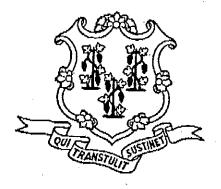
State of Connecticut



15/11 (D)

Annual Report of Long-Term Care Facility

·		C	Cost Year 2	015		REC	EIVI	0
					,		. ,	
Name of Facility (as	,						"	
Southington SNF, L	LC OF PLANT	SVILLE d/b/a	a The Summit a	t Plantsvil	le			<u></u>
Address (No. & Stre	et, City, State, 2	Zip Code)				DEFT, OF SI OFFICE OF CON	OCIAL S	ME SETTINGS
261 Summit Street 1	Plantsville, CT	06479				OFFICE OF CON		
Type of Facility								
Chronic and (Nursing Hom	Convalescent e only (CCNH)		Rest Home Supervision		_			(Specify)
Report for Year Beg 10/1/2014	_		Report for Yea 9/30/2015	r Ending				
License Numbers:		CCNH	RHNS		(Spec	rify)	Μe	dicare Provider
			-					No.
		2282						07-5420
Medicaid Provider N	umbers:	CO	CNH	RHN	S		ICF-	MR
		. 2:	282					
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	g:-		• 1	D . D . 1
Assigned	Notarized	Received	Assign	ed	Sig	ned and Notar	ızea	Date Received
						. —		



December 11, 2013

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

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

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

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

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

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

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

	~	•	~ ~	and the second second
. 4	LANAMA		Inform	n a selection district
3	CECHELA			T TO THE WAY IN THE

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE	License No.	Report for Year Ended	Page	of
d/b/a The Summit at Plantsville	2282	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Southington SNF, LLC OF PLANTSVILLE d/b/a
The Summit at Plantsville

October 01, 2014

and ending September 30, 2015

my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalities of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

)	
Signed (Administrator)	Date	Signed (Swner)	Date
Am a Rell	2/10/16		2/10/16
Printed Name (Administrator)		Printed Name (Owner)	
John Kelly	[Lawrence Santilli	
Subscribed and Sworn State of	Date,	Signed (Notary Public)	Comm. Expires
to before me: Ushn	2/10/16	Harm Obruscul	03 131 ROZO
Address of Notary Public	C	76 Christin Dr	
		Southington ct 06	484

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustn	nent		Page	of
			1A	37
Name of Facility	Period Cover	red:	From	То
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			10/1/2014	9/30/2015
Address of Facility	-l		1 10/1/2014	7/50/201.
261 Summit Street Plantsville, CT 06479				
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	00	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\$				<u> </u>
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.

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

•								
-		1	e No. of Facili	•	Report for Year		Page	of
Name of Facility (as shown on license)		<u> </u>	860-628-036		09/30/		2	37
Southington SNF, LLC OF PLANTSVILLE	d/b/a The Summ	it at			Street, City, Sta			
Plantsville	·		261 Summit	Street	Plantsville, CT ()6479		
	CCNH		RHNS		(Specify)		Medicare Pr	ovider No.
License Numbers:	2282	<u> </u>		<u> </u>			07-5	420
Type of Facility (Check appropriate box	(es))							
Chronic and Convalescent			Home with			(Specify)	١	
Nursing Home only (CCNH)		Supe	rvision only	(RH	NS)	(Specify)	,	
Type of Ownership (Check appropriate b	oox)		•				-	
PROPRIETORSHIP ILLC	PARTNERSHIP		PROFIT CORP.		NON-PROFIT CORE	. 🗆	GOVERNMENT	☐ _{TRUST}
				Date	Opened	Date Clo		□ IRUSI
If this facility opened or closed during re	port year provi	de:		İ	k		004	
Has there been any change in ownership						····		
or operation during this report year?			Yes	V	No If "	es," expla	in fully.	
	-							
							4	
Administrator			-··					
Name of Administrator John Kelly						ng Home		
John Keny				İ		istrator's	801	L
Other Operators/Owners who are against	+ - dt. t. +t	(6.1		$\frac{1}{\sqrt{2}}$	Lice	nse No.:	·	
Other Operators/Owners who are assistan Name	t administrators	s (Iui	or part time	e) of t				
					Lice	nse No.:		
							<u></u>	
Not Applicable								
								
						,		
			· · · · · · · · · · · · · · · · · · ·					
				-				
						1		

State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Southington SNF, LLC OF PLANTSV	ILLE d/b/a The	License No.	Report for Y	ear Ended	Page	of
Summit at Plantsville		2282	9/3	0/2015	3	37
Y 134 CD (11 77 0			State(s) and/	or Town(:	s) in
Legal Name of Partners	hip/LLC	Business			egistered	<u>-</u>
Southington SNF, LLC		261 Summit St	, Plantsville,	C	T	
		CT 06479				
Name of Partners/Members	Business	Address	1	Γitle	% Ow	ned
See Attached		<u> </u>				•
				,		
				' '		
			·			
			,	;		
					·	
•						
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
		•				

The Summit at Plantsville Ownership Interests 9/30/2015

Lawrence G. Santilli	58.55%
Guardians for Lawrence E. Santilli	18.50%
Mahaney Family Limited Partnership	2.00%
William S. Thomas	5.00%
Russell C. Schwartz	1.00%
Michael E. Mosier	3.00%
Marybeth Hauser	1.00%
Debra M. Soucey	1.00%
Chakalos Nursing Homes LLC	8.95%
Teresa Skinner	1.00%
	100.00%

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility Southington SNF, LLC OF PLANTSVILLE	License No.	Report for Year Ended	1	rage	OI
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/201	5	3A	37
If this facility is owned or operated as a corp		<u> </u>		1 311	
	Desire	A LL	State(a) in Whi	ah Inaam	norotod
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	en meorj	orated
		:			•
•		•			
					
			·	No. Sl	haree
Name of Directors, Officers	Busine	ss Address	Title	Held by	1
				Ticlu by	y Lacii
	:				
		•	·	·	
				<u> </u>	
Not Applicable					
			į		
Names of Stockholders Owning at Least				1	
10% of Shares					
1070 Of Bilanos					
	•				
·					
	,			<u> </u>	
			-	 	
]		
	•				
				-	
				1	

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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	3B	37
If this facility is owned or operated as an individual	proprietorship, prov	ide the following information		
Owner(s) of Facility	,		٠	
	·	•		
·				
Not Applicable				
·				
				•
				·
	:			
	· —			
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	

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

General Information and Questionnaire Related Parties*

							,	· ·
Name of Facility		License No.	ė.		Report for Year Ended		Page 	ot
Southington SNE, LLC OF Summit at Plantsville	Southington SNF, LLC OF PLANTSVILLE Wha Ine Summit at Plantsville	2282			9/30/2015	,	4	37
The state of the s	121200000000000000000000000000000000000							-
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rel	ated thr	ugno		If "Yes," provide the Name/Address and	Name/Add	ress and
marriage, ability to conti	marriage, ability to control, ownership, family or business association?	ss assoc	ation?		☐ Yes ☑No	complete the information on Page 11 of the report.	ation on Pag	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servic	es,					
including the rental of pi	including the rental of property or the loaning of funds to this facility,	o this fa	cility,					
related through family a	related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	control, of this fa	or bust cility?	ness	☑ Yes □ No	If "Yes," provide the following information:	e following i	nformation:
association of the control of the								
		Als	Also Provides	des		Indicate Where	-	
		Good	Goods/Services to	ses to		Costs are Included		Actual Cost to the
Name of Related	Business	Non-R	Non-Related Parties	arties	Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	οN	**%	Provided	Page #/Line#	Reported	Party
Laurel Ridge Health Care	Laurel Ridge Health Care 642 Danbury Road, Ridgefield,	>		%80×	Interfacility loans of \$70,000	Po 33 Lu A2		-
Shady Knoll Health Care	41 Skokorat St. Seymour, CT			200				
Center	06483	5		>86<	SWAP Mortgage Interest Payments	Pg 22 Ln 9	\$1,592	\$1,592
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	5		%86<	Bank Charges	Pg 16 Ln m13	\$8,078	\$8,078
	135 South Road, Farmington, CT							
Athena Captive LLC	06032	<u> </u>		%86<	Workers Comp Captive	Pg 15, Ln 1a1	\$481,886	\$481,886
Northbridge Health Care	2875 Main Street, Bridgeport, CT	ſ				,		
Center	. 06606	2)		%86<	Interfacility loans of (\$90,000)	Pg 33 Ln A2		
Valerie Manor Health	1360 Torringford Street,	[. [:		
Care	Torrington, CT 06790	2		<20%	Interfacility loans of (\$105,000)	Pg 33 Ln A2		
	135 South Road, Farmington, CT					Pg 22, ln 9, 10b; Pg	002 6506	003 200
Summit Landlord	06032	2		<50%	Lease of Facility	27 ln 14	80C,C2V6	000,62766
Litchfield Woods Health	255 Roberts Street, Torrington,	[1	i i	r c
Care	CT 06790	2]		<20%	Legal Fees Reimbursement	Pg 15 Ln 1e	22,0//	//0,00
Athona Haalth Corn	135 South Road, Farmington, CT	[2		%U\$>	See Attached		\$741,273	\$351,813
Athena means care	7000]		2122			1	

^{*} Use additional sheets if necessary.

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

The Summit at Plantsville

RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY		Also Provided Goods/Services to Non-Related Parties	rided rices to I Parties	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Costs .	Actual Cost to the Related
NAME	ADDRESS	Yes No	**%	Provided	Page#/Line#	Reported	Party
Athena Health Care	135 South Road Farmington, CT 06032.	×	%86<	Legal, Management Fees, PT Outside Service, MDS Fill-In, Office Supplies, Employee Relations, Education, Business Promotion, Postage, Dues/Memberships, Lobbving, Payroll Processing Fees, Data Processing Fees,	Pg 15 in 1e; Pg 17; Pg 13 in B5a, 11a2 Pg 16 in 1g, 13, 15, m3, m7, m8, m13 Pg 22 in 6a; Pg 31 in 86	\$741,273	\$351,813
Athena Health Care 401k	135 South Road Farmington, CT 06032	×		Facility Participates in a Multi Facility 401(K) Plan			
Athena Health Care	135 South Road Farmington, CT 06032	×	>20%	>50% Self Insured Employee Health & Dental	Pg 15, ln 1a5	\$962,985	\$965,985

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No) . .	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a			0/20/2015	5	37
The Summit at Plantsville	2282		9/30/2015		<u> </u>
If the facility is licensed as CDH and/or RCH o	or provides A	AIDS or TB	I services with special Medica	id rates,	costs
must be allocated to CCNH and RHNS as follo	ws:				
Item			Method of Allocation		
Dietary			meals served to residents		
Laundry			pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provided		
Nursing		employee	classification, i.e., Director (or	Charge	Nurse),
1 (422-200)		Registered	Nurses, Licensed Practical No	arses, A	ides and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	ed by EA	√CH
DIOU ROMANICOM COMPANICOM COMPANI			(See listing page 13)		,
Maintenance and operation of plant		Square fee	<u> </u>		
Property costs (depreciation)		Square fee			
Employee health and welfare		Gross sala			
Management services		Appropria	te cost center involved		
All other General Administrative expenses			irect and Allocated Costs		
The preparer of this report must answer the fol	lowing ques	tions applic	able to the cost information p	rovided.	
In the preparation of this Report, were all costs allocated as required?	☐ Yes	☑ No	If "No," explain fully why su not made.	ch alloc	ation was
	<u>.</u>				
Not Applicable					
		. <u> </u>			
				<u> </u>	
				4	
2. Explain the allocation of related company e	expenses and	attach cop	y of appropriate supporting da	ta.	
Not Applicable					
					
3. Did the Facility appropriately allocate and (e.g., Assisted Living, Home Health, Outpa	self-disallov tient Servic	v direct and es, Adult Da	indirect costs to non-nursing lay Care Services, etc.)	nome co.	st centers?
	☐ Yes	□ No	If "No," explain fully why su not made.	ıch alloc	ation was
Not Applicable: No Non-Nursing Home Cos	t Centers				
9					

State of Connecticut
Annual Report of Long-Term Care Facility
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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.

