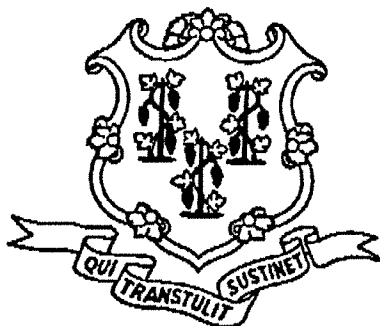


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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 9/30/2017	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, 2016 and ending September 30, 2017, 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 2/9/18	Signed (Owner) <i>Lawrence Santilli</i>		Date 2/9/18
Printed Name (Administrator) Elizabeth Schmeizl			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) <i>Kira Seppings</i>	Comm. Expires 6/30/21	
Address of Notary Public			555 Pensfield Hill Rd Portland, CT 06480		

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>	Period Covered:	From	To	
		<b>10/1/2016</b>	<b>9/30/2017</b>	
Address of Facility <b>100 Randolph Road Middletown, CT 06457</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/9/2018</b>		
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. <b>Total Wages Paid</b> ..... \$				
7. Total salaries paid..... \$				
8. <b>Total Wages and Salaries Paid</b> (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 <b>860-344-0353</b>	Report for Year Ended <b>09/30/17</b>	Page <b>2</b>	of <b>37</b>
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Name of Facility (as shown on license) <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>	Address (No. & Street, City, State, Zip) <b>100 Randolph Road Middletown, CT 06457</b>
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License Numbers:	CCNH <b>2263</b>	RHNS	(Specify)	Medicare Provider No. <b>07-5106</b>
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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.
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**Administrator**

Name of Administrator <b>Elizabeth Schmeizl</b>	Nursing Home Administrator's License No.: <b>1365</b>
--	--

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

Name	License No.:
<b>Not Applicable</b>	

**General Information and Questionnaire  
 Partners/Members**

Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>		License No. <b>2263</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>3</b>	of <b>37</b>
Legal Name of Partnership/LLC <b>Athena Middlesex, LLC</b>		Business Address <b>100 Randolph Rd, Middletown, CT 06457</b>		State(s) and/or Town(s) in Which Registered <b>CT</b>	
Name of Partners/Members	Business Address	Title	% Owned		
<b>Lawrence G Santilli</b>	<b>135 South Road, Farmington, CT 06032</b>	<b>Managing Member</b>	<b>35.2500%</b>		
<b>Middlesex CCH Group, LLC</b>	<b>135 South Road, Farmington, CT 06032</b>	<b>Member</b>	<b>46.7500%</b>		
<b>Senior Care Umbrella LLC</b>	<b>234 Church St New Haven, CT 06510</b>	<b>Member</b>	<b>15.0000%</b>		
<b>L &amp; F Schwartz Family Limited Partnership</b>	<b>3 Shirecrest, Avon, CT 06001</b>	<b>Member</b>	<b>3.0000%</b>		







## 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 9/30/2017	Page 4	of 37
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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		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Misc Facilities	Various	<input checked="" type="checkbox"/>	>98%	Interfacility Loans	pg 33 A2		
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	Management Fees	pg 17	(\$182,964)	\$251,255
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>		Facility participates in common 401k plan			
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>		Self insured employee health and dental insurance	Pg 15 1a5	\$1,215,490	\$1,215,490
Procare LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="checkbox"/>	>50%	Pharmacy	pg 20 5A2	\$330,058	\$330,058
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="checkbox"/>	>98%	Bank Fees	pg 16 m13	\$7,263	\$7,263
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

\* Use additional sheets if necessary.

