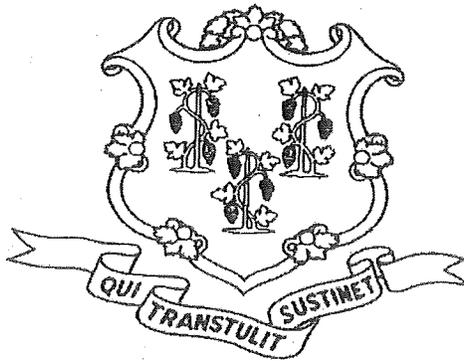


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	
Address (No. & Street, City, State, Zip Code) 261 Summit Street Plantsville, CT 06479	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2282	RHNS	(Specify)	Medicare Provider 07-54220
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Medicaid Provider Numbers:	CCNH 2282	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) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2020	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [facility name] for the cost report period beginning October 01, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalties of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) <i>Carol Mortensen</i>		Date 2-8-2021	Signed (Owner) <i>[Signature]</i>		Date 2-8-21
Printed Name (Administrator) Carol Mortensen			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me: <i>Karol Montagna</i>	State of Connecticut	Date 2/18/2021	Signed (Notary Public) <i>Karol Montagna</i>		Comm. Expires 4/30/2022
Address of Notary Public 74 Rueler Drive Naugatuck CT 06770					

(Notary Seal)

KAROL MONTAGNA
 NOTARY PUBLIC
 MY COMMISSION EXPIRES APR. 30, 2022

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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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 261 Summit Street Plantsville, CT 06479				
Report Prepared By Athena Health Care Associates, Inc.		Phone Number 860-751-3900	Date 2/3/2021	
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	Report for Year Ended	Page	of
	9/30/2020	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit	261 Summit Street Plantsville, CT 06479

License Numbers:	CCNH 2282	RHNS (Specify)	Medicare Provider No. 07-54220
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)						
<input type="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.
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Administrator		
Name of Administrator John Kelly	Nursing Home Administrator's License No.:	801

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The	License No. 2282	Report for Year Ended 9/30/2020	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

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 Name/Address and complete the information on Page 11 of the report.

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				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility loans		
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan		
Laurel Ridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Charges	7,241	7,241
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	438,169	438,169
ProCare, LTC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	904,921	904,921
Summit Landlord	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	335,376	335,376
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	1,121,600	1,121,600
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

The Summit at Plantsville
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

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

Athena Health Care	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees, Data Processing Business Promotion Payroll Postage Repairs & Maintenance Office Supplies Nursing Supplies Nursing Consultant	Pg 17 Pg 16 Ln m13 Pg 16 Ln m3 Pg 16 Ln m13 Pg 16 Ln m7 Pg 22 Ln 6a Pg 15 g Pg 20 5c Pg 13 B11a2	634,989.00 5,176.00 455.00 38,736.00 263.00 5,512.00 3,728.00 45,111.00 1,991.00 735,961.00	312,122.00 5,176.00 8,082.00 38,736.00 263.00 5,512.00 3,728.00 45,111.00 1,991.00 420,721.00
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General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/t	License No. 2282	Report for Year Ended 9/30/2020	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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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
Accounting Basis

Name of Facility Southington SNF, LLC OF PLANT	License No. 2282	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 PKF O'Connor Davies LLP		Four Corporate Dr., Suite 488, Shelton, CT 06484		
2 Marcum LLP		555 Long Wharf Dr, 12th Fl, New Haven, CT 06511		
3 MidCap Financial Services LLC		259 W 30th St, Suite 301 NY, NY 10001		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 2020 Year End Audit Financials				\$ 10,400
2 Medicare Cost Report Preparation				\$ 2,700
3 Line of credit audit fees (disallow)				\$ 3,275
4				\$
			Charge for Services Provided	
			\$ 16,375	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15 Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 MidCap Financial Services LLC			312-258-5500	
2 Treasurer State of CT/Cheshire Probate Court				
3 Goldman, Gruder & Woods LLC/ Pilicy & Ryan PC			203-899-8900/ 860-274-0018	
4 Marshall Joseph Marinen				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 259 W 30th St, Suite 301 NY, NY 10001				
2				
3 200 Connecticut Ave., Norwalk, CT 06854/ 365 Main St., PO Box 760, Watertown, CT 06795				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Line of credit audit fees (disallow)				\$ 3,171
2 Conservatorship (disallow)				\$ 550
3 Collections (disallow)				\$ 8,760
4 Service of Notice (disallow)				\$ 130
5				\$
			Charge for Services Provided	
			\$ 12,611	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plants	License No. 2282		Report for Year Ended 9/30/2020				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	150	150		150					
B. On last day of THIS report period	150	150			150	150			
2. Number of Residents									
A. As of midnight of PREVIOUS report period	148	148		148					
B. As of midnight of THIS report period	127	127			127	127			
3. Total Number of Days Care Provided During Period									
A. Medicare	5,308	5,308		4,194		1,114			
B. Medicaid (Conn.)	39,729	39,729		30,517		9,212			
C. Medicaid (other states)									
D. Private Pay	2,848	2,848		2,062		786			
E. State SSI for RCH									
F. Other (Specify) VA & Managed Care	2,139	2,139		1,483		656			
G. Total Care Days During Period (3A thru F)	50,024	50,024		38,256		11,768			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	112	112		112					
B. Other Bed Reserve Days	33	33		21		12			
5. Total Resident Days (3G + 4A + 4B)	50,169	50,169		38,389		11,780			

