators (Discriminatory)*					
1					
c. Bad Debts*	\$	25,642	22,194	3,448	
d. Accounting and Auditing	\$	31,278	28,372	2,906	
e. Legal (Services should be fully described on Pa	ge 7) \$	20,228	18,349	1,879	
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	63,918	57,980	5,938	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	41,720	37,844	3,876	
2. Cellular Phones	\$	2,615	2,372	243	
i. Appraisal (Specify purpose and	\$				
attach copy)*			0.000		
· · · · · · · · · · · · · · · · · · ·					
i. Corporation Business Taxes (franchise tax).	\$	3			
k. Other Taxes (Not related to property - See Page	22)				
1. Income*	\$	500	454	46	
2. Other (Specify)	\$	3			
See Attached Schedule					
3. Resident Day User Fee	. 9	491,007	445,395	45,612	
Subtotal	5	2,071,464	1,897,511	173,953	

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

(Carry Subtotals forward to next page)

# Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby 9/30/2015

### Schedule of Other Employee Benefits

<b>Description</b>	CCNH	RHNS _	(Specify)
		12.74	1.0200
	77.46 41.25		
States of the form of the state			
		STATE OF THE STATE	Commence of the
			44-27-0
		7.5 F. S. S. S. S.	4-4-6-72 (2.3)
		¥ T	
			7. G 2. J 2. J.
		1824 (1904 XXXX)	
			111.90
			46.0
			7755 W 775
		3.00	
1			(0) (0) (a) (1) (b)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
			100000000000000000000000000000000000000
	i pilotota atau atau rataturak		
Total	\$ -	\$ 40.2	\$ = =

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

1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	License No.		Report for \	ear Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342		9/30/	2015	16	37
Item			Total	CCNH	RHNS	(Specify)
	s Brought Forwa	rd:	2,071,464		173,953	(-1
1. Travel and Entertainment						S State State
1. Resident Travel and Entertainment		\$	210			
2. Holiday Parties for Staff		\$	4,580	4,155	425	
3. Gifts to Staff and Residents		\$	16,001	14,515	1,486	
4. Employee Travel		\$	4,738	4,298	440	
5. Education Expenses Related to Seminars an		\$	2,642	2,397	245	
6. Automobile Expense (not purchase or depr		\$		-		
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses		•				
Advertising Help Wanted (all such expense.)	s )	\$	3,188	2,892	296	
2. Advertising Telephone Directory (all such e		\$	888	806	82	
3. Advertising Other (Specify)***		\$	41,748	37,870	3,878	'
See Attached Schedule					Missi Wile in	
4. Fund-Raising***		\$				
5. Medical Records	******	\$				
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for service						
7. Postage		\$	8,127	7,372	755	
* 8. Dues and Membership Fees to Professional		\$	6,142	5,571	571	
Associations (Specify)						
See Attached Schedule					100000	
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	787	714	73	
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$				
Schedule C-2, Page 21 for each firm or ind						
12. Administrative Management Services**		\$	159,393	144,586	14,807	
13. Other (Specify)		\$	157,204	142,599	14,605	
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,476,902	2,265,286	211,616	

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

#### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
			2020
			**************************************
			5.2%
	· · · · · · · · · · · · · · · · · · ·		\$1000 B
	e de la companya de l		South South
	<b>的是华克克</b>	147511338 18231	2747 AFREE-S
Total Other Travel and Entertainment	\$ 400	\$ -	\$ ****

Schedule of Other Advertising

CCNH	RHNS	(Specify)
\$ 37,870	\$3,878	V. C. (2004) (1) - 41:
arabura Kristok	S. S. Galling S.	
87-41-61-61-61	Lastation to the	
\$ 37,870	\$ 3,878	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 5,571	\$ 571	
	S. J. S.		
	38. Helian	4.00 4.0758	
	Sent Section 1	Add officers	
	2.64.000		图4.000
2000			多级 建原则主义
			200
	1.0000 00000000000000000000000000000000	KONSTRUCTOR	3148 331 37
		UST WAS A SECOND	119 00000000000000000000000000000000000
Total Dues	\$ 5,571	\$ 571	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	在海岸的家庭情		14 20 3A 5 C
	许连接 经净额		文学·数学长2.5
	L-10-16-14-17-18	烈後 夢療療	
			15 38 2 第 3 第 3 5 5 4
			25.00
Total Contributions	\$	\$ -	[ \$ ]

### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 2,734	\$ 280	
Licenses	\$ 1,206	\$ 124	
Bank Charges	\$ 4,314	\$ 442	
Payroll Processing Pees	\$ 17,046	\$ 1,746	
MDS Consulting	\$ 18,142	\$ 1,858	2005 PROS 2005
Appraisal Fee	\$ 4,082	\$418	Harris Harris
	200		45-20078-2-2005
Compliance Consulting	\$ 30,778	\$ 3,152	
Employee Physicals/Background Checks	\$ 13,941	\$1,428	
Data Processing Fees	\$ 46,950	\$ 4,808	
AR Temp Fill In	3,406	\$ 349	
Total Other Administrative and General	\$ 142,599	\$ 14,605	\$

# Schedule C-1 - Management Services\*

Name of Facility Athena Meadowbrook, LLC d/b/a	License No.	Report for Year Ended	Page of		
Meadowbrook of Granby	2342/2342	9/30/2015	17   37		
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual		
Company Supplying Service	Service	Provided	Report Page #/Line #		
Athena Health Care Assoc., Inc					
135 South Road	\$197,927	Contract Attached to a			
Farmington, CT 06032		Prior Year	See Below		
Allocation of the above	\$130,632	Admin/Gen 66%	Pg 16, Line 12		
	\$31,668	Indirect 16%	Pg 18, Line 2C		
		Direct 18%	Pg 20, Line 5J		
Athena Health Care Assoc., Inc					
135 South Road	\$28,761	Admin/Gen - Other Exp	Pg 16, Line 12		
Farmington, CT 06032					
·					
			·		
			·		

<sup>\*</sup> 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.

# **Annual Report of Long-Term Care Facility**

CSP-18 Rev. 9/2002

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

		License	nse No.		Report for Year Ended				Page	of	
Ather Gran	na Mcadowbrook, LLC d/b/a Meadowbrook of	2:	342/234	12		9/30.	/2015		18	37	
-	Item					Total		CCNH RHNS		(Sp	ecify)
2.	Dietary		1966		164.694						
	a. In-House Preparation & Service									30,100	
	1. Raw Food	\$		186,038	1	168,756	17,2	282			
	2. Non-Food Supplies	. \$		29,755		26,991	2,7	764			
	3. Other (Specify)	. \$	·	1,467		1;331		136			
	Dishes = \$1,467										
	b. Purchased Services (by contract other	\$									
	than through Management Services)							37.6			
	(Complete Schedule C-2 att. Page 21)			The state				100			
	c. Management Services**	\$		31,668		28,726	2,9	942			
	d. Other (Specify)	. \$			V 1000000000000000000000000000000000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and the second s	4270035591			
2E.	Total Dietary Expenditures $(2a+b+c+d)$	\$		248,928	2	225,804	23,	124			
2F.	Dietary Questionnaire		T	otal	C	CNH	RHNS		(S <sub>1</sub>	pecify)	
G.	Resident Meals: Total no. of meals served per	r day:*	<u> </u>	246		223	<u> </u>	23			
H.	Is cost of employee meals included in 2E?			Yes		No					
I.	Did you receive revenue from employees?			Yes	7	No	If yes, sp	ecify	amoun	t.	
J.	Where is the revenue received reported in the	: Cost Re	port?	(Page/I	_ine Ite	em)					
K.`	Is cost of meals provided to persons other that employees or residents (i.e., Board Members, Guests) included in 2E?		Ø	Yes		No	If yes, sp	ecify	/ cost. =	= \$1175	
L.	Is any revenue collected from these people?			Yes	1	No	If yes, sp	ecify	/ amoun	it.	
M.	Where is the revenue received reported in the	Cost Re	port?	(Page/I	ine It	em)					
N.	Is cost of food (other than meals, e.g., snacks monthly staff meetings, board meetings) prov	at		Yes	Ø	No	If yes, sp	ecify	/ cost.		
ĺ	employees included in 2E?										
0.	employees included in 2E?  Is any revenue collected from employees?			Yes	Ø	No	If yes, sp	ecify	/ amour	ıt.	

