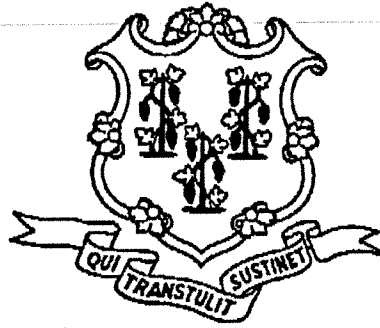


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace Waterbury, CT 06702	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

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

For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

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

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

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

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

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

Sincerely,

Brittany L. Hester, Administrative Assistant

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

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	1	37

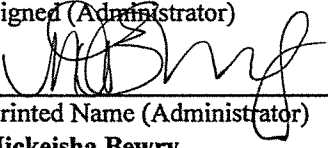
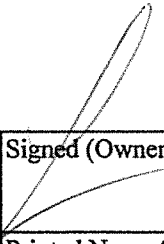
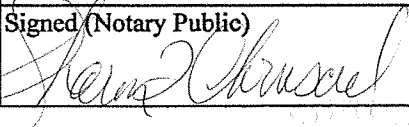
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Abbott Terrace Health Center [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date
	2/15/17		2/15/17
Printed Name (Administrator) Nickeisha Bewry		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) 
		Comm. Expires	3 31 20
Address of Notary Public 41 Terrace Ln Bristol CT 06010			

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Abbott Terrace Health Center	Period Covered:	From	To	
		10/1/2015	9/30/2016	
Address of Facility 44 Abbott Terrace Waterbury, CT 06702				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility (203) 755-4870		Report for Year Ended 09/30/16		Page 2	of 37
Name of Facility (as shown on license) Abbott Terrace Health Center			Address (No. & Street, City, State, Zip) 44 Abbott Terrace Waterbury, CT 06702		
License Numbers:	CCNH 1089C	RHNS	(Specify)	Medicare Provider No. 07-5351	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Nickeisha Bewry			Nursing Home Administrator's License No.:		2016
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	3A	37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Abbott Terrace Health Center, Inc.	44 Abbott Terrace, Waterbury, CT 06702		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	135 South Road, Farmington, CT 06032	President	517.733	
Michael E. Mosier	135 South Road, Farmington, CT 06032	Treasurer	10	
Debra M. Soucey	135 South Road, Farmington, CT 06032	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	135 South Road, Farmington, CT 06032		517.733	
John B. Nocera	135 South Road, Farmington, CT 06032		120	

General Information and Questionnaire Related Parties*

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2016	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Facility & Equipment	Pg 22, Ln 9 & 10b, Pg 27 Ln 14a	\$1,456,667	\$1,456,667
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	Bank Fees	Pg 16, Ln m13	\$8,282	\$8,282
Athena Health Care See Attached		<input checked="" type="checkbox"/>	<50%				
Bayview Health Care Center	301 Rope Ferry Rd Waterford CT	<input checked="" type="checkbox"/>	>98%	JDA Software Settlement	Pg 16 Ln 13	\$1,511	\$1,511
Litchfield Woods Health Care Center	255 Roberts St Torrington, CT	<input checked="" type="checkbox"/>	>98%	Legal Fees	Pg 15 Ln 1e	\$17,280	\$17,280
Shady Knoll Health Care Center	41 Skokorat Street	<input checked="" type="checkbox"/>	>98%	Interest	Pg 34 Line 3	\$5,488	\$5,488
Procure Pharmacy	111 Excutive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	>50%	Pharmacy Services	Pg 13 B3, Pg 20 Ln 5a2 & 5b Pg16 Ln L5	\$254,111	\$254,111
		<input type="checkbox"/>					
		<input type="checkbox"/>					

* Use additional sheets if necessary.

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

Abbott Terrace Health Center
Report for FYE 9/30/2016

RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	X		Management Fees, Legal, Accounting Lobby, marketing, Bank Fees, Admin Fill-in, Social Service Fill-in	Pg. 16 Ln 12, Pg. 27 Ln 14, Pg. 15 Ln 1a e and d Pg. 16 In M 13, Pg. 15 Ln ag, Pg. 16 Ln m13 pg. 16 In m13, pg. 22 Ln 6e, Pg. 16 Ln M13, Pg. 16 In 1 5	\$1,033,146	\$853,469
Athena Health Care Assoc 401K Plan	135 South Rd Farmington, CT 06032			Consulting, Equipment rental, Payroll, MIS, Education	Pg. 16 Ln 1 3, Pg. 16 Ln 1 2, Pg. 22 6a 7 6 f PG 15 Ln 1a5	\$1,751,873	
Athena Captive LLC	135 South Rd Farmington, CT 06032		X	Facility participates in group 401k plan		\$642,574	\$642,574
Misc Facilities	Various Address	X		Workers Comp Captive Interfacility Loan Payable	Pg. 34 Ln 3		

