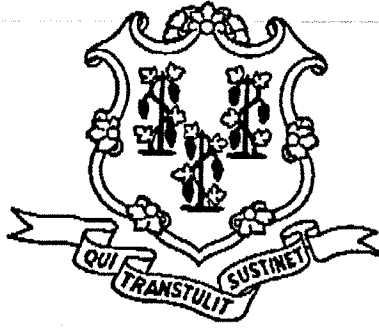


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457	
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 2263	RHNS	(Specify)	Medicare Provider No. 07-5106
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Medicaid Provider Numbers:	CCNH 2263	RHNS	ICF-MR
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care 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) <i>Elizabeth Schmeizl</i>		Date 2/15/2017	Signed (Owner) <i>Lawrence Santilli</i>		Date 2/15/2017
Printed Name (Administrator) Elizabeth Schmeizl			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) <i>Shawn Chiriac</i>	Comm. Expires 3/13/20	
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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 100 Randolph Road Middletown, CT 06457				
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 860-344-0353	Report for Year Ended 09/30/16	Page 2	of 37
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Name of Facility (as shown on license) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	Address (No. & Street, City, State, Zip) 100 Randolph Road Middletown, CT 06457
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License Numbers:	CCNH 2263	RHNS (Specify)	Medicare Provider No. 07-5106
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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 checked="" type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROFIT CORP.
<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> TRUST	

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
--	------------------------------	--	--------------------------

Administrator		
Name of Administrator Elizabeth Schmeizl	Nursing Home Administrator's License No.:	1365

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

Not Applicable	

**General Information and Questionnaire
 Partners/Members**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Athena Middlesex, LLC		Business Address 100 Randolph Rd, Middletown, CT 06457	State(s) and/or Town(s) in Which Registered CT		
Name of Partners/Members	Business Address	Title	% Owned		
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member	35.2500%		
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member	46.7500%		
1995 Donna Reis Family Trust	19 Post Rd East, Westport, CT 06880	Member	15.0000%		
L & F Schwartz Family Limited Partnership	3 Shirecrest, Avon, CT 06001	Member	3.0000%		

General Information and Questionnaire Related Parties*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	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 					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Misc Facilities	Various	<input checked="" type="checkbox"/>	>98%	pg 33 A2	
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	pg 16 m12	\$658,871
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>		Facility participates in common 401k plan	\$326,648
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>		Self insured employee health and dental insurance	\$1,004,270
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="checkbox"/>		Pharmacy	\$157,042
Bayview Health Care	301 Rope Ferry Road, Waterford, CT 06385	<input checked="" type="checkbox"/>	>98%	Software Settlement	\$1,511
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="checkbox"/>	>98%	Bank Fees	\$6,365
Litchfield Woods Health Care Center	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	>98%	Legal Fee Allocation	\$2,685

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

Not Applicable: No Non-Nursing Home Cost Centers

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.

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263		Report for Year Ended 9/30/2016			Page	of
	Description of Items Leased		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount	Claimed
Name and Address of Lessor	Related * to Owners, Operators, Officers						
	Yes	No					
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage Equipment	03/11/11	51 months	\$817	\$817
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	03/06/13	48 months	\$14,127	\$14,127
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	06/26/13	44 months	\$545	\$545
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	03/05/14	37 months	\$652	\$652
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	08/21/13	60 months	\$8,204	\$8,204
	<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"/>					
						Total ***	\$24,345

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No **Not Applicable - No Vehicles**

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

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

**General Information and Questionnaire
Accounting Basis**

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex	License No. 2263	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte & Sterczala	4 Corporate Dr, Shelton, CT 06484
2 Dopkins & Company	200 International Drive, Buffalo, NY 14221
3 Marcum LLP	555 Long Wharf Drive 12th Floor, New Haven, CT 06511
4	

Services Provided by This Firm (*describe fully*)