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

Middlesex Health Care Center  
 RELATED PARTIES  
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Party		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				

Athena Health Care Systems	135 South Road Farmington, CT 06032	X	>50%	Legal, Marketing, Lobbying, Insurance MDS Fill-in, Payroll Processing Maintenance, Employee Relations	Pg 15, 1e & 1g, 1a5 Pg 16, m3, m13, L3 pg 22, 6a	\$61,731	\$61,731
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**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>	License No. <b>2263</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>5</b>	of <b>37</b>
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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  
Accounting Basis**

Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex</b>	License No. <b>2263</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>7</b>	of <b>37</b>
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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 <b>Dworkin, Hillman, Lamorte &amp; Sterczala</b>	<b>4 Corporate Dr, Shelton, CT 06484</b> <b>555 Long Wharf Drive 12th Floor, New Haven, CT 06511</b>
2 <b>Marcum LLP</b>	
3	
4	

Services Provided by This Firm (*describe fully*)

1 <b>2016 Audit, Year End Financials &amp; Tax Return</b>	<b>\$ 18,250</b>
2 <b>Medicare Cost Report</b>	<b>\$ 2,700</b>
3	<b>\$ -</b>
4	<b>\$ -</b>
	<b>Charge for Services Provided</b>
	<b>\$20,950</b>

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 <b>Murtha Cullina, LLP</b>	<b>860-240-6000</b> <b>203-899-8900</b>
2 <b>Goldman, Gruder &amp; Woods</b>	
3 <b>Treasurer State of CT</b>	
4 <b>Senior Planning-Medicaid Application</b>	
5	

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

1 <b>185 Asylum St, Hartford, CT 06103</b>
2 <b>200 Connecticut Ave, Norwalk, CT 06854</b>
3
4
5

Services Provided by This Firm (*describe fully*)

1 <b>Audit Letter; Annual Report \$552 (Allow); General Matters \$1,174 (Disallow)</b>	<b>\$ 1,726</b>
2 <b>A/R Collections (Disallowed)</b>	<b>\$ 14,443</b>
3 <b>A/R Collections (Disallowed)</b>	<b>\$ 261</b>
4 <b>Medicaid Application(Disallow)</b>	<b>\$ 7,000</b>
5	<b>\$ -</b>
	<b>Charge for Services Provided</b>
	<b>\$23,430</b>

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. 2263			Report for Year Ended 09/30/17				Page 8	of 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.....	150	150			150	150			150	150			
B. On last day of THIS report period.....	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	138	138			143	143			138	138			
B. As of midnight of THIS report period.....	138	138			143	143			138	138			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	4,796	4,796			3,466	3,466			1,330	1,330			
B. Medicaid (Conn.).....	42,015	42,015			32,250	32,250			9,765	9,765			
C. Medicaid (other states).....													
D. Private Pay.....	2,287	2,287			1,152	1,152			1,135	1,135			
E. State SSI for RCH.....													
F. Other (Specify)      Managed Care & VA	3,078	3,078			2,350	2,350			728	728			
G. Total Care Days During Period (3A thru F).....	52,176	52,176			39,218	39,218			12,958	12,958			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	263	263			179	179			84	84			
B. Other Bed Reserve Days.....	98	98			63	63			35	35			
5. Total Resident Days (3G + 4A + 4B).....	52,537	52,537			39,460	39,460			13,077	13,077			

**Schedule of Resident Statistics (Cont'd)**

Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>			License No. <b>2263</b>			Report for Year Ended <b>9/30/2017</b>			Page <b>9</b>	of <b>37</b>			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
	(1)	(2)	(3)	(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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9		114			2			13				
Per Diem Rate													
a. One bed rm.	615.03		213.18			534.00			374.81				
b. Two bed rms.	615.03		213.18			484.00			374.81				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments						TOTAL	CCNH	RHNS	(Specify)				
A. Medicare - Part B						9,272	9,272						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						1,614	1,614						
2. Restorative Treatments													
C. Other						13,830	13,830						
D. <b>Total Physical Therapy Treatments</b>						24,716	24,716						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						944	944						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						315	315						
2. Restorative Treatments													
C. Other						1,307	1,307						
D. <b>Total Speech Therapy Treatments</b>						2,566	2,566						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						8,593	8,593						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						1,902	1,902						
2. Restorative Treatments													
C. Other						15,120	15,120						
D. <b>Total Occupational Therapy Treatments</b>						25,615	25,615						

