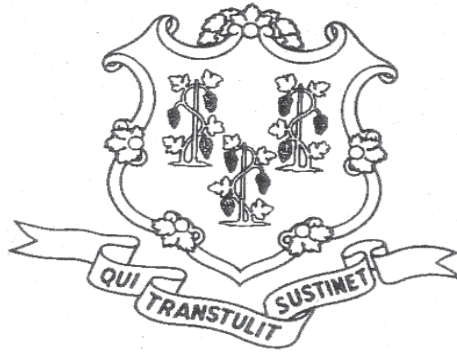


# State of Connecticut



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

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
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 2247	RHNS	(Specify)	Medicare Provider 07-5395
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2247	RHNS	ICF-IID
----------------------------	--------------	------	---------

**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)	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Cent	2247	9/30/2018	1	37

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Holdings d/b/a Laurel Ridge Health Care Center [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) Mary Tobin			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 Athena Holdings d/b/a Laurel Ridge Health Care Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/8/2019		
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 203-438-8226		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip ) 642 Danbury Road Ridgefield, CT 06877		
License Numbers:	CCNH 2247	RHNS (Specify)	Medicare Provider No. 07-5395	
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 Mary Tobin		Nursing Home Administrator's License No.:	001877	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				



ATHENA HOLDINGS, LLC - d/b/a LAURELRIDGE HEALTH & REHAB  
 OWNERSHIP DETAIL

Owner	Current Ownership	
LAWRENCE G. SANTILLI	60,372%	9.2500%
CONSERVATORS FOR LAWRENCE E. SANTILLI (11)	4,272%	6.0000%
NICOLENA NOCERA (12)	5.0000%	5.0000%
L & F SCHWARTZ FAMILY LIMITED PARTNERSHIP (27)	3.0000%	3.0000%
MICHAEL E MOSIER	1.0000%	1.0000%
JUDITH HYLAND	1.0000%	1.0000%
STEPHEN DALTON	1.0000%	1.0000%
MARYBETH HAUSER	0.5000%	0.5000%
Krista Santilli	6.0000%	0.0000%
David Reis Family Trust #2	1.6000%	0.0000%
David Reis Family Trust #3	4.8000%	0.0000%
David Reis Family Trust #4	1.6000%	0.0000%
	0.0000%	0.0000%
TOTALS	100.0000%	

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C	License No. 2247	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Not Applicable				
Names of Stockholders Owning at Least 10% of Shares				
Not Applicable				







## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care	License No. 2247	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Nor 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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	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							
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	DM 125 Mailing System	12/21/15	63 Months	753		753	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copiers	12/28/17	50 Months	11,209		8,501	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox WorkCentre 5890 Copier System	12/08/15	48 months	5,360		5,360	
Hewlett- Packard Financial Services, PO Box 402582, Atlanta, GA 30384	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	11/24/13	60 Months	8,266		8,266	
Hewlett- Packard Financial Services, PO Box 402582, Atlanta, GA 30384	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	10/06/14	60 Months	3,954		3,954	
	<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>
								26,834	

\* 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.



RENTAL AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

pg. 6

CUSTOMER LEGAL NAME: Athena Holdings LLC dba Laurel Ridge Health Care Center
Tax ID#: 061589929
Telephone No: 203 438 8226
Billing Address: 2 Danbury Road, Ridgefield, CT 06877
Equipment Location (if other than Billing Address): 642 Danbury Road, Ridgefield, CT 06877

Table with columns: Unit Quantity, Description of Equipment, Make and Type, Model Number, Serial Number. Includes payment schedule: 50 months, 2 @ \$0.00 followed by 48 @ \$878.28. Total due a + b + c = \$95.00.

TERMS AND CONDITIONS

In this agreement ("Rental"), "we," "our," and "us" refers to LEAF Capital Funding, LLC and "you" and "your" refer to the Customer. You agree to rent the Equipment from us upon the following terms and conditions:
1. RENTAL PAYMENTS AND TERM: The Rental is enforceable on you upon your execution. The term of the Rental shall commence on the date the Equipment is delivered to you ("Rental Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, rental, possession, delivery or return of Equipment.
4. RENTAL EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Rental of your election to return the Equipment, this Rental will renew on a month-to-month basis at the same monthly Rental Payment until you provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition ("Risk Period").