\$20,066 8983 \$9,315 37 of Amount Claimed Page 9 \$20,066 \$9,315 \$983 of Lease Amount Annual 9/30/2015 Report for Year Ended 60 Months Term of 60 Months 36 Months Lease Lease** Date of 08/21/13 90/07/10 09/30/13 Description of Items Leased 2282 Postage machine PCC Equipment License No. Copier Related * to 2° Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Operators, > Owners, Officers Yes Hasler Financial, 478 Wheelers Farms Road, Milford, CT HP Financial Services, 200 Connell Drive, Suite 5000, Ricoh USA, 70 Valley Stream Parkway, Malvern, PA Name and Address of Lessor Berkeley Heights, NJ 07922 Name of Facility Plantsville

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

\$30,364

Total ***

ů

** Attach copies of newly acquired leases.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	P	age	of .
Southington SNF, LLC OF		9/30/2015		7	37
LANTSVILLE d/b/a The Summit at	period covered by this	report were maintained on the following basis:		***	
he records of this facility for the f	betton covered by tills	report were manualized on the rone and account			
☑ Accrual ☐ Cash ☐	Modified Cash				
s the accounting basis for this					
-	Yes	☐ No If "No," explain.			
previous period?					
		The state of the s			
	<u> </u>				
-					
L. Janes dont Assounting Firm			the state of the s		
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Co	ode)		
1 Dworken Hillman Lamorte	& Sterczala	4 Corporate Drive, Suite 488, Shelf	ton, CT 06484		
2 Marcum LLP		555 Long Wharf Drive, 12th Floor		6511	
3 Dopkins & Company		200 International Drive, Buffalo, N	IY 14221		
4					
Services Provided by This Firm (d	lescribe fully)				
1 2015 Year End Audit Financials				14,000	<u>.</u>
2 Medicare Cost Report Preparatio	n: Disallow		\$	2,650	
3 Keybank Loan Modification: Dis	allow		\$	1,912	
4			\$		•
			Charge for Ser		popided
				\$18,562	
Are These Charges Reflected in the Expe	nditure Portion of This Re	port? If Yes, Specify Expense Classification and Line No.			
☑ Yes ☐ No	Pg 15, Line1d				
Legal Services Information			T 1 1 N		
Name of Legal Firm or Independe	nt Attorney		Telephone Nu 860-240-6000		
1 Murtha Cullina			300-240-0000	,	
2 Cheshire/Southington Prob	ate Court		312-258-5500)	
3 Schiff Hardin LLP					
4 s					
Address (No. & Street, City, State	, Zip Code)				
1 185 Asylum St, Hartford, C	ct 06103				
2					
3 6600 Sears Tower, Chicago	, IL 60606-6473				
4					
Services Provided by This Firm (a	describe fully)				
		168 DPH Matters:Disallowed; \$7,366 Keybank Loan Moo	diffication: Disallow S	8,724	- <u>-</u> .
	State Filing:Alloweu; 30	08 DI II Matters, Disanoved, 57,000 Rej Bank Down	\$	150	
2 Appointment of Conservator			\$	5,077	
3 HUD Refinancing:Disallowed	<u> </u>		\$		
4					_
5			Charge for Se	ervices Pr	ovided
			Jim go ioi be	\$13,951	
	anditura Portion of This D	eport? If Yes, Specify Expense Classification and Line No.			
		opore. At 1003 opening Disperse Control and The Time Tool			
□ Yes □ No	Pg 15. Linele				

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

Schedule of Resident Statistics

													-
Nam	Name of Facility			License No.	lo.			Report f	Report for Year Ended	Suded	<u>-</u>	Page 1	of
South	Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	mit at Plan	tsville		2282				09/30/15	15		8	37
						Per	/01 poi	Period 10/1 Thru 6/30	//30	Per	Period 7/1 Thru 9/30	Thru 9/	30
		Total All	Total CCNH	Total RHNS	Total								Š
		Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CONH	RHNS ((Specify)
<u></u>	Certified Bed Capacity					1	1			9	Q V	<u></u>	
	 A. On last day of PREVIOUS report period 	150	150			150	150			200	ner		
	B. On last day of THIS report period	150	150			150	150			150	150		
2.]	Number of Residents												
	A. As of midnight of PREVIOUS report period	137	137			145	145			137	137		
	B. As of midnight of THIS report period	138	138			127	127			138	138		
3.	Total Number of Days Care Provided During Period		-		<u>-</u> .								
	A. Medicare	808'9	6,808			5,190	5,190			1,618	1,618		
	B. Medicaid (Conn.)	34,556	34,556			26,387	26,387			8,169	8,169		
	C. Medicaid (other states)												
	D. Private Pay	3,660	3,660	•		2,583	2,583			1,077	1,077		
	E. State SSI for RCH												
	F. Other (Specify) Managed Care	4,359	4,359			2,954	2,954			1,405	1,405		
	G. Total Care Days During Period (3A thru F)	49,383	49,383		-	37,114	37,114			12,269	12,269		
4,	Total Number of Days Not Included in Figures in 3G												
	for Which Revenue Was Received for Reserved				-								
	Beds							•					
	A. Medicaid Bed Reserve Days										,		
	B. Other Bed Reserve Days	84	84			78	78			9	9	-	
5.	Total Resident Days (3G + 4A + 4B)	49,467	49,467			37,192	37,192			12,275	12,275		

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

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licen	se No.				Report	for Year	Ended		Page	of
Southington !	SNF, L										9/30/2	2015	9	37
PLANTSVIL	LE di	b/a The	Summit at		2282						21301	2013		
			in the certified b		acity dur	ing th	е героі	t year	?			yes 🗹	NO	
11 113	, provi		f Change			nange	in Bed	ls		С	anacity A	fter Change		
	<u> </u>	Place o				iange		Gaine			upuoto, i			
	١.		(Specify)	Ь.,	Lost	<u> </u>		Game	u		.			
Date of	CCNE	RHNS								~ ~ ~ ~ ·	DIDIG	· · · · · · · · · · · · · · · · · · ·	Dagger fo	. Changa
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	Change
									·				,	
								<u> </u>						
		<u> </u>		<u>]</u> i		L	<u> </u>	<u> </u>		l			i	
								/		d in itan	a A abaya	nrouide the num	her of	
						me re	ероп ус	ear (as	геропе	a m ken	11 4 40000) provide the num	oci oi	
RESIDI	ENT D	AYS for	90 days following	ng the	change.					Т				
													(0	
			Change in F	eside:	nt Days					C	CNH	RHNS	(Spe	city)
1st chan	ge									ļ				
2nd char	nge			<u> </u>						 				
			<u></u>							1				
4th chan	ge			• • • • • • •		. 37.				J			L	
6. Number	of Res	idents ar	nd Rates on Sept	ember	30 of Co	st Ye	ar	r-		-	Self-Pay		Other Stat	e Assisted
			Medicare		Medi	Г		┼		1		(5, 10)		
	Item		CCNH	C	CNH	R	HNS	<u> </u>	CNH	R	HNS	(Specify)	R,C.H.	ICF-MR
No. of R		ts		7	92	70055375	314 SANGES	a suscitations	14	1 2000000000000000000000000000000000000	260 AZ X (2023)	25		
Per Dier	n Rate			1000	CVE SA			3888		360100000			ACCEPTAGE ACTION OF	A STATE OF THE PARTY OF THE PARTY.
a, One	bed rm	·	512.19		219.17	ļ		 - 4	65,00	-		324.18		
b. Two	bed rm	s.	512,19	<u> </u>	219.17	<u> </u>		1 4	43,00	ļ		324.18		
c. Three	e or mo	re												
	rms.							<u> </u>					·	/D 10.
7. Total N	umber	of Physic	cal Therapy Trea	tments	3					TO	TAL	CCNH	RHNS	(Specify)
		care - Pa								(Carrier 1997)	7,772	7,772	B. SZWIEDZIA WORKOWA	\$15.00 Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carro
В			clusive of Part B)						2000		496	350000000000000000000000000000000000000	
			ce Treatments								496	496		
			e Treatments				•••				27,445	27,445	 	
	. Other		al Therapy Treat							·	35,713	35,713	<u> </u>	
			th Therapy Treat							-				
8. TOTALIN	Madi Jaaki	care - Pa	n incrapy ricad	iiciito						ariennezak	1,305	1,305	I I I I I I I I I I I I I I I I I I I	
			clusive of Part B	3										
~			ice Treatments	,							104	104		
			e Treatments							Ī				
C	. Other	<u>Γ</u>									2,929	2,929		
D	. Total	Speech	Therapy Treatm	nents						2/20/200	4,338	4,338		95023100000000000000000000000000000000000
			pational Therapy	Treat	ments					<u> </u>				
A	. Medi	care - Pa	art B							C452084500	5,487	5,487		
B			clusive of Part E	3)								0.5		150.50
			ice Treatments							+	854	854	+	
			e Treatments							+	15,711	15,711	 -	
	. Othe		nding of Mr.	Tucat	u anto					+-	22,052			
). Tota	і Оссирі	ational Therapy	ı reati	ments						£2,03Z	44,032		<u> </u>

Report of Expenditures - Salaries & Wages

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The	License No.		Report for Year	Direce	Page	of
	226	n	9/30/2	n 1 5	10	37
Summit at Plantsville	228	 '		013	10	
Are time records maintained by all individuals receiving com	ipensation? I	✓ Yes	Total Cost ar	d Hours		
Hanna .	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Item A. Salaries and Wages*	CCIVII	Hours	1471.0	1,000		
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)		220000000000000000000000000000000000000	<u> Portugas en Arrendunias aux de</u>	D	,	
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	111,993	2,023				
3. Assistant Administrator (Complete also Sec. IV					0.00 基础 6	
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	242,814	10,839				
5. Dietary Service					9. (1. (6. V.)	
a. Head Dietitian	15,585	474				
b. Food Service Supervisor	56,142	2,138				
c. Dietary Workers	414,943	29,465	30000 to 2000 to 2000 to 2000	SET SCHOOL SCHOOL SET OF SERVICE	604 score (200 series and 22	in the constraint
6. Housekeeping Service		200				77 S. S. S. S. S. S. S. S. S. S. S. S. S.
a. Head Housekeeper	50,619	2,254				
b. Other Housekeeping Workers	189,214	16,748	seast appoint the carte	gonoreistoograph		
7. Repairs & Maintenance Services	54,838	2,029				
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	41,867	2,191				
8. Laundry Service	71,007	2,101		100		
a. Supervisor						CACCONCERNATION TO A STATE OF THE PARTY OF T
b. Other Laundry Workers	171,924	10,846				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	accrete Anna Constitution		V 10004 The 10000 W 1000	Economic con		(67 ks) 632 cd (88 ks)
12. Professional Care of Residents						// ·
a. Directors and Assistant Director of Nurses	190,890	3,948		la coloro a consederativa		
b. RN	(21.720	10.461	300000000000000000000000000000000000000	500,500,000		2 (A 4) (A 4) (A 4)
1. Direct Care	634,730 579,622	18,461 18,920				
2. Administrative** c. LPN	319,022	10,920				
1. Direct Care	1,069,374	44,092	50,740,100,700	155,961919155000000000000		15-74-5-00-0-00-00-00-00-00-00-00-00-00-00-00
2. Administrative**	1,005,574	11,022	 			
d. Aides and Attendants	1,926,192	125,942				
e. Physical Therapists	527,081	15,683				
f. Speech Therapists	119,673					
g. Occupational Therapists	312,763			<u> </u>		ļ <u>.</u>
h. Recreation Workers	197,903	11,795				a to skill propagate pickets
i. Physicians						
Medical Director						
2. Utilization Review	 					
3. Resident Care***		(45) (25) (25) (25)		500000000000000000000000000000000000000		
4. Other (Specify)				1		**************************************
j. Dentists	 					
k. Pharmacists			1			
I. Podiatrists			-			
m. Social Workers/Case Management	170,689	6,659				
n. Marketing				La constitue de la constitue d	Carronalabate	a share successful time
o. Other (Specify)		10.000.000.000.000.000.000.000.000.000.				
A-13. Total Salary Expenditures	7,078,856	336,240				

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

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

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

· \$	Hours	\$	Hours	\$	Hours
CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
學等是對於		引導 を参加性		(\$40,480.25.1)	製造業に達む 機
	200				(20,00,50,00
	91503	数数量数件语			
A	全等增加的		POWER STATE	21 7 8 14	15.7% 50.5%
450000000000000000000000000000000000000	产 4.0000 付款 图2			J. 78 E. C.	
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28 45 45	EAST CONTRACTOR	好客266度報2	的研究的建筑	以中美国	
unicotylaticos	85号 特 公 多8	大会 化学 技术技术体		17 Jan 19 19 19	SSV 55
		25 × 500	10000000000000000000000000000000000000	108121	E要等的
70-76-77	100000000000000000000000000000000000000	KANDAR TEREFORM		學系統多数學	\$\frac{1}{2}\text{20}
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	N. 100 C.		** 12 ** 7		
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102 (10 CF 25 SE)					经经验 证据的
	5,424,000		(4x syd sta) siz	\$ 45 W W	
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					SEVER SELECTION
		77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	W-15 6 17		
\$ -		\$		\$ -	
	-	CCNH CCNH CCNH CCNH CCNH CCNH CCNH CCNH	CCNH CCNH RHNS CCH	CCNH CCNH RHNS RHNS	CCNH CCNH RHNS RHNS (Specify)