**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	9/30/2017	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	177,660	2,096				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	251,724	10,864				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,172	2,236				
c. Dietary Workers	412,817	29,405				
6. Housekeeping Service						
a. Head Housekeeper	43,411	1,413				
b. Other Housekeeping Workers	288,833	21,970				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	80,359	2,129				
b. Other Maintenance Workers	44,685	2,125				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	81,047	6,008				
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	194,498	3,812				
b. RN						
1. Direct Care	557,663	14,447				
2. Administrative**	442,017	16,963				
c. LPN						
1. Direct Care	1,214,053	45,024				
2. Administrative**						
d. Aides and Attendants	2,171,801	129,880				
e. Physical Therapists	478,404	12,623				
f. Speech Therapists	59,581	1,491				
g. Occupational Therapists	359,954	10,258				
h. Recreation Workers	183,235	9,920				
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	204,642	7,545				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,305,556	330,209				

\* 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 9/30/2017		Page 11	of 37			
	CCNH	RHNS (Specify)	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
<b>Section I - Operators/Owners</b>									
Not Applicable									
<b>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).</b>									
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) <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>		License No. <b>2263</b>		Report for Year Ended <b>9/30/2017</b>		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)							
<b>Section III - Administrators***</b>									
Elizabeth Schmeizl (10/1/2016-9/30/2017)	177,660		Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	2,096	A2			
<b>Section IV - Assistant Administrators</b>									

\* 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	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....	38,000	1,912				
2. Dentist.....	8,605	186				
3. Pharmacist.....	13,023	197				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	50,400	456				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	48,137	37				
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.....	1,950	5				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	42,150	720				
2. Administrative***	16,549	534				
b. LPN						
1. Direct Care	7,477	471				
2. Administrative***						
c. Aides.....	784	34				
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>227,075</b>	<b>4,552</b>				

\* 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 9/30/2017	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"/>		
		<input type="checkbox"/>	<input 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; Minority Interest	
		<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	License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 852,527	852,527			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 128,754	128,754			
4. Social Security (F.I.C.A.).....	\$ 550,173	550,173			
5. Health Insurance.....	\$ 1,016,860	1,016,860			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 26,423	26,423			
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*.....	\$ 113,993	113,993			
d. Accounting and Auditing.....	\$ 20,950	20,950			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 23,430	23,430			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$ 60,353	60,353			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 44,940	44,940			
2. Cellular Phones.....	\$ 744	744			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*.....	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> ).	\$ 250	250			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*.....	\$ 250	250			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,003,516	1,003,516			
<b>Subtotal</b>	\$ 3,843,163	3,843,163			

\* 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)
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

**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	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,843,163	3,843,163			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,750	4,750			
3. Gifts to Staff and Residents.....	\$ 13,345	13,345			
4. Employee Travel.....	\$ 6,571	6,571			
5. Education Expenses Related to Seminars and Conventions	\$ 5,361	5,361			
6. Automobile Expense ( <i>not purchase or depreciation</i> ).....	\$				
7. Other ( <i>Specify</i> ).....	\$				
See Attached Schedule					
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> ).....	\$ 7,958	7,958			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 4,809	4,809			
3. Advertising Other ( <i>Specify</i> )***.....	\$ 39,630	39,630			
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.....	\$ 6,519	6,519			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,609	10,609			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**.....	\$ (116,754)	(116,754)			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 67,936	67,936			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,893,897	3,893,897			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 39,630		
<b>Total Other Advertising</b>	\$ 39,630	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CT Assoc of Health Care Facilities	\$ 10,524		
<b>Total Dues</b>	\$ 10,609	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 1,190		
Bank Charges	\$ 10,409		
Payroll Processing Fees	\$ 23,445		
Employee Physicals & Background Checks	\$ 15,927		
Energy Audit	\$ 266		
Data Processing Fees	\$ 16,699		
<b>Total Other Administrative and General</b>	\$ 67,936	\$ -	\$ -

**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 9/30/2017	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	(\$192,648)	Contract Attached to a Prior Year	See Below
Allocation of the above	(\$127,148) (\$30,824) (\$34,676)	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	\$10,394	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.