interests. If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, renting and/or ownership of the Equipment. If we pay any taxes (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Rental, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Rental Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Rental to you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Rental. We may sell or assign our rights in the Rental and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Rental is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS RENTAL WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Rental is the parties' entire agreement and can be amended only in writing signed by both parties. This Rental may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Rental is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Rental that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY CUSTOMER: Athena Holdings LLC dba Laurel Ridge Health Care Center
Print Name: MALCOLM E. MASON Title: DIRECTOR OF IT
E-Mail Address: mason@lathcare.com Date: 12/28/17
Customer Authorized Signature

PERSONAL GUARANTY: Undersigned guarantees that Customer will make all payments and perform all other obligations under the Rental when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Customer or the Equipment. Undersigned also waives all suretyship defenses and notification if the Customer is in default and consents to any extensions or modifications granted to Customer. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Customer. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

ACCEPTED BY: LEAF CAPITAL FUNDING, LLC By: Print Name: E-Mail Address: Title: Date:



**SCHEDULE A TO RENTAL AGREEMENT  
(EQUIPMENT DESCRIPTION)**

Rental Application No.: 404716

QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 642 Danbury Road, Ridgefield, CT 06877

WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X269766	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X270864	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X286016	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X286019	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X375476	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X375914	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X376387	
WC3655i XEROX MACHINE	XEROX 3655 X MACHINE / 47PPM INC 1-550 SHEET TRY * 150 SHEET BYPASS			C7X376450	
WC7970/PH2	XEROX WC7970/PH2 70PPM COLOR INC 2 ADJ 520 SHEET TRAYS & 2K DECK			BOW870811	

CUSTOMER: Athena Holdings LLC dba Laurel Ridge Health  
Care Cente

LEAF CAPITAL FUNDING, LLC

✓ BY: 

BY: \_\_\_\_\_

✓ PRINT NAME: MALCOLM E. MASON

PRINT NAME: \_\_\_\_\_

✓ TITLE: DIRECTOR of IT

TITLE: \_\_\_\_\_

✓ DATE: 12/28/17

DATE: \_\_\_\_\_

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

Name of Facility Athena Holdings d/b/a Laurel Ridg	License No. 2247	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 Dworkin, Hillman, Lamorte	Four Corporate Drive, Suite 488, Shelton, CT 06484
2 Marcum	555 Long Wharf Dr, 12th Floor, New Haven CT 06511
3 Midcap Financial Services	7255 Woodmont Ave., Bethesda, MD
4	

Services Provided by This Firm (*describe fully*)

1 2018 Year End Audit & Tax Return	\$ 9,800
2 Medicare Cost Report	\$ 2,700
3 Midcap Audit Fees-disallow	\$ 3,474
4	\$
	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 Goldman, Gruder, & Woods	203-899-8900
2 Murtha Cullina	860-240-6000
3 Reid & Riege, P.C./KeyBank Real Estate Capital	860-278-1150/ 216-471-3742
4 Schiff Hardin	203-848-6488
5 Treasurer, State of CT	203-794-8508

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

- 1 200 Connecticut Ave. Norwalk, CT 06854
- 2 185 Asylum Street, Hartford, CT 06103
- 3 One Financial Plaza, Hartford, CT/ 4910 Tiedeman Rd., Brooklyn, OH
- 4 31 Whitney Ave, New Haven, CT 06510
- 5 Ons School Street, Bethel, CT 06801

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 4,064
2 Annual Report-allowed \$92 /General council disallowed \$184	\$ 276
3 Deposit agreements/Midcap Lockbox:disallowed;Keybank Loan payoff	\$ 5,865
4 Keybank Loan fees:disallowed	\$ 200
5 Conservatorship fees: disallowed	\$ 460
	Charge for Services Provided
	\$ 10,865

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		License No.			Report for Year Ended				Page	of			
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247			9/30/2018				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	126	126			126	126			126	126			
B. On last day of THIS report period	126	126			126	126			126	126			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	115	115			115	115			121	121			
B. As of midnight of THIS report period	118	118			121	121			118	118			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,900	6,900			5,500	5,500			1,400	1,400			
B. Medicaid (Conn.)	33,432	33,432			24,442	24,442			8,990	8,990			
C. Medicaid (other states)													
D. Private Pay	1,972	1,972			1,318	1,318			654	654			
E. State SSI for RCH													
F. Other (Specify)	384	384			303	303			81	81			
G. Total Care Days During Period (3A thru F)	42,688	42,688			31,563	31,563			11,125	11,125			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	38	38			30	30			8	8			
B. Other Bed Reserve Days	42	42			20	20			22	22			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	42,768	42,768			31,613	31,613			11,155	11,155			