Schedule of Physician: Other Fees (Page 13)	S	Hours	\$	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
		9-05-554-14		32 35 CL 22	0.00	250 3, 2002
Medical Staff:Meetings	\$ 2,450	17		A 4 4		66 to 122 32
		1906 5 172 362	×		N. D. D. Z. V.	\$3.00 x 22.00
			NEW TOWN			
	ii Magadi basike	8 (5) (8) (8) (8) (8)	35% 海绵液			1 (2) (2) (3)
	1 1004/1004/51001		augusteen Karresson	(A) A (A) (A)		
	in we described			A. 55. F. S. J.	RESEARCH TO SERVE STATE OF THE S	
	a Automobile	a gardada dibi	es Since	RAGES PLEA	Section 5	16.5. N. O. W. S. W.
	2 (5 (5) (5) (5) (6) (5)				544-36-55	製物的数
	1 SI SAS 6 - 51 /51	8 08 07 05 to 1	0.000			HOUSE STREET
		H-1374 110.2453 D		100	He 1.58 1116	
		6-16-87-85-31-4	3657-3668	2.613.65	67 14 150 161 162	A BANGSON FRANCE
			0.73450, 90 60 74	360 St 150 S	From Some	0.000.000.000
			250	V2	- (SCSS) (255)	16 160 160 18
	\$ 2(450	17	\$ -	200.100,000.000	\$	
Total	\$ 2,450	[250107.8508.03[03-9]]*Av	1.000	Medical scorescen	4 Promitting 2000 N. 000 1 200	Particular Security Section

Schedule of Other Fees (Page 13)	S	Hours	S	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
	(# (# (# (# (# (# (# (# (# (# (# (# (# (0.12 (0.10)	ELWINGE
		here execute))	10022730002000	6. 為7多. 法
	E-8 20 20 20 20 20			20,39500,520	PORHENCES	65320000000
					224000000	100400-00-00
	0.000			2500.440	E-1805 (36 (46	kos cos
	Programme (Sept.)			\$ 80 a. A. A.	\$ \$490 (S.X)	(C) 100 500 600
	RATE OF STATE	が多く権力を必然				100 M. 100 M.
	MATERIAL STATES	段議會的結果				\$2.90 SI
	新生产的			200	2500000	
	0.550000000000000000000000000000000000	4000	後原(法律)是			10.20
	FWPSEW 34	782 DASS 96.00				
	DAMES OF THE PARTY	200 英· 医200 對	地域的基础	2467.68	reservations.	
	LOS 1978 5 500 2	· 推动型 秦 等 第			2017年	
The state of the second	1200	- 20 MEET 0922/20 Vol.		影響等等		
otal	\$ 25	No-otropia (<u>*</u>	\$	建新军等时	\$ 3.248	

State of Connecticut

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

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

Compensation Received of 37 Hours Worked Total Page Name and Address of All Other Employment** Assistant Administrators and Other Related Parties* 9/30/2015 Claimed on Line Where Report for Year Ended Page 10 Hours Total Worked Full Description of Services Rendered 2282 (describe fully) Fringe Benefits and/or Other Payments License No. (Specify) Southington SNF, LLC OF PLANTSVILLE d/b/a The Salary Paid RHINS CCNH Assistant Administrators who Section I - Operators/Owners parties of Operators/Owners may be the Administrator or facility (EXCEPT those who are identified on Page 12). Section II - Other related employed in and paid by Summit at Plantsville Name Name of Facility Not Applicable No Applicable

^{*} No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include all employment worked during the cost year.

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*

				A	Administrators and Other Related rattles	ııa Omı	el Relaic	u ralues		
Name of Facility (as licensed)		5		License No.		Report for	Report for Year Ended		Page 1	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	VISVILLE	d/b/a II	ie Summit		2282		9/30	9/30/2015	12	37
		Salary Paid	-							
				Fringe Benefits						
				and/or Other		Total	Line Where		Total	•
Name				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
	CCNH .	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
				Health & life	Day to day operations		•			
0.111/0/17 (10/1/5)	107 082			insurances, Pavroll Taxes	or the nursing nome facility.	1.955	A2			
Nay Wilkins (10/11/14/17/17/19)	10/5/01			Health & life	Day to day operations					
				insurances,	of the nursing home					
John Kelly (9/24/15-9/30/15)	4,011			Payroll Taxes	facility.	69	A2			
			,							
			-							
Section IV - Assistant Administrators				.,						
									_	
									•	
				,						
								- A		
			·							
						,				

^{*} No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include <u>all</u> other employment worked during the cost year.

^{***} If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	2 2 2 2 2	Report for Y		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	228	2	9/30/2	015	13	37.
			Total Cost ar	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	158	4	,			
2. Dentist	16,290	76				
3. Pharmacist	9,904	237				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	93,464	1,523				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	100					
a. Medical Director (entire facility)	83,500	722				
b. Utilization Review			10.00	10000		
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	53,699					
d. Administrative Services facility			100000000000000000000000000000000000000	100	2000	
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee		_		<u> </u>		
(Once annually)						
e. Other (Specify)	100					
See Attached Schedule	2,450	17	1000			
9. Speech Therapist						+00 (SAIC 1)
a. Resident Care	1,440	4				
b. Other	· · · · ·					
10. Occupational Therapist	H-S G G G		0.00		100000000000000000000000000000000000000	
a. Resident Care				harran santa santa santa santa santa santa santa santa santa santa santa santa santa santa santa santa santa s		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	2,986	24				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	1					
d. Other.	1					
12. Other (Specify)		100000000000000000000000000000000000000				
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	263,891	2,607	'			

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

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

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

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

Southington SNF, LLC OF PLANTSVILLE di Summit at Plantsville	/b/a The	License No.		Report fo	r Year Ended	Page	of
		2282		9/.	30/2015	14	37
Name & Address of Individual	Full Expla	nation of Service	Opera	I** to Owners tors, Officers	- 1	ation of Rel	
Health Drive Dental Group, One Prestige Dr, Meriden, CT 06450	Den	tal Services	Yes	No No			
APF Fbo Access Therapies, PO Box 823461, Philadelphia, PA 19182	Phys	ical Therapy			ļ		
Anthony Ciardella, 360-14 North Main St, Southington, CT 06479	Medical Dire	ector, Medical Staff			ļ		
Curtland Brown, 55 Meriden Ave, Southington, CT 06489	Med	lical Staff					·
Omnicare/Value Health Care, 523 Knotter Drive, Cheshire, CT 06410	Ph	armacist					
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MD	S Fill In			Common Owners		
Debra Morelli, 444 Old Reservoir Rd, Wethersfield, CT 06109	Di	etician	<u> </u>		Sommon Owners	·	
Leonard Glaser, 360 Main St., Southington, CT	Ass't Med	lical Director		<u> </u>			
Vaterbury Orthopedic Associates, 1211 West fain St, Waterbury, CT 06708		/sician					
ealth Drive Audiology 888 Worcester Ct		sician		Ø			
Vellesley, MA 02482 yan Maringola, 360-14 N. Main St, Southington,		cal Staff		Ø		 	
rove Hill Medical Center, 300 Kensington Avo				III			
ew Britain, CT 06051 ncology Associates, 300 Hebron Ave, Suite 212,		sician		Ø.			-
astonoury, C1 06033	Phys	sician		Ø			
alth Drive Eye Care Group, 888 Worcester St, ellesley, MA 02482	Phys	ician					
alth Drive Podiatry, 888 Worcester St, ellesley, MA 02482	Podi	atry		Image: section of the content of the	· · · · · · · · · · · · · · · · · · ·		
dstate Medical, PO Box 310912, Newington, 06131	Physi	cian					<u> </u>
C Physicians Care, PO Box 417695, Boston, 02241	Physi	cian		<u></u>		····	
sa and Brown, 455 Lewis Ave, Suite 206, iden, CT 06451	Physic	cian		<u> </u>			· .
ry Ward, 55 Meriden Ave, #2A, Southington, 06489	Medical	Staff					
rosurgery Orthopaedics, PO Box 507, dsor, CT 06095	Physic	ian			· .		
Alliance, 322 East Main St, Suite 1B, ford, CT 06405	Physic	ian					
itioner, 324 Elm St, Suite 202B, Monroe, CT	Physici	an				<u> </u>	
== <u>-</u>		1		v v			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

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
Southington SNF, LLC OF PLANTSVILLE d/b	/a The	2282		9/30/	2015	14A	37
Summit at Plantsville Name & Address of Individual	Full Expl	anation of Service		to Owners, rs, Officers		nation of	Relationship
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech	Therapy Services		Ø.			
Anna Liza Abastillas MD 360-14 N. Main St Southington CT 06489	M	ledical Staff		V			
Hospital of Central Connecticut, 100 Grand Street, New Britain, CT 06050		Physician		V	-		,
Dr. Letterio Asciuto, 70 Meriden Ave, Southington, CT 06489		Physician		V			
PACT, LLC, 322 East Main St, Suite 1B, Branford, CT 06405		Physician			· · · · · · · · · · · · · · · · · · ·	, name	
Medoptions Behavioral Health, 20 Research Parkway, Old Saybrook, CT 06475		Physician		Ø.			
Clinical Laboratory Partners, 129 Patricia M. Genova Dr, Newington, CT 06111		Physician		Į Į			
Medoptions, PO Box 5023, New Britain, CT 06050		Physician		Ø,			
Healthdrive Eye Care Group, 888 Worcester St, Wellesley, MA 02482		Physician		Ø			
,	,						
		49.					
							11.00
							<u>.</u>
						1.000	
							<u>.</u> .

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

	icense No.	Report for Ye	ar Ended	Page	of
outhington SNF, LLC OF PLANTSVILLE d/b/a The ummit at Plantsville	282	9/30/2	015	15	37
Item		Total	CCNH	RHNS	(Specify)
. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	481,886	481,886		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	190,205	190,205		
4. Social Security (F.I.C.A.)	\$	532,054	532,054		
5. Health Insurance	\$	929,686	929,686		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	20,358	20,358		
(not-owners and not-operators)					
8. Uniform Allowance	\$	8,530	8,530		
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					0.00
openios (a.a. y					
c. Bad Debts*	\$	89,154	89,154		
d. Accounting and Auditing	\$		18,562		
e. Legal (Services should be fully described on F	Page 7) \$	13,951	13,951		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	45,931	45,931		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	40,444	40,444		
2. Cellular Phones	\$	2,976	2,976		
i. Appraisal (Specify purpose and	\$	3			
attach copy)*				rest program	
** ·					
j. Corporation Business Taxes (franchise tax).	. \$	5		Assistant and As	i i i i i i i i i i i i i i i i i i i
k. Other Taxes (Not related to property - See Pa	ige 22)				
1. Income*			250		
2. Other (Specify)	9	8		A state demand and the College	· ·
See Attached Schedule					
3. Resident Day User Fee	9	896,692	896,692		
Subtotal	9	3,270,679	3,270,679		

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

Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	23,4 p. 13.6		
			164 (5.85)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	25.00		
FARMORE TO THE TOTAL PROPERTY OF THE TOTAL P			
		3114 3014 13115 1516	
12 (27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Survey of the	
		244 <u>27255443</u> 046 Karangan	
Total	\$ -	\$	\$;

Schedule of Other Taxes Description	CCNH	RHNS	(Specify)
Description	275 0 0711 55	5 E 18 E N (4) E 2 E	
	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
	60.00		(60±30) (2.40)
	19.19.15		
Cotal	\$ _2. =	\$ -	\$

