

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Northbridge Healthcare Center	
Address (No. & Street, City, State, Zip Code) 2875 Main Street Bridgeport, CT 06606	
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 2183C	RHNS	(Specify)	Medicare Provider 07-5413
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Medicaid Provider Numbers:	CCNH 2183C	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) Northbridge Healthcare Center	License No. 2183C	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 Northbridge Healthcare 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) Erica Roman			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)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Northbridge Healthcare Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 2875 Main Street Bridgeport, CT 06606				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/12/2019		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-336-0232		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Northbridge Healthcare Center		Address (No. & Street, City, State, Zip) 2875 Main Street Bridgeport, CT 06606		
License Numbers:	CCNH 2183C	RHNS (Specify)	Medicare Provider No. 07-5413	
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.				
Administrator				
Name of Administrator Erica Roman		Nursing Home Administrator's License No.:	001948	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Northbridge Healthcare Center	License No. 2183C	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	
Northbridge Health Care Center, Inc	2875 Main St, Bridgeport, CT 06606		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	2875 Main St, Bridgeport, CT 06606	President	762.313	
Michael E. Mosier	2875 Main St, Bridgeport, CT 06606	Secretary/ Treasurer	40	
Names of Stockholders Owning at Least 10% of Shares				
Custodians for Lawrence E Santilli	2875 Main St, Bridgeport, CT 06606		132.687	

**General Information and Questionnaire
Related Parties***

Name of Facility Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	PG 16, m13	6,403	6,403
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	371,398	371,398
Northbridge Landord LLC	135 South Road, Farmington, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Lease of facility/ Property Taxes/ Property I	Pg 22, ln 9 and 10b, Pg	1,064,593	1,064,593
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Repairs & Maintenance	Pg 22 ln 6a	28,410	28,410
Athena Health Care Services Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a group 401(K) plan			
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 20, 5a2	311,841	311,841
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Data Processing Fees	Pg 16 m13	8,690	8,690
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Pg 15, ln 1a5	1,127,202	1,127,202
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Northbridge Healthcare Center	License No. 2183C	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.				
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.)				
<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
Northbridge Healthcare Center		2183C		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"/>	Postal Equipment	05/17/06	automatic renewal	1,953	976	
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	03/26/18	60 months	1,289	644	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC equipment	08/15/13	60 months	7,975	7,310	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="radio"/>	<input checked="" type="radio"/>	PCC equipment	11/01/14	60 months	1,740	1,732	
Leaf, 1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/04/17	48 months	18,999	18,467	
	<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
Total ***							29,129	

* 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 Northbridge Healthcare Center	License No. 2183C	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 If "No," explain.
 No

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, Shelton, CT
2 Dworkin, Hillman, Lamorte	Four Corporate Drive, Suite 488, Shelton, CT 06484
3 MidCap Financial Services, LLC	259 W 30th St, Suite 301, New York, NY 10001
4	

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparation:	\$ 2,700
2 2017 Audit, Year End Financials	\$ 9,800
3 Line of credit 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 Murtha Cullina LLP	860-240-6000
2 Goldman, Gruder, & Woods LLC/ Littler Mendelson/ Senior Planning	203-899-8900
3 Shipman & Goodwin/ Jackson Lewis	860-251-5000
4 Schiff Hardin/ Midcap Financial Services	312-258-5500
5 Bridgeport Probate \$525, Franklin G. Pilicy P.C. \$1590, Sheriff \$162	860-274-0018

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

- 1 185 Asylum St. Hartford, CT 06103
 2 200 Connecticut Ave, Norwalk, CT 06854/ PO Box 207137 Dallas, TX 75320
 3 One Constitution Plaza, Hartford, CT 06103/ 125 South Wacker Dr 12th Flr, Chicago, IL 60606
 4 6600 Sears Tower, Chicago, IL 60606/ 259 W 30th St Suite 301, New York, NY 10001
 5 Bridgeport, CT, 365 Main St PO Box 760, Watertown, CT 06795

Services Provided by This Firm (*describe fully*)

1 Misc Matters/ Sec of State Filing : Allow	\$ 61
2 AR Collections : Disallowed	\$ 26,852
3 Misc Employee Matters: Disallowed	\$ 4,587
4 Keybank wire payment/ Line of credit legal fees : Disallowed	\$ 3,712
5 Conservatorship: Disallowed	\$ 2,277
	Charge for Services Provided
	\$ 37,489