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE			License No. 2282			Report for Year Ended 9/30/2020			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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		100		9		15						
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,166	3,166				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								314	314				
2. Restorative Treatments													
C. Other								9,780	9,780				
D. Total Physical Therapy Treatments								13,260	13,260				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,352	1,352				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								364	364				
2. Restorative Treatments													
C. Other								1,105	1,105				
D. Total Speech Therapy Treatments								2,821	2,821				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,965	4,965				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								544	544				
2. Restorative Treatments													
C. Other								8,552	8,552				
D. Total Occupational Therapy Treatments								14,061	14,061				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summ	2282	9/30/2020	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)	137,931	2,113				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	288,422	10,865				
5. Dietary Service						
a. Head Dietitian	17,898	515				
b. Food Service Supervisor	68,412	2,162				
c. Dietary Workers	577,852	30,238				
6. Housekeeping Service						
a. Head Housekeeper	50,890	1,441				
b. Other Housekeeping Workers	312,015	17,566				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,360	2,130				
b. Other Maintenance Workers	47,571	1,957				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	227,189	10,820				
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	223,342	3,964				
b. RN						
1. Direct Care	622,596	12,651				
2. Administrative**	541,179	15,777				
c. LPN						
1. Direct Care	1,424,766	50,204				
2. Administrative**						
d. Aides and Attendants	2,605,563	125,127				
e. Physical Therapists	434,513	11,165				
f. Speech Therapists	123,218	2,508				
g. Occupational Therapists	263,080	6,431				
h. Recreation Workers	266,118	11,679				
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	206,520	6,396				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,506,435	325,709				

* 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			
		9/30/2020				11	37	
Name	Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Pla	Salary Paid		Line Where Claimed on Page 10	Total Hours Worked	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) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plant		License No. 2282		Report for Year Ended 9/30/2020		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
John Kelly (10/1/19-9/30/20)	137,931		Health & Life Insurances, Payroll Taxes	Day to Day Operations of the nursing home facility	2,113				
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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a T	2282	9/30/2020	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						
2. Dentist	8,145	70				
3. Pharmacist	13,607	99				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	92,250	35				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	3,949	40				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	850	6				
9. Speech Therapist						
a. Resident Care	1,903	5				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	1,991	32				
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	122,695	287				

* 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The S		License No. 2282		Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Health Drive Dental Group, One Prestige Dr., Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Dysphagia Experts, 21 Waterville Rd., Avon, CT 06001	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Andrew Guest, 171 Liberty St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
MassTex, 3 Electronics Ave. Suite 201, Danvers, MA 01923-1099	Dysphagia Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
Leonard Glaser, 360 Main St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Garumuni DeSilva, MD, 15 Aldo Dr., Woodbridge, CT 06525	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Impact Health, 240 Indian River Rd., Orange, CT 06477	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Podiatry, 888 Worcester St., Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians, 2110 Silas Deane Hgwy, Rocky Hill, CT 06067	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Giosa and Brown, 455 Lewis Ave., Suite 206 Meriden, CT 06451	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Behavioral Health Services, 103 Myron St., West Springfield, MA 01089	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Bezahler, R. MD, 70 Meriden Ave., Southington, CT 06489	Physician	<input type="radio"/>	<input checked="" type="radio"/>			
Athena Health Care Associates, 135 South Rd., Farmington, CT 06032	MDS Fill-In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
		<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
Southington SNF, LLC OF PLANTSVILLE d/b/	2282	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 438,169	438,169		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 114,300	114,300		
4. Social Security (F.I.C.A.)	\$ 571,356	571,356		
5. Health Insurance	\$ 1,021,223	1,021,223		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 40,279	40,279		
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*	\$ 111,133	111,133		
d. Accounting and Auditing	\$ 16,375	16,375		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,611	12,611		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 88,464	88,464		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 95,386	95,386		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 4,550	4,550		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 942,978	942,978		
Subtotal	\$ 3,457,074	3,457,074		