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

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C			License No. 2247			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		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	8		100			7		3					
Per Diem Rate													
a. One bed rm.	628.15		269.12			564.00		480.86					
b. Two bed rms.	628.15		269.12			534.00		480.86					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,035	5,035			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1,565	1,565			
2. Restorative Treatments													
C. Other									16,814	16,814			
D. <b>Total Physical Therapy Treatments</b>									23,414	23,414			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									880	880			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									217	217			
2. Restorative Treatments													
C. Other									1,969	1,969			
D. <b>Total Speech Therapy Treatments</b>									3,066	3,066			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,095	4,095			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1,682	1,682			
2. Restorative Treatments													
C. Other									17,448	17,448			
D. <b>Total Occupational Therapy Treatments</b>									23,225	23,225			

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input checked="" 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)	119,162	1,791				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	272,592	11,187				
5. Dietary Service						
a. Head Dietitian	55,825	1,432				
b. Food Service Supervisor	56,854	2,048				
c. Dietary Workers	448,990	27,266				
6. Housekeeping Service						
a. Head Housekeeper	55,548	2,108				
b. Other Housekeeping Workers	242,535	16,201				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	94,945	2,247				
b. Other Maintenance Workers	72,669	3,110				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	162,689	10,619				
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	213,448	3,924				
b. RN						
1. Direct Care	494,203	10,758				
2. Administrative**	477,677	16,324				
c. LPN						
1. Direct Care	1,099,671	42,160				
2. Administrative**						
d. Aides and Attendants	1,838,073	107,540				
e. Physical Therapists	587,645	15,588				
f. Speech Therapists	133,603	2,696				
g. Occupational Therapists	321,688	8,420				
h. Recreation Workers	216,288	9,777				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	234,199	5,534				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,198,304	300,730				

\* 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
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	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>										
<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>										

\* 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	
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	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>										
Bernadette Steveson 10/1/17-06/3/18)	99,313			Health & Life Ins.'s, Payroll Taxes	Day-to-day operations of nursing home.	1,473	A2			
Tom Walkuski 06/04-08/06/18	14,357			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	120	Pg16, 1m13	Beacon Brook HCC 89 Weid Drive Naugatuck, CT 06770	344	41,157
Mary Tobin 08/07-09/30/18	19,849			Health & Life insurances, Payroll Taxes	Day-to-day operations of nursing home.	318	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 Holdings d/b/a Laurel Ridge Health Care Ce	2247	9/30/2018	13	37		
Total Cost and Hours						
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						
2. Dentist	13,684	61				
3. Pharmacist	12,892	219				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,780	969				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	7,198					
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	9,360	26				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	15,892	256				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	9,828	351				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>126,634</b>	<b>1,880</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 Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	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		
Advanced Specialty Care, P.C., 107 Newtown Road, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Group, 1 Prestige Dr Suite 107, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Services, 135 South Rd Farmington, Ct 06032	MDS fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Caremount Medical, P.C., PO Box 65050, Baltimore, MD 21261	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Western CT Medical Group, PO Box 8932 Belfast, ME 04915	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians, P.O. Box 150472, Hartford, CT 06115	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Urology Assoc Of Danbury, 51-53 Kenosia Ave, Danbury, CT 06810		<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialist of CT, 60 Old New Milford Road, Brookfield, CT 06804	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Southern CT Vascular Center, 6 Research Drive, Shelton, CT 06484	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Brightstar Care, 83 East Avenue, Norwalk, CT 06851	C N A's	<input type="radio"/>	<input checked="" type="radio"/>		
CT Family Orthopedics, PO Box 1065, Windsor, Ct 06095	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Hospital, 20 Stony Hill Rd, Bethel, CT 06801	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Orthopedic, 226 White St, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Quest-Chicago, 3404 Collection Ctr Drive, Chicago, IL 60693	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Ortho CT, PC, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Danbury Eye, 69 Sand Pit Road, Danbury, CT 06810	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group, Inc., PO Box 415126, B	Physicians	<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
Athena Holdings d/b/a Laurel Ridge Health Care	2247	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 408,179	408,179		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 89,797	89,797		
4. Social Security (F.I.C.A.)	\$ 480,053	480,053		
5. Health Insurance	\$ 999,400	999,400		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 23,243	23,243		
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*	\$ 31,392	31,392		
d. Accounting and Auditing	\$ 15,974	15,974		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 10,865	10,865		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 64,822	64,822		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 62,205	62,205		
2. Cellular Phones	\$ 782	782		
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*	\$ 582	582		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 753,945	753,945		
<b>Subtotal</b>	\$ 2,941,239	2,941,239		