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 Northbridge Healthcare Center		License No. 2183C			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	145	145			145	145			145	145		
B. On last day of THIS report period	145	145			145	145			145	145		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	142	142			142	142			144	144		
B. As of midnight of THIS report period	144	144			144	144			144	144		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,654	5,654			4,325	4,325			1,329	1,329		
B. Medicaid (Conn.)	43,146	43,146			32,130	32,130			11,016	11,016		
C. Medicaid (other states)												
D. Private Pay	1,813	1,813			1,256	1,256			557	557		
E. State SSI for RCH												
F. Other (Specify) Managed Care	118	118			111	111			7	7		
G. Total Care Days During Period (3A thru F)	50,731	50,731			37,822	37,822			12,909	12,909		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	586	586			409	409			177	177		
B. Other Bed Reserve Days	19	19			11	11			8	8		
5. Total Resident Days (3G + 4A + 4B)	51,336	51,336			38,242	38,242			13,094	13,094		

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Schedule of Resident Statistics (Cont'd)

Name of Facility Northbridge Healthcare Center			License No. 2183C			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	5		129			3		7					
Per Diem Rate													
a. One bed rm.	568.21		257.29			532.00		414.25					
b. Two bed rms.	568.21		257.29			512.00		414.25					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,875	3,875			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									3,311	3,311			
2. Restorative Treatments													
C. Other									9,141	9,141			
D. Total Physical Therapy Treatments									16,327	16,327			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									428	428			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									608	608			
2. Restorative Treatments													
C. Other									1,356	1,356			
D. Total Speech Therapy Treatments									2,392	2,392			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,144	3,144			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2,315	2,315			
2. Restorative Treatments													
C. Other									9,766	9,766			
D. Total Occupational Therapy Treatments									15,225	15,225			

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Northbridge Healthcare Center	2183C	9/30/2018	10	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,118	2,108				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	291,685	12,555				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	69,899	2,117				
c. Dietary Workers	620,102	33,908				
6. Housekeeping Service						
a. Head Housekeeper	52,550	2,144				
b. Other Housekeeping Workers	250,244	19,996				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,148	2,110				
b. Other Maintenance Workers	37,787	2,115				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	153,923	9,991				
9. Barber and Beautician Services						
10. Protective Services	12,456	1,157				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	212,404	4,191				
b. RN						
1. Direct Care	953,135	25,187				
2. Administrative**	459,579	15,431				
c. LPN						
1. Direct Care	1,045,855	40,046				
2. Administrative**						
d. Aides and Attendants	1,957,449	129,169				
e. Physical Therapists	487,290	12,591				
f. Speech Therapists	57,546	1,463				
g. Occupational Therapists	200,580	5,009				
h. Recreation Workers	263,193	13,031				
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	227,251	7,913				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,542,194	342,232				

* 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
Northbridge Healthcare Center				2183C	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)							
Section I - Operators/Owners										
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).										

* 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
Northbridge Healthcare Center				2183C	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)							
Section III - Administrators***										
Erica Roman (10/1/2017-9/30/2018)	122,118			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,108	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Northbridge Healthcare Center	2183C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	31,098	503				
2. Dentist	8,700	56				
3. Pharmacist	13,285	295				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	166				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,162					
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						
b. Other	2,250					
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	14,341	231				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	106,836	1,251				

* 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 Northbridge Healthcare Center		License No. 2183C	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		
CT Dental, 300 Church St. Ste 203, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC, 110 Bo-County Blvd, Suite 121, Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Dr. Vasudha Vallabhneni, Northeast Medical Group, 99 Hawley Lane 3rd Flr., Stratford, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Margaret Rose 217 Hickory St Bridgeport CT 06610	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Speech therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS fill-in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
HD Audiology Group, 888 Worcester St., Wellesley, MA 02482	Speech	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopaedic Specialty Group, 305 Black Rock Tpke, Fairfield, CT 06825	Orthopaedics	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Eyecare	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Image Guided Surgery, PO Box 416139, Boston, MA 02241-6139	Physician	<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"/>		
		<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
Northbridge Healthcare Center	2183C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 371,398	371,398		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 122,376	122,376		
4. Social Security (F.I.C.A.)	\$ 503,704	503,704		
5. Health Insurance	\$ 1,112,879	1,112,879		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 37,251	37,251		
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*	\$ 345,427	345,427		
d. Accounting and Auditing	\$ 15,974	15,974		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 37,489	37,489		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 68,871	68,871		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 61,932	61,932		
2. Cellular Phones	\$ 3,704	3,704		
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	\$ 960,237	960,237		
Subtotal	\$ 3,641,492	3,641,492		