1	2015 Audit, Year End Financials & Tax Return	\$ 18,250
2	KeyBank Audit (Disallow)	\$ 3,098
3	Medicare Cost Report	\$ 2,650
4		\$ -
		Charge for Services Provided
		\$23,998

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 Murtha Cullina, LLP	860-240-6000
2 Goldman, Gruder & Woods	203-899-8900
3 Treasurer State of CT	
4	
5	

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

- 1 **185 Asylum St, Hartford, CT 06103**
- 2 **200 Connecticut Ave, Norwalk, CT 06854**
- 3
- 4
- 5

Services Provided by This Firm (*describe fully*)

1	Audit Letter \$295 (Allow); Annual Report \$173 (Allow); General Matters \$639 (Disallow); Loan Modification \$2,685 (Disallow)	\$ 3,792
2	A/R Collections (Disallowed)	\$ 11,164
3	A/R Collections (Disallowed)	\$ 1,025
4		\$ -
5		\$ -
		Charge for Services Provided
		\$15,981

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

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

Schedule of Resident Statistics

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No.		Report for Year Ended		Page of	
	2263		09/30/16			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)		Period 10/1 Thru 6/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	150	150		150	150	150
B. On last day of THIS report period.....	150	150		150	150	150
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	131	131		132	132	131
B. As of midnight of THIS report period.....	138	138		143	138	138
3. Total Number of Days Care Provided During Period						
A. Medicare.....	4,524	4,524		3,666	858	858
B. Medicaid (Conn.).....	41,112	41,112		30,539	10,573	10,573
C. Medicaid (other states).....						
D. Private Pay.....	1,688	1,688		1,231	457	457
E. State SSI for RCH.....						
F. Other (Specify) Managed Care & VA	3,203	3,203		2,284	919	919
G. Total Care Days During Period (3A thru F).....	50,527	50,527		37,720	12,807	12,807
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.....	158	158		149	9	9
5. Total Resident Days (3G + 4A + 4B).....	50,685	50,685		37,869	12,816	12,816

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	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	7	115		4			12	
Per Diem Rate								
a. One bed rm.	509.61	213.26		514.00			388.61	
b. Two bed rms.	509.61	213.26		464.00			388.61	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,037	7,037		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,288	1,288		
2. Restorative Treatments				
C. Other	13,608	13,608		
D. Total Physical Therapy Treatments	21,933	21,933		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,056	1,056		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	280	280		
2. Restorative Treatments				
C. Other	1,650	1,650		
D. Total Speech Therapy Treatments	2,986	2,986		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,651	5,651		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,466	1,466		
2. Restorative Treatments				
C. Other	14,123	14,123		
D. Total Occupational Therapy Treatments	21,240	21,240		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	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)	181,388	2,247				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	252,502	11,315				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	61,233	2,020				
c. Dietary Workers	424,455	29,133				
6. Housekeeping Service						
a. Head Housekeeper	52,296	1,746				
b. Other Housekeeping Workers	276,050	20,484				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	81,801	2,111				
b. Other Maintenance Workers	52,178	2,404				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	120,534	8,943				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	206,184	3,934				
b. RN						
1. Direct Care	534,698	14,801				
2. Administrative**	441,330	16,476				
c. LPN						
1. Direct Care	1,302,279	47,441				
2. Administrative**						
d. Aides and Attendants	2,237,657	133,293				
e. Physical Therapists	430,427	12,418				
f. Speech Therapists	122,066	2,615				
g. Occupational Therapists	329,099	8,868				
h. Recreation Workers	176,237	8,866				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	202,965	7,853				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,485,379	336,968				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016		Page 11	of 37		
		CCNH	RHNS (Specify)				
Section I - Operators/Owners	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
Not Applicable							
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).							
Not Applicable							