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Cent	2247	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,941,239	2,941,239			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,659	6,659			
3. Gifts to Staff and Residents	\$ 17,557	17,557			
4. Employee Travel	\$ 4,813	4,813			
5. Education Expenses Related to Seminars and Conventions	\$ 4,909	4,909			
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> )	\$ 9,420	9,420			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 20,538	20,538			
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	\$ 8,602	8,602			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,855	7,855			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 2,500	2,500			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 2,500	2,500			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 445,708	445,708			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 99,091	99,091			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,571,391	3,571,391			

\* 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	\$ 20,538		
<b>Total Other Advertising</b>	\$ 20,538	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,855		
<b>Total Dues</b>	\$ 7,855	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 2,500		
<b>Total Contributions</b>	\$ 2,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,871		
Bank charges	\$ 14,393		
Payroll Processing Fees	\$ 18,772		
Employee Physicals & background checks	\$ 10,737		
Data Processing	\$ 38,961		
Purchased Service Administrative	\$ 14,357		
<b>Total Other Administrative and General</b>	\$ 99,091	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health	2247	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	626,024	Contract Attached to a Prior Year	See Below
Allocation of the above	\$112684	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,532	Admin/Gen	Pg16, 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) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	18,873	18,873		
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other ( <i>Specify</i> ) Supplies	\$	8,572	8,572		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	27,445	27,445		
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 type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
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.

\*\*\* 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 Holdings d/b/a Laurel Ridge Health Care		2247	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. \$	30,050	30,050		
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. Total Housekeeping Expenditures (4a + b + c)</b>			\$ 30,050	30,050		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	259,499	259,499		
b. Medicine Cabinet Drugs		\$	4,400	4,400		
c. Medical and Therapeutic Supplies		\$	228,440	228,440		
d. Ambulance/Limousine***		\$	795	795		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	31,448	31,448		
f. X-rays and Related Radiological Procedures***		\$	24,806	24,806		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$	38,209	38,209		
i. Recreation		\$	25,312	25,312		
j. Direct Management Services*		\$	112,684	112,684		
k. Indirect Management Services*		\$	100,164	100,164		
l. Other (Specify)**** See Attached Schedule		\$	69,036	69,036		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>			\$ 894,793	894,793		

\* 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)
Cable TV Fees	\$ 13,058		
Physical Therapy Supplies	\$ 34,386		
Occupational Therapy Supplies	\$ 170		
Medical Equipment Rental - Medicaid	\$ 7,882		
Oxygen Concentrator rentals	\$ 2,217		
Medical Equipment Rental - other	\$ 11,323		
<b>Total Other Resident Care</b>	\$ 69,036	\$ -	\$ -



**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 Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2018			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	18,772			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	24,368			22	6f
Jacovino's Lawn Care Service	15 Pineridge Rd, Prospect, CT 06712	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	24,087			22	6f
Kleiber Landscaping and Tree Deisgn	35 Farview Ave. Apt 2, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping and Snow Removal	18,079			22	6f
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Services	259,508			20	5a2
Thyssenkrupp Elevator	P.O. Box 933004, Atlanta, GA 31193	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	12,030			22	69
		<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
Athena Holdings d/b/a Laurel Ridge Health C	2247	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 96,649	96,649				
b. Heat	\$ 68,020	68,020				
c. Light & Power	\$ 124,210	124,210				
d. Water	\$ 48,922	48,922				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 26,834	26,834				
f. Other ( <i>itemize</i> )	\$ 114,102	114,102				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 478,737</b>	<b>478,737</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 4,375	4,375				
b. Building & Building Improvements	\$ 47,118	47,118				
c. Non-Movable Equipment	\$ 11,632	11,632				
d. Movable Equipment	\$ 59,837	59,837				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 122,962</b>	<b>122,962</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,534	3,534				
c. Leasehold Improvements	\$ 75,398	75,398				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 78,932</b>	<b>78,932</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 711,523	711,523				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 214,580	214,580				
c. Personal property taxes	\$ 17,032	17,032				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,145,029</b>	<b>1,145,029</b>				