**C. Expenditures Other Than Salaries (cont'd) - Dietary 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 9/30/2017		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food.....		\$ 342,644	342,644			
2. Non-Food Supplies.....		\$ 47,261	47,261			
3. Other (Specify) _____		\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services** .....		\$ (30,824)	(30,824)			
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 359,081	359,081			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*		429	429			
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. = \$522		
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 9/30/2017	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. \$	24,105	24,105		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services** .....	\$				
d. Other (Specify) Supplies = \$6,746	\$	6,746	6,746		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>30,851</b>	<b>30,851</b>		
<b>3F. Laundry Questionnaire</b>					
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	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	55,507	55,507		
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.	<b>Total Housekeeping Expenditures (4a + b + c + d)....</b>	\$	55,507	55,507		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from Omni Care/Procure	\$	240,981	240,981		
b.	Medicine Cabinet Drugs.....	\$	27,107	27,107		
c.	Medical and Therapeutic Supplies.....	\$	306,023	306,023		
d.	Ambulance/Limousine****	\$	29,530	29,530		
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other****	\$	32,036	32,036		
f.	X-rays and Related Radiological Procedures****	\$	23,553	23,553		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory****	\$	27,467	27,467		
i.	Recreation.....	\$	17,370	17,370		
j.	Other (Specify)**** See Attached Schedule	\$	101,843	101,843		
5K.	<b>Total Resident Care Expenditures (5a - 5j).....</b>	\$	805,910	805,910		

\* 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	\$ (34,676)		
Medical Equip Rentals-Medicaid	\$ 41,624		
Physical Therapy Supplies	\$ 28,932		
Oxygen Concentrator Rentals	\$ 12,590		
Medical Equip Rentals-Medicaid	\$ 33,477		
Cable TV Services	\$ 19,874		
OT supplies	\$ 22		
<b>Total Other Resident Care</b>	\$ 101,843	\$ -	\$ -

**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		9/30/2017		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
Winterberry Gardens	2070 West St, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping	12,429		22	6f
ADP	225 Second Ave Waltham MA 02454	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	23,445		16	m13
Ct Waste Processing, LLC	25 Norton Place, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	38,955		22	6f
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners; Minority Interest	Pharmacy	330,058		20	5a2
Pro Landscaping & Desing LLC	256 Tuttle Rd, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Snow Removal	10,635		22	6f
		<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"/>						

\* 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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		License No. 2263	Report for Year Ended 9/30/2017			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant							
a.	Repairs & Maintenance..... \$	87,461	87,461				
b.	Heat..... \$	74,812	74,812				
c.	Light & Power..... \$	96,508	96,508				
d.	Water..... \$	63,890	63,890				
e.	Equipment Lease (Provide detail on page 6)..... \$	18,712	18,712				
f.	Other (itemize)..... \$	95,563	95,563				
See Attached Schedule							
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>		<b>436,946</b>	<b>436,946</b>				
7. Depreciation (complete schedule page 23*)							
a.	Land Improvements..... \$	6,648	6,648				
b.	Building & Building Improvements..... \$	285,177	285,177				
c.	Non-Movable Equipment..... \$	24,982	24,982				
d.	Movable Equipment..... \$	69,118	69,118				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>		<b>385,925</b>	<b>385,925</b>				
8. Amortization (Complete att. Schedule Page 24*)							
a.	Organization Expense..... \$						
b.	Mortgage Expense..... \$	3,728	3,728				
c.	Leasehold Improvements..... \$						
d.	Other (Specify)..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>		<b>3,728</b>	<b>3,728</b>				
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..... \$	115,157	115,157				
b.	Real estate taxes paid by lessor..... \$						
c.	Personal property taxes..... \$	13,838	13,838				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>		<b>518,648</b>	<b>518,648</b>				

\* 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	\$ 12,429		
Rubbish Removal	\$ 38,955		
Snow Removal	\$ 10,635		
Supplies	\$ 33,544		
<b>Total Other Repairs and Maintenance</b>	\$ 95,563	\$ -	\$ -