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

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

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263		Report for Year Ended 9/30/2016		Page 12	of 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***									
Amy Pellerin (10/1/2015-12/31/2015)	35,657		Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	567	A2			
Elizabeth Schmeizl (12/31/2015-9/30/2016)	145,732		Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	1,680	A2	Glastonbury Health Care 1175 Hebron Avenue Glastonbury, CT 06033	461	40,202
Section IV - Assistant Administrators									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include **all** other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	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.....	44,688	1,176				
2. Dentist.....	8,904	188				
3. Pharmacist.....	11,883	181				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	53,140	180				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	50,400	554				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	27,412	36				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....	6,120	17				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	42,339	730				
2. Administrative***	11,323	370				
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	256,209	3,432				

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

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

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

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Tangarorang/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Wilfred Elaba/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Stephanie Owens, 15 4th Ave, Waterford, CT 06385	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Gerident Solutions, LLC, PO Box 290539, Wethersfield, CT 06129	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
HealthDrive Eye Care Group, 888 Worcester Street, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare Inc, PO Box 715268, Cincinnati, OH 4321	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Middlesex Cardiology, 420 Saybrook Rd, Middletown, CT 06457	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Access Therapies/APF, POBox 823461, Philadelphia, PA 19182	Physical Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Procure LTC Pharmacy of CT LLC, 1492 Highland Avenue, Cheshire, CT 06032	Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016		Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 573,282	573,282			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 225,646	225,646			
4. Social Security (F.I.C.A.).....	\$ 542,786	542,786			
5. Health Insurance.....	\$ 937,704	937,704			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 34,169	34,169			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*.....	\$ 37,290	37,290			
d. Accounting and Auditing.....	\$ 23,998	23,998			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 15,981	15,981			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 58,288	58,288			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 45,768	45,768			
2. Cellular Phones.....	\$ 925	925			
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*.....	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 970,304	970,304			
Subtotal	\$ 3,466,141	3,466,141			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,466,141	3,466,141			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 7,750	7,750			
3. Gifts to Staff and Residents.....	\$ 11,620	11,620			
4. Employee Travel.....	\$ 2,343	2,343			
5. Education Expenses Related to Seminars and Conventions	\$ 5,248	5,248			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 6,521	6,521			
2. Advertising Telephone Directory (all such expenses)***	\$ 2,689	2,689			
3. Advertising Other (Specify)***.....	\$ 55,347	55,347			
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.....	\$ 7,055	7,055			
* 8. Dues and Membership Fees to Professional Associations (Specify)	\$ 9,875	9,875			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 409,214	409,214			
13. Other (Specify)	\$ 104,077	104,077			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 4,087,880	4,087,880			

* 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)
Promotional	\$ 55,347		
Total Other Advertising	\$ 55,347	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 80		
CT Assoc of Health Care Facilities	\$ 9,676		
AANAC	\$ 119		
Total Dues	\$ 9,875	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 5,023		
Penalty citation 2016-015	\$ 1,635		
Bank Charges	\$ 7,508		
Payroll Processing Fees	\$ 25,103		
Employee Physicals & Background Checks	\$ 23,514		
Nurse Network/MVP recruiters	\$ 10,318		
Energy Audit	\$ 614		
Data Processing Fees	\$ 20,204		
Compliance Consulting	\$ 10,158		
Total Other Administrative and General	\$ 104,077	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$554,877	Contract Attached to a Prior Year	See Below
Allocation of the above	\$366,219 \$88,780 \$99,878	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 Rd Farmington, CT 06032	\$42,995	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
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 314,557	314,557			
2. Non-Food Supplies.....	\$ 43,049	43,049			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 88,780	88,780			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 446,386	446,386			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	414	414			
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. = \$1023		
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2016	Page 19	of 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. \$	18,738	18,738	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c.	Management Services**	\$			
d.	Other (Specify) Supplies = \$8,325	\$	8,325	8,325	
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	27,063	27,063	
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
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		2263	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. \$	39,301	39,301		
	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)....	\$	39,301	39,301		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from Omni Care/Procure	\$	343,835	343,835		
	b. Medicine Cabinet Drugs.....	\$	31,692	31,692		
	c. Medical and Therapeutic Supplies.....	\$	328,076	328,076		
	d. Ambulance/Limousine***.....	\$	29,743	29,743		
	e. Oxygen					
	1. For Emergency Use.....	\$				
	2. Other***.....	\$	37,734	37,734		
	f. X-rays and Related Radiological Procedures***.....	\$	40,083	40,083		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
	h. Laboratory***.....	\$	30,646	30,646		
	i. Recreation.....	\$	14,260	14,260		
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	272,990	272,990		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	1,129,059	1,129,059		

* 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.