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)

	ne of Facility na Meadowbrook, LLC d/b/a Meadowbrook of	License	No.		Repo	rt for Y	ear En	ded	Page	of
Grat		23	<b>42/23</b> 4	2		9/30/2015		19	37	
	Item		Т	otal	CC	NH	RH	NS	(Sp	ecify)
3.	Laundry a. In-House Processing*	Lbs.								
	<ol> <li>Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***</li> </ol>	Amt. \$								
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.							_	
	processed.***	Amt. \$								
	3. Personal clothing of residents	Lbs.	13 · · · = · · · · · · · · · · · · · · ·						<u></u>	
	washed, ironed, and/or processed.***	Amt. \$								
	4. Repair and/or purchase of linens.***	Lbs.							···-	
		Amt. \$		13,605		12,341	:	1,264		
	b. Purchased Services (by contract other	\$	na ana							
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)						0.6366			
L	c. Management Services**	\$								
	d. Other (Specify)	\$	954000000	3,638		3,300	24552222	338	000000000000000000000000000000000000000	
	Supplies = \$3,638									
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$		17,243	<u> </u>	15,641		1,602		
3F.	Laundry Questionnaire									
G.	Is cost of employee laundry included in 3E?			Yes		No	If yes,			
H.	Did you receive revenue from employees?			Yes		No		specif	y amoun	t
I.	Where is the revenue received reported in the Co	st Repoi	t?		(Pag	ge/Line	Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	n		Yes	IJ	No	If yes,	specif	y cost.	
K.	Did you receive revenue from these people?			Yes		No		specif	y amoun	t.
L.	Where is the revenue received reported in the Co	st Repor	t?		(Pag	ge/Line	Item)			
*	Do not include salaries from page 10 as part of dollar valu		J. 1 1	2.1	1 1					

<sup>\*</sup> 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.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> 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)

Nar	e of Facility License No. Report for Year Ended			Page	of		
Athe Gra	ena Meadowbrook, LLC d/b/a Meadowbrook of nby	.C d/b/a Meadowbrook of 2342/2342 9/30/2015			20	37	
	Item	•		Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
-	1. Supplies - Cleaning (Mops,	Amt.	\$	18,120	16,437	1,683	
	pails, brooms, etc.)		1				
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel			,		
	(Complete Schedule C-2 att.	Amt.	\$			-	
	Page 21)					_	
	c. Management Services*		\$				
	d. Other (Specify)		\$		`		
			ļ	Park Park			
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	18,120	16,437	1,683	
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***	•		100 6 100			
	1. Own Pharmacy		. \$				
	2. Purchased from		\$	241,517	239,609	1,908	
	Omni Care						
	b. Medicine Cabinet Drugs		. \$	1,731	1,570	161	
	c. Medical and Therapeutic Supplies			185,206	168,001	17,205	
	d. Ambulance/Limousine***			868	868	-	
	e. Oxygen			1.0000000000			
	1. For Emergency Use		. \$			-	
	<ol> <li>For Emergency Use</li> <li>Other***</li> </ol>		. \$	26,350	23,448	2,902	
	f. X-rays and Related Radiological		\$	23,596	23,596		
	Procedures***						
	g. Dental (Not dentists who should be ind	:luded under	\$				
	salaries or fees)						6.000000
	h. Laboratory***		. \$	19,765	19,765		
	i. Recreation		\$	21,123	19,161	1,962	
	j. Other (Specify)****		\$	109,628	104,895	4,733	**********************
	See Attached Schedule						
5K	. Total Resident Care Expenditures (5a -	5j)	\$	629,784	600,913	28,871	

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

# Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby 9/30/2015

### Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ == 32,317		
Medical Equip Rentals-Medicaid	\$ 34	\$ 3	10.00 (10
Physical Therapy Supplies	\$ 40,683		
Occupational Therapy Supplies	\$ 376		
Oxygen Concentrator Rentals	\$ 2,971		
Cable Television	\$ 10,896	\$ 1,116	
Medical Equip Rentals-Other	\$ 17,618		
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		2 × 3 × 5 × 2	
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	222 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Total Other Resident Care	\$ 104,895	\$ 4,733	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
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## Schedule C-2 - Individuals or Firms Providing Services by Contract \* Report of Expenditures

Name of Facility				License No.	Report for Year Ended				Page	Jo
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	/a Meadowbrook of Granb	y.	***************************************	2342/2342	9/30/2015	2015			21	37
		Relate	Related ** to	TANK THE TAN				***************************************		
		Owners, (	Owners, Operators,			`	() ()	چ د د	÷	<del></del>
;		EIO	Umcers				I OLAI COSI/	10tal Cost/rage Kel.		
Name of Individual or	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	P.	Line
CWPM	PO Box 415, Plainville, CT 06062		5	<b>,</b>	Rubbish Removal	19,587	2,006		22	6£
Charles Lawn Service	Po Box 137 N Granby, CT 06060		5		Groundskeeping/Snow Removal	32,174	3,295		22	9
Omnicare/Value Heath Care	PO Box 31513, Hardford, CT 06510		5		Pharmacy	233,786	1,908		20	5a2
Harmony Healthcare	430 Boston St Suite 104, Topsfield, MA 01983		2		Compliance Consulting	33,778	3,152		16	m13
ADP	100 Corporate Dr., Windsor, CT 06095		7		Payroll Services	12,638	1,746		16	13
Celtic Consulting	PO Box 148, Goshen, C1 06756		Σ		MDS Consulting	18,142	1,858	,	91	m13
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	1	,	•		-					

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook	License No.	Report for Ye	ear Ended		Page	of
of Granby	2342/2342		9/30/2015		22	37
Item		Total	CCNH	RHNS	(Spec	ify)
6. Maintenance & Operation of Plant					-	
a. Repairs & Maintenance	\$	117,957	106,999	10,958		
b. Heat	\$	105,872	96,037	9,835		·
c. Light & Power	\$	. 117,513	106,597	10,916		
d. Water		38,032	34,499	3,533		
e. Equipment Lease (Provide detail on p	page 6)\$	18,258	16,562	1,696	-	
f. Other (itemize)	\$	67,729	61,437	6,292		
See Attached Schedule		0.000				
6g. Total Maint. & Operating Expense (6a	- 6f)\$	465,361	422,131	43,230		
7. Depreciation (complete schedule page 23	· · · · · · · · · · · · · · · · · · ·					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	4,281	3,805	476		
d. Movable Equipment		47,305	42,049	5,256		
*7e. Total Depreciation Costs (7a+b+c+c	l)\$	51,586	45,854	5,732	•	
8. Amortization (Complete att. Schedule Pa	ige 24*)					
a. Organization Expense	\$	5,199	4,716	483		
b. Mortgage Expense	\$				****	
c. Leasehold Improvements	\$	24,729	21,981	2,748	·	
d. Other (Specify)	\$			·		
*8e. Total Amortization Costs (8a + b + c + c	d)\$	29,928	26,697	3,231		
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$	762,894	678,128	84,766		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	118,345	105,196	13,149		
c. Personal property taxes		14,328	12,736	1,592		
11. Total Property Expenses (7e + 8e + 9 +	10)\$	977,081	868,611	108,470		

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

### Athena Meadowbrook, LLC $\,$ d/b/a Meadowbrook of Granby 9/30/2015

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	77 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tale of the second	
Groundskeeping	\$ 13,578		- 5000
Rubbish Removal	\$ 19,587	\$ 2,006	
Snow Removal	\$18,596		
Supplies	\$ 9,676	\$ 991	
	The second of the second of	10.75.75.75	# 17 (\$ 15 Yes) 19
100 (100 (100 (100 (100 (100 (100 (100			
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		SECTION OF STREET	
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		30.0000 (45.00 A.V.)	144(220):40
		S.C. 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	F-Prid N. V.
			1505000000
Total Other Repairs and Maintenance	\$ 61,437	\$ 6,292	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

