

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
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 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	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 Glastonbury Health Care Center, Inc. [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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 the penalty 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
Printed Name (Administrator) Nickeisha Bewry			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 1175 Hebron Ave Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/5/2019		
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 860-659-1905		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Glastonbury Health Care Center, Inc.		Address (No. & Street, City, State, Zip ) 1175 Hebron Ave Glastonbury, CT 06033		
License Numbers:	CCNH 2028C	RHNS (Specify)	Medicare Provider No. 07-5316	
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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Nickeisha Bewry		Nursing Home Administrator's License No.:	2016	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				











## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.

**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
Glastonbury Health Care Center, Inc.		2028C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	<input type="radio"/>	<input checked="" type="radio"/>					
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	04/10/14	Annual Renewal	1,620	1,620
GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/24/16	48 Months	12,913	12,913
Glastonbury Senior Living Properties, LLC, 1177 Hebron Ave, Glastonbury CT 06033	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Space Lease	07/07/08	10 Years	30,408	30,408
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	05/16/13	60 months	5,857	5,857
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>
						50,798	

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Glastonbury Health Care Center, Inc	License No. 2028C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2 Dworkin, Hillman, & LaMorte	4 Corporate Drive, Suite 488, Shelton, CT 06484
3 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4 Midcap Financial Services, LLC	7255 Woodmont Ave Suite 200, Bethesda, MD 20814

Services Provided by This Firm ( <i>describe fully</i> )	
1	\$
2 Audit, Year End Financials & Tax Return	\$ 9,800
3 Medicare Cost Reports	\$ 2,700
4 Line of Credit Audit (Disallowed)	\$ 3,474
	Charge for Services Provided
	\$ 15,974

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina	860-240-6000
2 Schiff Hardin LLP/Midcap Financial Services LLC	312-258-5500
3 Goldman, Gruder, & Woods/Treasurer State of CT/State Marshal	203-899-8900
4 Littler Mendelson P.C.	415-433-1940
5 Senior Planning Services	855-775-2664

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )	
1	185 Asylum St Hartford, CT 06103
2	6600 Sears Tower, Chicago, IL 60606/7255 Woodmont Ave Suite 200, Bethesda, MD 20814
3	200 Connecticut Ave, Norwalk, CT 06854
4	333 Bush St, 34th Floor, San Francisco, CA 94104
5	100 Boulevard of the Americas, Lakewood, NJ 08701

Services Provided by This Firm ( <i>describe fully</i> )	
1 Annual Report \$150 (Allow); General \$374 (Disallow)	\$ 524
2 KeyBank Refinance & Line of Credit: Disallow	\$ 1,269
3 AR Collections: Disallow	\$ 12,525
4 Employee Matters: Disallow	\$ 270
5 Medicaid Application: Disallow	\$ 2,500
	Charge for Services Provided
	\$ 17,088

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 Glastonbury Health Care Center, Inc.		License No. 2028C			Report for Year Ended 9/30/2018				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	105	105			105	105			105	105		
B. On last day of THIS report period	105	105			105	105			105	105		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	100	100			100	100			99	99		
B. As of midnight of THIS report period	100	100			99	99			100	100		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,164	8,164			6,304	6,304			1,860	1,860		
B. Medicaid (Conn.)	24,597	24,597			18,244	18,244			6,353	6,353		
C. Medicaid (other states)												
D. Private Pay	3,192	3,192			2,260	2,260			932	932		
E. State SSI for RCH												
F. Other (Specify) Managed Care	616	616			439	439			177	177		
G. Total Care Days During Period (3A thru F)	36,569	36,569			27,247	27,247			9,322	9,322		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	257	257			173	173			84	84		
B. Other Bed Reserve Days	43	43			6	6			37	37		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	36,869	36,869			27,426	27,426			9,443	9,443		

**Annual Report of Long-Term Care Facility**

CSP-9 Rev. 9/2002

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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	6	73				7		14					
Per Diem Rate													
a. One bed rm.	513.64		235.02			593.00		405.82					
b. Two bed rms.	513.64		235.02			568.00		405.82					
c. Three or more bed rms.						521.00							
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,336	4,336			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									159	159			
2. Restorative Treatments													
C. Other									19,651	19,651			
D. <b>Total Physical Therapy Treatments</b>									24,146	24,146			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									287	287			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									28	28			
2. Restorative Treatments													
C. Other									1,477	1,477			
D. <b>Total Speech Therapy Treatments</b>									1,792	1,792			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,592	3,592			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									157	157			
2. Restorative Treatments													
C. Other									20,178	20,178			
D. <b>Total Occupational Therapy Treatments</b>									23,927	23,927			