### Depreciation Schedule

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	9/30/2017	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				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period	70,170		70,170	35,121	S/L	Var	6,648					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)					S/L	Var						
A-4. Subtotal.....								6,648				
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period	9,457,006		9,457,006	3,927,416	S/L	Various	284,917					
2. Disposals (attach schedule)					S/L	Various						
3. Acquired during this report period (attach schedule)	9,773		9,773		S/L	Various	260					
B-4. Subtotal.....								285,177				
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period	347,860		347,860	242,412	S/L	Various	24,982					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)					SL	Various						
C-4. Subtotal.....								24,982				
	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								
<b>D. Movable Equipment</b>												
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	2016	1,681,780		1,681,780	1,397,244	S/L	Various	66,820	
b. Disposals (attach schedule)									S/L			
c. Acquired during this report period (attach schedule)			9	2017	29,011		29,011		S/L	Various	2,298	
D-3. Subtotal.....												69,118
<b>E. Total Depreciation .....</b>												385,925







### 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  9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal.....									
<b>B. Mortgage Expense</b>									
1. Finance Fees-HUD Mortgage									
2. Finance Fees-Refinance	9	2011	35 yrs	130,495	20,505	SL	2.86%	3,728	
3.									
B-4. Subtotal.....									3,728
<b>C. Leasehold Improvements and Other (Specify)</b>									
1. Acquired prior to this report period		2016	Various				Var		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2017	Various				Var		
C-4. Subtotal.....									
<b>D. Total Amortization .....</b>									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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	License No. 2263	Report for Year Ended 9/30/2017	Page 24A	of 37
<b>C. Leasehold Improvements</b> (Specify)				
1. Acquired prior to this report period	2016			
2. Disposals (attach schedule)				
3. Acquired during this report period	2017			
C-4. Subtotal.....				
<b>C. Other (Specify)</b>				
1.	1997			
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	2016		Var	
Total Disposals				
Total Acquired during this report period	2017		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 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes," complete Part B. If "No," complete Part C.		
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
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				
<b>Part B - Owner and Related Parties</b>		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 9/30/2017		7,297,971			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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 9/30/2017		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage.....			\$ 354,974	354,974		
Name of Lender <b>Key Bank</b>		Rate <b>4.23%</b>				
Address of Lender <b>8115 Preston Rd Suite 500, Dallas, TX 75225</b>						
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. <b>Total Building Interest Expense (A1 - A4 + B5)</b>			\$ 354,974	354,974		

*(Carry Subtotals forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	2263	9/30/2017	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		354,974	354,974		
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).....	\$	116,230	116,230		
Vender Interest = \$5,949; Line of Credit Interest = \$110,281					
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D).....	\$	471,204	471,204		
14. Insurance					
a. Insurance on Property (buildings only).....	\$	93,847	93,847		
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. <b>Total Insurance Expenditures</b> (14a + b + c)...	\$	93,847	93,847		
15. <b>Total All Expenditures (A-13 thru C-14)</b> .....	\$	14,198,522	14,198,522		

### 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 9/30/2017	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 359,954	359,954		
4.	Var	Var	Other - See attached Schedule.....	\$ 3,740	3,740		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 48,137	48,137		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 113,993	113,993		
10.	15	1d&e	Accounting & Legal.....	\$ 22,878	22,878		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 384	384		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 13,091	13,091		
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 *.....	\$ 44,439	44,439		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax...	\$ 250	250		
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ (286,116)	(286,116)		
	18	2c		\$ (69,361)	(69,361)		
	20	5j		\$ (78,032)	(78,032)		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 10,409	10,409		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 522	522		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 184,288	184,288		

\* 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	A12m	Marketing:Salary & Benefits	3,740		
<b>Total Other Salaries Adjustment</b>			\$ 3,740	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	10,409		
<b>Total Other A&amp;G Adjustments</b>			\$ 10,409	\$ -	\$ -