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	5	37

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

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

Not Applicable

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

Not Applicable

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	7	37

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

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala, PC	Four Corporate Drive, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor New Haven Ct 06511
3 Dopkins & Co	200 International Drive Buffalo New York 14221
4	

Services Provided by This Firm (*describe fully*)

1 Audit and Tax Return	\$ 14,000
2 Medicare Cost Report	\$ 2,650
3 Key Bank Audit (disallowed)	\$ 3,882
4	\$ -
	Charge for Services Provided
	\$20,532

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

Yes No **Pg 15, Line 1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Schiff Hardin LLC	315-258-5500
2 Murtha Cullina LLP	860-240-6000
3 Shipman & Goodwin	860-251-5000
4 Waterbury Police Department	203-574-6920
5 See Attached	

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

- 1 6600 Sears Tower Chicago IL 60606
- 2 185 Asylum St Hartford, CT 06103
- 3 One Constitution Plaza, Htfd, CT 06103
- 4 255 East main St Waterbury, CT 06702
- 5 See Attached

Services Provided by This Firm (*describe fully*)

1 Financing (Disallowed)	\$ 2,685
2 Audit Letter S703(Allowed); Annual Report S920(Allowed)	\$ 1,623
3 Employee Issues (Disallowed)	\$ 480
4 Employee Issues (Disallowed)	\$ 4
5 Accounts Receivable: Disallowed	\$ 29,260
	Charge for Services Provided
	\$34,052

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

Yes No **Pg 15, Line 1e**

Abbott Terrace Health Center
Legal
Report for FYE 9/30/2016
PAGE 7

Vendor NAME	ADDRESS	Phone Number	Description of Services Provided	Charge
Frank Pilicy	365 Main St Watertown, CT 06795	860-274-0018	A/R (Disallow)	\$4,444.00
Goldman, Gruder & Woods	200 Connecticut Ave Norwalk CT 06854	203-899-8900	A/R (Disallow)	\$22,741.00
Treasurer State of CT/ State Marshall	49 Leavenworth St Waterbury CT 06702		A/R (Disallow)	\$2,075.00
				\$29,260.00

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	1089C		09/30/16			
Abbott Terrace Health Center	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	205	205			205	205
B. On last day of THIS report period.....	205	205			205	205
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	190	190			181	190
B. As of midnight of THIS report period.....	190	190			189	190
3. Total Number of Days Care Provided During Period						
A. Medicare.....	8,618	8,618			6,602	2,016
B. Medicaid (Conn.).....	61,256	61,256			45,907	15,349
C. Medicaid (other states).....						
D. Private Pay.....	787	787			585	202
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	285	285			232	53
G. Total Care Days During Period (3A thru F).....	70,946	70,946			53,326	17,620
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	297	297			293	4
B. Other Bed Reserve Days.....	3	3			3	
5. Total Resident Days (3G + 4A + 4B).....	71,246	71,246			53,622	17,624

Schedule of Resident Statistics (Cont'd)