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



### Depreciation Schedule

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		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			58,327		58,327	23,972			4,375				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,375			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			790,401		790,401	673,402	S/L	Various	47,118				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										47,118			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			328,728		328,728	249,635	SL	Various	11,632				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										11,632			
		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	2017	1,803,084		1,803,084	1,575,248	S/L	Various	58,077	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	28,208		28,208		S/L	Various	1,760	
D-3. Subtotal													59,837
<b>E. Total Depreciation</b>													122,962

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>				
	see attachment for asset detail			
		\$ 28,208		\$ 1,760
<b>Total additions for Movable Equipmen</b>		\$ 28,208		\$ 1,760 *
<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>				
	see attached for asset detail			
		\$ 57,263		\$ 2,254
<b>Total additions for Leasehold Improvemen</b>		\$ 57,263		\$ 2,254 *
<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**

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247		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. Bed License Purchase	Various	Various	None	4,354,384	494,495	None			
2. Bed License Purchase	Various	Various	None	59,323		None	:		
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees	2	2018	36 months	15,904				3,534	
2.									
3.									
B-4. Subtotal									3,534
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2017		920,217	141,477			73,144	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	57,263				2,254	
C-4. Subtotal									75,398
<b>D. Total Amortization</b>									78,932

\* 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 Athena Holdings d/b/a Laurel Ridge H	License No. 2247	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				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		01/12/01		
4. Date of Initial Licensure		01/12/01		
5. Total Licensed Bed Capacity		126		
6. Square Footage				
7. Acquisition Cost				
a. Land		1,687,627		
b. Building		9,308,667		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		10,300,900		
f. Principal balance outstanding as of		9,166,906		
<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
Athena Holdings d/b/a Laurel Ridge H		2247	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
Athena Holdings d/b/a Laurel Ridge		2247		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)				\$	3,371	3,371	
A. Item		Rate	Amount				
			69,894				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	3,371	3,371	
12. D. Other Interest Expense (Specify)				\$	55,713	55,713	
Vendor interest-\$9429, LOC interest& fees - \$46284							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	59,084	59,084	
14. Insurance							
a. Insurance on Property (buildings only)				\$	77,020	77,020	
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>				\$	77,020	77,020	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	13,915,245	13,915,245	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	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.	10	A12g	Occupational Therapy	\$ 321,688	321,688		
4.			Other - See attached Schedule	\$ 16,691	16,691		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 7,198	7,198		
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	\$ 31,392	31,392		
10.	15	1d&e	Accounting	\$ 14,247	14,247		
10a.			Legal	\$			
11.	15	1h2	Telephone	\$ 422	422		
12.			Cellular Telephone	\$			
13.	16	13	Life insurance premiums on the life of Owners, Partners, Operators	\$ 17,557	17,557		
14.			Gifts, flowers and coffee shops	\$			
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.	16	m2&	Automobile Expense (e.g. personal use)	\$ 20,538	20,538		
18.	15	1j&k	Unallowable Advertising *	\$ 582	582		
19.	16	m4&	Income Tax / Corporate Business Tax	\$ 2,500	2,500		
20.	16	m12	Fund Raising / Contributions	\$ 311,426	311,426		
21.	16	m6	Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,903	16,903		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 761,144	761,144		

\* 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	12M	Marketing activities	\$ 16,691		
<b>Total Other Salaries Adjustment</b>			\$ 16,691	\$ -	\$ -

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	\$ 14,403		
16	8n	Disallowed Dues	\$ 2,500		
<b>Total Other A&amp;G Adjustments</b>			\$ 16,903	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 761,144	761,144		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 259,499	259,499		
28.	20	5d	Ambulance/Limousine	\$ 795	795		
29.	20	5f	X-rays, etc	\$ 24,806	24,806		
30.	20	5h	Laboratory	\$ 38,209	38,209		
31.	20	5c	Medical Supplies	\$ 12,600	12,600		
32.	20	5e2	Oxygen (non emergency)	\$ 31,448	31,448		
33.	20	5j	Occupational Therapy	\$ 170	170		
34.			Other - See Attached Schedule	\$ 25,076	25,076		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,602	8,602		
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.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 49	49		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 84,934	84,934		
46.			Management Fees Indirect	\$ 75,497	75,497		
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>				<b>\$ 1,322,829</b>	<b>1,322,829</b>		