20,417 24,698 4,281 Totals Totals P 37 Depreciation 16,396 29,935 140 for This Year 4,021 Depreciation 4,141 for This Year Page S Useful Various Various Useful Various Various Life Zar Sar Life Computing Depreciation Method of Computing Depreciation Method of 갻 SL SL 8/1 Տ 9/30/2015 Report for Year Ended Accumulated
Depreciation to
Beginning of
Year's Operations Accumulated Depreciation to Year's Operations 17,436 4,272 511,441 Beginning of 35,753 37,749 625,028 2,800 80,171 Cost to Be Depreciated Depreciated Cost to Be Depreciation Schedule Salvage 2342/2342 Salvage Value Value ess Less Exclusive of Land 625,028 35,753 2,800 Exclusive of 37,749 80,171 Historical Cost License No. Historical Land 2013 2014 2015 Date of Acquisition Month Is a mileage maintained? ŝ logbook 3. Acquired during this report period (attach schedule) 3. Acquired during this report period (attach schedule) 3. Acquired during this report period (attach schedule) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby 8 B-4. Subtotal. b Acquired during this report period (atta A-4. Subtotal..... a. Acquired prior to this report period a. Acquired prior to this report period 1. Motor Vehicles (Specify name, model Acquired during this report period Property Item D-3. Subtotal..... Building and Building Improvements 1. Acquired prior to this report period Acquired prior to this report period Acquired prior to this report period 2.a. Leased Movable Equipment \*\* b. Disposals (attach schedule) 2. Disposals (attach schedule) Disposals (attach schedule) Disposals (attach schedule) and year of each vehicle) C-4. Subtotal. Non-Movable Equipment (attach schedule) Movable Equipment Total Depreciation ..... Movable Equipment Land Improvements Name of Facility Ö

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

<sup>\*\*</sup> Leased movemble equipment is shown for Cost Reporting purposes and is NOT included in the total Facility expense.

Useful

### Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		多数的激素	3 6 J. H.	BISMESES
		强强性结合.	24 W-4123	\$48.000 (\$6.5)
COCOTA SASSAS CONTRACTOR SASSAS		Central Co. (1) (1)	20122 den 15	3/4/2007
16654460856(Verversecoed/you		(04.00.429)	<b>的域/</b> 域	
				5786333832
Total additions for Land Imp	rovements	<b>\$</b> \$\$ (2)		\$ 14 th 200
Deletions:				
		\$100 PM	m kuncuk	91 -82 - 4001 M \$107 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
			92.57.2022.177.	917071999
		12 (100 JZ) 10 TO		C 0120 W. 159015
				der grensstade
		3035 Ex. 5/47		5020 504000
Total deletions for Land Impi	ovements	\$ 2		\$

<sup>\*</sup>Ties to Page 23, Line A3

### Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		学校学校验	是来到多数	类的特别技
			<b>以公开关门的运</b> 货	<b>第888 等待多</b> 集
		381-4-4831-11033-	-C. (3) (42.52)	30.000
				异物学的
				100 mm / 4 mm
			55 S. 150	
		ation (math) 2/23	4.2.40.40 for	13.66
		441		
		30000		S 9 1.525
		2 00054	With Follow	
Fotal additions for Building I	mprovenients	\$	Agu Area naga	s\$
Deletions:				
		542000	<b>基本表示法</b> 集	intercolor
		Sof Litzenick	ALS: ALS:	
		CLICK SECTION	3.16265.16	E. 35 (174)
and the second second second		(7/19/9/19/19/19/	<b>多级新</b> 宝	gotafosa y
	5-15/22 (0.11) 5/5-12 (1.15) (1.15) 6 (1.15)	5 30 30 30 20	95 95 B 35	25020 200
CLEAN TO HAS REPORTED TO SELECT		2020 78 797 4	7.5%.F45%	STATE OF LE
Total deletions for Building L	mnrovenients	\$ -	531 944. http://dei.	<b>3</b> 040-05

<sup>\*</sup>Ties to Page 23, Line B3

### Schedule of Non-Movable Equipment Acquired during this report period

	dubling the Acidan en unitag time report person		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Jun-15	TNT Refridgeration-Condensing Unit	\$ 2,800	10	\$ 140
TANDE AND STREET				
		6-92-03-16-12:	5-7398042x	Parket in 18
		THE MANAGERS	ás atalássa.	
		V 15 2 90 4	i waxay	ART ARTON
		a avet s	是相談法	Mark Street
Total additions for Non-Mo	vable Equipment	\$ 2,800	A SERVICE SERVICE	\$:140
Deletions:				
			\$ 62 B E	<b>建筑学系整</b> 面
2010 00 00 00 00 00 00 00 00 00 00 00 00		E-Windowskii	<b>高分数</b> 数	
STATE OF TAXABLE CAN SELECT		2) - 52 35 11 516 152	19-120-34-120	(ESSENCE
		<b>含美妙像着</b>	· 生态。	3 (20 Here 27 h)
		200 25 25 25		
Total deletions for Non-Mo	vable Equipment	\$ 2.5	36275754	\$

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

### Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:		R (CANADA)	68-1777/2004/2000	: : ::::::::::::::::::::::::::::::::::
		φ. (1/2 <i>dε</i>	ij og solder flygger Dogwert og de i	\$
Oct-14	Proline-Laundry Washer Motor/Inverter	\$ 1,375	5 5 5 6 5	\$ 66
Oct-14	Emerald Resources-Transmitter/Tester	\$ 655	22.11.41.11.11.1	
Oct-14	Emerald Resources-Transmitter/Tester	\$ 655	5	\$ 66
Nov-14	CDW-Laptop CDW-Laptop	\$ 729		\$ 122
Nov-14	Secure Care-Adulst Transmitter	\$ 1,919	3	\$ 320
lan-15	Proline-Washer Motor/Belt	\$ 1,090		\$ = 109
Jan-15	Edro-Walier Touch Pad	\$ 1,457	5	\$ 146
Jan-15	McKesson-Bladder Scanner	\$ 6,731	7	\$ 481
Feb-15	Hill Rom-Mattress	\$ 1,611	5	\$ 161
Feb-I5	Kittredge-Ice Maker/Water Dispenser	\$ 4,255	10	\$ 213
Feb-15	Edro-Washer Dynatrol Retrofit	\$ 2,821	<b>44.33.5</b>	\$ 282
Apr-15	CDW-Laptop	\$ 1,117		\$ 186
Apr-15	CDW-Laptop	\$ 698	3	\$ 116
Apr-15	CDW-Laptop	\$ 1,133	3	\$ 189
May-15	Alimed-Walker/Wheelchair	\$ 734	<b>********</b> 5.	\$ 73
Jun-15	Patterson Medical-Walker/Wheelchair	\$ = 542		\$ 54
Jun-15	Athena/Cal-Software Conversion Binary Strea	\$ 904	3	\$ 151
Jun-15	Athena/Cal-Software Conversion Binary Strea		3	\$ 175
Jul-15	TNT Refrigeration-Air Conditioner	\$ 4,977	. 5	\$ 498
Jul-15	Voice New England-AspirePhone	\$ 1,076	5	2 - 1 - 1 - 1 - 1
Aug-15	CDW-Laptop	\$ 975	- 12 × 23	1,4 (11,111,
	Athena/Cal-Software Conversion Binary Strea		2012 APH3	
Sep-15	America Conversion Building Street	New 12-10	granista (m.	W 14 55 525 5
off and an experience of the second of the s		Note that the second	Richert de la constant	THE TREATMENT OF
eriografia (n. 1921). A martin (n. 1921).		25 4 80 400 404 40 180	egyano, etta 1820. Liioteki ilikuus kons	14.58.042.151.03
		3 1981 #8 1895 W 11 1 1 1 4 5 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00 00 00 00 00 00 00 00 00 00 00 00 00	CONSTRUCTOR
	way the control of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	garaga an garagan garagan sa yan yan	10 2022 (10 02 02 02 02 02 02 02 02 02 02 02 02 02
		100 (100 (100 (100 (100 (100 (100 (100	egingin i garan kebal Kabu ist dan sebelah s	Programme and the
	A CONTROL TO A CON	o to the state of		a tage to be well by
				\$ 24 452 552 22 661 \$ \$2000 040 040 040 050
		23-7003374		15/24/2016
		0,90,20 35.38	25 × 50 × 50	
				100000
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		1 N 18 1 2 - 16	40 A 10	
		0.0000000000000000000000000000000000000	3000 W 120	Security and a
CVISSO AND CONTR			8.4. just.	10000000000000000000000000000000000000
		0.80 A 60 A	7.A.W.	4位等流行效应
an antististas automosis		6547994453	G2946013	Satisfied (\$10)
		degade sa do	MARCHAEL	10000004650
Total additions for Mo	vable Equipment	\$ 37,749		\$ 4,021
Deletions:				
Detections.		0.19001078.197(2.)	(4) - 24 - 165 t	2 8 9 4 8 8 9 9 9 5
lagy manggan kanggan kanggan balan Kang baging bilangan balanggan ba				harana (ind
t sages to see		2 (15 15 15 15 15 15 15 15 15 15 15 15 15 1		r segres side its
enning se Statisticker. Talaktika				2 0.000 N.T. (T. 20.00 W.)
		2 (2.50 kg) (22.36 kg) 2 (2.50 kg) (2.10 kg)	is course for c⇔igorecolóda.	
zra Parkija za Zenturna -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	photographic (III) emporing the All	1 TO
			ayrea of the Sta	Percent
Total deletions for Mo	ughla Fortinment	<b>1.8</b>	15-66-28-7X 127X	(1. <b>\$</b>