* 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
Northbridge Healthcare Center	2183C	9/30/2018		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,641,492	3,641,492		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	9,082	9,082		
3. Gifts to Staff and Residents	\$	19,321	19,321		
4. Employee Travel	\$	1,691	1,691		
5. Education Expenses Related to Seminars and Conventions	\$	8,294	8,294		
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>)	\$	5,911	5,911		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	1,296	1,296		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	15,968	15,968		
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	\$	8,615	8,615		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,973	10,973		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	203	203		
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**	\$	471,014	471,014		
13. Other (<i>Specify</i>) See Attached Schedule	\$	110,938	110,938		
C-14 Total Administrative & General Expenditures	\$	4,304,798	4,304,798		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 15,968		
Total Other Advertising	\$ 15,968	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ACHCA	\$ 920		
CLIA LABORATORY PROGRAM	\$ 300		
CAHCF	\$ 9,753		
Total Dues	\$ 10,973	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Physicals & background checks	\$ 19,291		
Bank Fees	\$ 14,131		
Payroll Processing Fees	\$ 26,130		
	\$ -		
Data Processing Fees	\$ 44,537		
Licenses	\$ 3,789		
State of CT penalty- Citation # 2018-56	\$ 3,060		
Total Other Administrative and General	\$ 110,938	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Northbridge Healthcare Center	2183C	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	656,408	Contract Attached to a Prior Year	See Below
Allocation of the Above	433,229	Admin/Gen 66%	Pg 16, Line 12
Allocation of the Above	105,025	Indirect 16%	Pg 20, Line 5K
Allocation of the Above	118,153	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	37,784	Admin/Gen - Other Expense	Pg 16, Line 12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility		License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center		2183C	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 338,176	338,176			
2.	Non-Food Supplies	\$ 56,829	56,829			
3.	Other (<i>Specify</i>) _____ Dishes = \$487	\$ 487	487			
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>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 395,492	395,492			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	417	417			
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. \$2,966						
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		License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center		2183C	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. \$	20,632	20,632			
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 = \$7,744	\$	7,744	7,744			
3D. Total Laundry Expenditures (3a + b + c)	\$	28,376	28,376			
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
Northbridge Healthcare Center		2183C	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. \$	54,137	54,137		
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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	54,137	54,137		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure LTC	\$	264,761	264,761		
b.	Medicine Cabinet Drugs	\$	21,070	21,070		
c.	Medical and Therapeutic Supplies	\$	353,048	353,048		
d.	Ambulance/Limousine***	\$	2,765	2,765		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	30,311	30,311		
f.	X-rays and Related Radiological Procedures***	\$	10,890	10,890		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	19,026	19,026		
i.	Recreation	\$	21,961	21,961		
j.	Direct Management Services*	\$	118,153	118,153		
k.	Indirect Management Services*	\$	105,025	105,025		
l.	Other (Specify)**** See Attached Schedule	\$	113,705	113,705		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,060,715	1,060,715		

* 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 Northbridge Healthcare Center		License No. 2183C		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	Hartford Region, Richmond, VA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	26,130			16	m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	36,623			22	6f
Procure LTC	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	305,677			20	5
JDS Construction Services LLC	229 Alberta St. Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow removal	31,443			22	6f
		<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
Northbridge Healthcare Center	2183C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 120,258	120,258				
b. Heat	\$ 59,200	59,200				
c. Light & Power	\$ 170,985	170,985				
d. Water	\$ 100,113	100,113				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 29,129	29,129				
f. Other (<i>itemize</i>)	\$ 105,651	105,651				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 585,336	585,336				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,425	1,425				
b. Building & Building Improvements	\$ 84,445	84,445				
c. Non-Movable Equipment	\$ 81,341	81,341				
d. Movable Equipment	\$ 89,921	89,921				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 257,132	257,132				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 7,145	7,145				
c. Leasehold Improvements	\$ 17,484	17,484				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 24,629	24,629				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 706,977	706,977				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 275,275	275,275				
c. Personal property taxes	\$ 35,856	35,856				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,299,869	1,299,869				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 9,318		
Rubbish Removal	\$ 36,623		
Snow Removal	\$ 22,125		
Supplies	\$ 37,585		
Total Other Repairs and Maintenance	\$ 105,651	\$ -	\$ -