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? YES NO
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	14	167	1	1			7	
Per Diem Rate								
a. One bed rm.	534.48	223.42		528.00			446.47	
b. Two bed rms.	534.48	223.42		492.00			446.47	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	16,059	16,059		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	5,211	5,211		
2. Restorative Treatments				
C. Other	20,213	20,213		
D. Total Physical Therapy Treatments	41,483	41,483		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,619	1,619		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	212	212		
2. Restorative Treatments				
C. Other	1,744	1,744		
D. Total Speech Therapy Treatments	3,575	3,575		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	18,720	18,720		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	4,806	4,806		
2. Restorative Treatments				
C. Other	21,326	21,326		
D. Total Occupational Therapy Treatments	44,852	44,852		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	180,530	2,198				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
	26,366	608				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	398,189	15,839				
5. Dietary Service						
a. Head Dietitian						
	74,229	2,066				
b. Food Service Supervisor						
	75,104	2,115				
c. Dietary Workers						
	549,464	35,304				
6. Housekeeping Service						
a. Head Housekeeper						
	23,182	779				
b. Other Housekeeping Workers						
	448,287	30,657				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	69,215	2,262				
b. Other Maintenance Workers						
	100,435	4,630				
8. Laundry Service						
a. Supervisor						
	33,028	1,377				
b. Other Laundry Workers						
	248,896	16,505				
9. Barber and Beautician Services						
10. Protective Services						
	44,731	2,138				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
	342,236	6,050				
b. RN						
1. Direct Care						
	608,743	16,777				
2. Administrative**						
	750,659	27,653				
c. LPN						
1. Direct Care						
	1,929,348	71,711				
2. Administrative**						
d. Aides and Attendants						
	2,442,652	183,387				
e. Physical Therapists						
	790,324	19,926				
f. Speech Therapists						
	165,163	3,237				
g. Occupational Therapists						
	789,165	19,584				
h. Recreation Workers						
	286,853	12,101				
i. Physicians						
1. Medical Director						
	49,001	2,510				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
	241,309	9,083				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
	346,519	19,897				
<i>A-13. Total Salary Expenditures</i>						
	11,013,628	508,394				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Adult Day Care Director	\$ 62,916	2,069				
Adult Day Care Staff	\$ 84,438	4,957				
Child Day Care Staff	\$ 143,981	2,074				
Child Day Care Supervisor	\$ 55,184	10,797				
Total	\$ 346,519	19,897	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Medical Staff Meetings	\$ 600	4				
Total	\$ 600	4	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Abbott Terrace Health Center		1089C		9/30/2016		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Nicheisha Bewry (7/20/16-9/30/16)	30,831		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	477	A2	Glastonbury Health Care 1175 Hebron Ave Glastonbury, CT 06033	528	22,846
Thomas Walkuski (10/1/14-7/19/16)	149,699		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,695	A2	Wadsworth Glen 30 Boston Rd Middletown, CT 06457	200	21,813
Section IV - Assistant Administrators									
Nicheisha Bewry (4/6/16-7/19/16)	24,843		Health & life insurances, Payroll Taxes	Assist in the Day to day operations of the nursing home facility.	560	A3			
David Fife (11/16/15-12/5/15)	1,523		Health & life insurances, Payroll Taxes	Assist in the Day to day operations of the nursing home facility.	48	A3	Countryside Manor 1660 Stafford Ave Bristol, CT 06010 Laurel Ridge Health Care Center 642 Danbury Rd Ridgefield, CT 06877 Maefair Health Care 21 Maefair Court Trumbull, CT 06611	1,120	48,471
								403	17,420
								249	10,517

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

** Include **all** other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2016	13	37		
		Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....						
2. Dentist.....	15,375	38				
3. Pharmacist.....	19,305	378				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	179,653	3,008				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	33,231	218				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	2,184					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	600	4				
9. Speech Therapist						
a. Resident Care.....	7,560	21				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	16,798	308				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	274,706	3,975				

* 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.

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

Name of Facility Abbott Terrace Health Care	License No. 1089C	Report for Year Ended 9/30/2016	Page 13 a	of 37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
a. Medical Director Detail	0	218	0	0	0	0