<sup>\*\*</sup>Ties to Page 23, Line D2b

### Schedule of Leaschold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	bescription of rem		1	[
Additions.		Termonia de la constanta	T948 A 200 95	10.683.60
Sep-15	Allied Electrical Contractors-Elec Wirling/Con-	\$ 5,600	20	\$ 2140
Sep-15	Carpetworks-Vinyl Tile	\$ 1,313	· 10	
3CD-131 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Carpetworks y myr rue			14-14-11-11-11-11-11
		SANCTOR HEALE	36,4863,541,300	gay as rabby religion
		**************************************		3205 No.50138045
nga kalang at Patangan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupat Kabupatèn Kabupatèn		1000Y D. 15A4884		204000374668
		924 Second	19430135.23	A 220 10 (2 (\$2.10)
		12.756 (77.05.92)		A 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		10-4-754-93 (6)-938	70 ST 10 SN T	
			-10-101-10-00-00-00-00-00-00-00-00-00-00	Constitution (Constitution Constitution Cons
, let (in a let in private de la private de		MI KINKOTHIKATO	20100000 0000000 200000 0000000	25 7 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		<u> </u>	-12449 (0000000) -12449 (0000000)	1884: 17 : 1860:0
		Reduction of the control of the cont	91 (Forestodde 476) 91 (Forestodd 434) 40 f	100 000 000 000 000 000 000 000 000 000
		6, 10 (0 consist ties. 4, 10 (0 consist ties.	2514034034034 45022463434	, Roja polovi, repositovi si st Prakovija Sili Avranija G
		FXTONXCE, PERK	TATOMANIA NO.	AND SECURITY OF A SECURITY OF
			200 S	ST VISTORIO (CALIFORD
den interest de Santage de la companya de la compa		\$ 6,913	SCUS CARACISES	\$ 206
Total additions for Leasehold	Improvements	Φ	31/24/2004/303	: page 200
Deletions:	The state of the s	K 1 Su Direkung ekilonya eki	1.55 (1.55 AS FUEL II	er occasionistas
			18/019/51/2009/05/20 00/01/2009/05/20	1 57 per (1938/05/03)
		340,000		
		1.000	(27,000,000)	
			NO EXAMPLE	3 42 5 K Sto
			1115.150	pocoura e de de
			E 20025	
Total deletions for Leasehold	Improvements	\$		\$ 7

<sup>\*</sup>Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

### Amortization Schedule\*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	f Granby		2342/2342	1342		9/30/2015		24	37
	Date of Acquisition	of tion			Accumulated Amort. to Beginning of	Basis for			
Item	Month \	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense	9 2	2014	10 yrs	44,164	5,367	IS TS		4,416	
2	9 2	2015	10 yrs	15,658		SL		783	
3.									
A-4. Subtotal.									5,199
B. Mortgage Expense 1.								MICHAEL STORY	
2.			,						
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	6	2014	Various	1,007,711	165,424	SL	Var	24,523	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)	9 2	2015	Various	6,913		S/L	Var	206	
C-4. Subtotal.									24,729
D. Total Amortization									29,928
* Straight-line method must be used.									

\* 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

State of Connecticut Annual Report of Long-Term Care Facility

# Amortization Schedule - Detail of Leasehold Improvements & Other

			. 14		7 2 + O	: Dana		Dome.	٧٠
Name of Facility			License No.		Keport ior i ear Ended	ור בחומכו		га <u>в</u> с 	5
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	f Granby		2342/2342	342		9/30/2015		24A	37
C. Leasehold Improvements (Specify)				1	1. 7. 6.		,		
Acquired prior to this report period     Disnosals (attach schedule)	6	9 2014	Various	15/,216	Z C15,12		var	24,323	
3. Acquired during this report period	6	9 2015	Various	6,913		S/L	Var	206	
C-4. Subtotal									24,729
C. Other (Specify)		,							
1. Bed License Purchase	6	9 1997	None	850,495	144,109 None		None		
2.				Control of the Contro	A CONTRACT C	TROPERATE AND A PROPERTY OF THE PROPERTY OF TH	S JECTHOLES		
C-4. Subtotal									
Total Acquired prior to this report period	6	2014	Various	1,007,711	165,424	SL · · ·	Var	24,523	
Total Disposals									
Total Acquired during this report period	6	2015	Various	6,913		S/L	Var	206	

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

Name of Facility	License No.		Report for Year End	ed		Page	of
Athena Meadowbrook, LLC d/b/n Meadowbrook of	22.42.422	10		9/30/2015		2.5	37
Granby	2342/234	14		9/30/2013			
11. Property Questionnaire							
Part A .						TCBSC . II	see Dest D
			n t . In . *0	□ Yes	Let Nia	If "Yes," comple If "No," comple	
Is the property either owned by the	he Facility or It	eased fro	m a Related Party*?			11 No, comple	ie raii C.
*If any owner or operator of this fa-	cility is related by	family, m	iarriage, ownership, abilit	ty to control or			
business association to any person a related party transaction.	or organization ire	om wnom	buildings are leased, their	i it is considered			1
Description	*****		Total		100		
Date Land Purchased							
2. Date Structure Completed	· · · · · · · · · · · · · · · · · · ·		10/01/1991				
3. If NOT Original Owner, Dat	e of Purchase						
4. Date of Initial Licensure			10/01/91				
<ol><li>Total Licensed Bed Capacity</li></ol>			90				
6. Square Footage							466 5-0.6
7. Acquisition Cost							
a. Land	WP T				0.00	A SERVICE COMPA	
b. Building			6,048,250				
Part B - Owner and Related Pa	arties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
1. Financing							
a. Type of Financing (e.g., i	fixed, variable)	)					
b. Date Mortgage Obtained					_****		
c. Interest Rate for the Cost				1			
d. Term of Mortgage (numb							
e. Amount of Principal Bor		1/2015					<u> </u>
f. Principal balance outstan		0/2013					
Complete if Mortgage was							
During Current Cost Y		`		200			(2004) (A. 1845)
g. Type of Financing (e.g., h. Date of Refinancing	iixeu, variable,	<del>)</del>					
i. New Interest Rate							
j. Term of Mortgage (numb	ner of years)	٠,					
k. Amount of Principal Bor							
I. Principal Outstanding on		f					
Part C - Arms-Length Lea			Improvements Only	7			
Name and Address of	Lessor	Pro	operty Leased	Date of Lease	Term of Lease	Annual Amou	nt of Lease
Baygrape Associates			rsonal Property	06/01/13	10 yrs		762,894
64 Higley Road, Granby, CT 06090							
	- "						

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 Ye	ar Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342			9/30/2015		26	37
Item			Total	CCNH	RHNS	· (Spe	ecify)
12. Interest							
<ul> <li>A. Building, Land Improve</li> </ul>	ment & Non-Movable						
Equipment		ф					
1. First Mortgage		S Pata				14:0200200	
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					20 5 5 5 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$		<u></u>			
Name of Lender		Rate					
Address of Lender				Sec.			
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Informati	on					5	
1. Original Loan Amou	int	\$					
2. Loan Origination Da	ite						
3. Interest Rate %		44					
4. Term		•					
5. CHEFA Interest Exp	ense						
12 B7. Total Building Interest Exp		\$					
<u> </u>			(Carr	v Subtotals i	forward to	next nage	2)