**Annual Report of Long-Term Care Facility**

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> 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)	190,962	2,774				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	233,928	10,864				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	60,899	1,970				
c. Dietary Workers	408,276	25,256				
6. Housekeeping Service						
a. Head Housekeeper	54,749	2,197				
b. Other Housekeeping Workers	155,979	11,590				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,986	1,848				
b. Other Maintenance Workers	48,090	2,166				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	94,330	6,588				
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	179,722	3,953				
b. RN						
1. Direct Care	1,190,424	32,453				
2. Administrative**	446,052	14,799				
c. LPN						
1. Direct Care	477,911	17,078				
2. Administrative**						
d. Aides and Attendants	1,388,767	88,138				
e. Physical Therapists	557,747	16,363				
f. Speech Therapists	74,524	1,714				
g. Occupational Therapists	390,421	10,764				
h. Recreation Workers	183,745	9,686				
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	190,314	6,929				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,389,826	267,130				

\* 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				License No.	Report for Year Ended			Page	of	
Glastonbury Health Care Center, Inc.				2028C	9/30/2018			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)							
<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>										
Brian Reynolds	62,986			Health & life insurances, Payroll Taxes	Director of Maintenance	1,848	A7a			

\* 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)				License No.	Report for Year Ended			Page	of	
Glastonbury Health Care Center, Inc.				2028C	9/30/2018			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)							
<b>Section III - Administrators***</b>										
David Fife (10/1/17-1/12/18)	32,096			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	619	A2			
Elisabeth Woolf (1/13/18-4/6/18)	33,656			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	560	A2			
Elizabeth Schmeizl (4/7/18-7/15/18)	98,604			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,152	A2	Middlesex Health Care 10 Randolph Rd Middletown, CT 06457	944	80,910
<b>Section IV - Assistant Administrators</b>										
Administrators Continued: Nickeisha Bewry (7/16/18-9/30/18)	26,606			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	443	A2	Abbott Terrace 44 Abbott Terrace Waterbury, CT 06702	1,212	73,009

\*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		
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	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	34,066	905				
2. Dentist	10,453	96				
3. Pharmacist	10,102	197				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,200	603				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	359					
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	9,499	26				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	21,384	811				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>152,063</b>	<b>2,638</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 Glastonbury Health Care Center, Inc.		License No. 2028C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Procare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
Cardiology PC, PO Box 18872 Belfast, ME 04915	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director, Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Central CT Cardiology, 19 Woodland St Suite 35, Hartford, CT 06105	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Jefferson Radiology, PO Box 95000, Philadelphia, PA 19195	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Swallowing Diagnostic, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill, CT 06067	Sub Acute Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, 653 Main St, Plantsville, CT 06479	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* 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
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 435,761	435,761		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 93,716	93,716		
4. Social Security (F.I.C.A.)	\$ 409,997	409,997		
5. Health Insurance	\$ 952,046	952,046		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 25,842	25,842		
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*	\$ 179,655	179,655		
d. Accounting and Auditing	\$ 15,974	15,974		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 17,088	17,088		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 59,291	59,291		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,000	23,000		
2. Cellular Phones	\$ 1,219	1,219		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$ 250	250		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 603,379	603,379		
<b>Subtotal</b>	\$ 2,817,218	2,817,218		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,817,218	2,817,218			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 7,516	7,516			
3. Gifts to Staff and Residents	\$ 12,529	12,529			
4. Employee Travel	\$ 2,095	2,095			
5. Education Expenses Related to Seminars and Conventions	\$ 8,225	8,225			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 4,861	4,861			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 14,587	14,587			
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	\$ 9,234	9,234			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,515	7,515			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 200	200			
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**	\$ 370,203	370,203			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 138,887	138,887			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,393,070	3,393,070			