**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	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 184,288	184,288		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 240,981	240,981		
28.	20	5d	Ambulance/Limousine.....	\$ 29,530	29,530		
29.	20	5f	X-rays, etc.....	\$ 23,553	23,553		
30.	20	5h	Laboratory.....	\$ 27,467	27,467		
31.	20	5c	Medical Supplies.....	\$ 15,000	15,000		
32.	20	5e2	Oxygen (non emergency).....	\$ 32,036	32,036		
33.	20	5j	Occupational Therapy.....	\$ 22	22		
34.	Var	Var	Other - See Attached Schedule.....	\$ 43,259	43,259		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 16,602	16,602		
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.....	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 16,274	16,274		
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.....	\$ 188	188		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50) .....</b>			\$ 629,200	629,200		

\*\*\* 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- Other	33,477		
20	5b	Ebox	9,782		
<b>Total Other Ancillary Costs</b>			\$ 43,259	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Move Equip AJE	16,602		
<b>Total Excess Movable Equipment Depreciation</b>			16,602		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -



**F. Statement of Revenue**

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	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> ).....	\$ 20,033,462	20,033,462				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (11,017,101)	(11,017,101)				
2. a. Medicaid ( <i>All other states</i> ).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents ( <i>all inclusive</i> ) .....	\$ 1,717,345	1,717,345				
b. Medicare Room and Board Contractual Allowance **.....	\$ 174,704	174,704				
4. a. Private-Pay Residents and Other.....	\$ 2,775,946	2,775,946				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (208,117)	(208,117)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare.....	\$ 208,275	208,275				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$					
c. Prescription Drugs - Non-Medicare.....	\$ 344,738	344,738				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (344,738)	(344,738)				
2. a. Medical Supplies - Medicare.....	\$					
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 1,426	1,426				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (1,426)	(1,426)				
3. a. Physical Therapy - Medicare.....	\$ 734,481	734,481				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (481,349)	(481,349)				
c. Physical Therapy - Non-Medicare.....	\$ 221,238	221,238				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (221,238)	(221,238)				
4. a. Speech Therapy - Medicare.....	\$ 154,298	154,298				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (104,273)	(104,273)				
c. Speech Therapy - Non-Medicare.....	\$ 78,679	78,679				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (78,679)	(78,679)				
5. a. Occupational Therapy - Medicare.....	\$ 741,540	741,540				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (510,915)	(510,915)				
c. Occupational Therapy - Non-Medicare.....	\$ 262,964	262,964				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (262,964)	(262,964)				
6. a. Other ( <i>Specify</i> ) - Medicare.....	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare.....	\$					
<b>III Total Resident Revenue (Section I thru Section II.).....</b>	<b>\$ 14,218,296</b>	<b>14,218,296</b>				
<b>IV. Other Revenue*</b>						
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> ) .....	\$ 249	249				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other ( <i>Specify</i> ).....	\$ 1,562,839	1,562,839				
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 1,563,088</b>	<b>1,563,088</b>				
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 15,781,384</b>	<b>15,781,384</b>				

\* 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	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	n/a	\$ 188		
pg 32, L D7	Interest on Escrow Accounts	\$ 368,945	\$ 61		
<b>Total Interest Income</b>			\$ 249	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 109,839		
pg 33, a2	Laurel Ridge loan write off	\$1,453,000		
<b>Total Other Revenue</b>		\$1,562,839	\$ -	\$ -

### 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	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> ).....			\$	(44,080)
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,121,068
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	31,247
5. Prepaid Expenses.....			\$	228,674
a. Prepaid Insurance	237,410			
b. Prepaid Expenses	(18,465)			
c. Prepaid Health Insurance	9,729			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	(1,819)
8. Other Current Assets ( <i>itemize</i> ).....			\$	269,543
A/R Related Parties	269,543			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,604,633
<b>B. Fixed Assets</b>				
1. Land.....			\$	101,303
2. Land Improvements	*Historical Cost.....	70,170	\$	28,401
	Accum. Depreciation	(41,769) Net.....		
3. Buildings	*Historical Cost.....	9,466,777	\$	5,254,186
	Accum. Depreciation	(4,212,591) Net.....		
4. Leasehold Improvements	*Historical Cost.....		\$	
	Accum. Depreciation			Net.....
5. Non-Movable Equipment	*Historical Cost.....	347,858	\$	80,466
	Accum. Depreciation	(267,392) Net.....		
6. Movable Equipment	*Historical Cost.....	1,675,938	\$	209,575
	Accum. Depreciation	(1,466,363) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation			Net.....
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	78,201
Moveable Equipment Carryforward	34,854			
Project Development & Deposit	43,347			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b> .....			\$	5,752,132