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282		9/30/2	2015	16	37
Item			Total	CCNH	RHNS	(Specify)
	als Brought Forwar	d:	3,270,679	3,270,679		
l. Travel and Entertainment	<u> </u>	-				
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	6,374	6,374		
3. Gifts to Staff and Residents		\$	19,447	19,447		
4. Employee Travel		\$	5,181	5,181		
Education Expenses Related to Seminars a		\$	10,021	10,021		
6. Automobile Expense (not purchase or dept		\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$	3,375	3,375		
2. Advertising Telephone Directory (all such		\$	1,212	1,212		
3. Advertising Other (Specify)***	,	\$	44,124	44,124		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for servi	ice)***					
7. Postage		\$	8,671	8,671		
* 8. Dues and Membership Fees to Professiona	ıl ·	\$	10,174	10,174		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	-Allowable Org.***	\$	580	580		
9. Subscriptions	******	\$				
10. Contributions***		\$				MANAGEMENT
See Attached Schedule						
11. Services Provided by Contract (Specify an		\$				
Schedule C-2, Page 21 for each firm or in						(10 to 10 to
12. Administrative Management Services**	*******	\$		457,933		
13. Other (Specify)		\$	242,701	242,701		
See Attached Schedule			4.000 177	4.000.470		
C-14 Total Administrative & General Expenditure.	S	\$	4,080,472	4,080,472		

^{*} Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
		100	
		19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (
	1. 医液体洗透		+ 100
			36.00
			0.0000000000000000000000000000000000000
Tare			a ferrilla de la compa
Total Other Travel and Entertainment	\$	\$	\$ 40000

Schedule	of Other	Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 44,124		2,7
	2.11.10 to 10.10	Sude Street Street	2.2.90
		مرتان (100 مارور)	
	W. 62 (57 Hol)		300000000000000000000000000000000000000
			\$500 E 9803
Total Other Advertising	\$ 44,124	\$	\$ -

Q.	had	ula	αf	Dues	
	псы	uic	U.	D ucs	

Description	CCNH	RHNS	(Specify)
		5.8	
CAH@F	\$ 10,174		
	(15 K. L.		
	QF 17 (80 (8 4 kg)		3 4 8 6 6
		阿斯巴尼斯	
	4,350240	P48 (1112 (24)	% (f) (444-55)
		2000	616
	100 100 100	3 (1997)	型的形式
	and the state of		
	or the many facilities in the contract of the		3/270
		7.00	200
Total Dues	\$ 10,174	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	学 蒙古地 (1917)		et purkui.
			F3 (28 C) (27 S)
	CTANO CONTRACTOR CONTR	F G (1)	
Total Contributions	\$ -	\$ -	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees:	\$ 5,023	E CONTRACTOR OF THE	多套接线
Bank Charges	\$ 9,513		
Payroll Processing Fees	\$ 24,678		
Employee Physicals/Backround Checks	\$ 40,457		
DSS Eligibility Worker	\$ 110,989		
Data Processing	\$ 17,442	467.333.6436	
State of CT Citation #2014-137	\$ 3,000		0.00
Compliance Consulting	\$ 31,599	HEROTE PROFESSION	
	影響型線影響	156 2 154 2 56	
	多些工程等的		100000000000000000000000000000000000000
Total Other Administrative and General	\$ 242,701	\$	\$

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc		•	
135 South Road	\$622,772	Contract Attached to a	
Farmington, CT 06032		Prior Year	See Below
Allocation of the above	\$411,030	Admin/Gen 66%	Pg 16, Line 12
	\$99,644	Indirect 16%	Pg 18, Line 2C
	\$112,098	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road	\$46,903	Admin/Gen - Other Exp	Pg 16, Line 12
Farmington, CT 06032			
·			

^{*} 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

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C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs

(See Note on Page 5) Report for Year Ended Page of License No. Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The 18 37 9/30/2015 2282 Summit at Plantsville **RHNS** (Specify) **CCNH** Total Item Dietary 2. a. In-House Preparation & Service 325,517 325,517 Raw Food..... \$ 47,393 47,393 Non-Food Supplies..... 2. 2,753 2,753 Other (Specify) Dishes = \$2,753\$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 99,644 99,644 c. Management Services**..... d. Other (Specify) Total Dietary Expenditures (2a + b + c + d) 475,307 475,307 2E. **CCNH RHNS** (Specify) Total Dietary Ouestionnaire 2F. Resident Meals: Total no. of meals served per day:* 406 406 G. No Is cost of employee meals included in 2E? Yes If yes, specify amount. Yes 1 No Did you receive revenue from employees? (Page/Line Item) Where is the revenue received reported in the Cost Report? Is cost of meals provided to persons other than If yes, specify cost. = \$528 Yes No employees or residents (i.e., Board Members, [7] Guests) included in 2E? If yes, specify amount. =\$119 Yes No Is any revenue collected from these people? Pg 18 Ln 2a1 (Page/Line Item) Where is the revenue received reported in the Cost Report? M. Is cost of food (other than meals, e.g., snacks at If yes, specify cost. Yes No monthly staff meetings, board meetings) provided to 4 employees included in 2E? If yes, specify amount. Is any revenue collected from employees? Yes 1 No

Where is the revenue received reported in the Cost Report? (Page/Line Item)

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or Lbs. Lbs.	cify)
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or Lbs. Amt. \$ Lbs.	
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	
gowns, etc. washed, ironed and/or	
processed.*** Amt. \$	
3. Personal clothing of residents Lbs.	
washed, ironed, and/or processed.*** Amt. \$	
4. Repair and/or purchase of linens.*** Lbs.	
Amt. \$ 19,290 19,290	
b. Purchased Services (by contract other \$	
than through Management Services)	
(Complete Schedule C-2 att. Page 21)	
c. Management Services**\$	
d. Other (Specify) \$ 7,660 . 7,660	
Supplies = \$7,660	
3E. Total Laundry Expenditures (3a + b + c + d) \$ 26,950 26,950	
3F. Laundry Questionnaire	
G. Is cost of employee laundry included in 3E? Yes No If yes, specify cost.	
H. Did you receive revenue from employees?	*
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	
K. Did you receive revenue from these people?	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)	

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

^{***} Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Repo	ort for Year E	nded	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282		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.	\$	30,028	30,028	3	
pails, brooms, etc.)						
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)		\$				
4E. Total Housekeeping Expenditures (4a +	- b + c + d)	. \$	30,028	30,028		
5. Resident Care (Supplies)**				50.00		
a. Prescription Drugs***						
1. Own Pharmacy		. \$				
2. Purchased from		\$	520,130	520,130		
Omni Care						
b. Medicine Cabinet Drugs				12,272		
c. Medical and Therapeutic Supplies		. \$		297,825		
d. Ambulance/Limousine***		<u>. \$</u>	5,369	5,369	4.	* ****
e. Oxygen			16 10 10 10 10			
1. For Emergency Use		. \$				
2. Other***				23,882		
f. X-rays and Related Radiological		\$	28,304	28,304		
Procedures***						
g. Dental (Not dentists who should be in	cluded under	\$				
salaries or fees)						
h. Laboratory***				38,675	ļ <u> </u>	
i. Recreation	• • • • • • • • • • • • • • • • • • • •	\$		57,634		
j. Other (Specify)****		\$	266,940	266,940		
See Attached Schedule				and the second		
5K. Total Resident Care Expenditures (5a -	5j)	\$	1,251,031	1,251,031		

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

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville 9/30/2015

Attachment Page 20

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
		(21-12-12-12-12-12-12-12-12-12-12-12-12-1	10.00
Management Fee: Direct	\$ 112,098		
Physical Therapy Supplies	\$ 73,703		325 200
Medical Equip Rentals-Other	\$ 32,682		
Oxygen Concentrator Rentals	\$ 20,632		<u> </u>
Cable TV Fees	\$ 22,791		
Medical Equip Rentals-Medicaid	\$ 5,034		
	120		
CONTROL OF THE CONTRO			or sensor
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	Supp. 6-10.00	Nusses and a second	NATIONAL TRANSPORT
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	140.000 00.0000000		
			10/402 87 57 57
		10000000000000000000000000000000000000	
			in all attached to the
		general in the fi	
Total Other Resident Care	\$ 266,940	\$ -	\$ -

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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	of
Idamic of Lacinty					•					
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	FSVILLE d/b/a The Sum	mit at Plants	ville	2282	9/30/2015	2015			21	37
		Related	I ** to							
		Owners, Operators, Officers	perators,				Total Cost	Total Cost/Page Ref.***	*	
Name of Individual or		7.00	Z.V.	Explanation of	Full Explanation of	LUJJ	SNHW	(Specify)	ρ	Line
Company ADP	Address Harford Region Richmond, VA	S \square	OK.	1 Valendinani	Payroll Processing	24,678			16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062		D		Rubbish Removal	27,521	,		22	ef.
Winterberry Landscape Management LLC	2070 West Street, Southington, CT 06489		<u></u>	-	Groundskeeping & Snow Removal	42,451			22	6f
Omnicare/Value Health Care	835 West Queen Street, Southington, CT 06489		5		Drugs/pharmaceuticals	547,869	-		20	Sc
Harmony Healthcare	430 Boston St, Suite 104, Topsfield, MA 01983		Ŋ		Compliance Consulting	31,599			16	m13
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						THE RESERVE OF THE PERSON NAMED IN COLUMN 1				
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				_		ı				

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a	License No.	Report for Ye	ear Ended		Page	of
The Summit at Plantsville	2282		9/30/2015		22	37
Item	1	Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant	· · · · · · · · · · · · · · · · · · ·					
a. Repairs & Maintenance	\$	114,256	114,256			
b. Heat	\$	84,879	84,879			
c. Light & Power		1 1	169,816			
d. Water			62,067			
e. Equipment Lease (Provide detail on p	page 6)\$	30,364	30,364	······································		
f. Other (itemize)			98,653			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f)\$	560,035	560,035			
7. Depreciation (complete schedule page 23	·*)					
a. Land Improvements	\$	5,958	5,958			
b. Building & Building Improvements	\$	45,146	45,146			
c. Non-Movable Equipment			11,919			
d. Movable Equipment		1	72,753			
*7e. Total Depreciation Costs (7a+b+c+d	l)\$	135,776	135,776			
8. Amortization (Complete att. Schedule Pa						
a. Organization Expense						
b. Mortgage Expense	<u>.</u>					
c. Leasehold Improvements			14,228			
d. Other (Specify)						
*8e. Total Amortization Costs (8a+b+c+c	1)	14,228	14,228		ļ	
9. Rental payments on leased real property	less					
real estate taxes included in item 10b		677,747	677,747		_	
10. Property Taxes						
a. Real estate taxes paid by owner		3				
b. Real estate taxes paid by lessor		144,821	144,821			
c. Personal property taxes		l l	11,081			
11. Total Property Expenses (7e + 8e + 9 +	10)	983,653	983,653			

^{*} Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville 9/30/2015

Attachment Page 22

Schedule of Other Repairs and Maintenance

Description		CCNH	RHNS	(Specify)
STANDARD CONTROL OF STANDA				
Groundskeeping	\$	15,188		
Rubbish Removal	\$	27,521	en in	
Supplies	\$	28,681		2000
Snow Removal	\$	27,263		
Frederick (1997)				
n Participation of the Committee of the			100	
		30.52 (20.44)		42.50
		6-21-07. 30-50-00-7		
	3.72.055 (1975)			
		12000		10014.00.00.00.00
	7.72			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon			
######################################	The state of the s			
1		00.250		A
Total Other Repairs and Maintenance	\$	98,653	\$ -	\$ -

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				De	preciat	Depreciation Schedule						
Name of Facility				Licen	License No.			Report for Year Ended	papu	-	Page	of
Southington SNF. LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	1e Summit a	t Plani	tsville			2282		3/6	9/30/2015		23	37
				His	Historical			Accumulated				
					Cost	Less		Depreciation to	Method of	:		
				Excl	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Userul	Depreciation	Totals
Property Item				1	Land	Value	Depreciated	Year's Operations	Пергестанов	רוופ	JOI THIS I CALL	1 Otalis
A. Land Improvements								4	ţ	;	030	
 Acquired prior to this report period 					69,573		69,573	47,828	Z/C	\ar	3,938	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	schedule)							AND THE PROPERTY OF THE PROPER		C STOWN CONTRACTOR		
A-4. Subtotal										200		5,958
B. Building and Building Improvements					i (250 055	200 117	1/3	Varions	45 146	
 Acquired prior to this report period 					207,022		302,033	711,007) J	4 21 10 12	2	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	schedule)								S/L	Various	and the second s	
												45,146
C. Non-Movable Equipment	,			:	-		•					
1. Acquired prior to this report period					257,105		257,105	188,013	S/L	Various	11,919	
2. Disposals (attach schedule)												
	schedule)											
	,					1						11,919
	Is a mileage	<u>မ</u> စီး	ì		Hietorical			Accumulated				
	maintained?		Date of Acquisition		Cost	Less		Depreciation to	Method of			
			_	Ĺ	Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
	Yes	N N	Month Y	Year	Land	Value	Deprectated	Year's Operations	Depreciation	SILC	IOT LINS TEST	LOIGIS
D. Movable Equipment												
 Motor Vehicles (Specify name, model 												
and year of each vehicle) a 1996 Dodge Carayan	×		10	60	7,493		7,493	6,745	S/L	5	748	
b.												
C.												
d,						Charles to Black Allegania	SHIP TO THE PROPERTY OF THE PR		Software Control Contr	SEASON CONTRACTOR	DX 65 EACH COMMAND CONTROL	
2. Movable Equipment												
a. Acquired prior to this report period			9	2014 1	1,554,672		1,554,672	1,181,951	S/L	Various	68,294	
b. Disposals (attach schedule)											200000000000000000000000000000000000000	
c. Acquired during this report period												
(attach schedule)			6	2015	52,384		52,384		S/L	Various	3,710	
D-3. Subtotal.											30	72,752
E. Total Depreciation									State of the state			135,775

