State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as licensed) Northbridge Healthcare Center
Address (No. & Street, City, State, Zip Code) 2875 Main Street Bridgeport, CT 06606
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Report for Year Beginning	Report for Year Ending
10/1/2015	9/30/2016

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2183C			07-5413

Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
	2183C		

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

Brittany L. Hester, Administrative Assistant

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

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

Table of Contents

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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 **Northbridge Healthcare 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 penalities of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
		2/15/17		2/15/17
Printed Name (Administrator) **Erica Roman**			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 0610	

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 **Northbridge Healthcare Center**	Period Covered:		From **10/1/2015**	To **9/30/2016**
Address of Facility **2875 Main Street Bridgeport, CT 06606**				
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.

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

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-336-0232	**09/30/16**	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Northbridge Healthcare Center	**2875 Main Street Bridgeport, CT 06606**

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2183C			**07-5413**

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

☐ PROPRIETORSHIP ☐ LLC ☐ PARTNERSHIP ☑ PROFIT CORP. ☐ NON-PROFIT CORP. ☐ GOVERNMENT ☐ 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? ☐ Yes ☑ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Erica Roman	**001948**

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Not Applicable	

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

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Not Applicable			

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

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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
Northbridge Health Care Center, Inc	**2875 Main St, Bridgeport, CT 06606**	**CT**

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Lawrence G. Santilli	**2875 Main St, Bridgeport, CT 06606**	**President**	**688.993**
Debra M Soucey	**2875 Main St, Bridgeport, CT 06606**	**Secretary**	
Michael E. Mosier	**2875 Main St, Bridgeport, CT 06606**	**Treasurer**	**40**
Names of Stockholders Owning at Least 10% of Shares			
Custodians for Lawrence E Santilli	**2875 Main St, Bridgeport, CT 06606**		**110.307**

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

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

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

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ☐ Yes ☑ No — If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties: Yes	No	%**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Laurel Ridge Health Care Center	**642 Danbury Road Ridgefield, CT 06877**	☑	☐	**>98%**	**Bank Charges**	**PG 16, m13**	**$8,096**	**$8,096**
Athena Captive LLC	**135 South Road, Farmington, CT 06032**	☑	☐	**>98%**	**Workers Comp Captive**	**Pg 15, ln 1a**	**$386,827**	**$386,827**
Northbridge Landord LLC	**135 South Road, Farmington, CT 06062**	☑	☐	**>98%**	**Lease of facility**	**Pg 22, ln 9 and 10b, Pg 27, ln 14a**	**$1,056,337**	**$1,056,337**
Shady Knoll	**41 Skokorat Street, Seymour, CT 06483**	☑	☐	**>98%**	**Swap interest allocation**	**Pg 26, 12A**	**$3,998**	**$3,998**
Athena Health Care Services Inc. 401(K) Plan	**135 South Road, Farmington, CT 06032**	☑	☐	**>98%**	**Facility participates in a group 401(K) plan**			
Bayview Health Care Center	**301 Rope Ferry Road, Waterford, CT 06385**	☑	☐	**>98%**	**reimbursement of legal fees**	**pg 15, Ln 1e**	**$1,511**	**$1,511**
Athena Health Care	**135 South Road, Farmington, CT 06032**	☑	☐	**>50%**	**Lobbying, Payroll Processing Fees, Data Processing Fees**	**Pg 16 m13**	**$17,746**	**$17,746**
Litchfield Woods Health Care	**255 Roberts Street, Torrington, CT**	☑	☐	**>98%**	**reimbursement of Keybank loan fee**		**$15,633**	**$15,633**
Athena Health Care	**135 South Road, Farmington, CT 06032**	☑	☐	**>50%**	**Repairs & Maintenance, MDS Consultant**	**Pg 22 ln 6a, 6f; Pg 13 ln 11a2; Pg 13 ln 5a**	**$26,647**	**$26,647**

* Use additional sheets if necessary.

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

Northbridge Healthcare								
Name of Related Individual or Company	Address	Also Provides Goods/Services To Non-Related Parties YES	No	%	Description of Goods/Services Provided	Indicate Where Costs Are Included in Annual Report Page #/Line #	Cost Reported	Actual Cost to the Related Party
Athena Health Care Assoc. Inc.	135 South Road Farmington, CT 06032	X		>98%	MDS Nurse Consultant, Legal, Office Supplies, staff appreciation, Pension Fees, Gift Certificates, Business Promotion, Management Fees, Lobbying, Bank Charges Data Processing Fees, Repairs & Maintenance, Insurance, Furniture & Equipment, Temp Help-Therapy	Pg. 13 ln 11a2, Pg 15 ln 1e, 1g, 1a7; Pg 16 ln l2, m3, L6, m12, m13 Pg. 22 ln 6a, Pg. 27 ln 14a, Pg. 31 ln B6, Pg 13, ln 11 Pg 15, Ln 1a5 Pg 13, ln B5a	$652,792	$202,238
Athena Health Care Insurance	135 South Road Farmington, CT 06032	X		>98%	Health Insurance	pg 15, Line 1a5	$1,307,899	$1,307,899
Athena Health Care Assoc. Inc.	135 South Road Farmington, CT 06032	X		>98%	Employee Relations, Education, Business Promotion, Memberships	Pg 16 ln L3 L5; Pg 16 m3, m8	$ 3,317.00	$ 3,317.00

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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 (*See listing page 13*)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

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

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

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	☐	☑	**Postal Equipment**	**05/17/06**	**automatic renewal**	**$1,953**	**$1,953**
Leaf, 1720A Crete Street, Moberly, MO 65270	☐	☑	**Copier**	**03/04/13**	**48 months**	**$18,999**	**$18,999**
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	☐	☑	**PCC equipment**	**08/15/13**	**60 months**	**$7,975**	**$7,975**
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

Is a Mileage Log Book Maintained for All Leased Vehicles ? **Not Applicable - No Vehicles** ☐ Yes ☐ No **Total *** $28,927

* 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.