Depreciation Schedule

Name of Facility Northbridge Healthcare Center			License No. 2183C		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			
A. Land Improvements													
1. Acquired prior to this report period			99,523		99,523	81,855	S/L	Various	1,425				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										1,425			
B. Building and Building Improvements													
1. Acquired prior to this report period			2,141,554		2,141,554	1,665,135	S/L	Various	84,445				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										84,445			
C. Non-Movable Equipment													
1. Acquired prior to this report period			896,159		896,159	738,912	S/L	Various	81,341				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										81,341			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2017	1,470,564		1,470,564	1,145,132	S/L	Various	84,443	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	60,223		60,223		S/L	Various	5,478	
D-3. Subtotal													89,921
E. Total Depreciation													257,132

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	See Attached	Various	See Attached
Total additions for Movable Equipmen		\$ 60,223		\$ 5,478 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See attached	various	various	see attached
Total additions for Leasehold Improvemen		\$ 20,275		\$ 1,895 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*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
Northbridge Healthcare Center			2183C		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							
A. Organization Expense									
1. Bed License Purchase	9	1997	None	525,000	237,708	None			
2. Goodwill	9	1997	None	1,025,984	470,486	None	:		
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2. Finance Fees	2	2018	3 yrs	32,151		SL		7,145	
3.									
B-4. Subtotal									7,145
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2017	Various	161,686	31,321	SL	Various	15,589	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	20,275		SL	Various	1,895	
C-4. Subtotal									17,484
D. Total Amortization									24,629

* 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 Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
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 NOT Original Owner, Date of Purchase		11/13/96		
4. Date of Initial Licensure		11/13/96		
5. Total Licensed Bed Capacity		145		
6. Square Footage				
7. Acquisition Cost				
a. Land		393,226		
b. Building		7,959,774		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		8,800,000		
f. Principal balance outstanding as of		7,558,200		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended			Page	of
Northbridge Healthcare Center		2183C	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. Total Building Interest Expense (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
Northbridge Healthcare Center		2183C		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)				\$	81,183	81,183	
Vender Int = \$10,723; Key Bank Loan Int & Fees = \$2,500;							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	81,183	81,183	
14. Insurance							
a. Insurance on Property (buildings only)				\$	86,301	86,301	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	86,301	86,301	
15. Total All Expenditures (A-13 thru C-14)				\$	15,545,237	15,545,237	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center				2183C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 200,580	200,580		
4.			Other - See attached Schedule	\$ 8,657	8,657		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 1,162	1,162		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 345,427	345,427		
10.	15	1d	Accounting	\$ 3,474	3,474		
10a.			Legal	\$ 37,428	37,428		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,984	2,984		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 19,321	19,321		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&k	Unallowable Advertising *	\$ 17,264	17,264		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 310,260	310,260		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 17,191	17,191		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 2,966	2,966		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 966,964	966,964		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	Marketing Salaries & Benefits	\$ 8,657		
Total Other Salaries Adjustment			\$ 8,657	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 14,131		
16	M13	State of CT Citation 2018-56	\$ 3,060		
Total Other A&G Adjustments			\$ 17,191	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Northbridge Healthcare Center			2183C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 966,964	966,964		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 264,761	264,761		
28.	20	5d	Ambulance/Limousine	\$ 2,765	2,765		
29.	20	5f	X-rays, etc	\$ 10,890	10,890		
30.	20	5h	Laboratory	\$ 19,026	19,026		
31.	20	5c	Medical Supplies	\$ 19,557	19,557		
32.	20	5e2	Oxygen (non emergency)	\$ 30,311	30,311		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 33,195	33,195		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,210	10,210		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 262	262		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 84,616	84,616		
46.	20	5K	Management Fees Indirect	\$ 75,215	75,215		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,517,772	1,517,772		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equip Rental	\$ 4,036		
20	5b	Ebox	\$ 17,600		
20	5j	Radio and Television Revenue	\$ 11,559		
Total Other Ancillary Costs			\$ 33,195	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Move Equipment Depreciation Carryforward AJE	\$ 10,210		
Total Excess Movable Equipment Depreciation			\$ 10,210	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Northbridge Healthcare Center	2183C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 22,154,089	22,154,089			
b. Medicaid Room and Board Contractual Allowance **	\$ (10,875,435)	(10,875,435)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,781,254	1,781,254			
b. Medicare Room and Board Contractual Allowance **	\$ 453,128	453,128			
4. a. Private-Pay Residents and Other	\$ 2,083,629	2,083,629			
b. Private-Pay Room and Board Contractual Allowance **	\$ (226,497)	(226,497)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 260,317	260,317			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (260,317)	(260,317)			
c. Prescription Drugs - Non-Medicare	\$ 201,735	201,735			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (201,735)	(201,735)			
2. a. Medical Supplies - Medicare	\$ 5,057	5,057			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (53)	(53)			
c. Medical Supplies - Non-Medicare	\$ 19,619	19,619			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (19,619)	(19,619)			
3. a. Physical Therapy - Medicare	\$ 563,449	563,449			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (488,428)	(488,428)			
c. Physical Therapy - Non-Medicare	\$ 394,600	394,600			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (394,600)	(394,600)			
4. a. Speech Therapy - Medicare	\$ 107,470	107,470			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (96,512)	(96,512)			
c. Speech Therapy - Non-Medicare	\$ 116,125	116,125			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (116,125)	(116,125)			
5. a. Occupational Therapy - Medicare	\$ 587,881	587,881			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (529,055)	(529,055)			
c. Occupational Therapy - Non-Medicare	\$ 315,100	315,100			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (315,100)	(315,100)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (73,896)	(73,896)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,446,081	15,446,081			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 262	262			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 144,338	144,338			
V. Total Other Revenue (1 thru 8)	\$ 144,600	144,600			
VI. Total All Revenue (III +V)	\$ 15,590,681	15,590,681			