Dr Kanagaratnam Jegathensen

\$33,231

218 hours

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

Name of Facility		License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center		1089C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gordon O. Holder, DDS, 971 Marshall Phelps Rd, Windsor, CT 06095	Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr. Kanagarantnam Jega, MD, 2271 East Main Street, Waterbury, CT 06705	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare, PO Box 740391, Cincinnati, OH 45274	Pharmacy Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Procure Pharmacy, 111 Excutive BLVD Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Access Therapies PO Box 823461, Philidelphia PA 19182	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Fusion Medical, PO Box 82674, Lincoln, NE 68501	Physical Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Neurosurgery Orthopaedics, PO Box 507 Windsor, CT 06095	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Northeast Orthopaedic Hand, 60 Westworr Ave Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Medical Group, 1801 W Olympic BLVD, Pasadena, CA 91199	Physican	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Waterbury Hopsital , 64 Robbins St Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cardio Associates, PO Box 11813, Beldast, ME 04615	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
St. Mary's Hospital 56 Franklin Street Waterbury, CT	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cardiology Assoc of Wtby 455 Chase Pkwy Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Waterbury Orthopedic Assoc 455 Chase Parkway Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Charlotte Hungerford Hospital, 540 Litchfield St Torrington, CT 06790	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Diagnostic Radiology Assoc, PO Box 347340, Pittsburgh, PA 15251	Physician / Diagnostic Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Greater Waterbury Imaging, PO Box 150473, Hartford, CT 06115	Physician / Diagnostic Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Diagnostic Imagin Assoc, PO Box 688 Southbury, CT 06488	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Griffin Hospital. 130 Division St Derby, CT 06418	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Waterbury Pulmonary Assoc, 170 Grandview Ave Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostic, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care, 135 South Rd Farmington, CT 06032	Nursing Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 642,574	642,574			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 284,605	284,605			
4. Social Security (F.I.C.A.).....	\$ 818,184	818,184			
5. Health Insurance.....	\$ 1,422,414	1,422,414			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 49,635	49,635			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$ 7,706	7,706			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 44,765	44,765			
d. Accounting and Auditing.....	\$ 20,532	20,532			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,052	34,052			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 69,362	69,362			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 78,193	78,193			
2. Cellular Phones.....	\$ 385	385			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 250	250			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,312,699	1,312,699			
Subtotal	\$ 4,785,356	4,785,356			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,785,356	4,785,356			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 9,339	9,339			
3. Gifts to Staff and Residents.....	\$ 11,364	11,364			
4. Employee Travel.....	\$ 1,973	1,973			
5. Education Expenses Related to Seminars and Conventions	\$ 7,516	7,516			
6. Automobile Expense (<i>not purchase or depreciation</i>).....	\$				
7. Other (<i>Specify</i>).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>).....	\$ 8,004	8,004			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,467	1,467			
3. Advertising Other (<i>Specify</i>)***.....	\$ 16,275	16,275			
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 10,382	10,382			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,092	13,092			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 239	239			
10. Contributions*** See Attached Schedule	\$ 4,350	4,350			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**.....	\$ 384,994	384,994			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 119,712	119,712			
C-14 Total Administrative & General Expenditures	\$ 5,374,063	5,374,063			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotion	\$ 16,275		
Total Other Advertising	\$ 16,275	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF - Mutual Aid	\$ 350		
ALTCFM	\$ 80		
CAHCF	\$ 12,662		
Total Dues	\$ 13,092	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Misc	\$ 4,350		
Total Contributions	\$ 4,350	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 6,865		
Employee Physicals & Background Checks	\$ 28,940		
Bank Charges	\$ 9,801		
Payroll Processing Fees	\$ 37,733		
Data Processing Fees	\$ 22,411		
Licenses	\$ 1,670		
Medicaid Application	\$ 2,500		
Compliance Consulting	\$ 9,123		
Energy Audit	\$ 669		
Total Other Administrative and General	\$ 119,712	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2016	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$494,402	Contract Attached to a Prior Year	See Below
Allocation of the above	\$326,306 \$79,104 \$88,992	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$58,688	Admin/gen-Other exp	Pg 16, Line 12

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

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 435,021	435,021			
2. Non-Food Supplies.....	\$ 48,739	48,739			
3. Other (Specify) _____	\$ 969	969			
Dishes = \$969					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$ 79,104	79,104			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 563,833	563,833			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	582	582			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$981		
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$879		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	18 2a1				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center		1089C	9/30/2016		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	35,467	35,467			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Management Services**.....	\$					
d. Other (Specify) Supplies = \$6,965	\$	6,965	6,965			
3E. Total Laundry Expenditures (3a + b + c + d)	\$	42,432	42,432			
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2016		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 68,936	68,936		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)....		\$ 68,936	68,936		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....		\$			
2. Purchased from Omicare and Procure Pharmacy		\$ 424,844	424,844		
b. Medicine Cabinet Drugs.....		\$ 40,624	40,624		
c. Medical and Therapeutic Supplies.....		\$ 494,376	494,376		
d. Ambulance/Limousine***		\$ 1,273	1,273		
e. Oxygen					
1. For Emergency Use.....		\$			
2. Other***		\$ 106,298	106,298		
f. X-rays and Related Radiological Procedures***		\$ 30,353	30,353		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$ 35,672	35,672		
i. Recreation.....		\$ 11,406	11,406		
j. Other (Specify)**** See Attached Schedule		\$ 507,545	507,545		
5K. Total Resident Care Expenditures (5a - 5j).....		\$ 1,652,391	1,652,391		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 88,992		
Adult Day Care Supplies	\$ 2,149		
Adult Day Care Travel	\$ 71,400		
Medical Equip Rentals-Other	\$ 94,949		
Physical Therapy Supplies	\$ 62,880		
Occupational Therapy Supplies	\$ 424		
Cable TV Services	\$ 17,506		
Medical Equip Rentals-Medicaid	\$ 108,392		
Medical Equip Rentals- VA	\$ 60,777		
Medical Equip rentals - Private	\$ 76		
Total Other Resident Care	\$ 507,545	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of			
Abbott Terrace Health Center		1089C		9/30/2016		21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
ADP	Hartford Region Richmond, VA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	33,223		16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	38,652		22	6f
Omnicare	525 Kottler Drive, Cheshire CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Services	191,057		20	5a2
Daddona Construction	969 W Main St., Suite 2C Waterbury, CT 06708	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Snow Removal	12,305		22	6f
Procure LTC Pharmacy	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	Pharmacy Services	232,346		20 & 13	5a2 & B3
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
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		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	356,703	356,703				
b. Heat..... \$	103,841	103,841				
c. Light & Power..... \$	159,633	159,633				
d. Water..... \$	96,696	96,696				
e. Equipment Lease (Provide detail on page 6)..... \$	36,379	36,379				
f. Other (itemize)..... \$	110,454	110,454				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	863,706	863,706				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	47,958	47,958				
d. Movable Equipment..... \$	125,829	125,829				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	173,787	173,787				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	106,490	106,490				
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	106,490	106,490				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	988,531	988,531				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	329,607	329,607				
c. Personal property taxes..... \$	48,729	48,729				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,647,144	1,647,144				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 8,757		
Rubbish Removal	\$ 38,652		
Snow Removal	\$ 12,305		
Supplies	\$ 50,740		
Total Other Repairs and Maintenance	\$ 110,454	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Abbott Terrace Health Center		1089C		9/30/2016				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Is a mileage logbook maintained?
		Yes	No	Month	Year				
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal.....									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal.....									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....									
E. Total Depreciation									
								125,829	
								173,787	