(Carry Subtotals forward to next page)

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

License No.			Report for Y	ear Ended		Page	of
234	12/2342			9/30/2015		27	37
	I DI DOTA	·	Total		RHNS	ني ا	
	ought	Forward:	Total	CCITI	Idito	(Spot	, , , , , , , , , , , , , , , , , , ,
Suototais Di	ought	i oi warq.			<del></del>		
		<del></del>			an to the second second		No.
	Rate	Amount		100 A			
		. \$	6,389	5,679	710		. OCUPATANTA
	Rate	Amount					
0							
	Rate	Amount				1.55 (1) 2.00 (1)	
.,,,,,,		<u> </u>	14 SAN 12				
-				- (=0	710		
							<del></del>
(Specify)	*******	. \$	3,652	3,240	400		
(12B7 + 12C3)	+ 12D	9)\$	10.041	8,925	1,116		
<u> </u>		<u>*</u>	<u> </u>				
buildings only	<i>(</i> )	. \$	66,166	58,814	7,352		
ures (14a + b -	+ c)		66,166	. 58,814	7,352	-x-ethelite styppelyging	And Property of Sept. 8 Williams
			<del></del>		842,724	1	
	Subtotals Brent	2342/2342	2342/2342	Rate   Amount	2342/2342   9/30/2015     Subtotals Brought Forward:	2342/2342   9/30/2015	2342/2342   9/30/2015   27

### D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lic	ense No.	Report for Ye	ar Ended	Page	of
Athena	a Mead	lowbro	ook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30/	2015	28	37.
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
Page	10 - S	alarie	es and Wages					in Xenis	10000
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	307,004	307,004			
4.	Var	Var	Other - See attached Schedule	\$	65,924	59,800	6,124		
Page	13 - F	rofes	sional Fees						
5.	13		Resident Care Physicians **	\$	13,807	13,807			
6.			Occupational Therapy	\$					-
7.			Other - See attached Schedule	\$					
Page	s 15 &	16 -	Administrative and General					(alama	
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	25,642	22,194	3,448		
10.	15		Accounting & Legal	\$	25,381	23,023	2,358		
11.	30		Telephone	\$					
12.	15		Cellular Telephone	\$	1,175	1,066	109		
13.			Life insurance premiums on the life					(Inglish)	
			of Owners, Partners, Operators	\$			and a system when the south A to take the first the state of the state		
14.	16	13	Gifts, flowers and coffee shops	\$	16,001	14,515	1,486		
15.		-	Education expenditures to colleges or					14466	laga ing pag
10,			universities for tuition and related costs					164	
			for owners and employees	\$		NAME OF TAXABLE PARTY O	1210001.0000.0000.0000.0000.000	10.000	
16.			Travel for purposes of attending			200200000000000000000000000000000000000			
	!		conferences or seminars outside the			Arrest Control			3.0
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use).	_		-			
18.	16	7112813	Unallowable Advertising *			38,676	3,960		
	10.	Ij&kI							
19.	15	&2	Income Tax / Corporate Business Tax		500	454	46		
20.			Fund Raising / Contributions				2 170	-	
21.	16	m12	Unallowable Management Fees		37,350	33,880	3,470		
	18	2c		\$	1	8,213	841	ļ	
	20	5j	Address of the second of the s	\$		9,240	946		
22.			Barber and Beauty	\$			2.55		
23.		Var	Other - See attached Schedule	\$	66,200	60,050	6,150	I KRESSON A	. we were the selection
Page	18 - 1	Dietar	y Expenditures						
24.	18	2a1	Meals to employees, guests and others					Like Suit	
			who are not residents	\$	1,175	1,066	109		
Page	19 - 1	Laund	lry Expenditures			1			
25.	- 19	3d	Laundry services to employees, guests		100	20.000000000000000000000000000000000000			
	<u></u>		and others who are not residents	. \$					
Page	20 - 1	House	ekeeping Expenditures						200
26.		4d	Housekeeping services to employees			1 2 1 2			
]			and others who are not residents	. \$					
<b>─</b>	٠	•	Subtotal (Items 1 - 26)			592,988	29,047		

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
9.88 44.88	(\$1440).EL		os Crematati	38.73.864.60	
0.570,0000000000000000000000000000000000				25 7 9 34 2	李. (4) 秦 道:
5000-00-02-00-00	\$5.00 EVA			2.459000	等似的發展
C198000000000000000000000000000000000000		Figure 1,400 At 12 Page 1971 At 12 Page 1981 A	<b>李林科学学科学</b>		震災災策
61176 A6119 Ye					蒙世现的
10	A12M	Community Coodinator: Salary and Benefits	59,800	6,124	STATES UNWEST
12025. 1015	8850551	00000000000000000000000000000000000000	5,6,6,4		是《学级》
Karan STA			100000000000000000000000000000000000000	F-871/72_98(3)	
057F-510632	360000475		Sagrania (	4.2346.4240	
VHXV92620210	M 47 (C) M2		经各种规则通信		沙发来的
vicity (150, 1600)			*10 PW *10 A		<b>学</b> 、1577年
	2000 VIV.			12 (11 T) (2 N)	整个形式
1227117			39 5 8 5 5 5 5 5 6 6 6 5 6 6 6 6 6 6 6 6 6	na 5,5000 (M) (II 44 3)	
M. 15 82 82	-35				X X 4.5
	erpeteralis		6.3.3.3.4.4.4		
110000 (\$6.08	2011 (N. 1817)			487780000000	A 1000 10
Total Othe	r Salaries .	Adjustment	\$ 59,800	\$ 6,124	\$ 4-9

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
HETTER			学記憶統領		
7778 (48) 57. 54	Syrvicia do logo		<b>学业的证务</b>		OF EVENERAL PROPERTY.
			Shall particles		
				or of the second	
S STATE OF			E MARKE		Vitario del Abrabilio. Esta la Esta (1963)
	egotecza (st.		學與指數主意		30 TO 10 TO
3000 ED			200	报表 经联系	3 × 34 × 34
seem verd	195 Sign (1768)		发展特殊		Pond
Total Othe	r Fees Adj	ustments	\$	\$ -	\$

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	55.880, S V. 488.				
16	M13	Bank Charges	4,314	442	100.00
16		Lobbying Fees Annual Control of the	2,734	280	
16		MDS Consultant	18,142	1,858	
- ≥ 16	M13	Appraisal Rec	4,082	418	
16	M13	Compliance Consultant	30,778	3,152	数据性的
				yd i yy yn ei y yff Y666	
Z/EDSE			· 透光到 20 表		
\$32. E25.	80.484.7 <sub>6</sub> 37			22.00 35.265.574	See the specific
\$21.00	AND AVER		e morte en le		(4.4016.5)
1286 1010	31.42 A - 11				228000
2.11.23(523) TOP	FUNDONA CONT				Promise in
OTV (BETZAC/L)	verdy specify		经债券企业	<b>身些似乎到18</b> 0年以	學等等發
					16/4-35 A 16/25
24.4	by oan explore				SSE COM CERTANT
Total Othe	r A&G Ad	ljustments	\$ 60,050	\$ 6,150	\$