Schedule of Land Improvements Acquired during this report period

	nis Acquired during this report person		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		遊樂等發電	京/游域(关	300 3 350
EX SOCIETA DE LOS DESCRIPCIOS DE L'ARTES DE		经复数的现在分 位	NAME OF STREET	经过的产品等
energy services and a service service.				
	TO A 16 TO 1 TO 20 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO	100000000000000000000000000000000000000	800 C. S. S.	01/6/27 WH
		85063-0000435	th office/6430	CANADA WAR
		Charles to the control of		(A. 100 T. 1425)
Total additions for Land Imp	rovements	\$ -		\$
Deletions:				
			建筑的	
to a series of the series of the series of				
harde se de la companya de la companya de la companya de la companya de la companya de la companya de la compa		S 4 4 6 4 6		有关系设置
		10000 COLUMNS	A STATE OF	(140 to 160)
		5.6.1.32.0	经过 条数	V2325000 00 00
Total deletions for Land Imp	rovements	\$		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ments Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		數學表示部	2004 83.62	
			贵类种(数	
4.7 (5.0) 10.00	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	40004.000		建型 2.63.6
		(Supplemental S		
		10.000	THE COUNTY 1	6.60
		Section Control	& Acais A	
			300	66 P. G. P. S. G.
				ARIOLEGIA
Total additions for Building I	morovements	\$\$ 66.000	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$
Deletions:				
	0.0000000000000000000000000000000000000		34774.4424-614	
NEW TO BE WAS RECEIVED A		B-74 3. W. C.	\$-0:5XX	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		2000 00 00 00		
Branch Colored Color - Se se combe			#24ceptoscopics	多数的数据
		12 DOT 18 12 12 12	KULENNISHELS	
		GSS2000 05,750	SE 107 (178)	Pickers - 102
Total deletions for Building I	nnrovements	9 \$ 00.180.02.2650	\$1.45(±.45)	\$\$5500000

^{*}Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Defication from Morabio 24	innent Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		2.30 %; 4.76%	2.15 % (3.5)	
		and an extension	er avanaka	
es de mare esta de mares			Statement of	No. O Harris
				10000000
		DW.50300	F148101 (88)	(A45.92) 19.61
Total additions for Non-Moval	ole Equipment	\$ 30		\$\$. .
Deletions:				
		erio e locati		医
550 (2) (4) (6) (6) (6) (7)				DE 200 (2005)
				120 (620)
		F 10 10 10 10 10 10 10 10 10 10 10 10 10	E085000	[整化]
		F0976579 23	医视频管线	METAL BOOK
		9.860.800.500.400	5-3-8-3	网络学学
Total deletions for Non-Moyal	le Equipment	\$	1.1265 <u>(</u> 2.656)	\$

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciatio
Additions:			7000	V 1 N 200-0036-6115
Oct-14	CDW/Laptop Computer #	\$ 534	10 (10 grade)	\$ 89
Oct-14	CDW/Laptop Computer	\$ 508	2 Ho V. 3	\$85
lun-15	CAL Business Solutions/Conversion to Binary	\$ 1,050		\$ 175
Sep-15	CAL Business Solutions/Conversion to Binary	\$- 1,245	3.	\$ 208
Oct-14	Hill-Rom/Mattress	\$ 4,665	#\\\\ 5\	\$
Oct-14	Sure-Response/Two-Way Portable UHF Radio	\$ 1.238	# W 5	\$
Apr-15	WB Mason/Shredder	\$ 563		\$ 56
	CDW/Computer Switch	\$ 749	*: · · · · 5	\$ 25
May-15	Hill-Rom/Mattresses	\$ 6,444	5	\$ 644
May-IS	WB WBMason/Shredder	\$ 718	5	\$ 72
Jun-15	MR M Bingson/Surencei	\$ = 3,396	10	\$ 22 170
Oct-14	Joerns/Lift with Scales & Slings		10	\$ 382
Feb-15	May Foodservice/Gas Range	\$ 7,648		
Feb-J5	McKesson/Bladder Scanner	\$ 6,731	- 10	Section of the sectio
Mar-15	Kittredge/Compact Booster Heater Electric	\$ 2,756	10	\$ 138
Apr-15	K2K Group/Dining Arm Chairs	\$ 10,760	10	\$
Aug-15	Proline/Tumber Support, Bearings on Dryer	\$ 2,316	10	\$ 116
May-15	WB Mason/Cabinet	\$ 1,063	15.	\$ 35
		130 220 220 430	A. C.A.	
d same se temperatur		法改革条件	8.2442	
		4 51 3 3 4 3 5	(C. M. C. 42)	4.000
				Y Carrie
		MONO COLOR DO		Keletaka da k
				FARES VALUE
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			NEW YOUR BEING	D2T904.200000
COUNTY ASSESSMENT OF THE PROPERTY OF THE PROPE				E SE
		200400000000		Programme Action
				E. SON WALLES
		斯克茨 经通		
				0.722
		2,423,637,231,030		(EUS/OF)
				6.200
			TS 100 100 137	20000
C		11/2/15/19/20	62 17 17 17 17 18	1070000000000
		0.00	\$100000	HARMATSY ILLY
THE PROPERTY OF THE PROPERTY O	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
		1 30 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2000/2022
94.5.50 55.32 59.33 7		Harrison V. Harrison	10.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11-17-17-17-17-17-17-17-17-17-17-17-17-1	\$ 52,384	menyeka sekitakan Kananan Mananan	\$ 3,710
	vable Equipment	(ゆぶ: ン2,204)	E34/4/301.0006350	- φ ₍₂₎ (3, β1)
Deletions:		Lezna upresevos hasio	enziden og en skri	H 15.700; 120.50;
		47.2958 (668)	98:45 (24:51)	0.0000000000000000000000000000000000000
		200 Contract	\$3996.54XXX	an madada
		exist at the	e Patrici	0.500
		23 E 12 E	REAL PROPERTY.	发展数线
			的类类 (3)	11.500.500.001
		C250008-0848-6	\$182.N=45	10数常级
Total deletions for Mo	rable Equipment	\$	(Periodical States	\$

^{*}Ties to Page 23, Line D2c

^{**}Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

	mprovements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		Lindo_Daja; di		Charles of the
Dec-14	Raintech/Input Mixer Amplifier	\$ 1,337		
May-15	Modern Castle/Magnetic Door Holder	\$ 849	表验证10	\$ 42
May-15	Raintech/Nurse Call System	\$ 1,309	10	\$ 65
May-15	Emerald Resources/Electromagnetic Lock/Doo	\$ 3,181	3 15	\$ 106
Jun-15	All Trade Industries/Door	\$ 1,736	300 (15	\$ 58
Aug-15	All Trade Industries/Door	\$ 2,350	15	\$ 78
Apr-15	GC Electric/Electrical Wiring	\$ 2,100	20	\$ 53
Aug-15	All Trade Industries/Hand Wash Sink	\$ 1,276	20	\$ 32
			0 025 V C (0 1 V a V) 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			100	
		3-40 M 72 K	20.00	55 (120 (0200))
Total additions for Leas	ehold Improvements	\$ 14,138	-246-18-87	\$ 501
Deletions:				
			VILOUSE EEE	出一块。如此
			100 × 100 ×	
2-12-20-20-20-20-20-20-20-20-20-20-20-20-20				
				2.00.00,2215
			09-18-52-35	
1274 Cd 2020 St. Cd 1475 Cd 1476		2 5 26 18		
Total deletions for Leas	ehold Improvements	\$ 7000		\$

^{*}Ties to Page 24, Line C3

**Ties to Page 24; Line C2

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended	_	Page	Jo
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	The Summit at	2282	32		9/30/2015		24	37
				Accumulated				
	Date of			Amort. to	,			.
	Acquisition			Beginning of			•	
		Length of	Cost to Be	Year's		Rate	Rate Amortization	,
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2.			٠					
3								
A-4 Subtotal								-
B. Mortgage Expense							december of a series	
2. Finance Fees-Key Bank								
3. Finance Fees				A TOTAL CONTRACTOR OF THE PARTY	The second secon	SCORES AND VALUE		
B-4. Subtotal								
C. Leasehold Improvements and								
Other (Specify)					1	,	1	
1. Acquired prior to this report period	2014	Various	171,458	17,389	S/L	Var	13,727	
2. Disposals (attach schedule)				is the second to the second of	A TO LINE COMMENT OF THE PROPERTY OF THE PROPE	SECTION ASSESSED.		
3. Acquired during this report period								
(attach schedule)	9 2015	Various	14,138		S/L	Var	501	
C-4. Subtotal								14,228
D. Total Amortization								14,228

* Straight-line method must be used.

** Specify which of the following bases were used:

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

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

Ę	7			14,228								
jo	37			The state of the s								
Page	24A	13,727	501						1000	13,727		201
		Varion	Varion						;	Var		Var
ar Ended	9/30/2015	7/S	S/L							S/L		S/L
Report for Year Ended		17,389 S/L			-					17,389 S/L		
	2282	171,458	14,138							171,458		14,138
License No.	22									Various		Varions
	nit at	2014	9 2015			1997	a de la companya de l			2014		2015
	he Sumn		6	\			The state of the s					6
None of Devillar	Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Planteville	C. Leasehold Improvements (Specify)	2. Disposals (attach schedule)	C-4 Subtotal	C. Other (Specify)	-	2.	C-4. Subtotal		Total Acquired prior to this report period	Total Disposals	Total Acquired during this report period

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

Name of Facility	License No.		Report for Year End	ed		Pag	ge	of
Southington SNF, LLC OF PLANTSVILLE d/b/a	2202			9/30/2015		2:	5 I	37
The Summit at Plantsville	2282			9/30/2013			<u> </u>	
11. Property Questionnaire						<u>.</u> ,		
Part A						**************************************		D4 D
					1 1 N/a	If "Yes," co	-	
Is the property either owned by the						If "No," cor	npiete i	ran C.
*If any owner or operator of this fac	cility is related by fa	amily, m	arriage, ownership, abilit	y to control or:				
business association to any person of a related party transaction.	or organization from	1 Wnom	oundings are leased, men	I II is considered				
Description			Total		46. 24. K. K. K. K.			
Date Land Purchased			·					
Date Structure Completed								
3. If NOT Original Owner, Date	of Purchase	*******	08/01/02					
4. Date of Initial Licensure			08/01/02					
5. Total Licensed Bed Capacity			150					
6. Square Footage								
7. Acquisition Cost								
a. Land			880,000	100 000 000				
b. Building			4,371,469					
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th N	Mortgag	je
1. Financing						200		
 a. Type of Financing (e.g., f 	ixed, variable)		HUD/Key Bank					
b. Date Mortgage Obtained			03/29/12					
c. Interest Rate for the Cost			3.22%/6.92%					
d. Term of Mortgage (numb			30			·		
e. Amount of Principal Born		0016	9,526,089					
f. Principal balance outstand		2013	7,020,777			i se produce de la companya de la companya de la companya de la companya de la companya de la companya de la c		
Complete if Mortgage was								
During Current Cost Yo								
g. Type of Financing (e.g., f h. Date of Refinancing	ixed, valiable)							
i. New Interest Rate								
j. Term of Mortgage (numb	er of years)			7.0-1.				
k. Amount of Principal Born							****	
l. Principal Outstanding on								
Part C - Arms-Length Leas		perty	Improvements Only	I				
Name and Address of I	Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Ar	mount c	f Lease
								<u>-</u>
						<u> </u>		
			-					
				<u> </u>	<u> </u>			