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

Name of Facility		License No.	Report for Year Ended	Page of				
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		2263	9/30/2016	21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No		CCNH	RHNS (Specify)	Pg	Line
Winterberry Gardens	2070 West St, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping	20,345		22	6f
ADP	225 Second Ave Waltham MA 02454	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	25,103		16	m13
Ct Waste Processing, LLC	25 Norton Place, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	19,419		22	6f
Omnicare/Value Health Care	Knottter Drive, Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy Drugs	186,793		20	5a2
Pro Landscaping & Desing LLC	256 Tuttle Rd, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snow Removal	11,065		22	6f
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	157,042		20	5a2
Harmony Healthcare	430 Boston Road, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance Consulting	10,158		16	m13
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

* 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
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	99,229	99,229				
b. Heat..... \$	82,578	82,578				
c. Light & Power..... \$	96,661	96,661				
d. Water..... \$	62,824	62,824				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	24,345	24,345				
f. Other (<i>itemize</i>)..... \$	81,820	81,820				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	447,457	447,457				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$	8,593	8,593				
b. Building & Building Improvements..... \$	285,792	285,792				
c. Non-Movable Equipment..... \$	27,490	27,490				
d. Movable Equipment..... \$	96,014	96,014				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	417,889	417,889				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$	3,728	3,728				
c. Leasehold Improvements..... \$						
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	3,728	3,728				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$						
10. Property Taxes						
a. Real estate taxes paid by owner..... \$	95,857	95,857				
b. Real estate taxes paid by lessor..... \$						
c. Personal property taxes..... \$	16,237	16,237				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	533,711	533,711				

* 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	\$ 20,345		
Rubbish Removal	\$ 19,419		
Snow Removal	\$ 11,065		
Supplies	\$ 30,991		
Total Other Repairs and Maintenance	\$ 81,820	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Nov-15	Cocchiola Paving-Concrete Sidewalk	\$ 6,030	15	\$ 402
Jun-16	Cocchiola Paving-Parking Lot Paving	\$ 20,946	8	\$ 2,618.25
Total additions for Land Improvements		\$ 26,976		\$ 3,020
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:				
Nov-15	Modern Mechanical-Heat Pump Cassette	\$ 25,949	10	\$ 1,297
Feb-16	Emerald Resources-Wanderguard Security Sys	\$ 7,389	10	\$ 369
May-16	Fire Service Group- Plumbing Valve	\$ 2,359	5	\$ 236
Jun-16	Fire Service Group- Sprinkler Head Install	\$ 1,171	5	\$ 117
Jun-16	Modern Mechanical- Replace Exhaust Fan Mo	\$ 945	5	\$ 95
Jun-16	Emcor Services- Hot Water Tank	\$ 4,208	10	\$ 210
Jul-16	Fire Service Group- Replace Handle/Valve	\$ 2,130	5	\$ 213
Aug-16	Emcor Services- Replace Water Pipe	\$ 781	5	\$ 78
Aug-16	Proline- Install New Computer for Washer	\$ 4,138	5	\$ 414
Aug-16	Modern Mechanical- Replace motor/capacitor	\$ 1,262	\$ 5	\$ 126
Total additions for Building Improvements		\$ 50,332		\$ 3,156
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:				
Feb-16	Modern Mechanical Svs-KichenExhaust Moto	\$ 1,971	5	\$ 197
Mar-16	Modern Mechanical Svs-KichenExhaust Fan	\$ 4,885	5	\$ 489
Total additions for Non-Movable Equipment		\$ 6,856		\$ 686
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263		Report for Year Ended 9/30/2016		Page 24	of 37
	Date of Acquisition Month	Year	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal.....						
B. Mortgage Expense						
1. Finance Fees-HUD Mortgage						
2. Finance Fees-Refinance	9	2011	130,495	SL	2.86%	3,728
3.						
B-4. Subtotal.....						3,728
C. Leasehold Improvements and Other (Specify)						
1. Acquired prior to this report period		2015			Var	
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
C-4. Subtotal.....		2016			Var	
D. Total Amortization						3,728