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
See Attached	3 Year Assets	\$ 1,859	3	\$ 310
	5 Year Assets	\$ 14,635	5	\$ 1,464
	10 Year Assets	\$ 30,828	10	\$ 1,541
	15 Year Assets	\$ 4,218	15	\$ 141
	20 Year Assets	\$ 1,125	20	\$ 28
Total additions for Movable Equipment		\$ 52,665		\$ 3,483 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

Abbott Terrace
 Furniture & Equipment
 FYE 9/30/16

Date	Vendor	Description	Depreciation	Amount	
2/29/2016	CDW	2 Laptops	3	\$947.51	
8/31/2016	CDW	2 Laptops for Therapy	3	\$911.51	\$1,859.02
10/1/2015	Daniel Equipment	Dryer bearings	5	\$1,413.66	
10/1/2015	Direct Supply	6 TV's	5	\$2,608.41	
11/30/2015	CDW	Computer Equipment	5	\$1,023.64	
1/31/2016	Direct Supply	6 TV's	5	\$2,680.54	
3/31/2016	HD Supply	TV	5	\$1,170.67	
4/30/2016	Direct Supply	1 TV 55"	5	\$1,117.74	
4/30/2016	Direct Supply	6 TV's 32"	5	\$2,357.81	
6/30/2016	Direct Supply	6 TV's 32"	5	\$1,486.77	
6/30/2016	Direct Supply	1 55' TV	5	\$776.06	\$14,635.30
10/1/2015	Joern's	Sling, Hoyer	10	\$6,895.47	
12/31/2015	AAA Supplies	Carpet Extractor	10	\$1,135.30	
12/31/2015	Hill Rom	Bariatric Bed	10	\$531.75	
1/31/2016	Kittredge Equipment	Commercial Blender/Mixer	10	\$4,199.23	
2/29/2016	McKesson	Chair Lift	10	\$652.21	
3/31/2016	Daniel Equipment	Dryer	10	\$12,054.78	
3/31/2016	HD Supply	Key Machine	10	\$839.10	
9/30/2016	Kittredge Equipment	Ice Maker	10	\$3,867.31	
9/30/2016	McKesson	Chair Lift	10	\$652.53	\$30,827.68
10/1/2015	Joern's	Over Bed Table	15	\$1,471.72	
11/30/2015	Romax	File Cabinets	15	\$979.78	
3/31/2016	Joern's	Over Bed Table	15	\$1,766.07	\$4,217.57
10/1/2015	WB Mason	Desk	20	\$1,125.18	\$1,125.18
Total Additions				\$52,664.75	\$52,664.75