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (73,896)		
Total Other Resident Revenue		\$ (73,896)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31, Ln A	Interest on Accts Rec	N/A	\$ 262		
Total Interest Income			\$ 262	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Bad Debt Recoveries	\$ 144,338		
Total Other Revenue		\$ 144,338	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,416
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,530,731
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	25,894
5. Prepaid Expenses			\$	369,735
a. Prepaid Insurance	355,992			
b. Prepaid Health Insurance	13,743			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	485,277
A/R Related Party Facilities	268,314			
See Schedule	216,963			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,414,053
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	99,523	\$	16,243
	Accum. Depreciation	83,280	Net	
3. Buildings	*Historical Cost	2,141,550	\$	391,974
	Accum. Depreciation	1,749,576	Net	
4. Leasehold Improvements	*Historical Cost	181,961	\$	133,156
	Accum. Depreciation	48,805	Net	
5. Non-Movable Equipment	*Historical Cost	896,157	\$	75,906
	Accum. Depreciation	820,251	Net	
6. Movable Equipment	*Historical Cost	1,487,245	\$	252,193
	Accum. Depreciation	1,235,052	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	43,542
Equipment Carry Forward Adjustment	43,542			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	913,014

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

(Carry Total forward to next page)

Cost Year

Northbridge Moveable Equipment Carryforward Schedule

Cost Year	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Totals
	2008 Cost Report-Heritage Furn	2008 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2009 Cost Report-Heritage Furn	2014 cost report - tv's	2015 cost report - tv's	2016 cost report - tv's	2017 cost report - tv's	2018 cost report-TV's	
Cost Term	\$ 1,660	\$ 5,153	\$ 301	\$ (266)	\$ 2,802	\$ 6,617	\$ 11,854	\$ 8,166	\$ 26,381	\$ 130,320
1997 Deprec										\$ 1,431
1997 Book Value										\$ 22,257
1998 Deprec										\$ 2,957
1998 Book Value										\$ 22,114
1999 Deprec										\$ 3,282
1999 Book Value										\$ 21,210
2000 Deprec										\$ 3,639
2000 Book Value										\$ 17,940
2001 Deprec										\$ 3,670
2001 Book Value										\$ 14,911
2002 Deprec										\$ 3,282
2002 Book Value										\$ 12,556
2003 Deprec										\$ 2,888
2003 Book Value										\$ 9,837
2004 Deprec										\$ 2,681
2004 Book Value										\$ 7,158
2005 Deprec										\$ 2,468
2005 Book Value										\$ 5,076
2006 Deprec										\$ 2,395
2006 Book Value										\$ 3,059
2007 Deprec										\$ 2,988
2007 Book Value										\$ 36,081
2008 Deprec	\$ 83	\$ 172								\$ 3,839