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

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2016	24A	37
C. Leasehold Improvements				
(Specify)				
1. Acquired prior to this report period	2015			
2. Disposals (attach schedule)				
3. Acquired during this report period	2016			
C-4. Subtotal.....				
C. Other (Specify)				
1.	1997			
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	2015		Var	
Total Disposals				
Total Acquired during this report period	2016		Var	

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? Yes No If "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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	03/07/02				
4. Date of Initial Licensure	03/07/02				
5. Total Licensed Bed Capacity	150				
6. Square Footage					
7. Acquisition Cost					
a. Land	65,200				
b. Building	5,400,000				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	03/29/11			
c. Interest Rate for the Cost Year	4.32%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	8,023,900			
f. Principal balance outstanding as of 9/30/2016	7,424,723			
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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2016			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$ 360,430	360,430				
Name of Lender Key Bank		Rate 4.23%					
Address of Lender 8115 Preston Rd Suite 500, Dallas, TX 75225							
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)		\$ 360,430	360,430				

(Carry Subtotals forward to next page)

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263		Report for Year Ended 9/30/2016		Page of 27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				360,430	360,430		
12. C. Movable Equipment							
1. Automotive Equipment..... \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)..... \$							
A. Item		Rate	Amount				
			-				
Lender							
Address of Lender							
B. Item		Rate	Amount				
			-				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... \$							
12. D. Other Interest Expense (Specify)..... \$				100,202	100,202		
Vender Interest = \$4,215; Line of Credit Interest = \$95,987							
13. Total All Interest Expense (12B7 + 12C3 + 12D).....\$				460,632	460,632		
14. Insurance							
a. Insurance on Property (buildings only).....			\$ 99,895	99,895			
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)...				\$ 99,895	99,895		
15. Total All Expenditures (A-13 thru C-14).....				\$ 15,012,972	15,012,972		

D. Adjustments to Statement of Expenditures

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center				License No. 2263	Report for Year Ended 9/30/2016	Page 28	of 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.....	\$ 329,099	329,099		
4.	Var	Var	Other - See attached Schedule.....	\$ 16,954	16,954		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 27,412	27,412		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 37,290	37,290		
10.	15	1d&e	Accounting & Legal.....	\$ 18,611	18,611		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 565	565		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 26,432	26,432		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 58,036	58,036		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 219,267	219,267		
	18	2c		\$ 53,156	53,156		
	20	5j		\$ 59,800	59,800		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 15,677	15,677		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 1,023	1,023		
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)				\$ 863,322	863,322		

* 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.

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center			2263	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 863,322	863,322		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 343,835	343,835		
28.	20	5d	Ambulance/Limousine.....	\$ 29,743	29,743		
29.	20	5f	X-rays, etc.....	\$ 40,083	40,083		
30.	20	5h	Laboratory.....	\$ 30,646	30,646		
31.	20	5c	Medical Supplies.....	\$ 20,090	20,090		
32.	20	5e2	Oxygen (non emergency).....	\$ 37,734	37,734		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 41,040	41,040		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 15,285	15,285		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 14,602	14,602		
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.....	\$ 103	103		
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)			\$ 1,436,483	1,436,483		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental Medicaid Other	40,361		
20	5j	Medical Equipment Rental	679		
Total Other Ancillary Costs			\$ 41,040	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Move Equip AJE	15,285		
Total Excess Movable Equipment Depreciation			15,285		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments					