Abbott Terrace
LEASEHOLD IMPROVMENTS
FYE 9/30/16

Date	Vendor	Description	Depreciation Years	Asset Amount	
2/29/2016	Carpet Works	Carpet repair	5	\$4,254.00	
6/30/2016	Raintech	5 Alrams for Nurse Call	5	\$5,891.79	
9/30/2016	LeClaire Heating	New Transformers	5	\$1,095.41	\$11,241.20
10/1/2015	Direct Supply	6 Pac Units A/C	10	\$8,606.05	
11/30/2015	LeClaire Heating	Exhaust	10	\$1,626.80	
11/30/2015	James Hardy	Cubicle Curtains	10	\$1,634.98	
1/31/2016	Write Way Signs	Sign	10	\$3,162.85	
4/30/2016	Eagle Fence	New gate motor	10	\$2,596.59	
5/31/2016	Eagle Fence	New Gate	10	\$11,969.69	
6/30/2016	LeClaire Heating	500 Gallon Storage Tank	10	\$35,400.00	
8/31/2016	Shalom Sahar	Stainless steel over back wall	10	\$7,657.20	
9/30/2016	LeClaire Heating	Condensing Unit for Walk in	10	\$4,400.00	
9/30/2016	LeClaire Heating	Exhaust Fans	10	\$1,736.33	
9/30/2016	Raintech	Maglock with Keypad	10	\$3,018.17	\$81,808.66
2/29/2016	Kamco	Wood Door	15	\$784.86	\$784.86
11/30/2015	Total Communications	Phone Lines	20	\$1,625.13	
11/30/2015	Shalom Sahar	Wall & Door	20	\$2,552.00	
2/29/2016	Otis Elevator	New power Unit	20	\$10,000.00	
2/29/2016	Otis Elevator	Optiguard	20	\$4,437.59	
2/29/2016	Otis Elevator	Hydraulic Plunger	20	\$15,344.85	
6/30/2016	Otis Elevator	Hydraulic Cylinder	20	\$49,536.37	\$83,495.94
9/30/2016	LeClaire Heating	Cast Iron Piping	25	\$1,396.43	\$1,396.43
TOTAL additions				\$178,727.09	\$178,727.09

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended		Page	of			
		1089C	9/30/2016			24	37	
Item	Date of Acquisition	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal.....								
B. Mortgage Expense								
1.								
2. Transferred to Landlord								
3.								
B-4. Subtotal.....								
C. Leasehold Improvements and Other (Specify)								
1. Acquired prior to this report period	9	Various	3,072,614	2,149,774	SL	Var	99,134	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	9	Various	178,727		SL	Var	7,356	
C-4. Subtotal.....								106,490
D. Total Amortization								106,490

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period	2015	1,802,424 SL	99,134	
2. Disposals (attach schedule)				
3. Acquired during this report period	2016	178,727	7,356	
C-4. Subtotal.....				106,490
C. Other (Specify)				
1.	1997			
2. Intangible Asset - Bed Purchase	Various	347,350 SL	0	
C-4. Subtotal.....				
Total Acquired prior to this report period	9	2,149,774 SL	99,134	
Total Disposals				
Total Acquired during this report period	9	178,727	7,356	