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

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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 **Dworkin, Hillman, Lamorte**	**Four Corporate Drive, Suite 488, Shelton, CT 06484**
2 **Marcum LLP**	**555 Long Wharf Drive, Shelton, CT**
3 **Dopkins & Co**	**200 International Dr, Buffalo, NY**
4	

Services Provided by This Firm (*describe fully*)

1	**2016 Audit, Year End Financials & Tax Return**	**$ 14,000**
2	**Medicare Cost Report Preparation:**	**$ 2,650**
3	**Key Bank Audit: Disallowed**	**$ 2,260**
4		**$ -**

Charge for Services Provided **$18,910**

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

☑ Yes ☐ No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 **Murtha Cullina LLP**	**860-240-6000**
2 **Goldman, Gruder, & Woods LLC**	**203-899-8900**
3 **Shipman & Goodwin**	**860-251-5000**
4 **Schiff Hardin**	**312-258-5500**
5 **Bridgeport Probate $204, Franklin G. Pilicy P.C. $1150**	**860-274-0018**

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

1 **185 Asylum St. Hartford, CT 06103**
2 **200 Connecticut Ave, Norwalk, CT 06854**
3 **One Constitution Plaza, Hartford, CT 06103**
4 **6600 Sears Tower, Chicago, IL 60606**
5 **Bridgeport, CT, 365 Main St PO Box 760, Watertown, CT 06795**

Services Provided by This Firm (*describe fully*)

1	**Secretary of state annual /Audit letter $236 Allow; Misc Matters $2289:Disallow**	**$ 2,525**
2	**Misc Employee Matters: Disallowed**	**$ 5,377**
3	**Misc Employee Matters: Disallowed**	**$ 14,279**
4	**Key Bank audit;Disallowed**	**$ 2,685**
5	**Conservatorship: Disallowed**	**$ 1,354**

Charge for Services Provided **$26,220**

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

☑ Yes ☐ No **Pg 15, Line1e**

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

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**09/30/16**	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period.....	**145**	**145**			**145**	**145**			**145**	**145**		
B. On last day of THIS report period.....	**145**	**145**			**145**	**145**			**145**	**145**		
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	**141**	**141**			**141**	**141**			**141**	**141**		
B. As of midnight of THIS report period.....	**144**	**144**			**143**	**143**			**144**	**144**		
3. Total Number of Days Care Provided During Period												
A. Medicare.....	**6,383**	**6,383**			**5,196**	**5,196**			**1,187**	**1,187**		
B. Medicaid (Conn.).....	**44,183**	**44,183**			**32,624**	**32,624**			**11,559**	**11,559**		
C. Medicaid (other states).....												
D. Private Pay.....	**1,426**	**1,426**			**962**	**962**			**464**	**464**		
E. State SSI for RCH.....												
F. Other (Specify) Managed Care	**347**	**347**			**478**	**478**			**(131)**	**(131)**		
G. Total Care Days During Period (3A thru F).....	**52,339**	**52,339**			**39,260**	**39,260**			**13,079**	**13,079**		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	**253**	**253**			**82**	**82**			**171**	**171**		
B. Other Bed Reserve Days.....	**2**	**2**			**1**	**1**			**1**	**1**		
5. ***Total Resident Days*** **(3G + 4A + 4B).....**	**52,594**	**52,594**			**39,343**	**39,343**			**13,251**	**13,251**		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	9	37

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

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 CCNH	Medicaid CCNH	Medicaid RHNS	Self-Pay CCNH	Self-Pay RHNS	Self-Pay (Specify)	Other State Assisted R.C.H.	Other State Assisted ICF-MR
No. of Residents	10	118		4		9		
Per Diem Rate								
a. One bed rm.	537.09	259.71		482.00		442.05		
b. Two bed rms.	537.09	259.71		462.00		442.05		
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	7,458	7,458		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	3,776	3,776		
2. Restorative Treatments				
C. Other	15,639	15,639		
D. ***Total Physical Therapy Treatments***	26,873	26,873		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	447	447		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	351	351		
2. Restorative Treatments				
C. Other	982	982		
D. ***Total Speech Therapy Treatments***	1,780	1,780		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	5,218	5,218		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	3,796	3,796		
2. Restorative Treatments				
C. Other	14,715	14,715		
D. ***Total Occupational Therapy Treatments***	23,729	23,729		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	10	37

Are time records maintained by all individuals receiving compensation? ☑ Yes ☐ 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)	122,991	2,118				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	229,192	11,142				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	61,990	2,060				
c. Dietary Workers	610,156	33,886				
6. Housekeeping Service						
a. Head Housekeeper	48,886	2,129				
b. Other Housekeeping Workers	257,380	19,703				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,156	2,155				
b. Other Maintenance Workers	30,039	1,653				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	152,750	9,909				
9. Barber and Beautician Services						
10. Protective Services	12,195	1,092				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	218,608	4,339				
b. RN						
1. Direct Care	1,083,813	28,540				
2. Administrative**	528,922	17,359				
c. LPN						
1. Direct Care	1,038,032	39,050				
2. Administrative**						
d. Aides and Attendants	2,079,549	137,327				
e. Physical Therapists	549,764	16,000				
f. Speech Therapists	59,438	1,511				
g. Occupational Therapists	414,479	10,846				
h. Recreation Workers	286,281	14,254				
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	234,045	8,327				
n. Marketing						
o. Other (Specify)						
A-13. Total Salary Expenditures	8,086,666	363,400				

* 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)
Total	$ -	-	$ -	-	$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	$ CCNH	Hours CCNH	$ RHNS	Hours RHNS	$ (Specify)	Hours (Specify)
Medical Staff Meetings	$ 450	3				
Total	$ 450	3	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	11	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 I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or 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.