* 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
Southington SNF, LLC OF PLANTSVILLE d/b/a The	2282	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,457,074	3,457,074		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,980	2,980			
3. Gifts to Staff and Residents	\$ 23,127	23,127			
4. Employee Travel	\$ 1,248	1,248			
5. Education Expenses Related to Seminars and Conventions	\$ 7,228	7,228			
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 9,000	9,000			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 16,040	16,040			
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	\$ 5,724	5,724			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 9,845	9,845			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 394	394			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$ 457,829	457,829			
13. Other (Specify) See Attached Schedule	\$ 130,827	130,827			
C-14 Total Administrative & General Expenditures	\$ 4,121,316	4,121,316			

* 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	\$ 16,040		
Total Other Advertising	\$ 16,040	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,845		
Total Dues	\$ 9,845	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank charges	\$ 18,241		
Payroll Processing Fees	\$ 26,256		
Licensing	\$ 2,581		
Employee physicals/ background checks	\$ 10,662		
Data Processing	\$ 64,931		
Utility Audit	\$ 8,156		
Total Other Administrative and General	\$ 130,827	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVIL	2282	9/30/2020	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 Associates, Inc, 135 South Rd, Farmington, CT 06032	634,989	Full Management Services	See below
	419,093	Admin/Gen 66%	Pg 16 Line 12
Allocations of the above	101,598	Indirect 16%	Pg 18 Line 2C
	114,298	Direct 18%	Pg 20, Line 5J
Athena Health Care Associates, Inc, 135 South Rd, Farmington, CT 06032	38,736	Admin/Gen-Other Expenses	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
Southington SNF, LLC OF PLANTSVILLE d/b/a The		2282	9/30/2020		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 408,456	408,456				
2. Non-Food Supplies	\$ 65,466	65,466				
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (Specify) _____ Management Services	\$ 101,598	101,598				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 575,520	575,520				
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)		
F. Resident Meals: Total no. of meals served per day:*	410	410				
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.	\$867
K. Is any revenue collected 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)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.	
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.	
O. 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
Southington SNF, LLC OF PLANTSVILLE d/b/a The S		2282	9/30/2020		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. \$	18,682	18,682		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	9,338	9,338		
3D. Total Laundry Expenditures (3a + b + c)		\$	28,020	28,020		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	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 3D.

*** 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
Southington SNF, LLC OF PLANTSVILLE d/t		2282	9/30/2020		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. \$	52,123	52,123		
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)	\$	52,123	52,123		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure	\$	311,910	311,910		
b.	Medicine Cabinet Drugs	\$	29,905	29,905		
c.	Medical and Therapeutic Supplies	\$	366,007	366,007		
d.	Ambulance/Limousine***	\$	49,745	49,745		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	25,752	25,752		
f.	X-rays and Related Radiological Procedures***	\$	26,455	26,455		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	43,973	43,973		
i.	Recreation	\$	26,441	26,441		
j.	Direct Management Services*	\$	114,298	114,298		
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	80,624	80,624		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,075,110	1,075,110		

* 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.

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

Name of Facility	License No.	Report for Year Ended			Page	of
Southington SNF, LLC OF PLANTSVILLE d	2282	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 103,644	103,644				
b. Heat	\$ 64,364	64,364				
c. Light & Power	\$ 161,708	161,708				
d. Water	\$ 61,441	61,441				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 15,335	15,335				
f. Other (<i>itemize</i>)	\$ 86,215	86,215				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 492,707	492,707				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 21,501	21,501				
c. Non-Movable Equipment	\$ 5,772	5,772				
d. Movable Equipment	\$ 66,992	66,992				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 94,265	94,265				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 5,238	5,238				
c. Leasehold Improvements	\$ 32,757	32,757				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 37,995	37,995				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 643,376	643,376				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 131,381	131,381				
c. Personal property taxes	\$ 11,188	11,188				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 918,205	918,205				