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

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete Part B. If "No," complete Part C.					
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1985				
2. Date Structure Completed	1986				
3. If NOT Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	04/20/86				
5. Total Licensed Bed Capacity	205				
6. Square Footage					
7. Acquisition Cost					
a. Land	74,800				
b. Building	7,871,030				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed		12,752,000			
f. Principal balance outstanding as of 9/30/2016		11,553,711			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center		1089C	9/30/2016			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2016			27	37
Item	Total	CCNH	RHNS	(Specify)		
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment.....	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify).....	\$	916	916			
A. Item	Rate	Amount				
Energy Upgrade Project		220,258				
Lender						
GPE Financial						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....	\$	916	916			
12. D. Other Interest Expense (Specify).....	\$	141,858	141,858			
Vender Interest = \$6,777; Line of Credit Interest = \$112,637; Note Payable Interest = \$22,444; =						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....	\$	142,774	142,774			
14. Insurance						
a. Insurance on Property (buildings only).....	\$	138,529	138,529			
b. Insurance on Automobiles.....	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage).....	\$					
2. Fire and Extended Coverage.....	\$					
3. Other (Specify).....	\$					
14d. Total Insurance Expenditures (14a + b + c)...	\$	138,529	138,529			
15. Total All Expenditures (A-13 thru C-14).....	\$	21,782,142	21,782,142			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center				1089C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 789,165	789,165		
4.	Var	Var	Other - See attached Schedule.....	\$ 114,139	114,139		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 2,184	2,184		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 44,765	44,765		
10.	15	1d&e	Accounting & Legal.....	\$ 36,311	36,311		
11.			Telephone.....	\$			
12.			Cellular Telephone.....	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	L3	Gifts, flowers and coffee shops.....	\$ 11,364	11,364		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ 1,000	1,000		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 17,742	17,742		
19.			Income Tax / Corporate Business Tax...	\$			
20.	16	m4&10	Fund Raising / Contributions.....	\$ 4,350	4,350		
21.	16	m12	Unallowable Management Fees.....	\$ 118,587	118,587		
	18	2c		\$ 28,748	28,748		
	20	5j		\$ 32,342	32,342		
22.	30	IV7	Barber and Beauty.....	\$ 600	600		
23.	Var	Var	Other - See attached Schedule.....	\$ 48,335	48,335		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 981	981		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,250,613	1,250,613		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Abbott Terrace Health Center			1089C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,250,613	1,250,613		
Page 20 - Resident Care Supplies ***							
27.	20	5a1&2	Prescription Drugs.....	\$ 424,844	424,844		
28.	20	5d	Ambulance/Limousine.....	\$ 1,273	1,273		
29.	20	5f	X-rays, etc.....	\$ 30,353	30,353		
30.	20	5h	Laboratory.....	\$ 35,672	35,672		
31.	20	5c	Medical Supplies.....	\$ 26,627	26,627		
32.	20	5e2	Oxygen (non emergency).....	\$ 106,298	106,298		
33.	20	5j	Occupational Therapy.....	\$ 424	424		
34.	Var	Var	Other - See Attached Schedule.....	\$ 444,749	444,749		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 8,343	8,343		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.	30	rv2	Rental of Building Space or Rooms.....	\$			
39.	Var	Var	Other - See Attached Schedule.....	\$ 26,366	26,366		
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 13,906	13,906		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 18	18		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,369,486	2,369,486		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	ADC Indirect Costs	288,947		
20	5j	Medical Equipment Rental	94,949		
20	5j	Medical Equipment Rental- VA	60,777		
20	5j	Medical Equipment Rental- Private	76		
Total Other Ancillary Costs			\$ 444,749	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	8,343		
Total Excess Movable Equipment Depreciation			8,343		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Various	Various	ADC Capital Costs	8,675		
22	7b	ADC Fair Rent	17,691		
Total Other Property Adjustments			26,366		

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Abbott Terrace Health Center	1089C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 30,498,633	30,498,633				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (16,711,335)	(16,711,335)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 2,653,192	2,653,192				
b. Medicare Room and Board Contractual Allowance **.....	\$ 649,894	649,894				
4. a. Private-Pay Residents and Other.....	\$ 2,003,686	2,003,686				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (196,262)	(196,262)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 327,525	327,525				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (327,525)	(327,525)				
c. Prescription Drugs - Non-Medicare.....	\$ 297,833	297,833				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (297,833)	(297,833)				
2. a. Medical Supplies - Medicare.....	\$ 6,127	6,127				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 1,536	1,536				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (1,536)	(1,536)				
3. a. Physical Therapy - Medicare.....	\$ 1,406,974	1,406,974				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (985,144)	(985,144)				
c. Physical Therapy - Non-Medicare.....	\$ 500,799	500,799				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (500,146)	(500,146)				
4. a. Speech Therapy - Medicare.....	\$ 285,598	285,598				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (208,436)	(208,436)				
c. Speech Therapy - Non-Medicare.....	\$ 93,998	93,998				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (93,998)	(93,998)				
5. a. Occupational Therapy - Medicare.....	\$ 1,715,745	1,715,745				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (1,182,715)	(1,182,715)				
c. Occupational Therapy - Non-Medicare.....	\$ 491,444	491,444				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (490,738)	(490,738)				
6. a. Other (Specify) - Medicare.....	\$ 11,339	11,339				
b. Other (Specify) - Non-Medicare.....	\$ 14,422	14,422				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 19,963,077	19,963,077				
IV. Other Revenue*						
1. Meals sold to guests, employees & others.....	\$					
2. Rental of rooms to non-residents.....	\$					
3. Telephone.....	\$					
4. Rental of Television and Cable Services.....	\$					
5. Interest Income (Specify).....	\$ 134,100	134,100				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$ 600	600				
8. Other (Specify).....	\$ 260,092	260,092				
V. Total Other Revenue (1 thru 8).....	\$ 394,792	394,792				
VI. Total All Revenue (III + V).....	\$ 20,357,869	20,357,869				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
20, 5h	Lab -Part B	\$ 11,339		
Total Other Resident Revenue - Medicare		\$ 11,339	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ 14,422		
Total Other Resident Revenue		\$ 14,422	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on Related Party Note	N/A	\$ 134,082		
pg	Interest on A/R		\$ 18		
Total Interest Income			\$ 134,100	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Child Day Care Income	\$ 114,139		
n/a	Adult Day Care Income	\$ 145,953		
Total Other Revenue		\$ 260,092	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks).....			\$	53,458
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,533,229
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	18,025
5. Prepaid Expenses.....			\$	198,081
a. Prepaid Insurance	188,515			
b. Health Insurance	260			
c. GPE Financial	9,306			
d.				
6. Interest Receivable.....			\$	156,705
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (itemize).....			\$	191,038
Due to Medicaid	32,257			
A/R Adult Day Care	14,192			
Due from Related Parties	144,589			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,150,536
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
3. Buildings	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
4. Leasehold Improvements	*Historical Cost.....	2,726,341	\$	817,427
	Accum. Depreciation	(1,908,914) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	1,402,871	\$	164,169
	Accum. Depreciation	(1,238,702) Net.....		
6. Movable Equipment	*Historical Cost.....	1,868,218	\$	550,678
	Accum. Depreciation	(1,317,540) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (itemize).....			\$	36,054
Movable Equipment Carryforward	36,054			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,568,328