### Annual Report of Long-Term Care Facility

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

Name	of Fa	cility	D. Aujustments to Stateme			Report for Y		Page		of
Athen	a Meac	lowbro	ook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/30,	/2015	29	1_	37
			120000		Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S <sub>1</sub>	peci	fy)
			Subtotals Brought Forward	\$	622,035	592,988	29,047			
Page	20 - K	eside.	nt Care Supplies***							
27.	20	5a1&2	Prescription Drugs	\$	241,517	239,609	1,908			
28.	20	5d	Ambulance/Limousine	\$	868	868				
29.	20	5f	X-rays, etc	\$	23,596	23,596				
30.	20	5h	Laboratory	\$	19,765	19,765				
31.	, 20	5c	Medical Supplies	\$	14,096	12,787	1,309			
32.	20	5e2	Oxygen (non emergency)	\$	26,350	23,448	2,902			
33.	20	5j	Occupational Therapy	\$	376	376				
34.	Var	Var	Other - See Attached Schedule	\$	17,618	17,618				
Page	22 - N	1ainte	enance and Property			<b>国际工程</b>	100000000000000000000000000000000000000		660	
35.			Excess Movable Equipment Depreciation	1					Y.	
	Var		See Attached Schedule		(3,047)	(2,764)	(283)			
36.			Depreciation on Unallowable				aretustus kersali		(A)	6.50
			Motor Vehicles	\$		NATIONAL PROPERTY AND AN	A SALESTING TO MANAGEMENT	AND TO PERSONAL PROPERTY.	2002	
37.			Unallowable Property and Real					£ 35500		100
			Estate Taxes	\$			Bernation School	200000000000000000000000000000000000000	e contract	3-3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
	27 - I	nsura					Programme Control			
40.	<del></del>		Mortgage Insurance	\$	4400,000,000,000,000,000,000,000	EDICAL DISCUST VICE ASSESSED SOM	(SECTION SECTION SECTI	ric) decombin	vascrors:	1.0000000000000000000000000000000000000
41.			Property Insurance	\$		· · · · · · · · · · · · · · · · · · ·				
	r - Mi	scella:		Ť				102 Y 123	100	
42.	177.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Research or Experimental Activities	\$		10400-705-900-900-900-	kanyas į genajuysą, at paurytis	N. E. C. S.	e sector (se	·
43.	20	5j	Radio and Television Revenue	\$	8,412	7,631	781			
44.	20	- 0,1	Vending Machine Revenue	\$		.,,				-
45.			Purchase Discounts and Allowances	\$						
46.			Duplications of functions or services							
47.			Expenditures made for the protection,	-		10 × 11	100000000000000000000000000000000000000		viles.	- (5) 100 2
'''			enhancement or promotion of the							化异类质
			providers interest	\$			1010176-0014	mareisies	1425524	
48.	30	IV5	Interest Income on Accounts Rec	\$	25	23	2		·	····
49.	30	1,1,5	Other (include personnel and other	*				302		
7.			costs unrelated to resident care) - See				10000			
			Attached Schedule	\$				nichioniale)	urbaggg.	
Not	For Pr	ofit P	roviders Only	*		500		3.015.00	ts¥ei	
50.	,		Building/Non Movable Eq. Depreciation					000000		
50.	7 21	741	Unallowable Building Interest -	•						
			See Attached Schedule	\$						
51	Total	Amo	unt of Decrease (Items 1 - 50)	\$	971,611	935,945	35,666			
J1.	~ ~		7 -2 (2	Ψ	1 //1,011	1 /00,/10	1 23,000	<u> </u>		

<sup>\*\*\*</sup> 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)
100 SVA			10 15 1 K 15	20 10 12 15 E	
20	5 <b>i</b> %	Medical Equipment Rental	-17,618		
				FERRING CO.	
			とうかんだけで Apple Calveon	itisaidwentoet Geografie As	76 (X 10) (X (X ) X (X 167 X )
200000	M.E. Ser. M.			\$20 ft x 50 ft x	
38.0	3.546 Q		2004年的 <b>3</b>		
×3.78761					SHEHE FE
0.000.000					trost
					1.000 U X NO 3.000
232.764					\$1.764 (\$3.55 <u>V</u>
Total Othe	r Ancillary	Costs	\$ 17,618	\$	\$

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7e	Leased Moveable Equipment Depreciation	(27.154)	(2,781)	\$15-75 K
22		Excess Moveable Equipment Depreciation	24,390	2,498	XXXXXXX
2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2					e agreed grante Stringer, vogste
			AMARON	ra jeur Proceso Neat	32 18 5 20
1400			AS INC. TO REAL		KETTINE I
300000000000000000000000000000000000000	a deletivida deletivida.	77 (10)			
	100.752×0.5070		2 La 14000000000000000000000000000000000000		
				activation seed	
	u de la grande		Sec Coldwide		New York of the
Total Exce	ss Movable	Equipment Depreciation	(2,764)	(283)	(1) 医骨髓 (1)

### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0 0 7 2 5 5 4 3 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			<b>法的条约</b>	27.02802-51	
	004532				100 建橡
YE WAY	4. <b>3</b> 7. 3 4. 4	The Water Processor of the Parish of the Par	或edities	S. Bridge See	2000年龄
(38,190,483)				100 D	
	\$116.00V #K	Control of the Contro			
	s ar é liggraphío Ar Cladastainn			Tavalinas, 1,000	
# 45.8%.	4408.39				
49.500	A MANAGE		<b>未到的</b> 家	20 <u>41</u> 9/4 W	
	35057.355		okse vis		
VE-1016751 75 No. 23	20 NO. 12				
Total Othe	r Property	Adjustments	等於家庭		李沙道

### Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			条件条据	George - A	40.82
4% 25.8%	(Zúrženic)		经存货基		1-0-12-12-1
KW CZ Z	X40XXX	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	世際學院		
					<b>3</b> 7.3
			A STATE OF THE		
4.1	er sant like		#1640#	NO STATE OF THE ST	14/29/2016
KONGO ANG S	100000004		也多类质		19818140
U gravacu pare	- delicensides				
	SECTION A				1 - C - 24 - 25
0.004520	some districts		AL LEMAN	No Sepana	240 Z. 85.2
Total Othe	r Adjustm	ents	S A CONTRACTOR	\$ (2.2-2)	1 <b>\$</b> }:=\ \ \ \ \

eadow Brook Moveable Equipment Carryforward Schedu Cost Year

2013 Purchase

	188,216	26,888	161,328	26,888	134,440	26,888	107,552	26,888	80,663	26,888	53,775	26,888	26,887	26,887	t	í	1	•	1	1	•
	↔	છ	↔	↔	↔	ક	€	છ	↔	€7	<del>()</del>	↔	क	ω	↔	₩	₩	G	<del>()</del>	↔	ઝ
Step up	188,216 7	26,888	161,328	26,888	134,440	26,888	107,552	26,888	80,663	26,888	53,775	26,888	26,887	26,887	1	•	1	1	1	1	•
(O)	<del>↔</del> ↔	↔	છ	↔	ઝ	<del>(/)</del>	₩	မာ	€	₩.	ઝ	₩	မ	↔	\$	છ	₩	₩.	<del>s)</del>	↔	€₽
	Cost Term	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec .	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value
		2013	2013	2014	2014	2015	2015	2016	2016	2017	2017	2018	2018	2019	2019	2020	2020	2021	2021	2022	2022

### Athena Mcadowbrook, LLC d/b/a Mcadowbrook of Granby 9/30/2015

### Schedule of Unallowable Building Interest

Pogo Ref	Line Ref	Description	CCNH	RHNS	(Specify)
1 age iter			表表本的		1000 March 100 M
0.230-562.0			4121120 3XIJ	A. 403 (50)	
	S. 2002. 45		(常) (大) (6)		<b>表籍要求</b>
ur 13 (6.14) 9060 904 11 - 12 (19.14) 11 (18.24) 12 - 12 (19.14) 12 (19.14)			**************************************	11.5 47.000001	(被装备)
	Sed OFF		建設的資金	1.70(00) (0.10) 2.60(1) (2.00)	COLUMN TO THE TAXABLE PROPERTY.
	PLOCAL CHARGOS		TOTALISTA TOTALISTA	10 4 ET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 2000 2000 2000
	61651818			2000 G 60	
14.21 X 24.2			<b>经数据</b> 证		
N. ASSAMBLE AND MEN. TO SAME N. A. T. SAME	ibi tedak Malaya		美族教堂		
			Paga Julia (1) Mar To an Al	11 E ( E ( E 9 4) ) ( )	32.04
Total Unal	lowable Br	uilding Interest	S	\$ -	\$