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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* **										
Erica Roman (10/1/2015-9/30/2016)	122,991			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,118	A2			
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Year Ended		Page	of
Northbridge Healthcare Center	**2183C**		**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	29,350	928				
2. Dentist	15,573	78				
3. Pharmacist	11,078	160				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	174,837	2,185				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	190				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	60					
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	450	3				
9. Speech Therapist						
a. Resident Care	2,662	6				
b. Other						
10. Occupational Therapist						
a. Resident Care	14,274	231				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	(295)	40				
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	283,989	3,821				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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
Northbridge Healthcare Center	**2183C**	**9/30/2016**	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
St Vincent's Medical Center 2800 Main St Bridgeport CT 06606	Physician Services	☐	☑	
Talent Achievement Group, 23945 Calabasa Rd, Suite 114, Calabasas, CA 91302	Nurse placement fee	☐	☑	
Access Therapies, PO Box 823461, Philadelphia, PA 19182	Physical Therapy Staff	☐	☑	
Omnicare/Value Health Care Services, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacy Services	☐	☑	
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Speech therapy	☐	☑	
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS fill-in	☑	☐	Common Owners
Dr. Adrian Klufas, 3715 Main Street, Bridgeport, CT 06606	Medical Staff	☐	☑	
HealthDrive Dental Practices, 1 Prestige Dr., Meriden, CT 06450	Dentist	☐	☑	
Dr. Vasudha Vallabhneni, 3180 Main St., Bridgeport, CT 06606	Medical Director	☐	☑	
Margaret Rose 217 Hickory St Bridgeport CT 06610	Dietician	☐	☑	
AMN Healthcare Allied, Inc., PO Box 281939, Atlanta, GA 30384-1939	Occupational therapy	☐	☑	
Advanced Payroll Funding d/b/a Rehability Care, PO Box 823461, Philadelphia, PA 19182-3461	Physical Therapy	☐	☑	
CT Dental, 240 Pomeroy Ave., Ste 205, Meriden, CT 06450	Dentist	☐	☑	
Healthdrive Audiology Group, 888 Worcester St., Wellesley, MA 02482	Audiometry	☐	☑	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	$	386,827	386,827		
2. Disability Insurance.....	$				
3. Unemployment Insurance.....	$	166,630	166,630		
4. Social Security (F.I.C.A.).....	$	604,384	604,384		
5. Health Insurance.....	$	1,163,028	1,163,028		
6. Life Insurance (employees only)					
(not-owners and not-operators).....	$				
7. Pensions (Non-Discriminatory)	$	47,445	47,445		
(not-owners and not-operators).....					
8. Uniform Allowance.....	$				
9. Other (*Specify*).....	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*.....	$	254,928	254,928		
d. Accounting and Auditing.....	$	18,910	18,910		
e. Legal (*Services should be fully described on Page 7)*	$	26,220	26,220		
f. Insurance on Lives of Owners and Operators (*Specify*)*.....	$				
g. Office Supplies.....	$	74,022	74,022		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	$	47,362	47,362		
2. Cellular Phones.....	$	4,114	4,114		
i. Appraisal (*Specify purpose and attach copy*)*.....	$				
j. Corporation Business Taxes (*franchise tax*).	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*.....	$	250	250		
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	973,878	973,878		
Subtotal	$	3,767,998	3,767,998		

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,767,998	3,767,998		
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	$				
2. Holiday Parties for Staff.....	$	10,414	10,414		
3. Gifts to Staff and Residents.....	$	18,759	18,759		
4. Employee Travel.....	$	1,480	1,480		
5. Education Expenses Related to Seminars and Conventions	$	6,528	6,528		
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*).....	$	5,979	5,979		
2. Advertising Telephone Directory (*all such expenses*)***	$	1,084	1,084		
3. Advertising Other (*Specify*)***.....	$	15,549	15,549		
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.....	$	12,191	12,191		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	10,573	10,573		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions.....	$	896	896		
10. Contributions*** See Attached Schedule	$	250	250		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**.....	$	493,680	493,680		
13. Other (*Specify*) See Attached Schedule	$	115,993	115,993		
C-14 Total Administrative & General Expenditures	$	4,461,374	4,461,374		

* 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	$ 15,549		
Total Other Advertising	$ 15,549	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ACHCA	$ 340		
CATRD	$ 40		
CAHCF	$ 10,193		
Total Dues	$ 10,573	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Nursing home roundtable	$ 250		
Total Contributions	$ 250	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	$ 4,856		
Employee Physicals & background checks	$ 14,459		
Bank Fees	$ 8,170		
Payroll Processing Fees	$ 26,283		
Data Processing Fees	$ 45,050		
Licenses	$ 1,515		
Medicaid Applications	$ 5,000		
compliance consulting	$ 9,220		
State of CT penalty Citation No. 2016-42	$ 1,440		
Total Other Administrative and General	$ 115,993	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**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	$683,904	Contract Attached to a Prior Year	See Below
Allocation of the Above	$451,377 $109,425 $123,103	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	$42,304	Admin/Gen - Other Expense	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.**