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 19,352,255	19,352,255			
b. Medicaid Room and Board Contractual Allowance **.....	\$ (10,561,982)	(10,561,982)			
2. a. Medicaid (<i>All other states</i>).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents (<i>all inclusive</i>).....	\$ 1,603,234	1,603,234			
b. Medicare Room and Board Contractual Allowance **.....	\$ 108,727	108,727			
4. a. Private-Pay Residents and Other.....	\$ 2,657,874	2,657,874			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (69,052)	(69,052)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare.....	\$ 199,562	199,562			
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$				
c. Prescription Drugs - Non-Medicare.....	\$ 280,430	280,430			
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (280,430)	(280,430)			
2. a. Medical Supplies - Medicare.....	\$ 5,090	5,090			
b. Medical Supplies - Medicare Contractual Allowance **.....	\$				
c. Medical Supplies - Non-Medicare.....	\$ 19,422	19,422			
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (19,422)	(19,422)			
3. a. Physical Therapy - Medicare.....	\$ 643,025	643,025			
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (474,762)	(474,762)			
c. Physical Therapy - Non-Medicare.....	\$ 277,505	277,505			
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (277,505)	(277,505)			
4. a. Speech Therapy - Medicare.....	\$ 197,057	197,057			
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (153,296)	(153,296)			
c. Speech Therapy - Non-Medicare.....	\$ 88,291	88,291			
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (88,291)	(88,291)			
5. a. Occupational Therapy - Medicare.....	\$ 614,881	614,881			
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (483,390)	(483,390)			
c. Occupational Therapy - Non-Medicare.....	\$ 313,206	313,206			
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (313,206)	(313,206)			
6. a. Other (<i>Specify</i>) - Medicare.....	\$				
b. Other (<i>Specify</i>) - Non-Medicare.....	\$				
III Total Resident Revenue (Section I thru Section II.).....	\$ 13,639,223	13,639,223			
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 (<i>Specify</i>)	\$ 724	724			
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other (<i>Specify</i>).....	\$ 9,994	9,994			
V. Total Other Revenue (1 thru 8).....	\$ 10,718	10,718			
VI. Total All Revenue (III + V).....	\$ 13,649,941	13,649,941			

* 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			
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	n/a	\$ 103		
pg 32, L D7	Interest on Escrow Accounts	\$ 368,945	\$ 498		
	Tax assessment interest		\$ 123		
Total Interest Income			\$ 724	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 5,494		
10, A12d	Quinnipiac Education Reimbursement	\$ 4,500		
Total Other Revenue		\$ 9,994	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	6,299
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,187,218
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	17,462
5. Prepaid Expenses.....			\$	245,838
a. Prepaid Insurance	226,389			
b. Prepaid Expenses	18,272			
c. Pitney Bowes prepaid Oct	1,177			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	272,029
A/R Related Parties	272,029			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,728,846
B. Fixed Assets				
1. Land.....			\$	101,303
2. Land Improvements	*Historical Cost.....	70,169	\$	35,048
	Accum. Depreciation	(35,121) Net.....		
3. Buildings	*Historical Cost.....	9,457,009	\$	5,529,593
	Accum. Depreciation	(3,927,416) Net.....		
4. Leasehold Improvements	*Historical Cost.....		\$	
	Accum. Depreciation			Net.....
5. Non-Movable Equipment	*Historical Cost.....	347,861	\$	105,451
	Accum. Depreciation	(242,410) Net.....		
6. Movable Equipment	*Historical Cost.....	1,643,536	\$	246,291
	Accum. Depreciation	(1,397,245) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation			Net.....
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	78,761
Moveable Equipment Carryforward	38,245			
Project Development & Deposit	40,516			
B-10. Total Fixed Assets (Lines B1 thru 9).....			\$	6,096,447