### F. Statement of Revenue

Name of Facility	License No.		Report for Y	ear Ended		Page	,	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342			9/30/2015		30	3	7
	tem	_	Total	CCNH	RHNS		ecify)	$\dot{\dashv}$
I. Resident Room, Board & Routing			1000		TO THE STATE OF TH	(~P		22
	?)	\$	8,989,995	8,989,530	465	pensyasias	32434917	33.2
	Contractual Allowance **	\$	(4,330,829)	(4,330,559)	(270)			$\neg$
	·····	\$	(1,500,020)	(1,000,000)	(			ヿ
	d Contractual Allowance **	\$						ᅱ
	isive)	\$	2,394,147	1,507,314	886,833		·····	
	Contractual Allowance **	\$	508,949	255,576	253,373			$\exists$
	ther	\$	2,488,134	2,124,420	363,714			_
	Contractual Allowance **	\$	(90,519)	(67,056)	(23,463)			_
II. Other Resident Revenue	Contractant Tillowanie	-	10.200200	(0,,000)	(20:100)		0.421.23	
		ď	100 017	100 017	#1001000000000000000000000000000000000		30,530,000,000	200
	· · · · · · · · · · · · · · · · · · ·	φ Φ		198,917				$\dashv$
	re Contractual Allowance **	<u>ф</u>	(198,917)				<del></del>	-
c. Prescription Drugs - Non-Me	edicare	φ Φ	85,694	85,694				_
	edicare Contractual Allowance **	2	(85,694)		<del></del>			$\dashv$
2. a. Medical Supplies - Medicare		\$		5,096				
l	Contractual Allowance **	\$	, , ,	(3,292)	170	<u> </u>		$\dashv$
	licare	\$		1,133	178			$\dashv$
d. Medical Supplies - Non-Med	licare Contractual Allowance **	\$			(178)			
3. a. Physical Therapy - Medicare		\$		726,054				
	Contractual Allowance **	\$		(628,173)		<u> </u>		
c. Physical Therapy - Non-Med	licare	<u>\$</u>	177,888	177,888		<b></b>		_
d. Physical Therapy - Non-Med	licare Contractual Allowance **	\$	<del></del>	(177,888)				
4. a. Speech Therapy - Medicare		\$		386,846				
	Contractual Allowance **	\$	<u> </u>	(315,237)				
	care	\$	81,420	81,420			***	
	care Contractual Allowance **	\$		(81,420)		ļ:		
	icare	\$	811,470	811,470				
!	licare Contractual Allowance **	\$	(693,774)			<u> </u>		
	-Medicare	\$	191,655	191,655		<b></b>		
d. Occupational Therapy - Non	-Medicare Contractual Allowance **	\$	(191,655)	(191,655)		<u> </u>		
		\$						
b. Other (Specify) - Non-Medica	are	_\$	2,519	2,519		1		
III Total Resident Revenue (Section)	I.thru Section II.)	\$	10,251,386	8,770,734	1,480,652			
IV. Other Revenue*	•		\$ 25.00	Value in the				
1. Meals sold to guests, employee	s & others	\$						
2. Rental of rooms to non-resident	S	\$						
3. Telephone		\$						_
4. Rental of Television and Cable	Services	\$					_	
		\$	1	23	2			
		\$						
	t shops	\$						
8. Other (Specify)		\$	39,318	39,318				
V. Total Other Revenue (1 thru 8)		\$	39,343	39,341	2			
VI. Total All Revenue (III + V)		\$	10,290,729	8,810,075	1,480,654	1		

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts..

### Schedule of Other Resident Revenue - Medicare

Related Exp Page Ref Description	CCNH	RHNS	(Specify)
		ARIO DESE	4 3049
		感情的程子	
	9 282 80 50 900	英龙 多异字	放行的
		SUCTO AN SPIN	
	10000000000000000000000000000000000000		
Total Other Resident Revenue - Medicare	\$	\$	\$ -

0.1.3.1.404	Man Madiana	Danidont	Darranie
Schedule of Other	TAOD-MICALE	Restuciit	Keyenuc

Related Ex	TD			
Page Ref	p Description	CCNH	RHNS	(Specify)
	Rétroactives	\$ 2,519	N. 580 S. 00 S.	
1015 STATE		(101 <u>1</u> 111 111 111 111 111 111 111 111 111	Walter in the	李经校等
135 Mar. 201		Control of the		
200 miles 1940 m		77: PSE-881: -) 78:		
			eraina a trazación.	
		3.24 XXX &		-4-0 5000 -300 36-200 000 -300
gwasal ferfé.		960 150 961 14 AV		4/8/8/13
Total Otho	r Resident Revenue	\$ 2,519	\$	\$

### Interest Income

Page Ref Account Balance  pg 31, L'A2 Interest on A/R N/A			
pg 31, L A2 Interest on A/R IN/A	CCNH	RHNS	(Specify)
	\$ 23	\$ 2	1
	d Gasta and di	2.4.0	
	4 (3.45.57)	8/4/02/6/15/24	. Andaniye in
		1 6 R 15 15 1 16	Panalassa?
		() () () () () () () () () () () () () (	417.66
200 CO TOTAL DE LA CONTRACTOR DE LA CONT		( 14 ) 基础线值	
Total Interest Income	\$ 23	\$ 3 2	\$

### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
200 200 245 245 245 2				
	Bad Debt Recoveries	\$ 39,318		7.10.12.142
			<b>沙</b> 克斯多特	
The Name of the State of the St			医医尿系统	
and the second				
		# VA100 NE	A. 2369. Horal	
ere ere		KEETAND FEET	i ilia siki	Service of San
			ale same	ALC: NO.
MAC PATALOGRA		を表示を表		が対象を
+22 80 KH		11.00000000000000000000000000000000000	作能對為整	強な対象
Mag 2 (14)		******		學學學學
573 <u>- 1</u>		等发生(数数		
A 144 4 0 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5			224	<b>发表类数</b>
		Language Control		
reselleren er		SEVERAL TRANS	\$450 to 1240 S	30 X 20 0E 280
		Valenti di An	Contrador do	<b>P</b> ERCUSE SE
Tatal Oth	er Revenue	\$ 39,318	\$	S

### G. Balance Sheet

		Facility	License No.	Report for Year Ended		Page		of
		cadowbrook, LLC d/b/a rook of Granby	2342/2342	9/30/2015	•	31	1	37
			Account		1	1	mount	**
Asse	ets		110000111					
Α.		rrent Assets						
	1.	Cash (on hand and in banks	)		\$		1	45,644
	2.	Resident Accounts Receivab	le (Less Allowance for	Bad Debts)	\$		5	41,052
	3.	Other Accounts Receivable (	Excluding Owners or 1	Related Parties)	\$			
	4	Inventories			\$			31,105
	5.	Prepaid Expenses			\$		1	12,530
		a. Prepaid Insurance		112,530				
		b						
		с.						
		d.						
	6.	Interest Receivable						
	7.	Medicare Final Settlement R	eceivable	******	\$			
-	8.	Other Current Assets (itemiz	e)	************	\$			20,651
		- (D. D. L.)		20,651	_			
		A/R Related		20,051	-8			
A-9.	. To	tal Current Assets (Lines Al	thru 8)		\$		8	50,982
В.	Fix	ced Assets						
	1.	Land			\$			
		Land Improvements	*Historical Cost		\$			
		•	Accum. Depreciation	n Net				
	3.	Buildings	*Historical Cost		\$			
			Accum. Depreciation	n Net				
	4.	Leasehold Improvements	*Historical Cost		\$		1	18,086
		•	Accum. Depreciation	n (46,044) Net				
	5.	Non-Movable Equipment	*Historical Cost		\$			30,001
		1 1	Accum. Depreciation	n (8,552) Net				
	6.	Movable Equipment	*Historical Cost	. 282,236	\$		1	63,719
		1 1	Accum. Depreciation					
	7.	Motor Vehicles	*Historical Cost	***************************************	\$			
			Accum. Depreciation					
	8.	Minor Equipment-Not Depre				•		
	9.	Other Fixed Assets (itemize)	)		\$			23,900
	٠.	Excluded Movable Equip		23,900			•	, ·
		- Lactaded Movable Edulp		-				
B-1	n	Total Fixed Assets (Lines E	31 thru 9)		\$			35,706
ו-נו	U.	Z S S S S S S S S S S S S S S S S S S S			<u> </u>			

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

	\$ 188,216		\$ 26,888	\$ 161,328	\$ 26,888	\$ 134,440	\$ 26,888	~	\$ 26,888		\$ 26,888			\$ 26,887	\$ 26,887	; &	٠	٠ <del>د</del>	-	٠ <del>ن</del>	٠ -	1 \$
2013 Purchase Step up	\$ 188,216	<b>⊳</b>	\$ 26,888	ļ 1	\$ 26,888	\$ 134,440	\$ 26,888	\$ 107,552	1	ı	,	l			. 1	ر ج	ر ج	٠ <del>دع</del>	<del>دی</del>		· ·	ا ج
	Cost	Term	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value	Deprec	Book Value								
			2013	2013	2014	2014	2015	2015	2016	2016	2017	2017	2018	2018	2019	2019	2020	2020	2021	2021	2022	2022