State of Connecticut
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
Northbridge Healthcare Center	**2183C**	**9/30/2016**	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	$	327,432	327,432		
2. Non-Food Supplies.....	$	51,487	51,487		
3. Other (*Specify*)_____	$	21	21		
Dishes = $21					
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$	109,425	109,425		
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	488,365	488,365		

		Total	CCNH	RHNS	(Specify)
2F.	Dietary Questionnaire				
G.	Resident Meals: Total no. of meals served per day:*	429	429		

H.	Is cost of employee meals included in 2E?	☑ Yes	☐ No	
I.	Did you receive revenue from employees?	☐ Yes	☑ 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?	☑ Yes	☐ No	If yes, specify cost. = $2885
L.	Is any revenue collected from these people?	☐ Yes	☑ 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?	☐ Yes	☑ No	If yes, specify cost.
O.	Is any revenue collected from employees?	☐ Yes	☑ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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
Northbridge Healthcare Center	**2183C**	**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. $	17,636	17,636		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$				
d. Other (*Specify*) **Supplies = $9,627**	$	9,627	9,627		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	27,263	27,263		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	☐ Yes	☑ No	If yes, specify cost.
H.	Did you receive revenue from employees?	☐ Yes	☑ 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?	☐ Yes	☑ No	If yes, specify cost.
K.	Did you receive revenue from these people?	☐ Yes	☑ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
Northbridge Healthcare Center	**2183C**	**9/30/2016**	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	43,155	43,155		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
c. Management Services*.....		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)....		$	43,155	43,155		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy.....		$				
2. Purchased from **Omni Care**		$	476,857	476,857		
b. Medicine Cabinet Drugs.....		$	3,762	3,762		
c. Medical and Therapeutic Supplies.....		$	322,432	322,432		
d. Ambulance/Limousine***.....		$	11,227	11,227		
e. Oxygen						
1. For Emergency Use.....		$				
2. Other***.....		$	40,595	40,595		
f. X-rays and Related Radiological Procedures***.....		$	20,554	20,554		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***.....		$	6,610	6,610		
i. Recreation.....		$	17,685	17,685		
j. Other (Specify)**** See Attached Schedule		$	221,566	221,566		
5K. ***Total Resident Care Expenditures*** (5a - 5j).....		$	1,121,288	1,121,288		

* 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	$ 123,103		
Medical Equip Rentals-Medicaid	$ 20,830		
Physical Therapy Supplies	$ 47,956		
Oxygen Concentrator Rentals	$ 5,120		
Cable TV Fees	$ 12,227		
Medical Equip Rentals-Other	$ 12,330		
Total Other Resident Care	$ 221,566	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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	☐	☑		Payroll Services	26,283			16	m13
CWPM	25 Norton Place, PO Box 415, Plainville, CT 06062	☐	☑		Rubbish Removal	33,895			22	6f
Omnicare/Value Health Care	525 Knotter Drive Cheshire, CT 06410	☐	☑		Pharmacy	480,682			20	5
Parziale Landscaping	1800 Huntington Rd, Stratford, CT 06614	☐	☑		Landscaping and Snow removal	14,662			22	6f
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	22 | 37

Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance..... $	97,305	97,305		
b. Heat..... $	72,556	72,556		
c. Light & Power..... $	143,128	143,128		
d. Water..... $	87,220	87,220		
e. Equipment Lease (*Provide detail on page 6*)..... $	28,927	28,927		
f. Other (*itemize*)..... $	78,327	78,327		
See Attached Schedule				
6g. ***Total Maint. & Operating Expense*** (6a - 6f)..... $	507,463	507,463		
7. Depreciation (*complete schedule page 23**)				
a. Land Improvements..... $	1,425	1,425		
b. Building & Building Improvements..... $	96,991	96,991		
c. Non-Movable Equipment..... $	111,280	111,280		
d. Movable Equipment..... $	94,136	94,136		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)..... $	303,832	303,832		
8. Amortization (*Complete att. Schedule Page 24**)				
a. Organization Expense..... $				
b. Mortgage Expense..... $				
c. Leasehold Improvements..... $	7,387	7,387		
d. Other (*Specify*)..... $				
*8e. ***Total Amortization Costs*** (8a + b + c + d)..... $	7,387	7,387		
9. Rental payments on leased real property less real estate taxes included in item 10b..... $	684,871	684,871		
10. Property Taxes				
a. Real estate taxes paid by owner..... $				
b. Real estate taxes paid by lessor..... $	275,275	275,275		
c. Personal property taxes..... $	33,330	33,330		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)..... $	1,304,695	1,304,695		

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

Northbridge Healthcare Center
9/30/2016

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	$ 6,964		
Rubbish Removal	$ 33,895		
Snow Removal	$ 7,698		
Supplies	$ 29,770		
Total Other Repairs and Maintenance	$ 78,327	$ -	$ -

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

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**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
A. **Land Improvements**								
1. Acquired prior to this report period	99,523		99,523	79,004	S/L	Various	1,425	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					S/L	Various		
A-4. Subtotal								1,425
B. **Building and Building Improvements**								
1. Acquired prior to this report period	2,141,554		2,141,554	1,474,579	S/L	Various	96,991	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								96,991
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	896,159		896,159	519,746	S/L	Various	111,280	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					S/L	Various		
C-4. Subtotal								111,280

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
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			9	2015	1,382,011		1,382,011	956,672	S/L	Various	87,935	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2016	58,735		58,735		S/L	Various	6,201	
D-3. Subtotal												94,136
E. ***Total Depreciation***												303,832