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 Yo	ear Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at	2282			9/30/2015 .		26	37
Item			Total	CCNH	RHNS	(Spe	cify)
12. Interest							
A. Building, Land Improve	ement & Non-Movable						
Equipment		4					
1. First Mortgage		\$					(
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$				201200000000000000000000000000000000000	
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage	,	\$			A STATE OF THE STA		
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$		·			×
Name of Lender		Rate			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Address of Lender						1000000	
B. CHEFA Loan Informat	ion						
1. Original Loan Amo	unt	\$	5				
2. Loan Origination D	ate	·•					
<u></u>							
	pense						
12 B7. Total Building Interest Ex		\$	S			<u> </u>	
	 		(C.	rv Subtotals	formunand to	aavt naar	. \

(Carry Subtotals forward to next page)

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

Name of Facility Southington SNF, LLC OF	License No.			Report for Y	ear Ended		Page	of
PLANTSVILLE d/b/a The Summit at Plantsville		282			9/30/2015		27	37
Item	<u></u>			Total	CCNH	RHNS	(Sı	pecify)
Ţ(OII	Subtotals Br	ought	Forward:					
12. C. Movable Equipment								
1. Automotive Equipme	ent		. \$			•		
A. Item		Rate	Amount					
			<u> </u>					
Lender								
Address of Lender								
2. Other (Specify)			. \$					
A. Item		Rate	Amount	and an overland to a series of the second of the second				
n. nom			_					
Lender								
Address of Lender								
			1.		2.0			
B. Item		Rate	Amount					
Lender								
Address of Lender			<u> </u>					
Address of Hondox								
12. C. 3. Total Movable Equip	pment Interest	•						
Expense $(C1 + 2)$. 9					
12. D. Other Interest Expense	(Specify)			102,833	102,833			
Vender Interest = \$2,154; Key Bank L Key Bank Term Loan Int & Fees = \$8	ine of Credit In	iterest :	= \$14,914;					
		L 10T	<u>)</u> 6	102,833	102,833			
13. Total All Interest Expense ((12B/ + 12C3)	T 121	J)a_	102,033	102,033			
14. Insurance a. Insurance on Property (huildings only	Λ	9	106,848	106,848			
a. Insurance on Property (b. Insurance on Automobi								
c. Insurance other than Pre								
1. Umbrella (Blanket C				ß				
2. Fire and Extended C				8				
3. Other (Specify)				5				
	•				7.55			
								
14d. Total Insurance Expenditu	<i>res</i> (14a + b	+ c)		106,848	106,848			
15. Total All Expenditures (A-	13 thru C-14)		• • •	14,959,904	14,959,904			

D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lic	ense No.	Report for Ye	ar Ended	Page	of
South at Plai			LC OF PLANTSVILLE d/b/a The Summit		2282	9/30/	2015	28	37
atria	Haville			. 1	Total	7,50	2015		
Itom	Page	ĭ ina			Amount of				
	No.	1	Item Description		Decrease	CCNH	RHNS	(S	pecify)
					Decrease	CCMI	10110		poorry)
	10-3	atario	es and Wages	\$				PASTER STATE	
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$	210.762	212.762			
3.			Occupational Therapy	<u>Ֆ</u>	312,763	312,763			
4.	Var		Other - See attached Schedule	\$	88,343	88,343			10239425
			sional Fees	Ф	52.600	52.600		2000560	
5.	13	B8c	Resident Care Physicians **	\$	53,699	53,699			
6.			Occupational Therapy	\$					***************************************
7.			Other - See attached Schedule	\$	racing the property of the work word was		POR AND THE STATE OF THE STATE	tehel/seethess.	leneral services
Page.	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	89,154	89,154			
10.	15	1d&e	Accounting & Legal	\$	18,023	18,023			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	1,536	1,536			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.	16	13	Gifts, flowers and coffee shops	\$	19,447	19,447			
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
	16	L5	for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the				1		
			continental U.S. Other out-of-state			to a company	0.000		
]	travel in excess of one representative	\$					
17.		-	Automobile Expense (e.g. personal use)						
18.	16	m2&3	Unallowable Advertising *			45,336	-		
	1	lj&kl							
19.	15	&2	Income Tax / Corporate Business Tax			250			
20.			Fund Raising / Contributions		 				
21.	16	l	Unallowable Management Fees		1 1	257,043			
1	18	2e		\$	62,314	62,314			
	20	5j	- N-2	\$	70,103	70,103			
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	49,715	49,715	Committee of the Control of the Cont	564-52490904055	AUS COMMON MARK PROS
Page			y Expenditures			400.0			
24.	18	2a1	Meals to employees, guests and others						
l .			who are not residents	\$	528	528		Second vision	
Page	19 - 1	Launa	lry Expenditures			100	20,460,000,000,000	1000	
25.			Laundry services to employees, guests					0.00	
			and others who are not residents	. \$					
Page	20 - 1	House	ekeeping Expenditures						
26.		Γ	Housekeeping services to employees						
			and others who are not residents	. \$				L	
	1		Subtotal (Items 1 - 26)			1,068,254			
<u></u>			Wanted"		1	arry Subtotal 1	Commend to second	4	``

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

^{**} Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)					CERTAIN,
10	12m	Community Coordinator/Marketing: Salary & Benefits	88,343		
KAN SERVICE D	aller zaktlige	LESS OF THE STATE	全形数数	2000年1月2日	
5-64 m2 75 C. 03	VE-01/2000 Line	The state of the s	400000000000000000000000000000000000000	10,490,450	\$\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text
	15 12 15 15 15		18,44336 NV (SVET)		(00%)0015 (100 00%)
					ZZZZ
000 (000) 111 - 10 000 (000) 111 - 10	um company no.		57.345.323		TERRETARY
4246566666	A STANCES CONTRACTOR			er tibulik	32.200.00
tro service			是否是比较更多	USAN MAKSIM	(A) (5-X) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
55.00 × 56.52			156156218378E	1856-58-5017D185	86783×856
55-3 8y-4% 3			181115222742861C	181-121-101944	(3) AS 30 (5)
2000 A 100 E	<u>activities de la companion de la companion de la companion de la companion de la companion de la companion de</u> La companion de la companion de		## # # F F F F F F F F F F F F F F F F	1979-5266 (4.420)0.46	10.000 (0.00
				XX.	terre pervisorna
				232524 143	
				A STATE OF THE	
				1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2012-03-14			4004		Ca Casaca
			\$ 88,343	e	3
Lotai Otne	r Salaries	Adjustment	ωw _m σομος	.Ψ	K.W.COSEC COTTON

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
ked trains	TORIZONIANA STORIZONIANA			0.000	
100000000	每2000年9				
	NEW YORK			等和全有性	
	3147				(2)
Total Othe	r Fees Adj	ustments	\$	\$ -	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed Dues	580	AM STOCK	
16	₩13	Bank Charges	9;513		
16	M13	Lobbying Fces	5,023	"你这样" 他考	CITATE TO A TOTAL
16		Citation #2013-159, 2014-145 & #2014-68	3,000	************************************	
16	A STATE OF THE PARTY OF THE PAR	Compliance Consulting	31,599		
34.35	acht icenic		re att liveralle		20174 ASS 25
35.75 W.U	#2.52 PA			5. ± 0. 5. 5.	
C3 (30° (50)	\$2526574			G- FATTAR C	
12.022	98432337111				
304300 X 72100	enezii birbe		20年 新省省		
(*************************************	(1) TO 10		2005-000-000-0	75 75 % FIOR	vis Namoniads).
	- W. W. W.				
				rileta, o de respecto. Republica de 15 est	CIA SCHARK IN THE
\$ 700 \$ E S			(4.5.2 T.) (3.5.6)		
2000000	Conta novala.			44 - 1262 1753 17	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Total Othe	r A&G A	ljustments	\$ 49,715	\$	\$ -

Annual Report of Long-Term Care Facility

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

			D. Adjustments to Statemen			····	ъ	-	_
Name			l l	cense No.	Report for Y	ear Ended	Page		of
Southn at Plan			LC OF PLANTSVILLE d/b/a The Summit	2282	9/30/	2015	29	i	37
at I lan	ISVIIIE		<u> </u>	Total	7/30/	2010		1.	
T4	n	Υ		Amount of					
Item	- 1		The are Describeding		CCNH	RHNS	(9,	ecif	
No.	No.	No.	Item Description	Decrease		KIIIVO	(0)	JCCII	<i>y)</i>
			Subtotals Brought Forward \$	1,068,254	1,068,254		100464803	1900	
	20 - K		nt Care Supplies***	***	500 100				
27.	20	5a1&2	Prescription Drugs\$		520,130				
28.	20	5d	Ambulance/Limousine\$	5,369	5,369				
29.	20		X-rays, etc\$		28,304				
30.	20		Laboratory\$		38,675				
31.	20	5e	Medical Supplies\$	18,607	18,607				
32.	20	5e2	Oxygen (non emergency)\$		23,882				
33.			Occupational Therapy\$						
34.	Var	Var	Other - See Attached Schedule \$	32,717	32,717				
Page	22 - N	lainte	enance and Property						
35.			Excess Movable Equipment Depreciation		100				
	Var	Var	See Attached Schedule\$	1,771	1,771				
36.			Depreciation on Unallowable						
			Motor Vehicles \$						
37.		·	Unallowable Property and Real						
			Estate Taxes\$					100204000	
38.			Rental of Building Space or Rooms \$						
39.		-	Other - See Attached Schedule\$						
	27 . I	nsura						俗農	
40.	#1 1	1.547.4	Mortgage Insurance\$	(3-12-3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A Company of the Company		1COLONA SCHOOLS
41.			Property Insurance\$						
	. Mi	cella	neous				105	17:12X	da albad
42.	- 2721.	1	Research or Experimental Activities \$		Afficiación de la companya del companya de la compa		and an angelough to	usjilings.	ndrijanaji je jelija
43.	20	5j	Radio and Television Revenue\$		19,191				
44.		31	Vending Machine Revenue		,				
45.		 	Purchase Discounts and Allowances\$		-				
		-	Duplications of functions or services \$						
46. 47.		 	Expenditures made for the protection,		1.00 to 3.00 t			1	
4/.			enhancement or promotion of the						
			_	102					9890ES
10			providers interest	39	39				
48.	30	IV5		39	39	PLONG CONTROL OF THE		5000	NO METERS
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
	<u></u> _	<u> </u>	Attached Schedule\$		1 2000 (0.000	621.00 p. 150.00 6.00 5.00	legis de l'écheir	i igo view	5000000
			roviders Only				2000		20.000
50.	Var	Var	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule						
1 51	Total	l Amo	unt of Decrease (Items 1 - 50)	1,756,939	1,756,939		<u> </u>		

^{***} 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	CCNII	RHNS	(Specify)
Contractional and		Medical Equipment Rental	32,682		1300
20	5c	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	35	200	1199884
3 100 100 000 000 000 000 000 000 000 00		EAST CONTRACTOR OF THE CONTRAC	N. A. S. A. S.		150,000,000
x 6 (0.5% %)	0.00				
	(12-28 Te 20				(1.00 m)
1.67	\$25000750			TV (VIX. (S.V.)dire	
				-0.00	
Sive (Singe	1. 184 St. 184				
Total Othe	r Ancillary	y Costs	\$ 32,717	\$	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Equip Depree Carryforward AJE	1,771		
C 100 (40 C)	n 100 7 10 154		100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 T		Concession
652235366	18214.99				
ATTEC LOCKER	0.000				
To the second					
				133 22 5 2 1 1 1 2 5 7 2 2 2 2 2 1 1 1 2 5	
-4251 oc				5, 30 % 25	22, 2, 60
	757 34 48		98 W. G. S		
7A2-1416-82	teraeris (Sign	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47/06 (***)		
Total Exce	s Movable	Equipment Depreciation	1,771		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	1.023.33			(C 14 (24 (24 (24 (24 (24 (24 (24 (
	F 32.79F (1)				92202000
(c) 13%(24%)					
Alder Arte (1995) Arte (1995)			Terror		
				100 TO 10	
A 70.76			100000000000000000000000000000000000000	2000	0.448,64
(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				参議会後	u janguajan
46 7 North 2004	114 116 12				
Total Othe	r Property	Adjustments		37237	