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

	ame of Facility hena Meadowbrook, LLC d/b/a		License No.	Report for Year Ended		Page		of
		of Granby	2342/2342	9/30/2015	•	32	-	37
			Account			A	mount	
	<del>· ···· · ·</del> ·			Total Brought Forward:	\$	_	1,1	86,688
C.	Leaseho	old or like property recor	ded for Equity Purpose	es.				
		d			\$			
	2. Lan	d Improvements	*Historical Cost					
			Accum. Depreciatio		\$			
	3. Bui	ldings	*Historical Cost					
			Accum. Depreciatio		\$			
	4. Nor	n-Movable Equipment	*Historical Cost					
			Accum. Depreciatio		\$			
	5. Mo	vable Equipment	*Historical Cost					00.650
			Accum. Depreciatio	The state of the s	\$	<u> </u>		83,652
	6. Mo	tor Vehicles	*Historical Cost					
	-		Accum. Depreciatio		\$			
				*************	. \$		<del></del>	00.650
C-8		easehold or Like Proper	ties (C1 thru 7)	-	\$			83,652
D.		nent and Other Assets						
						· · ·		
					.   \$			
	3. Org	ganization Expense						10.056
			Accumulated Depre	c (10,566) Net	\$			49,256
	4. God	odwill (Purchased Only).			.   ֆ 			
	5. Inv	estments Related to Resi	dent Care ( <i>itemize</i> )	***************************************	·   ֆ			
					-			
			77 11 (1)		6			
	6. Loa	ans to Owners or Related		T D-4-	\$		X+263235	10010000
		Name and Address	Amount	Loan Date				
								e de la companya de
					巍			
	7. Oth	ner Assets (itemize)	******************		. 5			
					-			
			/T + > 1 - 1		4			40.05
D-8	3. Total 1	Investments and Other A	ssets (Lines D1 thru 7	) <u>.</u>	• \$			49,256
D-9	, Total A	All Assets (Lines A9 + B	10 + C8 + D8)		. \$	<u> </u>	1,3	19,596

<sup>\*</sup> 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 Athena Meadowbrook, LLC d/b/a Meadowbrook		License No.	Report for Year	Ended	Page	of
of Granby	worec	ok, LLC d/b/a Weadowbrook	2342/2342	9/30/20	)15	33	37
<del></del>		- 10 y to 10 miles	Account				nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable		746,589			
	2.	Notes Payable (itemize)					167,400
		Interfacility Loans		167,40	0		e granieri i
			<u>*</u>				
	3.	Loans Payable for Equipm	nent ( <i>Current portio</i>				
	Name of Lender		Purpose	Amount	Date Due		
						Les de la company	
		•					
						0.000	
					<u> </u>		
	4.	Accrued Payroll (Exclusiv			155,941		
	5.	Accrued Payroll (Owners					
	6.	Accrued Payroll Taxes Pa					4,701
	7.	Medicare Final Settlemen					
	8.	Medicare Current Financi	ng Payable	******************	\$		
	9.	Mortgage Payable (Curren					
	10	. Interest Payable (Exclusiv	e of Owner and/or	Related Parties)	\$	·	
		Accrued Income Taxes*					
	12	. Other Current Liabilities (	(itemize)		\$		155,267
		Acc'd Operating Expenses	36				
1	·	Acc'd Expense - Sales Tax		33	32		
		Provider Taxes Due		125,69	99		
		ALVE					
A-13	To	tal Current Liabilities (Li	nes A1 thru 12)	**********	\$		1,229,898

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

<sup>(</sup>Carry Total forward to next page)

<sup>\*\*</sup> Interest Bearing - Do Not Include in Return on Equity Calculation.

### MEADOWBROOK ACCRUED EXPENSES-OPERATIONS September 30, 2015

	ACCT.# 2	170
Athena 401k 9/26/15	\$2,449.30 2	568/5366
Athena Food Rebate	(\$1,840.28)	6334
IBNR Health Insurance	\$24,372.40	5364
Marcum Tax 2015	\$4,125.00	5126
The Hartford	\$130.00 1	530/9760
Balance 9/30/15	\$29,236.42	

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

Name of Facility Athena Meadowbrook, LLC d/b/a	License No.	Report for Year	r Ended	Page	of
Meadowbrook of Granby	2342/2342	9/30/20	015	34	37
	Account	-		Amo	unt
	· · · · · · · · · · · · · · · · · · ·	Total Broug	ght Forward:		1,229,898
Liabilities (cont'd)					
B. Long-Term Liabilities	,				
<ol> <li>Loans Payable-Equipmen</li> </ol>	t (itemize )		\$		
Name of Lender	Purpose	Amount	Date Due		
		1			
2. Mortgages Payable				<u> </u>	
3. Loans from Owners or Re					136,438
		w.ep.		130,450	
Name and Address of Lender	Amount	Loan I	Jate		
Accr'd Rent	136,438				
			12		
			38		
4. Other Long-Term Liabili	ties (itemize)		\$		The second secon
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$	Orași il rengențeri me yr graja e eagu "	136,438
C. Total All Liabilities (Lines A	$\frac{1}{1-13+B-5}$		\$		1,366,336

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

	ne of Facility	License No.	Report for Y	ear Ended	Page		of.
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342/2342	9/3	9/30/2015			37
		Account			Amount		
A.	Reserves						
	1. Reserve for value of leased land						
	Reserve for depreciation value of leased buildings and appurtenances  to be amortized						
	3. Reserve for depreciation value of leased personal property (Equity)					83,6	652
	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				\$	83,0	652
В.	Net Worth  1. Owner's Capital				\$		
	2. Capital Stock	······			\$		
	3. Paid-in Surplus		***************************************		\$	(113,	898)
	4. Treasury Stock				\$		
	5. Cumulated Earnings		***************************************		\$	(122,	283)
	6. Gain or Loss for Period	10/1/201	4 thru	9/30/2015	\$	105,	789
	7. Total Net Worth				\$	(130,	392)
C.	Total Reserves and Net Worth	<i>i</i>	* * * * * * * * * * * * * * * * * * *		\$	(46,	740)
D.	Total Liabilities, Reserves, an	d Net Worth			\$	1,319,	596

### H. Changes in Total Net Worth

Nam	e of Facility a Meadowbrook, LLC d/b/a	License No.	Report for Year	Ended	Page		of	
	owbrook of Granby	2342/2342	9/30/201	5	36		37	
•		Account			A	Amount		
A.	Balance at End of Prior Period as s	hown on Report of 0	9/30/2014	\$		(12	2,284)	
В.	Total Revenue (From Statement of Revenue Page 30)					10,29	0,729	
C.	Total Expenditures (From Statement of Expenditures Page 27)					10,18	4,940	
D.	Net Income or Deficit		*****************	\$		10	5,789	
E.	Balance	***************************************				(1	6,495)	
F.	Additions  1. Additional Capital Contributed  Additional Rent	(itemize )	(113,897)					
	2. Other (itemize)							
F-3.	Total Additions			\$		(11	3,897)	
G.	Deductions							
	Drawings of Owners/Operators/Partners (Specify)							
	Name and Address (No., City,		Title	Amount				
	2. Other Withdrawings (Specify)							
<b></b>	Purpose	Amount		RO				
	3. Total Deductions			\$			0.000	
H.	Balance at End of Period	09/30/1:	5	\$	·	(13	0,392)	

State of Connecticut

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

Name of Facility	License No.	Report for Year Ended	Page	of			
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342/2342	9/30/2015	37	37			
	Check appropriate catego	ory					
CCNH	RHNS	Other (Spec	ner ( <i>Specify</i> )				
	Preparer/Reviewer Cert	ification					
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 appplicable 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  Printed Name of Preparer	Title	Date Signed					
Athena Health Care Associates, In	c						
Address		Phone Number					
135 South Road		·					
Farmington, CT 06032		(860) 751-3900					

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