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:					
Oct-15	5 tv's resident room	$ 2,206	5	$ 220	
Nov-15	Point click care	$ 11,511	3	$ 1,919	
Nov-15	5 tv's resident room	$ 2,047	5	$ 205	
Dec-15	floor scrubber	$ 5,927	5	$ 593	
Jan-16	5 tv's resident room	$ 2,182	5	$ 218	
Jan-16	office furniture	$ 2,386	10	$ 119	
Jan-16	dryer	$ 6,045	10	$ 302	
Jan-16	patient furniture	$ 847	15	$ 28	
Feb-16	Point click care	$ 4,244	3	$ 707	
Mar-16	patient furniture	$ 1,017	15	$ 34	
Apr-16	door mat	$ 739	5	$ 74	
Apr-16	Refrigerator	$ 739	10	$ 37	
May-16	ice maker	$ 3,937	10	$ 197	
Jun-16	5 tv's resident room	$ 1,666	5	$ 167	
Jul-16	5 tv's resident room	$ 1,666	5	$ 167	
Jul-16	2 desktop computers	$ 884	5	$ 88	
Aug-16	mattress	$ 1,173	5	$ 117	
Aug-16	security camera	$ 6,564	5	$ 656	
Aug-16	laptop	$ 867	3	$ 145	
Sep-16	tv	$ 601	5	$ 60	
Sep-16	6 tv's	$ 1,487	5	$ 149	
Total additions for Movable Equipment		$ 58,735		$ 6,201	*
Deletions:					
				$ -	
Total deletions for Movable Equipment		$ -		$ -	**

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

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

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Nov-15	paving asphalt	$ 957	8	$ 59	
Nov-15	Signage	$ 1,207	10	$ 59	
Apr-16	Compressor	$ 2,493	15	$ 82	
Apr-16	Sprinkler heads	$ 1,402	25	$ 27	
Apr-16	Sprinkler heads	$ 4,174	25	$ 82	
May-16	paving concrete	$ 8,083	15	$ 268	
May-16	paving concrete	$ 8,402	15	$ 279	
May-16	Water storage tank	$ 25,331	20	$ 632	
Jul-16	new circuit breaker	$ 3,429	20	$ 85	
Jul-16	asphalt & curbing	$ 6,275	8	$ 391	
Aug-16	replace defective keypad	$ 1,839	10	$ 91	
Sep-16	replace old condensing unit	$ 7,069	15	$ 235	
Total additions for Leasehold Improvements		$ 70,661		$ 2,291	*
Deletions:					
Total deletions for Leasehold Improvements		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	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. **Finance Fees**									
2. **Finance Fees**	3	2012		27,509	27,509				
3. **Finance Fees-Key Bank**	6	2007	5 yrs	247,750	247,750	SL	0		
B-4. Subtotal									
C. **Leasehold Improvements and Other** (Specify)									
1. Acquired prior to this report period	9	2015	Various	1,612,549	719,492	SL	Var	5,096	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2016	Various	70,661		SL	Var	2,291	
C-4. Subtotal									7,387
D. ***Total Amortization***									7,387

* Straight-line method must be used.

** Specify which of the following bases were used:

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

State of Connecticut
Annual Report of Long-Term Care Facility

Supplemental Page

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility			License No.		Report for Year Ended			Page	of
Northbridge Healthcare Center			**2183C**		**9/30/2016**			24A	37
C. **Leasehold Improvements** (Specify)									
1. Acquired prior to this report period	9	2015	Various	61,565	11,298	SL	Variou	5,096	
2. Disposals (attach schedule)									
3. Acquired during this report period	9	2016	Various	70,661		SL	Variou	2,291	
C-4. Subtotal.....									7,387
C. **Other** (Specify)									
1. Bed License Purchase	9	1997	None	525,000	237,708	None			
2. Goodwill	9	1997	None	1,025,984	470,486	None			
C-4. Subtotal.....									
Total Acquired prior to this report period	9	2015	Various	1,612,549	719,492	SL	Var	5,096	
Total Disposals									
Total Acquired during this report period	9	2016	Various	70,661		SL	Var	2,291	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2016	25	37

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	11/13/96
4. Date of Initial Licensure	11/13/96
5. Total Licensed Bed Capacity	145
6. Square Footage	
7. Acquisition Cost	
a. Land	393,226
b. Building	7,959,774