\* 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	\$ 14,587		
<b>Total Other Advertising</b>	\$ 14,587	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 7,515		
<b>Total Dues</b>	\$ 7,515	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 13,630		
Payroll Processing Fees	\$ 25,819		
Employee Physicals/Background Checks	\$ 26,748		
Fine: Case No. 2018-01-LTC-144	\$ 11,538		
Data Processing/Software Maint. Fees	\$ 61,152		
<b>Total Other Administrative and General</b>	\$ 138,887	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	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	519,823	Contract Attached to a Prior Year	See Below
Allocation of the Above	343,083	Admin/Gen 66%	Pg 16, Line 12
Allocation of the Above	83,172	Indirect 16%	Pg 20, Line 5k
Allocation of the Above	93,568	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	27,120	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		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 221,372	221,372			
2. Non-Food Supplies	\$ 38,521	38,521			
3. Other ( <i>Specify</i> ) _____ Dishes = \$64	\$ 64	64			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$				
c. Other ( <i>Specify</i> ) _____	\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 259,957</b>	<b>259,957</b>			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	301	301			
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
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="radio"/> Yes	<input type="radio"/> No			If yes, specify cost. \$280
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
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="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
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.

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2018		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. \$	13,685	13,685		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other (Specify) Supplies = \$4,706	\$	4,706	4,706		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	18,391	18,391		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$8,400
K.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$8,400
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			30 IV8	

\* 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.

\*\*\* 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2018		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. \$	30,914	30,914		
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.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	30,914	30,914		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	326,031	326,031		
b.	Medicine Cabinet Drugs	\$	22,122	22,122		
c.	Medical and Therapeutic Supplies	\$	201,734	201,734		
d.	Ambulance/Limousine***	\$	67,050	67,050		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	37,577	37,577		
f.	X-rays and Related Radiological Procedures***	\$	37,591	37,591		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	33,055	33,055		
i.	Recreation	\$	6,942	6,942		
j.	Direct Management Services*	\$	93,568	93,568		
k.	Indirect Management Services*	\$	83,172	83,172		
l.	Other (Specify)**** See Attached Schedule	\$	77,365	77,365		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	986,207	986,207		

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

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

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

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



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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		Report for Year Ended 9/30/2018			Page of 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	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	20,117			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	23,727			22	6f
Mountain View Landscaping	67 Old James St, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	22,675			22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	338,795			20	5A2
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 102,836	102,836				
b. Heat	\$ 61,150	61,150				
c. Light & Power	\$ 140,584	140,584				
d. Water	\$ 74,517	74,517				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 50,798	50,798				
f. Other ( <i>itemize</i> )	\$ 85,768	85,768				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 515,653</b>	<b>515,653</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 245	245				
b. Building & Building Improvements	\$ 112,868	112,868				
c. Non-Movable Equipment	\$ 22,286	22,286				
d. Movable Equipment	\$ 45,469	45,469				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 180,868</b>	<b>180,868</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 1,421	1,421				
c. Leasehold Improvements	\$ 23,940	23,940				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 25,361</b>	<b>25,361</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 585,165	585,165				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 179,759	179,759				
c. Personal property taxes	\$ 17,267	17,267				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 988,420</b>	<b>988,420</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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Groundskeeping	\$ 18,880		
Rubbish Removal	\$ 23,727		
Snow Removal	\$ 13,135		
Supplies	\$ 30,026		
<b>Total Other Repairs and Maintenance</b>	\$ 85,768	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2018			Page 23	of 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			120,711		120,711	119,186	S/L	Various	245				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										245			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			2,854,912		2,854,912	2,007,841	S/L	Various	112,868				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										112,868			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			909,321		909,321	853,063	SL	Various	22,286				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										22,286			
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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>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	2017	1,101,392		1,101,392	949,246	S/L	Various	44,480	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	16,017		16,017		S/L	Various	989	
D-3. Subtotal													45,469
<b>E. Total Depreciation</b>													180,868

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
Various	See Attached	\$ 16,017	Various	\$ 989
<b>Total additions for Movable Equipmen</b>		\$ 16,017		\$ 989 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
4/30/2018	Eagle Rivet-Roof Covering	\$ 4,045	10	\$ 202
6/30/2018	Modern Mechanical-Water Storage Tank	\$ 16,998	20	\$ 425
6/30/2018	Environmental System Corp-Water Storage Tank	\$ 18,474	20	\$ 462
<b>Total additions for Leasehold Improvemen</b>		\$ 39,517		\$ 1,089 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



**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
Glastonbury Health Care Center, Inc.			2028C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Intangible Asset - Bed Purchase	9	1999	15 yrs	1,060,110	650,622	SL	0.066		
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees -LOC	9	2018	3	6,395		SL		1,421	
2.									
3.									
B-4. Subtotal									1,421
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2017	Various	249,680	64,311			22,851	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	39,517		SL	Various	1,089	
C-4. Subtotal									23,940
<b>D. Total Amortization</b>									25,361

\* 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.