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	3,718,864
C. Leasehold or like property recorded for Equity Purposes.				
1. Land..... \$				
2. Land Improvements *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
3. Buildings *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
4. Non-Movable Equipment *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
5. Movable Equipment *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
6. Motor Vehicles *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
7. Minor Equipment-Not Depreciable..... \$				
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits..... \$				
2. Escrow Deposits..... \$				
3. Organization Expense *Historical Cost..... _____				
Accum. Depreciation _____ Net..... \$				
4. Goodwill (Purchased Only)..... \$ 212,650				
5. Investments Related to Resident Care (<i>itemize</i>)..... \$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)..... \$ 263,574				
Project Development		248,386		
Deposits IRS		15,188		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	476,224
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	4,195,088

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center		1089C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,495,327
2. Notes Payable (<i>itemize</i>).....				\$	2,797,000
Notes Payable					2,797,000
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>).....				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>).....				\$	582,457
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	24,834
7. Medicare Final Settlement Payable.....				\$	
8. Medicare Current Financing Payable.....				\$	
9. Mortgage Payable (<i>Current Portion</i>).....				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>).....				\$	5,804
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	456,617
Acc'd Operating Expenses					125,180
Acc'd Expense - CT State Sales Tax					3,357
Provider Taxes Due					328,080
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	5,362,039

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center		1089C	9/30/2016	34	37
Account				Amount	
Total Brought Forward:				5,362,039	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....					
				\$	217,018
Name of Lender		Purpose	Amount	Date Due	
GPE Financial		Energy Savings Pro	217,018		
2. Mortgages Payable.....					
				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>).....					
				\$	2,371,085
Name and Address of Lender		Amount	Loan Date		
Due to Partnership		1,956,807			
Due to Related Parties		414,278	03/29/12		
4. Other Long-Term Liabilities (<i>itemize</i>).....					
Key Bank Notes Payable				225,622	
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....					
				\$	2,813,725
C. Total All Liabilities (Lines A-13 + B-5).....					
				\$	8,175,764

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	1,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(2,557,403)
6. Gain or Loss for Period			\$	(1,424,273)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth.....			\$	(3,980,676)
C. Total Reserves and Net Worth			\$	(3,980,676)
D. Total Liabilities, Reserves, and Net Worth			\$	4,195,088

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Abbott Terrace Health Center	1089C	9/30/2016	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,619,054)		
B. Total Revenue (From Statement of Revenue Page 30)			\$	20,357,869		
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	21,782,142		
D. Net Income or Deficit.....			\$	(1,424,273)		
E. Balance.....			\$	(4,043,327)		
F. Additions						
1. Additional Capital Contributed (itemize)						
SWAP Adjustment	5,054					
2015 AJE equity adjmt	(6,124)					
Rent Adjustment	63,721					
2. Other (itemize)						
F-3. Total Additions.....					\$	62,651
G. Deductions						
1. Drawings of Owners/Operators/Partners (Specify).....					\$	
Name and Address (No., City, State, Zip)	Title	Amount				
2. Other Withdrawings (Specify).....			\$			
Purpose	Amount					
3. Total Deductions.....			\$			
H. Balance at End of Period			\$	(3,980,676)		
				09/30/16		

I. Preparer's/Reviewer's Certification

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CEO	Date Signed 2-15-17		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

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