2008 Book Value	\$ 1,577	\$ 4,981								\$ 39,056
2009 Deprec	\$ 166	\$ 344	\$ 30	\$ (9)						\$ 4,091
2009 Book Value	\$ 1,411	\$ 4,637	\$ 271	\$ (257)						\$ 35,001
2010 Deprec	\$ 166	\$ 344	\$ 60	\$ (18)						\$ 4,104
2010 Book Value	\$ 1,245	\$ 4,293	\$ 211	\$ (239)						\$ 30,897
2011 Deprec	\$ 166	\$ 344	\$ 60	\$ (18)						\$ 4,062
2011 Book Value	\$ 1,079	\$ 3,949	\$ 151	\$ (221)						\$ 26,836
2012 Deprec	\$ 166	\$ 344	\$ 60	\$ (18)						\$ 3,775
2012 Book Value	\$ 913	\$ 3,605	\$ 91	\$ (203)						\$ 23,062
2013 Deprec	\$ 166	\$ 344	\$ 60	\$ (18)						\$ 3,394
2013 Book Value	\$ 747	\$ 3,261	\$ 31	\$ (185)						\$ 19,668
2014 Deprec	\$ 166	\$ 344	\$ 30	\$ (18)	\$ 280					\$ 3,541
2014 Book Value	\$ 581	\$ 2,917	\$ 1	\$ (167)	\$ 2,522					\$ 18,929
2015 Deprec	\$ 166	\$ 344		\$ (18)	\$ 560	\$ 662				\$ 4,409
2015 Book Value	\$ 415	\$ 2,573		\$ (149)	\$ 1,962	\$ 5,955				\$ 21,136
2016 Deprec	\$ 166	\$ 344		\$ (18)	\$ 560	\$ 1,323	\$ 1,185			\$ 6,243
2016 Book Value	\$ 249	\$ 2,229		\$ (131)	\$ 1,402	\$ 4,632	\$ 10,669			\$ 26,747
2017 Deprec	\$ 166	\$ 344		\$ (18)	\$ 560	\$ 1,323	\$ 2,371	\$ 817		\$ 7,542
2017 Book Value	\$ 83	\$ 1,885		\$ (113)	\$ 842	\$ 3,309	\$ 8,298	\$ 7,349		\$ 27,371
2018 Deprec	\$ 83	\$ 344		\$ (18)	\$ 560	\$ 1,323	\$ 2,371	\$ 1,633	\$ 2,638	\$ 10,210
2018 Book Value	\$ -	\$ 1,541		\$ (95)	\$ 282	\$ 1,986	\$ 5,927	\$ 5,716	\$ 23,743	\$ 43,542
2019 Deprec		\$ 344		\$ (18)	\$ 282	\$ 1,323	\$ 2,371	\$ 1,633	\$ 5,276	\$ 12,482
2019 Book Value		\$ 1,197		\$ (77)	\$ -	\$ 663	\$ 3,556	\$ 4,083	\$ 18,467	\$ 31,060
2020 Deprec		\$ 344		\$ (18)		\$ 663	\$ 2,371	\$ 1,633	\$ 5,276	\$ 11,540
2020 Book Value		\$ 853		\$ (59)		\$ -	\$ 1,185	\$ 2,450	\$ 13,191	\$ 19,520
2021 Deprec		\$ 344		\$ (18)			\$ 1,185	\$ 1,633	\$ 5,276	\$ 9,691
2021 Book Value		\$ 509		\$ (41)			\$ -	\$ 817	\$ 7,915	\$ 9,829
2022 Deprec		\$ 344		\$ (18)				\$ 817	\$ 5,276	\$ 7,048
2022 Book Value		\$ 165		\$ (23)				\$ -	\$ 2,639	\$ 2,781
2023 Deprec		\$ 165		\$ (18)					\$ 2,639	\$ 2,786
2023 Book Value		\$ -		\$ (5)					\$ 0	\$ (5)
2024 Deprec				\$ (5)						\$ (5)
2024 Book Value				\$ -						\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	3,327,067
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	393,226
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	6,999,069		
	Accum. Depreciation	5,103,487	Net	\$ 1,895,582
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	2,288,808
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	625,498
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(4,301,880)
Name and Address	Amount	Loan Date		
Investments-Related Party				
Due from Non-Related Party				
Loan Receivable-Shareholders	(4,301,880)			
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(3,676,382)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,939,493