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	8,800,000			
f. Principal balance outstanding as of 9/30/2016	7,973,075			
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page of
Northbridge Healthcare Center	**2183C**	**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)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**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*)..... $	4,850	4,850		
A. Item **Generator** / Rate / Amount -				
Lender **Webster Capital Finance**				
Address of Lender **5 FarmGlen Blvd Farmington, CT**				
B. Item / Rate / Amount -				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... $	4,850	4,850		
12. D. Other Interest Expense (*Specify*)..... $	96,654	96,654		
Vender Interest = $7,562; Key Bank Term Loan Int & Fees = $19,039; Key Bank Line of Credit = $70,053				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D).....$	101,504	101,504		
14. Insurance				
a. Insurance on Property (buildings only)..... $	98,132	98,132		
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)... $	98,132	98,132		
15. ***Total All Expenditures (A-13 thru C-14).....*** $	16,523,894	16,523,894		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**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..... $	414,479	414,479		
4.	Var	Var	Other - See attached Schedule..... $	2,107	2,107		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **..... $	60	60		
6.	13	B10a	Occupational Therapy..... $	14,274	14,274		
7.			Other - See attached Schedule..... $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits..... $				
9.	15	1c	Bad Debts..... $	254,928	254,928		
10.	15	1d&e	Accounting & Legal..... $	29,755	29,755		
11.			Telephone..... $				
12.	15	1h2	Cellular Telephone..... $	3,394	3,394		
13.			Life insurance premiums on the life of Owners, Partners, Operators..... $				
14.	16	l3	Gifts, flowers and coffee shops..... $	18,759	18,759		
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 *..... $	16,633	16,633		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax... $	250	250		
20.	16	m4&10	Fund Raising / Contributions..... $	250	250		
21.	16	m12	Unallowable Management Fees..... $	297,365	297,365		
	18	2c	$	72,089	72,089		
	20	5j	$	81,100	81,100		
22.			Barber and Beauty..... $				
23.	Var	Var	Other - See attached Schedule..... $	28,686	28,686		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents..... $	2,885	2,885		
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) $	1,237,014	1,237,014		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	Marketing Salaries & Benefits	2,107		
Total Other Salaries Adjustment			$ 2,107	$ -	$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	8,170		
16	M13	Lobbying Fees	4,856		
16	M13	Medicaid Applications	5,000		
16	M13	Compliance Consulting	9,220		
16	M13	Citation	1,440		
Total Other A&G Adjustments			$ 28,686	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	1,237,014	1,237,014		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs..... $	476,857	476,857		
28.	20	5d	Ambulance/Limousine..... $	11,227	11,227		
29.	20	5f	X-rays, etc..... $	20,554	20,554		
30.	20	5h	Laboratory..... $	6,610	6,610		
31.	20	5c	Medical Supplies..... $	15,489	15,489		
32.	20	5e2	Oxygen (non emergency)..... $	40,595	40,595		
33.			Occupational Therapy..... $				
34.	Var	Var	Other - See Attached Schedule..... $	12,330	12,330		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule..... $	6,243	6,243		
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..... $	8,627	8,627		
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	IV5	Interest Income on Accounts Rec..... $	22	22		
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)*** ..... $			1,835,568	1,835,568		

*** 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 Equip Rental	12,330		
Total Other Ancillary Costs			$ 12,330	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Move Equipment Depreciation Carryforward AJE	6,243		
Total Excess Movable Equipment Depreciation			6,243		

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			$ -	$ -	$ -

Schedule of Unallowable Building Interest

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	20,380,772	20,380,772		
b. Medicaid Room and Board Contractual Allowance **	$	(9,019,272)	(9,019,272)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents (*all inclusive*)	$	1,851,816	1,851,816		
b. Medicare Room and Board Contractual Allowance **	$	672,378	672,378		
4. a. Private-Pay Residents and Other	$	1,853,255	1,853,255		
b. Private-Pay Room and Board Contractual Allowance **	$	(129,950)	(129,950)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	330,767	330,767		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(330,767)	(330,767)		
c. Prescription Drugs - Non-Medicare	$	211,837	211,837		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(211,837)	(211,837)		
2. a. Medical Supplies - Medicare	$	1,598	1,598		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	975,333	975,333		
b. Physical Therapy - Medicare Contractual Allowance **	$	(753,748)	(753,748)		
c. Physical Therapy - Non-Medicare	$	470,126	470,126		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(470,126)	(470,126)		
4. a. Speech Therapy - Medicare	$	106,425	106,425		
b. Speech Therapy - Medicare Contractual Allowance **	$	(80,793)	(80,793)		
c. Speech Therapy - Non-Medicare	$	104,500	104,500		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(104,500)	(104,500)		
5. a. Occupational Therapy - Medicare	$	841,479	841,479		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(678,340)	(678,340)		
c. Occupational Therapy - Non-Medicare	$	463,601	463,601		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(463,601)	(463,601)		
6. a. Other (*Specify*) - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	238,715	238,715		
III *Total Resident Revenue* (Section I.thru Section II.)	$	16,259,668	16,259,668		
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)*	$	22	22		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	4,302	4,302		
V. Total Other Revenue (1 thru 8)	$	4,324	4,324		
VI. Total All Revenue (III + V)	$	16,263,992	16,263,992		

* *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

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

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Related Exp Description	CCNH	RHNS	(Specify)
N/A	Retroactives	$ 238,715		
Total Other Resident Revenue		$ 238,715	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg 31, Ln A2	Interest on Accts Rec	N/A	$ 22		
Total Interest Income			$ 22	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Bad Debt Recoveries	$ 4,302		
Total Other Revenue		$ 4,302	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	31	37

Account			Amount
Assets			
A. Current Assets			
1. Cash (*on hand and in banks*)			$ 15,649
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			$ 1,340,031
3. Other Accounts Receivable (Excluding Owners or Related Parties)			$
4 Inventories			$ 33,066
5. Prepaid Expenses			$ 151,196
a. Prepaid Insurance		142,115	
b. Prepaid Other- IBNR		9,081	
c.			
d.			
6. Interest Receivable			$
7. Medicare Final Settlement Receivable			$
8. Other Current Assets (*itemize*)			$ 296,953
		28,639	
A/R Related Party Facilities		268,314	
A-9. ***Total Current Assets*** (Lines A1 thru 8)			$ 1,836,895
B. Fixed Assets			
1. Land			$
2. Land Improvements	*Historical Cost	99,523	$ 19,094
	Accd. Depreciation	(80,429) Net	
3. Buildings	*Historical Cost	2,141,550	$ 569,984
	Accd. Depreciation	(1,571,566) Net	
4. Leasehold Improvements	*Historical Cost	132,226	$ 113,541
	Accd. Depreciation	(18,685) Net	
5. Non-Movable Equipment	*Historical Cost	896,157	$ 265,133
	Accd. Depreciation	(631,024) Net	
6. Movable Equipment	*Historical Cost	1,413,999	$ 363,193
	Accd. Depreciation	(1,050,806) Net	
7. Motor Vehicles	*Historical Cost		$
	Accd. Depreciation	Net	
8. Minor Equipment-Not Depreciable			$
9. Other Fixed Assets (*itemize*)			$ 26,747
Equipment Carry Forward Adjustment		26,747	
		-	
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)			$ 1,357,692