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	a Granda	The second secon	20 A S	919.14 .24	1024
	的影響會		\$6.50 PM		
	5 PX (S (S))				
					100 UT0000
	A. 180		X		
	F25134443:		Caralle Contra	高星的影响	1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
707050				(2005-2007) (2005-2007)	0.60
¥20000300	r reconside	ALCOHOL CONTRACTOR CON		使用的数数	
200 (de= 0.00) 200 (de= 0.00)	1126112131			College control of	
				50 S	31-021-782-77-8 (F 1-1081-549-1-78 (F
Total Othe	r Adjustm	ents	\$	\$ (- i +) -	\$ -

Southington SNF, LLC OF PLANTSVILLE $\,\mathrm{d/b/a}$ The Summit at Plantsville 9/30/2015

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
502000000	景、散态的			-2-22-20	医侧皮 是
27.70				接触導位	8 M # 28
100 000 000 000	**************************************		CI C EBULES		
200.000 100.000				200 62 T T	p. 6. 30. 1
10 VI- 180 VI					35000 - 1500
			B. Company	ASSESTED TO	
C 110 (5. A.L.)	160000000000000000000000000000000000000			6 (0 2) (2 (2 fab.)	\$60 B.C.
375252238	101-1002 1004			100000000000000000000000000000000000000	
10000000000000000000000000000000000000			00138100011501150 20110115011501150	argument artistania	(数)的"被否约"。
	na rozanie				
Total Unal	lovable Bi	illding Interest	\$	\$	\$}

F. Statement of Revenue

F. Statement of Revi					Dogo		of
Name of Facility License No.	-	Report for Ye	ear Engeg		Page		OI
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville 2282			9/30/2015		30	1	37
Item	T	Total	CCNH	RHNS	(Sr	ecify	·)
I. Resident Room, Board & Routine Care Revenue	\neg						
1. a. Medicaid Residents (CT only)	\$	15,223,499	15,223,499			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b. Medicaid Room and Board Contractual Allowance **	\$	(7,654,175)	(7,654,175)	 			
2. a. Medicaid (All other states)	\$	(1304 - 17- 1-7)					•
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$	2,949,633	2,949,633				
b. Medicare Room and Board Contractual Allowance **	\$	557,143	557,143				
4. a. Private-Pay Residents and Other	\$	3,558,553	3,558,553				
b. Private-Pay Room and Board Contractual Allowance **	\$	(493,311)	(493,311)	<u> </u>			
	-4	(193,311)			88.42.82	and the sale	de la
II. Other Resident Revenue			20.5.26.5		200000000000000000000000000000000000000		<u> </u>
1. a. Prescription Drugs - Medicare	\$	325,265	325,265				
b. Prescription Drugs - Medicare Contractual Allowance **	\$	` <u>`</u>	(325,265)				
c. Prescription Drugs - Non-Medicare	\$	140,262	140,262		-		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(140,262)	(140,262)		 		
2. a. Medical Supplies - Medicare	\$		3,607				
b. Medical Supplies - Medicare Contractual Allowance **	\$		(1,339)		<u> </u>		
c. Medical Supplies - Non-Medicare	\$		3,990		<u> </u>		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(3,990)	(3,990)		<u> </u>		
3. a. Physical Therapy - Medicare	\$		1,042,131		ļ		
b. Physical Therapy - Medicare Contractual Allowance **	\$		(782,151)				
c. Physical Therapy - Non-Medicare	\$		140,852		<u> </u>		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$		(140,852)		 _		
4. a. Speech Therapy - Medicare	\$		346,453				
b. Speech Therapy - Medicare Contractual Allowance **	\$. (278,781)		<u> </u>		
c. Speech Therapy - Non-Medicare	\$		61,237		<u> </u>		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$		(61,237)		<u> </u>		
5. a. Occupational Therapy - Medicare	\$		960,374		<u> </u>		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(774,551)	(774,551)		<u> </u>		
c. Occupational Therapy - Non-Medicare	\$	144,002	144,002		<u> </u>		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(144,002)	(144,002)				
6. a. Other (Specify) - Medicare.	\$						
b. Other (Specify) - Non-Medicare.	\$	3,064	3,064		<u> </u>		
III Total Resident Revenue (Section Lithru Section II.)	\$	14,660,149	14,660,149				
IV. Other Revenue*		10000					
Meals sold to guests, employees & others	\$				<u> </u>		
2. Rental of rooms to non-residents	\$				<u> </u>		
3. Telephone	\$				<u> </u>		
4. Rental of Television and Cable Services	\$						
5. Interest Income (Specify)	\$	47,978	47,978				
6. Private Duty Nurses' Fees.	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$	3,650	3,650				
	•	51,628	51,628		1		
V. Total Other Revenue (1 thru 8)	\$	71,020	31,020				

^{*} Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

^{**} Facility should report all contractual allowances and/or payer discounts...

Schedule of Other Resident Revenue - Medicare

Related Exp Page Ref Description			
Page Ref Description	CCNH	RHNS	(Specify)
		39-22-439-5	5-229 (S1-287) S-
	all strates will	Total Stra	313333
	数 医脱囊增生的	15 18 18 18 18 18 18 18 18 18 18 18 18 18	contraction of
	dr 248.0000	多是武器	1244
	30E (100)		美國政策

Schedule of Other Non-Medicare Resident Revenue

Related Ex	p Description			
Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 3,064	位在他们第2条60	
12/12/14/15				
\$1.44 to 11.5		a de la compa	泛 名《卷】	
707238355				200 KAN
Total Othe	r Resident Revenue	\$ 3,064	\$	\$ -

Interest Income

		Account			
Page Ref	Account	Balance	CCNH	RHNS	(Specify)
6242 X		.4.4.22.22.22.2	76 A.K. 23	225) 34 WW.20168	(PERMIT
pg 32, In D6	Interest on Note Receivable	\$ 1,244,888	\$ 47,939	***************************************	
pg 32 In A2	Medicare and Medicaid Interest	逐渐决争等级。	\$ 39	1868 (87652)	
(4) July 10 (10)				44.0.22	11.22.53
Strike Symposium		Second Secure 4		1633年發展的	
100000000000000000000000000000000000000				0194711 3440+1 33	E2E2000
		0.000		30,000,000,000	ALTERNACIONES CONTRACTOR
Total Inter	est Income	R27 -1- (1997)	\$ 47,978	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
ALCO CONT		2 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
27.2535.82.50				
1676 162 P				100,750,760,000
				SENSE SE
		NEW WAR		* ***********************************
entenerati				40.000
(* * * * * * * * * * * * * * * * * * *			建筑基础	型角系 数
recover se	Bad Debt Recovery	\$ 3,650	107 M 2012	
34K-025E-5				
		62 32 3 34 3		建步建立
				2000
(276)		CONTRACTOR		4.00
WARKS TE				
22.00 (A.A.)		eta idaka kala		
Mageritina (使用用的	Z-WAY
SAMOTHON BY			200	建筑技术
Total Oth	er Revenue	\$ 3,650	\$	\$ -

G. Balance Sheet

Nam	e of	Facility	License No.	Re	port for Year Ended		Page		of
		on SNF, LLC OF PLANTSVILLE Summit at Plantsville	2282		9/30/2015		31	1	37
			Account				An	nount	
Asse	ts								
A.	Cui	rrent Assets							
	1.	Cash (on hand and in banks).				. \$			65 <u>,792</u>
	2.	Resident Accounts Receivable	e (Less Allowance:	for Ba	d Debts)	. \$		86	50,470
	3.	Other Accounts Receivable (I	Excluding Owners of	or Rela	nted Parties)	. \$			
		Inventories				. \$			38,188
		Prepaid Expenses				\$		1	74,665
		a. Prepaid Insurance			164,966				
		b. Other Prepaid Expenses			2,069				
		c. Prepaid Property Taxes			7,630				
		d.					epel gree		
	6.	Interest Receivable			********	. \$,	29,377
		Medicare Final Settlement Re							
		Other Current Assets (itemize				\$		2	16,269
	0.	A/R Related Facilities			216,269				
						4			
						+	100		
4 0	T_{α}	tal Current Assets (Lines A1	thru 8)			\$	AND STATE OF THE PARTY OF	1.4	84,761
А-9. В.		ked Assets	ana o)						
Д.		Land				\$			
		Land Improvements	*Historical Cost		69,574	\$			15,788
	۷.	Land Improvements	Accum. Deprecia	-	(53,786) Net	17			,
	2	Duildings	*Historical Cost		562,053	\$		2	28,792
	3.	Buildings	Accum. Deprecia		(333,261) Net	1			,
		T 1.11 Incompanies	*Historical Cost		185,596	\$		1	53,979
	4.	Leasehold Improvements	Accum. Deprecia		(31,617) Net	1 '			00,010
-		N. Marchle Equipment	*Historical Cost		257,103	\$		· · ·	57,172
	5.	Non-Movable Equipment			(199,931) Net				J 1 , 1 1 2
		27 11 72 1 114	Accum. Deprecia		1,596,197	\$		3	42,242
	6.	Movable Equipment	*Historical Cost.		(1,253,955) Net	1		J	12,22,12
		77.1.1	Accum. Deprecia		7,493	\$			
	7.	Motor Vehicles	*Historical Cost.			- 1 '			
			Accum. Deprecia		(7,493) Net				
	8.	Minor Equipment-Not Depre	ciable	******		\$_			
	9.	Other Fixed Assets (itemize)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$			10,860
	,.	Excluded Movable Equip			10,860				
					-				
B-1	<u> </u>	Total Fixed Assets (Lines B	1 thru 9)			\$		8	08,833

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

THE SUMMIT AT PLANTSVILLE PREPAID EXPENSES-OTHER #1580-010 9/30/2015

CBORD (GERIMENU LICENCE FEE) 10/1/15-9/30/16

\$ 2,068.68

TOTAL AT 9/30/15

\$ 2,068.68

G. Balance Sheet (cont'd)

Name	ame of Facility		License No.	Report for Year Ended	Pag	e	of	
South	ingto	on SNF, LLC OF PLANTSVILLE Summit at Plantsville	2282	9/30/2015	32		37	
U/D/a	Тис	Summe at Lancormo	Account			Amount		
 _			7 toodant	Total Brought Forward:	\$	2,29	3,594	
C.	Lea	asehold or like property record	ed for Equity Purpose					
C.	1.	Land	1 , w . 1		\$	88	30,000	
		Land Improvements	*Historical Cost					
,	-	1	Accum. Depreciation		\$			
	3.	Buildings	*Historical Cost					
		. •	Accum. Depreciation	n (1,475,838) Net	\$	2,89	95,631	
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost		1.			
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
		Minor Equipment-Not Depre			. \$			
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$	3,7	75,631	
D.		vestment and Other Assets						
	1.	Deferred Deposits	. \$					
	2.	Escrow Deposits			. 3			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciatio			4.2	06 111	
	4.	Goodwill (Purchased Only)			. 15	4,3	06,111	
	5.	Investments Related to Resid	ent Care (itemize)		$\cdot _{\mathfrak{D}}$			
					\dashv			
					\$	(2.0	09,094)	
	6.	Loans to Owners or Related 1		T D. t.	Ф	(3,0	09,094	
		Name and Address	Amount	Loan Date	+			
		Due from Related Party	(3,009,094	3/29/2012				
			<u>'</u>		dr ·		28,447	
	7.	Other Assets (itemize)			. \$		20,447	
				00.447	-			
		Project Development		28,447	_			
			. at the state of	`	(2,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,	1 3	325,464	
D-8	3. To	otal Investments and Other As	sets (Lines DI thru 7)	. \$		394,689	
D-9	T_{i}	otal All Assets (Lines A9 + B1	υ + C8 + D8)		φ.	7,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