* 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	\$ 20,360		
Rubbish Removal	\$ 30,373		
Supplies	\$ 20,231		
Snow Removal	\$ 15,251		
Total Other Repairs and Maintenance	\$ 86,215	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	dryer void FY19 invoice	\$ (2,246)	10	\$ (112)
10/31/2019	dryer	\$ 11,229	10	\$ 561
12/31/2019	security monitoring system	\$ 2,064	5	\$ 206
7/31/2020	washer	\$ 23,423	10	\$ 1,171
7/31/2020	tablets	\$ 1,748	3	\$ 291
8/31/2020	floor scrubber	\$ 8,165	5	\$ 817
8/31/2020	toaster	\$ 1,560	10	\$ 78
9/30/2020	burnisher	\$ 1,373	15	\$ 46
9/30/2020	janitorial cart	\$ 3,032	10	\$ 152
Total additions for Movable Equipment		\$ 50,348		\$ 3,210 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2020	heater replace	\$ 5,282	5	\$ 528
2/29/2020	mixing valve for hot water replace	\$ 2,561	5	\$ 256
5/31/2020	RTU motor	1210	5	121
7/31/2020	replace motor, capacitor & contractor on RTU	1307	5	131
8/31/2020	kitchen exhaust fan	9444	20	236
Total additions for Leasehold Improvement		\$ 19,804		\$ 1,272 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit	Date of Acquisition		Length of Amortization	License No. 2282	Report for Year Ended 9/30/2020			Page 24	of 37
	Month	Year			Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-Key Bank	2	2018	3 years		15,715	3,492	S/L	5,238	
2. Finance Fees-Greystone	9	2019	pending		58,070		S/L		
3.									
B-4. Subtotal								5,238	
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2019	Various		330,473	113,035	S/L	31,485	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2020	Various		19,804		S/L	1,272	
C-4. Subtotal									
D. Total Amortization								32,757	
								37,995	

* 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 Southington SNF, LLC OF PLANTSV	License No. 2282	Report for Year Ended 9/30/2020	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
 If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	08/01/02			
4. Date of Initial Licensure	08/01/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	880,000			
b. Building	4,371,469			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.92%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,526,089			
f. Principal balance outstanding as of	6,604,725			

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
Southington SNF, LLC OF PLANTS		2282	9/30/2020			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
Southington SNF, LLC OF PLANT	2282	9/30/2020			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)	\$	7,376	7,376			
Vendor Interest=\$7,203, Line of Credit Int=\$66, Key Bank						
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	7,376	7,376			
14. Insurance						
a. Insurance on Property (buildings only)	\$	116,587	116,587			
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)	\$	116,587	116,587			
15. Total All Expenditures (A-13 thru C-14)	\$	16,016,094	16,016,094			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit				2282	9/30/2020	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	\$ 263,080	263,080		
4.			Other - See attached Schedule	\$ 37,975	37,975		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 3,949	3,949		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 111,133	111,133		
10.	15	1d	Accounting	\$ 3,275	3,275		
10a.			Legal	\$ 12,611	12,611		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 23,127	23,127		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&3	Unallowable Advertising *	\$ 16,040	16,040		
19.	15		Income Tax / Corporate Business Tax	\$ 4,800	4,800		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 213,092	213,092		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 18,241	18,241		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 867	867		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 708,190	708,190		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** 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	Community Coordinator/ Marketing Salaries & Benefits	\$ 37,975		
Total Other Salaries Adjustment			\$ 37,975	\$ -	\$ -

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	\$ 18,241		
Total Other A&G Adjustments			\$ 18,241	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Sumn				2282	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 708,190	708,190		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 311,910	311,910		
28.	20	5d	Ambulance/Limousine	\$ 49,745	49,745		
29.	20	5f	X-rays, etc	\$ 26,455	26,455		
30.	20	5b	Laboratory	\$ 43,973	43,973		
31.	20	5c	Medical Supplies	\$ 15,000	15,000		
32.	20	500	Oxygen (non emergency)	\$ 25,752	25,752		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 22,043	22,043		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,320	10,320		
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.	\$ 1,363	1,363		
44.			Other - Miscellaneous Administrative	\$			
45.	18	2c	Management Fees Direct	\$ 58,116	58,116		
46.	20	5k	Management Fees Indirect	\$ 51,659	51,659		
47.			Other - Direct	\$ 26,448	26,448		
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)				\$ 1,350,974	1,350,974		

*** 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	\$ 9,978		
20	5b	Ebox	\$ 12,065		
Total Other Ancillary Costs			\$ 22,043	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec-Carryforward AJE	\$ 10,320		
Total Excess Movable Equipment Depreciation			\$ 10,320	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Radio and television revenue	\$ 26,448		
Total Other Adjustments			\$ 26,448	\$ -	\$ -