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center		2183C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,576,141
2. Notes Payable (<i>itemize</i>)				\$	939,970
Due to Related Parties				286,000	
Key Bank Line of Credit				653,970	
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>)				\$	218,748
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	8,957
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>)				\$	420,093
Acc'd Operating Expenses				156,795	
Acc'd Expense - Sales Tax				1,501	
Provider Tax Due				247,300	
Acc'd Health Insurance				14,497	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,163,909

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

(Carry Total forward to next page)

NORTHBRIDGE HEALTHCARE
 ACCRUED EXPENSES OPERATING
 ACCOUNT 2170
 9/30/2018

9/30/2016	\$	107,715.87	Health Insurance
9/30/2018	\$	2,383.75	water
9/30/2018	\$	291.50	nursing supplies
9/30/2018	\$	76.89	nursing supplies
9/30/2018	\$	56.73	nursing supplies
9/30/2018	\$	92.23	nursing supplies
9/30/2018	\$	123.46	nursing supplies
9/30/2018	\$	74.79	nursing supplies
9/30/2018	\$	285.42	nursing supplies
9/30/2018	\$	49.79	nursing supplies
9/30/2018	\$	153.08	nursing supplies
9/30/2018	\$	132.36	nursing supplies
9/30/2018	\$	39.36	nursing supplies
9/30/2018	\$	56.73	nursing supplies
9/30/2018	\$	217.42	nursing supplies
9/30/2018	\$	83.86	nursing supplies
9/30/2018	\$	249.08	supplements
9/30/2018	\$	438.58	PT supplies
9/30/2018	\$	243.61	PT supplies
9/30/2018	\$	109.52	PT supplies
9/30/2018	\$	134.97	housekeeping supplies
9/30/2018	\$	394.49	housekeeping supplies
9/30/2018	\$	3,675.46	Main & repairs
9/30/2018	\$	(32.52)	cell phone
9/30/2018	\$	9,800.00	accounting fees
9/30/2018	\$	33.16	medical insurance
9/30/2018	\$	5,905.46	medical insurance
9/30/2018	\$	33.16	medical insurance
9/30/2018	\$	6,168.22	medical insurance
9/30/2018	\$	837.33	office supplies
9/30/2018	\$	853.39	office supplies
9/30/2018	\$	1,130.32	office supplies
9/30/2018	\$	1,902.26	office supplies
9/30/2018	\$	922.25	office supplies
9/30/2018	\$	4,924.20	nursing supplies
9/30/2018	\$	991.42	nursing supplies
9/30/2018	\$	5,338.29	nursing supplies
9/30/2018	\$	81.38	nursing supplies
9/30/2018	\$	515.07	nursing supplies
9/30/2018	\$	62.51	nursing supplies
9/30/2018	\$	83.86	nursing supplies
9/30/2018	\$	166.40	supplements

Balance	\$	156,795.11
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G. Balance Sheet (cont'd)

Name of Facility Northbridge Healthcare Center	License No. 2183C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,163,909	
Liabilities (cont'd)				
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>)				\$ 63,926
Name and Address of Lender	Amount	Loan Date		
Related Party	63,926	3/29/12		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (8,982)
<u>Related Party Notes</u>			(8,982)	

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 54,944
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,218,853

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

Name of Facility	License No.	Report for Year Ended	Page	of
Northbridge Healthcare Center	2183C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	393,226
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,895,581
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			\$	2,288,807
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	250,455
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,865,066)
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	45,444
7. Total Net Worth			\$	(3,568,167)
C. Total Reserves and Net Worth			\$	(1,279,360)
D. Total Liabilities, Reserves, and Net Worth			\$	1,939,493

H. Changes in Total Net Worth

Name of Facility Northbridge Healthcare Center	License No. 2183C	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			\$	(3,722,641)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,590,681
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,545,237
D. Net Income or Deficit			\$	45,444
E. Balance			\$	(3,677,197)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance	109,030			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	109,030
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(3,568,167)

I. Preparer's/Reviewer's Certification

Name of Facility Northbridge Healthcare Center	License No. 2183C	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		