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

(Carry Total forward to next page)

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		2263	9/30/2017	32	37
Account				Amount	
Total Brought Forward:				\$	7,356,765
C. Leasehold or like property recorded for Equity Purposes.					
1. Land.....				\$	
2. Land Improvements		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
3. Buildings		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
4. Non-Movable Equipment		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
5. Movable Equipment		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
6. Motor Vehicles		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
7. Minor Equipment-Not Depreciable.....				\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$	
D. Investment and Other Assets					
1. Deferred Deposits.....				\$	
2. Escrow Deposits.....				\$	
3. Organization Expense		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
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> ).....				\$	1,193,400
Deferred Finance Fees		108,760			
HUD Escrow Accounts		378,802			
Renewal & Replacement Fund		705,838			
D-8. <b>Total Investments and Other Assets (Lines D1 thru 7)</b> .....				\$	1,193,400
D-9. <b>Total All Assets (Lines A9 + B10 + C8 + D8)</b> .....				\$	8,550,165

\* 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	9/30/2017	33	37	
Account				Amount		
<b>Liabilities</b>						
A.	Current Liabilities					
	1.	Trade Accounts Payable.....		\$	1,176,198	
	2.	Notes Payable ( <i>itemize</i> ).....		\$	2,570,000	
		Notes Payable	2,570,000			
	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> ).....		\$	158,100	
	5.	Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....		\$		
	6.	Accrued Payroll Taxes Payable.....		\$	14,638	
	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> ).....		\$	31,000	
	11.	Accrued Income Taxes*.....		\$		
	12.	Other Current Liabilities ( <i>itemize</i> ).....		\$	403,924	
		Acc'd Operating Expenses	174,840			
		Acc'd Expense-CT State Sales Tax	33			
		Provider Taxes Due	247,532			
		Acc'd Property Taxes	82,378			
		Acc'd Health Insurance	10,329			
		Due to affiliates	(111,188)			
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$</b>	<b>4,353,860</b>	

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

(Carry Total forward to next page)

**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 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,353,860	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> ).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....				\$	7,297,971
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).....				\$	7,297,971
C. Total All Liabilities (Lines A-13 + B-5).....				\$	11,651,831

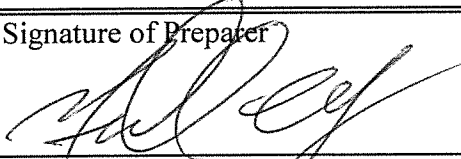
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

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	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	548,900
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(5,233,428)
6. Gain or Loss for Period	10/1/2016	thru 9/30/2017	\$	1,582,862
7. Total Net Worth.....			\$	(3,101,666)
<b>C. Total Reserves and Net Worth .....</b>			\$	(3,101,666)
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	8,550,165

### H. Changes in Total Net Worth

Name of Facility <b>Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center</b>	License No. <b>2263</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>36</b>	of <b>37</b>
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(4,692,350)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> ) .....			\$	15,781,384
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> ) .....			\$	14,198,522
D. Net Income or Deficit.....			\$	1,582,862
E. Balance.....			\$	(3,109,488)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
<b>Wage Enhancement</b>			<b>9,000</b>	
<b>Pitney Bowes Prepaid 2016</b>			<b>(1,177)</b>	
<b>Rounding</b>			<b>(1)</b>	
2. Other ( <i>itemize</i> )				
F-3. Total Additions.....			\$	7,822
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. <b>Balance at End of Period</b>			\$	<b>(3,101,666)</b>
				<b>09/30/17</b>

### 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  9/30/2017	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"/>		
<b>Preparer/Reviewer Certification</b>				
<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  CFO	Date Signed  2/9/18		
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.