\*\*\* 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	\$ 11,323		
20	5b	Ebox	\$ 4,295		
20	5j	Cable	\$ 9,458		
<b>Total Other Ancillary Costs</b>			\$ 25,076	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	\$ 8,602		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 8,602	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</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
Athena Holdings d/b/a Laurel Ridge Heal	2247	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> )	\$ 17,749,278	17,749,278			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,763,833)	(8,763,833)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,875,470	2,875,470			
b. Medicare Room and Board Contractual Allowance **	\$ 610,487	610,487			
4. a. Private-Pay Residents and Other	\$ 2,306,378	2,306,378			
b. Private-Pay Room and Board Contractual Allowance **	\$ (285,772)	(285,772)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 210,777	210,777			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (198,307)	(198,307)			
c. Prescription Drugs - Non-Medicare	\$ 139,957	139,957			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (139,957)	(139,957)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 900,508	900,508			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (787,846)	(787,846)			
c. Physical Therapy - Non-Medicare	\$ 348,350	348,350			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (348,350)	(348,350)			
4. a. Speech Therapy - Medicare	\$ 265,339	265,339			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (228,927)	(228,927)			
c. Speech Therapy - Non-Medicare	\$ 126,800	126,800			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (126,800)	(126,800)			
5. a. Occupational Therapy - Medicare	\$ 906,105	906,105			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (811,510)	(811,510)			
c. Occupational Therapy - Non-Medicare	\$ 322,675	322,675			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (322,675)	(322,675)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (32,165)	(32,165)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,715,982	14,715,982			
<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> )	\$ 49	49			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 72,779	72,779			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 72,828	72,828			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,788,810	14,788,810			

\* 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)
NA	Retroactives	\$ (32,165)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (32,165)</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

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

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Accts Receivable Interest	N/A	\$ 49		
<b>Total Interest Income</b>			<b>\$ 49</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 72,779		
<b>Total Other Revenue</b>		<b>\$ 72,779</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	47,765
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	905,081
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	18,565
5. Prepaid Expenses			\$	542,677
a. Prepaid Insurance	342,817			
b. Prepaid Interest	13,181			
c. _____				
d. See Schedule	186,679			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	145,489
A/R Related Parties	145,489			
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,659,577
B. Fixed Assets				
1. Land				
2. Land Improvements				
	*Historical Cost	58,327	\$	29,980
	Accum. Depreciation	28,347		Net
3. Buildings				
	*Historical Cost	790,402	\$	69,881
	Accum. Depreciation	720,521		Net
4. Leasehold Improvements				
	*Historical Cost	977,480	\$	760,605
	Accum. Depreciation	216,875		Net
5. Non-Movable Equipment				
	*Historical Cost	328,727	\$	67,461
	Accum. Depreciation	261,266		Net
6. Movable Equipment				
	*Historical Cost	1,805,699	\$	170,614
	Accum. Depreciation	1,635,085		Net
7. Motor Vehicles				
	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable				
9. Other Fixed Assets ( <i>itemize</i> )				
	Equipment Carryforward adjustment	25,593	\$	25,593
	See Schedule			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	1,124,134

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

(Carry Total forward to next page)

LAURELRIDGE HEALTH CARE CENTER  
 PREPAID EXPENSES  
 September 30, 2018

Account	ACCT. #	YTD BAL	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	YTD BAL, 09/30/18
KeyBank-Bank fees	All facilities	\$95,925.46	10686.19	\$11,552.78	12269.56	13214.79	11703.88	8226.04	4640.98	9185.01	8954.00	8945.49	8,411.03	8904.77	\$212,619.98
<b>Bank fee reimbursements:</b>															
Countryside											(1,031.57)		(13,964.03)		(14,995.60)
Oakland Grove			(1,950.77)												(1,950.77)
Oakland Grove LL			(265.44)												(265.44)
Northbridge					(3,448.38)										(3,448.38)
Northbridge LL					(119.98)										(119.98)
Waterbury LL					(91.65)						(337.62)				(429.27)
Glastonbury														(4,500.00)	(4,500.00)
J.J. Keller FMLA Mgr 12/01/17- 12/01/20-3 year term/10 mo. in 2018		\$1,262.50 \$35.07	-	-	(35.07)		(70.14)		(70.14)		(70.14)	(35.07)	(35.07)	(35.07)	911.80
CLOUDSMART OCT-DEC 18												1,409.90			1,409.90
HP LEASE 10/15-11/14/18														329.62	329.62
LEAF-credits in 2018														(2,882.00)	(2,882.00)
<b>BALANCE 9/30/17</b>		<b>\$107,656.90</b>	<b>\$ 6,553.59</b>	<b>\$ 3,133.48</b>	<b>\$ 8,576.30</b>	<b>\$ 15,506.46</b>	<b>\$11,425.41</b>	<b>\$8,226.04</b>	<b>\$ 4,362.51</b>	<b>\$9,185.01</b>	<b>\$10,232.87</b>	<b>\$ 7,778.16</b>	<b>\$(3,693.06)</b>	<b>\$(2,128.74)</b>	<b>\$ 186,679.86</b>