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

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	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="radio"/> Yes	<input type="radio"/> 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		5/16/1986		
2. Date Structure Completed		1/25/1988		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		105		
6. Square Footage				
7. Acquisition Cost				
a. Land		544,799		
b. Building		4,193,044		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		HUD		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		7,992,000		
f. Principal balance outstanding as of		7,112,186		
<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		License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2018			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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc	2028C	9/30/2018	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)	\$			
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)	\$	84,062	84,062	
Vender Interest = \$6,901; Interest LOC = \$74,661; KeyBan				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	84,062	84,062	
14. Insurance				
a. Insurance on Property (buildings only)	\$	65,059	65,059	
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 (14a + b + c)</b>	\$	65,059	65,059	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	12,883,622	12,883,622	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2018	28	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.			Occupational Therapy	\$ 390,421	390,421		
4.			Other - See attached Schedule	\$ 2,857	2,857		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 359	359		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 179,655	179,655		
10.			Accounting	\$ 3,474	3,474		
10a.			Legal	\$ 16,938	16,938		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 499	499		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 12,529	12,529		
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.			Unallowable Advertising *	\$ 14,587	14,587		
19.			Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 254,757	254,757		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 50,947	50,947		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 280	280		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$ 8,400	8,400		
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 935,953	935,953		

\* 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	\$ 2,857		
<b>Total Other Salaries Adjustment</b>			\$ 2,857	\$ -	\$ -

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	\$ 13,630		
16	M13	Fine: Case No. 2018-01-LTC-144	\$ 11,538		
22	6d	Fee Income-A&G Water & Sewer Usage	25779		
<b>Total Other A&amp;G Adjustments</b>			\$ 50,947	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 935,953	935,953		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 326,031	326,031		
28.			Ambulance/Limousine	\$ 67,050	67,050		
29.			X-rays, etc	\$ 37,591	37,591		
30.			Laboratory	\$ 33,055	33,055		
31.			Medical Supplies	\$ 27,701	27,701		
32.			Oxygen (non emergency)	\$ 37,577	37,577		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 156,294	156,294		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,808	8,808		
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.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 1	1		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,630,061	1,630,061		