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	32	37

	Account			Amount
			Total Brought Forward:	$ 3,194,587
C.	Leasehold or like property recorded for Equity Purposes.			
	1. Land			$ 393,226
	2. Land Improvements	*Historical Cost		
		Accd. Depreciation	Net	$
	3. Buildings	*Historical Cost 6,999,069		
		Accd. Depreciation (4,636,881)	Net	$ 2,362,188
	4. Non-Movable Equipment	*Historical Cost		
		Accd. Depreciation	Net	$
	5. Movable Equipment	*Historical Cost		
		Accd. Depreciation	Net	$
	6. Motor Vehicles	*Historical Cost		
		Accd. Depreciation	Net	$
	7. Minor Equipment-Not Depreciable			$
C-8	***Total Leasehold or Like Properties*** (C1 thru 7)			$ 2,755,414
D.	Investment and Other Assets			
	1. Deferred Deposits			$
	2. Escrow Deposits			$
	3. Organization Expense	*Historical Cost		
		Accd. Depreciation	Net	$
	4. Goodwill (Purchased Only)			$ 625,498
	5. Investments Related to Resident Care (*itemize*)			$
	6. Loans to Owners or Related Parties (*itemize*)			$ (4,301,880)
	Name and Address	Amount	Loan Date	
	Investments-Related Party	(4,469,880)		
	Loan Receivable-Shareholders	168,000		
	7. Other Assets (*itemize*)			$ 182,292
	Bed License Intangible	182,292		
D-8.	***Total Investments and Other Assets*** (Lines D1 thru 7)			$ (3,494,090)
D-9.	***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$ 2,455,911

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	33	37

Account		Amount
Liabilities		
A. Current Liabilities		
1. Trade Accounts Payable		$ 886,961
2. Notes Payable (*itemize*)		$ 1,210,845
Key Bank Line of Credit	1,210,845	
3. Loans Payable for Equipment (*Current portion*) (*itemize*)		$

Name of Lender	Purpose	Amount	Date Due

4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)	$	405,434
5. Accrued Payroll (*Owners and/or Stockholders only*)	$	
6. Accrued Payroll Taxes Payable	$	17,180
7. Medicare Final Settlement Payable	$	
8. Medicare Current Financing Payable	$	
9. Mortgage Payable (*Current Portion*)	$	
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$	3,538
11. Accrued Income Taxes*	$	
12. Other Current Liabilities (*itemize*)	$	297,614
Acc'd Operating Expenses	42,263	
Acc'd Expense - Sales Tax	1,765	
Provider Tax Due	253,586	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$	2,821,572

* 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.

NORTHBRIDGE HEALTHCARE
ACCRUED EXPENSES OPERATING

9/30/2016

9/30/2016	$	(8,265.88)	Move Oct Kohler inv to Oct
9/30/2016	$	14,000.00	Dworkin audit
9/30/2016	$	(1,736.96)	accrue Food rebate check
9/30/2016	$	1,328.20	Afco Cyber/ Internet
9/30/2016	$	23,699.64	Mgmnt Fee quarterly Adj
9/30/2016	$	2,159.97	Direct Energy
9/30/2016	$	77.86	Canon
9/30/2016	$	11,000.00	Wage Enhancement
Balance	$	42,262.83	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	34	37

Account	Amount
Total Brought Forward:	2,821,572
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$ 101,304

Name of Lender	Purpose	Amount	Date Due
Webster Finance-generator	**Generator**	**101,304**	

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 63,926

Name and Address of Lender	Amount	Loan Date
Related Party	**63,926**	**03/29/12**

4. Other Long-Term Liabilities (*itemize*)	$ (47,980)
Key Bank Term Loan	**173,605**
Related Party Notes	**(221,585)**
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 117,250
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 2,938,822

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$ 393,226
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$ 2,362,188
	3. Reserve for depreciation value of leased personal property (*Equity*) ..	$
	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	$ 2,755,414
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$ 1,000
	3. Paid-in Surplus	$ 250,455
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (3,229,878)
	6. Gain or Loss for Period 10/1/2015 thru 9/30/2016	$ (259,902)
	7. Total Net Worth	$ (3,238,325)
C.	***Total Reserves and Net Worth***	$ (482,911)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 2,455,911

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	36	37

	Account			Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2015			$ (3,039,286)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 16,263,992
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 16,523,894
D.	Net Income or Deficit			$ (259,902)
E.	Balance			$ (3,299,188)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	SWAP Value Net Change	**3,889**		
		56,977		
	Rounding	**(3)**		
	2. Other (*itemize*)			
F-3.	Total Additions			$ 60,863
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*** 09/30/16			$ (3,238,325)

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

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	**2183C**	**9/30/2016**	37	37

Check appropriate category

CCNH	RHNS	Other (*Specify*)
☑	☐	☐

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the appplicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
	CFO	2-15-17