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

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 7,825,293	
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).....			\$	
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>).....			\$ 1,063,842	
Deferred Finance Fees			109,989	
HUD Escrow Accounts			348,837	
Renewal & Replacement Fund			605,016	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$ 1,063,842	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$ 8,889,135	

* 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
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		2263	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,930,887
2. Notes Payable (<i>itemize</i>).....				\$	3,509,000
Notes Payable					3,509,000
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>).....				\$	419,068
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	8,795
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>).....				\$	30,610
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	258,402
Acc'd Operating Expenses					39,193
Acc'd Expense-CT State Sales Tax					182
Provider Taxes Due					251,358
Acc'd Property Taxes					(32,331)
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	6,156,762

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

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				6,156,762	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....				\$	7,424,723
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$	7,424,723
C. Total All Liabilities (Lines A-13 + B-5).....				\$	13,581,485

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	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.....			\$	
3. Paid-in Surplus.....			\$	548,900
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(3,878,219)
6. Gain or Loss for Period			\$	(1,363,031)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth.....			\$	(4,692,350)
C. Total Reserves and Net Worth			\$	(4,692,350)
D. Total Liabilities, Reserves, and Net Worth			\$	8,889,135

H. Changes in Total Net Worth

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2016	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(3,329,318)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,649,941		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,012,972		
D. Net Income or Deficit.....			\$	(1,363,031)		
E. Balance.....			\$	(4,692,349)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Rounding	(1)					
2. Other (<i>itemize</i>)						
F-3. Total Additions.....					\$	(1)
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$			
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>).....			\$			
Purpose		Amount				
3. Total Deductions.....						\$
H. Balance at End of Period		09/30/16	\$	(4,692,350)		

I. Preparer's/Reviewer's Certification

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	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.

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				N/A
PG 1A PER COST REPORT				N/A
DIFFERENCE				
PG 10 PER INTERFACE	7,485,379	7,485,379		
PG 10 PER COST REPORT	7,485,379	7,485,379		
DIFFERENCE				
PG 1A PER COST REPORT				N/A
PG 10 PER COST REPORT				N/A
DIFFERENCE				
PG 13 PER INTERFACE	256,209	256,209		
PG 13 PER COST REPORT	256,209	256,209		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	4,087,880	4,087,880		
PG 15 & 16 PER COST REPORT	4,087,880	4,087,880		
DIFFERENCE				
PG 18 PER INTERFACE	446,386	446,386		
PG 18 PER COST REPORT	446,386	446,386		
DIFFERENCE				
PG 19 PER INTERFACE	27,063	27,063		
PG 19 PER COST REPORT	27,063	27,063		
DIFFERENCE				
PG 20 PER INTERFACE	1,168,360	1,168,360		
PG 20 PER COST REPORT	1,168,360	1,168,360		
DIFFERENCE				
PG 22 PER INTERFACE	981,168	981,168		
PG 22 PER COST REPORT	981,168	981,168		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	560,527	560,527		
PG 26 & 27 PER COST REPORT	560,527	560,527		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	15,012,972	15,012,972		
TOTAL EXPENSES PER COST REPORT	15,012,972	15,012,972		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	13,649,941	13,649,941		
TOTAL REVENUES PER COST REPORT	13,649,941	13,649,941		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	24,345			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	24,345			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2198-C/2198-C	9/30/2016	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