ost Year	veable Equipmen	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount -	Amount	Amount	Amount
		Excess on		N. d.	Uodlago	Heritage	Heritage	Heritage	Heritage	Heritage	Heritage	Heritage
		Change in	Heritage	Heritage	Heritage Furniture	Fumiture	Furniture	Fumiture	Fumilure	Furniture	Fumiture	Fumilure
		Ownership	Fumilure	Furniture	9/30/2003	9/30/2003	9/30/2004	9/30/2004	9/30/2006	9/30/2007	9/30/2007	9/30/20
			9/30/2002	9/30/2002 \$ 388	\$ 104				\$ 149	\$ 282	\$ 5,051	
	Cost	\$ 401,421		•		\$ 15		•		\$ 5	\$ 12	\$
	Term .	\$ 10	\$ 10	a 15	φ	Ψ	, ,,					
2002	Deprec	\$ 6,690	\$ 9									
2002	Book Value	\$ 394,731	*	\$ 362	\$ 21	\$ 8_						
2003	Deprec		\$ 8			\$ 108						
2003	Book Value	\$ 354,589	*	\$ 336	•		\$ 10	\$ 7				
2004	Deprec				\$ 21			\$ 29				
2004	Book Value	\$ 314,447	\$ 61				•				•	•
2005	Deprec	\$ 40,142	\$ 9	<u> </u>	\$ 21	\$ 8	\$ 135					
2005	Book Value	\$ 274,305		•	\$ 41	,		\$ 8	\$ 10	•		
2006	Deprec	\$ 40,142			\$ 20				\$ 139			
2006	Book Value	\$ 234,163	\$ 44	•	\$ 21			•		\$ 28	\$ 211	\$
2007	Deprec	\$ 40,142			\$ 21				\$ 129			\$ 21,
2007	Book Value	\$ 194,021	\$ 35		\$ -	•	•	•	\$ 11		\$ 421	\$ 1,
2008	Deprec	\$ 40,142		\$ 26								\$ 20,
2008	Book Value	\$ 153,879	\$ 26	\$ 207		•	\$ 104	\$ -			\$ 421	\$ 1,
2009	Deprec	\$ 40,142	\$ 9				\$ 10	-	\$ 10 \$ 108	\$ 56 \$ 142		
2009	Book Value	\$ 113,737	\$ 17	\$ 181		T	\$ 94					\$ 1,
2010	Deprec	\$ 40,142	\$ 8	\$ 26			\$ 11	-			\$ 3,578	\$ 17,
2010	Book Value	\$ 73,596		\$ 155			\$ 83		•		\$ 421	\$ 1,
2011	Deprec	\$ 40,142		\$ 26_			\$ <u>10</u>	· -	\$ 10		\$ 3,157	\$ 15,
2011	Book Value	\$ 33,453	\$ -	\$ 129		•	\$ 73		\$ 88	•	\$ 421	\$ 13,
2012	Deprec	\$ 33,453		\$ 26		\$ 7			\$ 10			\$ 14,
2012	Book Value	\$ -		\$ 103			\$ 62		\$ 78	\$ (26)		\$ 17,
2013	Deprec	\$		\$ 25_		\$ 8			\$ 10		\$ 421 \$ 2,315	
2013	Book Value	\$ -		\$ 78		\$ 31			\$ 68			
2014	Deprec	\$ -		\$ 26_		\$ 8			\$ 10			\$ 11,
2014	Book Value	\$ -	-	\$ 52			\$ 42		\$ 58		\$ 1,894	\$ 1
2015	Deprec	š -		\$ 26_			\$ 11		\$ 10		\$ 421	
2015	Book Value	\$ -		\$ 26			\$ 31	•	\$ 48		\$ 1,473 \$ 421	
2016	Deprec	\$		\$ 26			\$ 10		\$ 10			\$ 1 \$ 8
2016	Book Value	\$	-	\$ -			\$ 21		\$ 38		\$ 1,052 \$ 421	\$ 1
2017	Deprec	\$ -		\$ -			\$ 11		\$ 10			\$ 6
2017	Book Value	\$ -		\$ -		\$ -	\$ 10		\$ 28			
2018	Deprec	\$ -		\$ -		_	\$ 10		\$ 10	_	\$ 421	\$ <u>1</u>
2018	Book Value	\$.	-	\$ -	•		\$ -		\$ 18		\$ 210	
2019	Deprec	\$							\$ 10 \$ 8		\$ 210 \$ -	\$ 1
2019	Book Value	\$ -	•	\$ - \$ -	•						\$ -	\$ 3
	Deprec	*	, .	·					<u>\$ 8</u>	_		\$ 1
2020 2020	Book Value								\$-			\$ 2
2020	Deprec											\$ 1 \$
	Book Value											-
2021												\$
2022	Deprec											\$
2022 2023	Book Value Deprec											

Heritage Heritage Heritage Heritage Furniture Fumilure Furniture Fumilure 9/30/2008 9/30/2008 9/30/2008 9/30/2008 877 \$ 10 \$ 428,545 171 \$ (2.967)\$ \$ 282 \$ 5 \$ 15 \$ 6,725 395,171 40,205 355,186 40,222 315,156 40,223 274,933 40,232 234,850 41,219 221,356 44 \$ 833 \$ (149)42,111 254 56 \$ 177,608 166 \$ (2,819) 42,033 88 11 \$ (297) 198 135,575 745 155 \$ (2,522) \$ 42,033 93,542 42,033 51,509 56 88 \$ (297) (2,225) (297) 657 144 \$ 142 \$ 56 88 \$ \$ \$ \$ \$ \$ \$ (1,928) (297) (1,631) (297) (1,334) (297) (1,037) 133 86 569 35,335 11 56 88 122 \$ 11 \$ 111 \$ 11 \$ 16,174 30 481 1,799 88 14,401 393 1,770 88 100 \$ 11 \$ 89 \$ 12,631 305 88 217 (297) 1,771 10,860 (740) 1,769 88 11 (297) \$ \$ 129 78 \$ (443) 9,091 1,745 \$ 88 11 .\$ (297)67 \$ 11 \$ 7,346 1,841 41 (146)<u>\$</u> 41 (146) 5,506 1,724 3,782 1,512 2,270 56 \$ 11 45 11 34 11 23 11 1,504 \$ \$ \$ 766 755 12 12

12

Amount

Amount

Amount

Amount

Totals

12

G. Balance Sheet (cont'd)

Name of Fac		COPNIANTONIA E 1/L/L	License No.	Report for Year I	Ended	Page		of
The Summit a		LC OF PLANTSVILLE d/b/a tsville	2282	9/30/20	15	33	1	37
			Account			An	nount	
Liabilities					· .			
Α.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable			\$		1,191,	,293
-	2.	Notes Payable (itemize)			\$		426,	,845
		Due From Related Facilitie	es	125,000		0.00		
		Line of Credit - Key Bank		301,845				
						100000		
					,			
	Loans Payable for Equipm			on) (itemize)	\$			
		Name of Lender	Purpose	Amount	Date Due			
							6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		•		·				
	4.	Accrued Payroll (Exclusive	e of Owners and/or	· Stockholders only)	\$		229,	,283
	5.	Accrued Payroll (Owners	and/or Stockholder	s only)	\$	1		
	6.	Accrued Payroll Taxes Pay	yable		\$		6,	,791
	7.	Medicare Final Settlement				1		
}	8.	Medicare Current Financia						
	9.	Mortgage Payable (Currer						
	10	. Interest Payable (Exclusive					4,	,735
	11	. Accrued Income Taxes*			\$			
		. Other Current Liabilities (\$))	292,	,720
		Acc'd Operating Expenses	•	. 64,795	5			
		Acc'd Expense-CT State Sales Tax		3,91:	5			
		Provider Tax Due		224,010)			
A-13	. To	tal Current Liabilities (Lin	es A1 thru 12)		\$		2,151,	,667

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

SUMMIT AT PLANTSVILLE ACCRUED EXPENSES-OPERATING 9/30/2015

HEALTH INSURANCE IBNR	\$38,475.61	5364
9/30/15 AUDIT FEE	\$14,000.00	5126
MANAGEMENT FEE TRUE UP	(\$6,344.37)	5120
ATHENA 401K	\$2,401.13	5366
SOUTHINGTON BOARD OF WATER	\$5,779.30	5571
SOUTHINGTON SEWER DEPT.	\$8,336.50	5571
DIRECT ENERGY	\$3,620.17	5572
EVERSOURCE-GAS	\$1,593.83	5572
FOOD REBATE	<u>(\$3,067.13)</u>	6334
	\$64.795.04	

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/20	15	34	37
Will All Samme at Lines And	Account			, '	nount
	Account	Total Broug	ht Forward:		2,151,667
Liabilities (cont'd)		Total Dioag	it i or ward.		2,101,007
B. Long-Term Liabilities			1		
1. Loans Payable-Equipmen	t (itamiza)		2		
Name of Lender	Purpose	Amount	Date Due		
Name of Lender	rutpose	Amount	Date Duc		
					Charles Balletin
			- 15		
	`				
2. Mortgages Payable			s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. Loans from Owners or Re					677,889
Name and Address of Lender	Amount	Loan D	CCFe6		
Ivaine and Address of Echdor	·	- Boan B			
Due to Deleted Bouty	677,889	None	3		
Due to Related Party	077,009	1101			
4					Esta de California
Ļ					
,				entre de la companya de la companya de la companya de la companya de la companya de la companya de la companya	
4. Other Long-Term Liabili	ies (itemize)		\$		55,298
Due to Related-Landlord					
Key Bank Term Loan		(1,110,694) 1,165,992			
IKO, Dank Your Som					
					
B-5. Total Long-Term Liabilities	(I inec R1 thru 4)		\$		733,187
C. Total All Liabilities (Lines A	$\frac{(Lines D1 unu +)}{(Lines D1 unu +)}$	********			2,884,854
C. 10m An Lubines (Lines F	(10 · D=0)	******	· · · · · · · · · · · · · · · · · · ·	·	۵,007,004

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

	e of Facility	License No.	Rej	ort for Ye	ear Ended	Page	of
	nington SNF, LLC OF NTSVILLE d/b/a The Summit at	2282		9/3	0/2015	35	37
===		Account				Ar	nount
A.	Reserves						
	1. Reserve for value of leased	and				\$	880,000
-	2. Reserve for depreciation val	ue of leased build	lings an	d appurter	nances		
	to be amortized					\$	2,895,631
	3. Reserve for depreciation val	ue of leased pers	onal pro	perty (<i>Eq</i>	uity)	\$	
	4. Reserve for leasehold real p	roperties on whic	h fair re	ntal value	is based	\$	
,	5. Reserve for funds set aside a	as donor restricted	d			\$	
	6. Total Reserves	*************	*******			\$	3,775,631
B.	Net Worth				•	d.	
	1. Owner's Capital		• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		2	
	2. Capital Stock					\$	(400,000)
	3. Paid-in Surplus	•••••				\$	
	4. Treasury Stock					\$	
	5. Cumulated Earnings				•••••	\$	1,382,331
	6. Gain or Loss for Period	10/1/2	2014	thru	9/30/2015	\$	(248,127)
	7. Total Net Worth	•••••	****			\$	734,204
C.	Total Reserves and Net Worth				•••••	\$	4,509,835
D.	Total Liabilities, Reserves, and	l Net Worth			••••	\$	7,394,689

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/201	5	36	37
	Account			An	nount
A. Balance at End of Prior Period as s	hown on Report of	09/30/2014	9	\$	1,056,459
B. Total Revenue (From Statement of				5	14,711,777
C. Total Expenditures (From Stateme				\$	14,959,904
D. Net Income or Deficit			1.	\$	(248,127)
E. Balance				\$	808,332
F. Additions					1000 1000
Additional Capital Contributed	(itemize)				
1	,	(68,611)			68.000
Change in SWAP value		(5,518)			
Rounding		1			$A = \frac{1}{L}$
					7.54
	•				
2. Other (itemize)					
, ,					
					0.00
·			2		
F-3. Total Additions				\$	(74,128)
G. Deductions					
1. Drawings of Owners/Operators	s/Partners (<i>Specify</i>)			\$	
Name and Address (No., City,	, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)				\$	
Purpose		Amou	nt		
				100	
٠.					
3. Total Deductions				\$	
H. Balance at End of Period	09/30/	15		\$	734,204

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

•							
Name of Facility PLANTSVILLE d/b/a The Summit at	License No.	-	Report for Year Ended	Page	of		
Plantsville		2282	9/30/2015	37	37		
	Check ap	propriate category					
CCNH		RHNS	Other (Spec	rify)			
V							
P	reparer/Re	viewer Certifi	cation				
have inquired of appropriate pe not reimbursable under the appl (except those expenses known to result of reading reports, inquir report on Pages 28 and 29 (adju- report is in agreement with the	olicable regulation be automatically or other services states.	ions. All non-reimb lly removed in the ses performed by m ement of expenditure	ursable expenses of whic State rate computation sy- e are properly reported as es). Further, the data con-	h I am av stem) as a such in t	vare a this		
Signature of Preparer	Title		Date Signed				
4//6/	CA		2/12/16				
Printed Name of Preparer			, , ,				
			•				
Athena Health Care Associates, Inc							
Address			Phone Number				
135 South Road							
Farminaton CT 06032 (860) 751-3900							

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