\*\*\* 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	\$ 12,981		
20	5j	Radio and Television Revenue	\$ 12,075		
20	5k	Unallowable Management Fees.....-Indirect Care	\$ 61,759		
20	5j	Unallowable Management Fees.....-Direct Care	\$ 69,479		
<b>Total Other Ancillary Costs</b>			<b>\$ 156,294</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 8,808		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 8,808</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018			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> )	\$ 13,462,366	13,462,366				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,622,453)	(7,622,453)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,647,640	2,647,640				
b. Medicare Room and Board Contractual Allowance **	\$ 62,596	62,596				
4. a. Private-Pay Residents and Other	\$ 4,103,445	4,103,445				
b. Private-Pay Room and Board Contractual Allowance **	\$ (673,020)	(673,020)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 231,668	231,668				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (231,668)	(231,668)				
c. Prescription Drugs - Non-Medicare	\$ 287,524	287,524				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (287,524)	(287,524)				
2. a. Medical Supplies - Medicare	\$ 17,201	17,201				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (14,381)	(14,381)				
c. Medical Supplies - Non-Medicare	\$ 14,027	14,027				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (14,027)	(14,027)				
3. a. Physical Therapy - Medicare	\$ 881,226	881,226				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (750,322)	(750,322)				
c. Physical Therapy - Non-Medicare	\$ 480,930	480,930				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (477,950)	(477,950)				
4. a. Speech Therapy - Medicare	\$ 121,835	121,835				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (103,760)	(103,760)				
c. Speech Therapy - Non-Medicare	\$ 115,230	115,230				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (115,230)	(115,230)				
5. a. Occupational Therapy - Medicare	\$ 864,720	864,720				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (758,482)	(758,482)				
c. Occupational Therapy - Non-Medicare	\$ 471,474	471,474				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (471,474)	(471,474)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (21,974)	(21,974)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,219,617	12,219,617				
<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> )	\$ 1	1				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 48,034	48,034				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 48,035	48,035				
<b>VI. Total All Revenue</b> (III +V)	\$ 12,267,652	12,267,652				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (21,974)		
<b>Total Other Resident Revenue</b>		\$ (21,974)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 1		
<b>Total Interest Income</b>			\$ 1	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 25,779		
19 3E	Laundry Services	\$ 8,400		
	Bad Debt Recovery	\$ 14,048		
30 V	Prior Year Beaconbrook Void	\$ (140)		
22 6d	Prior Year Beaconbrook Void	\$ (53)		
<b>Total Other Revenue</b>		\$ 48,034	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	174,012
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,209,582
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,532
5. Prepaid Expenses			\$	331,654
a. Prepaid Insurance	315,537			
b. Prepaid Health Insurance	16,117			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	107,051
Due From Related Party	107,051			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,838,831</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	120,712	\$	1,280
	Accum. Depreciation	119,432		Net
3. Buildings	*Historical Cost	2,854,912	\$	734,202
	Accum. Depreciation	2,120,710		Net
4. Leasehold Improvements	*Historical Cost	289,197	\$	200,947
	Accum. Depreciation	88,250		Net
5. Non-Movable Equipment	*Historical Cost	909,320	\$	33,972
	Accum. Depreciation	875,348		Net
6. Movable Equipment	*Historical Cost	1,093,814	\$	99,096
	Accum. Depreciation	994,718		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	25,773
Moveable Equipment Carryforward	23,596			
See Schedule	2,177			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,095,270</b>

\* 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
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,934,101
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	544,799
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,193,044		
	Accum. Depreciation	4,193,044	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	544,799
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	762,858
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	(6,526,898)
Name and Address		Amount	Loan Date	
Due from Related Party		(6,526,898)	3/29/12	
7. Other Assets <i>(itemize)</i>			\$	
LOC Deposit			4,974	
_____				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(5,759,066)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	(2,280,166)

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Project Development	\$ 2,177
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 2,177

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

## 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,185,460
2. Notes Payable ( <i>itemize</i> )				\$	1,490,420
Due From Related Party					121,000
Midcap Line of Credit					1,369,420
See Schedule					
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> )				\$	151,852
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	2,137
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> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	254,570
					Acc'd Health Insurance 2,114
Acc'd Operating Expenses					90,997
Acc'd Expense - Sales Tax					2,065
Provider Taxes Due					159,394 See Schedule
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,084,439

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

(Carry Total forward to next page)

GLASTONBURY HEALTH CARE  
ACCRUED EXPENSES-OPERATIONS  
September 30, 2018

ACCT. # 2170

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Health Insurance	\$77,961.78	5364
Renewal Replacement Check (Deposited in Oct 2018)	(\$7,650.80)	2965
Audit Fees	\$9,800.00	5126
Oxygen	\$3,284.10	7538/7531
Therapy-July	\$2,534.00	7320
Therapy-August	\$2,534.00	7320
Therapy-September	\$2,534.00	7320

Balance 9/30/18

\$90,997.08

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

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,084,439	
<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				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (5,702)
Name and Address of Lender	Amount	Loan Date		
Working Capital Reserve	(5,702)	NA		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (850,800)
Notes Payable Related Landlord		(850,800)		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (856,502)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,227,937

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	544,799
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			\$	544,799
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,486,932)
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	\$ (615,970)
7. Total Net Worth			\$	(5,052,902)
<b>C. Total Reserves and Net Worth</b>			\$	(4,508,103)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(2,280,166)

### H. Changes in Total Net Worth

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(4,516,186)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,267,652
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,883,622
D. Net Income or Deficit			\$	(615,970)
E. Balance			\$	(5,132,156)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	79,252			
Rounding	2			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	79,254
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>			\$	(5,052,902)

### I. Preparer's/Reviewer's Certification

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<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)		
<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	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			(860) 751-3900	