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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,783,711
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	800,000
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	9,000,000		
	Accum. Depreciation	4,089,356	Net	\$ 4,910,644
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	<b>5,710,644</b>
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,919,211
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	<b>(2,070,610)</b>
Name and Address	Amount	Loan Date		
Due from Related Party	<b>(2,070,610)</b>	3/29/12		
7. Other Assets <i>(itemize)</i>			\$	36,212
_____				
See Schedule			36,212	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	<b>1,884,813</b>
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$</b>	<b>10,379,168</b>

\* 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	
		Key Bank bank fees	\$ 212,620
		bank fees reimbursement	\$ (25,709)
		FMLA tracker	\$ 911
		data processing	\$ 1,410
		Copier lease	\$ 329
		Copier lease	\$ (2,882)
<b>Total Prepaid Expenses</b>			<b>\$ 186,679</b>

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deposits - IRS/Utilities	\$ 21,662
		Deferred Finance Fees/Amort Finance Fees	\$ 12,370
		Project Development	\$ 2,180
<b>Total Other Assets</b>			<b>\$ 36,212</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</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
Athena Holdings d/b/a Laurel Ridge Health C		2247	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,186,380
2. Notes Payable ( <i>itemize</i> )				\$	322,434
Line of Credit					215,434
Due to Related Party					107,000
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> )				\$	168,099
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	5,378
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> )				\$	355,654
Security Deposits-Private Pay		Provider Taxes Due	205,049		
Acc'd Int-Private Pay Security Depo		Acc'd Real Estate Tax			
Acc'd Operating Expenses		139,302	Acc'd Health Ins	10,440	
Acc'd Expense - CT Sales Tax		863	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,037,945

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

(Carry Total forward to next page)



LAUREL RIDGE  
 ACCRUED EXPENSE  
 AS OF 09/30/18

ACCT. #

2170

9/30/2018	ACCOUNTING AUDIT FOR 2018		\$ 9,800.00
9/30/2018	IBNR		98,765.76
9/30/2018	PACIFIC TELEMAGEMENT-SEPT 18		108.49
9/30/2018	09/30 QTR MGMT FEE ADJ		23,031.01
9/30/2018	FOUNDERS HALL-JULY THRU SEPT EVENTS		1,800.00
9/30/2018	SDX DYSPHAGIA INVOICES		1,800.00
9/30/2018	DANBURY EYE		3,996.43
	GL		\$139,301.67
			-

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health		License No. 2247	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,037,945	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	69,894
Name of Lender		Purpose	Amount	Date Due	
Graybar Lease-energy upgrades			43,251	12/10/21	
Eversource energy upgrades			26,643	5/16/19	
2. Mortgages Payable					\$
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> )					\$
Due to Related Landlord			1,171,899		1,171,899
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 1,241,793
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 3,279,738

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Ho	2247	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,910,644
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			\$	5,710,644
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	515,221
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	\$ 873,565
7. Total Net Worth			\$	1,388,786
<b>C. Total Reserves and Net Worth</b>			\$	7,099,430
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	10,379,168

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Holdings d/b/a Laurel Ridge Hea	2247	9/30/2018	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	770,641		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,788,810		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,915,245		
D. Net Income or Deficit			\$	873,565		
E. Balance			\$	1,644,206		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Health Insurance 2017 AJE	100,706					
Prepaid expense net adjs. -2017	572					
Rounding	2					
2. Other <i>(itemize)</i>						
(356,700)						
F-3. Total Additions					\$	(255,420)
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>	09/30/18		\$	1,388,786		

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health	License No. 2247	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		