Printed Name of Preparer

Athena Health Care Associates, Inc

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

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

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2016	ERROR REPORT

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		8,086,666	8,086,666		
PG 10 PER COST REPORT		8,086,666	8,086,666		
DIFFERENCE					
PG 1A PER COST REPORT	N/A				
PG 10 PER COST REPORT	N/A				
DIFFERENCE					
PG 13 PER INTERFACE		283,989	283,989		
PG 13 PER COST REPORT		283,989	283,989		
DIFFERENCE					
PG 15 & 16 PER INTERFACE		4,461,374	4,461,374		
PG 15 & 16 PER COST REPORT		4,461,374	4,461,374		
DIFFERENCE					
PG 18 PER INTERFACE		488,365	488,365		
PG 18 PER COST REPORT		488,365	488,365		
DIFFERENCE					
PG 19 PER INTERFACE		27,263	27,263		
PG 19 PER COST REPORT		27,263	27,263		
DIFFERENCE					
PG 20 PER INTERFACE		1,164,443	1,164,443		
PG 20 PER COST REPORT		1,164,443	1,164,443		
DIFFERENCE					
PG 22 PER INTERFACE		1,812,158	1,812,158		
PG 22 PER COST REPORT		1,812,158	1,812,158		
DIFFERENCE					
PG 26 & 27 PER INTERFACE		199,636	199,636		
PG 26 & 27 PER COST REPORT		199,636	199,636		
DIFFERENCE					
TOTAL EXPENSES PER INTERFACE		16,523,894	16,523,894		
TOTAL EXPENSES PER COST REPORT		16,523,894	16,523,894		
DIFFERENCE					
TOTAL REVENUES PER INTERFACE		16,263,992	16,263,992		
TOTAL REVENUES PER COST REPORT		16,263,992	16,263,992		
DIFFERENCE					
EQUIPMENT LEASES PER PAGE 6		28,927			
EQUIPMENT LEASES PER PAGE 22,LINE 6e		28,927			
DIFFERENCE					

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare 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	1,836,895
PG 31 CURRENT ASSETS PER COST REPORT	1,836,895
DIFFERENCE	
PG 31 FIXED ASSETS PER INTERFACE	1,357,692
PG 31 FIXED ASSETS PER COST REPORT	1,357,692
DIFFERENCE	
PG 32 LEASED ASSETS PER INTERFACE	2,755,414
PG 32 LEASED ASSETS PER COST REPORT	2,755,414
DIFFERENCE	
PG 32 OTHER ASSETS PER INTERFACE	(3,494,090)
PG 32 OTHER ASSETS PER COST REPORT	(3,494,090)
DIFFERENCE	
PG 32 TOTAL ASSETS PER INTERFACE	2,455,911
PG 32 TOTAL ASSETS PER COST REPORT	2,455,911
DIFFERENCE	
PG 33 CURRENT LIABS PER INTERFACE	2,821,572
PG 33 CURRENT LIABS PER COST REPORT	2,821,572
DIFFERENCE	
PG 34 LONG TERM LIABS PER INTERFACE	117,250
PG 34 LONG TERM LIABS PER COST REPORT	117,250
DIFFERENCE	
PG 34 TOTAL LIABS PER INTERFACE	2,938,822
PG 34 TOTAL LIABS PER COST REPORT	2,938,822
DIFFERENCE	
PG 35 RESERVES PER INTERFACE	2,755,414
PG 35 RESERVES PER COST REPORT	2,755,414
DIFFERENCE	
PG 35 NET WORTH PER INTERFACE	(3,238,325)
PG 35 NET WORTH PER COST REPORT	(3,238,325)
DIFFERENCE	
PG 35 TOTAL LIAB & WORTH PER INTERFACE	2,455,911
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,455,911
DIFFERENCE	
PG 32 TOTAL ASSETS PER COST REPORT	2,455,911
PG 35 TOTAL LIAB & WORTH PER COST REPORT	2,455,911
DIFFERENCE	
NET INCOME PER BALANCE SHEET	(259,902)
NET INCOME PER INCOME STATEMENT	(259,902)
DIFFERENCE	
PG 35 NET WORTH PER COST REPORT	(3,238,325)
TOTAL NET WORTH PER PG 36	(3,238,325)
DIFFERENCE	

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2016	ERROR REPORT

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	26,220	NOT APPLICABLE		
PG 15, LINE 1e LEGAL FEES PER COST REPORT	26,220	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 7 TOTAL ACCOUNTING FEES DETAIL	18,910	NOT APPLICABLE		
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	18,910	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	122,991	122,991		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	122,991	122,991		
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	26,873	NOT APPLICABLE		
HORIZONTAL TOTALS	26,873	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	1,780	NOT APPLICABLE		
HORIZONTAL TOTALS	1,780	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	23,729	NOT APPLICABLE		
HORIZONTAL TOTALS	23,729	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
NO. OF CERTIFIED BEDS RECONCILATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8	145	145		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	145	145		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	145	145		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	145.00000	145.00000
MAXIMUM PATIENT DAYS	53,070	53,070
ACTUAL PATIENT DAYS	52,594	52,594
PERCENT OCCUPIED(NOT TO EXCEED 100%)	99.1031%	99.1031%

Name of Facility	License No.	Report for Year Ended	Page
Northbridge Healthcare Center	2198-C/2198-C	9/30/2016	ERROR REPORT

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	19,094	19,094	-
BUILDING AND BUILDING IMPROVEMENTS	569,984	569,984	-
LEASEHOLD IMPROVEMENTS	113,541	113,541	-
NON-MOVEABLE EQUIPMENT	265,133	265,133	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	389,938	363,193	[redacted]
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	842,790	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	1,425	1,425	-
BUILDING AND BUILDING IMPROVEMENTS	96,991	96,991	-
NON-MOVEABLE EQUIPMENT	111,280	111,280	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	94,136	94,136	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	7,387	7,387	-
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	-	-	-
	DEPREC	-	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-	-
	DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	58,735	58,735	-
	DEPREC	6,201	6,201	[redacted]
LEASEHOLD IMPROVES	ADDITIONS	70,661	70,661	-
	DEPREC	2,291	2,291	[redacted]