RED CELLS INDICATE POSSIBLE ERROR

TOTAL

PG 31 CURRENT ASSETS PER INTERFACE	1,728,846
PG 31 CURRENT ASSETS PER COST REPORT	1,728,846
DIFFERENCE	
PG 31 FIXED ASSETS PER INTERFACE	6,096,447
PG 31 FIXED ASSETS PER COST REPORT	6,096,447
DIFFERENCE	
PG 32 LEASED ASSETS PER INTERFACE	
PG 32 LEASED ASSETS PER COST REPORT	
DIFFERENCE	
PG 32 OTHER ASSETS PER INTERFACE	1,063,842
PG 32 OTHER ASSETS PER COST REPORT	1,063,842
DIFFERENCE	
PG 32 TOTAL ASSETS PER INTERFACE	8,889,135
PG 32 TOTAL ASSETS PER COST REPORT	8,889,135
DIFFERENCE	
PG 33 CURRENT LIABS PER INTERFACE	6,156,762
PG 33 CURRENT LIABS PER COST REPORT	6,156,762
DIFFERENCE	
PG 34 LONG TERM LIABS PER INTERFACE	7,424,723
PG 34 LONG TERM LIABS PER COST REPORT	7,424,723
DIFFERENCE	
PG 34 TOTAL LIABS PER INTERFACE	13,581,485
PG 34 TOTAL LIABS PER COST REPORT	13,581,485
DIFFERENCE	
PG 35 RESERVES PER INTERFACE	
PG 35 RESERVES PER COST REPORT	
DIFFERENCE	
PG 35 NET WORTH PER INTERFACE	(4,692,350)
PG 35 NET WORTH PER COST REPORT	(4,692,350)
DIFFERENCE	
PG 35 TOTAL LIAB & WORTH PER INTERFACE	8,889,135
PG 35 TOTAL LIAB & WORTH PER COST REPORT	8,889,135
DIFFERENCE	
PG 32 TOTAL ASSETS PER COST REPORT	8,889,135
PG 35 TOTAL LIAB & WORTH PER COST REPORT	8,889,135
DIFFERENCE	
NET INCOME PER BALANCE SHEET	(1,363,031)
NET INCOME PER INCOME STATEMENT	(1,363,031)
DIFFERENCE	
PG 35 NET WORTH PER COST REPORT	(4,692,350)
TOTAL NET WORTH PER PG 36	(4,692,350)
DIFFERENCE	

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**INFORMATIONAL PAGES
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	15,981	NOT APPLICABLE		
PG 15, LINE 1e LEGAL FEES PER COST REPORT	15,981	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 7 TOTAL ACCOUNTING FEES DETAIL	23,998	NOT APPLICABLE		
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	23,998	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	181,389	181,389		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	181,388	181,388		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	21,933	NOT APPLICABLE		
HORIZONTAL TOTALS	21,933	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	2,986	NOT APPLICABLE		
HORIZONTAL TOTALS	2,986	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	21,240	NOT APPLICABLE		
HORIZONTAL TOTALS	21,240	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	150	150		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	150	150		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	150	150		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	150.00000	150.00000
MAXIMUM PATIENT DAYS	54,900	54,900
ACTUAL PATIENT DAYS	50,685	50,685
PERCENT OCCUPIED(NOT TO EXCEED 100%)	92.3224%	92.3224%

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**DEPRECIATION TIE-IN
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)**

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	35,049	35,048	
BUILDING AND BUILDING IMPROVEMENTS	5,529,590	5,529,593	
LEASEHOLD IMPROVEMENTS	-	-	-
NON-MOVEABLE EQUIPMENT	105,448	105,451	
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	284,536	246,291	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	-	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	8,593	8,593	-
BUILDING AND BUILDING IMPROVEMENTS	285,792	285,792	-
NON-MOVEABLE EQUIPMENT	27,491	27,490	
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	96,013	96,014	
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	3,728	3,728	-
LEASEHOLD IMPROVES	-	-	-
OTHER AMORTIZATION	-	-	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY		PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24				
LAND IMPROVEMENTS	ADDITIONS	26,976	26,976	-
	DEPREC	3,020	3,020	
BUILDING IMPROVEMENTS	ADDITIONS	50,332	50,334	
	DEPREC	3,156	3,156	
NON-MOVEABLE EQUIPMENT	ADDITIONS	6,856	6,856	-
	DEPREC	686	686	
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	23,807	23,809	
	DEPREC	2,253	2,253	
LEASEHOLD IMPROVES	ADDITIONS	-	-	-
	DEPREC	-	-	-