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
Southington SNF, LLC OF PLANTSVIL	2282	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 22,591,131	22,591,131				
b. Medicaid Room and Board Contractual Allowance **	\$ (13,142,691)	(13,142,691)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,012,020	3,012,020				
b. Medicare Room and Board Contractual Allowance **	\$ (198,875)	(198,875)				
4. a. Private-Pay Residents and Other	\$ 2,855,393	2,855,393				
b. Private-Pay Room and Board Contractual Allowance **	\$ (547,289)	(547,289)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 193,150	193,150				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (181,010)	(181,010)				
c. Prescription Drugs - Non-Medicare	\$ 236,379	236,379				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (236,379)	(236,379)				
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	\$ 611,060	611,060				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (518,786)	(518,786)				
c. Physical Therapy - Non-Medicare	\$ 91,850	91,850				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (91,850)	(91,850)				
4. a. Speech Therapy - Medicare	\$ 265,405	265,405				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (190,087)	(190,087)				
c. Speech Therapy - Non-Medicare	\$ 68,080	68,080				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (68,080)	(68,080)				
5. a. Occupational Therapy - Medicare	\$ 697,303	697,303				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (527,879)	(527,879)				
c. Occupational Therapy - Non-Medicare	\$ 106,735	106,735				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (106,735)	(106,735)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 542,208	542,208				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,461,053	15,461,053				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 40,679	40,679				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 14,755	14,755				
V. Total Other Revenue (1 thru 8)	\$ 55,434	55,434				
VI. Total All Revenue (III + V)	\$ 15,516,487	15,516,487				

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	242,687
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,176,173
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(965,377)
4. Inventories			\$	26,007
5. Prepaid Expenses			\$	479,412
a. Prepaid Health Insurance	161,873			
b. Other Prepaid Expenses	308,908			
c. Prepaid Property Taxes	8,631			
d. See Schedule				
6. Interest Receivable			\$	142,133
7. Medicare Final Settlement Receivable			\$	(200,000)
8. Other Current Assets (<i>itemize</i>)			\$	216,269
A/R Related Facilities	216,269			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,117,304
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	69,574	\$	
	Accum. Depreciation	69,574		Net
3. Buildings	*Historical Cost	562,053	\$	71,960
	Accum. Depreciation	490,093		Net
4. Leasehold Improvements	*Historical Cost	350,277	\$	204,485
	Accum. Depreciation	145,792		Net
5. Non-Movable Equipment	*Historical Cost	257,103	\$	12,384
	Accum. Depreciation	244,719		Net
6. Movable Equipment	*Historical Cost	1,808,782	\$	204,309
	Accum. Depreciation	1,604,473		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	15,484
Excluded Movable Equipment	15,484			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	508,622

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

THE SUMMIT AT PLANTSVILLE
PREPAID EXPENSES-OTHER #1580-010
9/30/2020

	Prepaid Amount	Monthly Expense	FY19 Balance	FY20 Expense	Balance	
JJ Keller FLMA Online License 12/1/17-12/31/20	1,262.50	35.07	490.94	420.84	70.10	5138
Cloudsmart-A&A Office Email Services 9/1/20-2/28/21 (6 months)	2,519.46	419.91	-	419.91	2,099.55	5148
OnShift Invoice 10/1/20-12/31/20	3,025.14	1,008.38	-		3,025.14	5148
Schindler Elevator Maintenance 9/1/20-11/30/20	1,855.47	618.49	-	618.49	1,236.98	5539
PCC Duplicate Inv - waiting for credit Feb20, July 19	3,660.77				3,660.77	5148
Sept 30, 2020 transfer of Health Insurance in error - refunded back 10/1/20	120,325.33				120,325.33	1112
Allscripts 8/1/20-10/31/20	1,060.50	353.50	-	707.00	353.50	5148
October invoices entered in AP for 9/30/20:						
Cox Cable	2,527.69				2,527.69	6545
Medline	69.28				69.28	8438
Dietary Supplies	17.02				17.02	6338
PCC	1,877.61				1,877.61	5148
Pest Control	138.26				138.26	5539
Optima	383.40				383.40	7312
Team TSI	442.00				442.00	5148
Water	135.96				135.96	5571
Unemployment Tax	420.00				420.00	5360
CAHCF	847.83				847.83	5135
WB Mason	69.08				69.08	5138
Ice cream	266.00				266.00	5378
10/3/20 payroll w/e	138,245.64				138,245.64	1172
10/3/20 wellness	15,096.93				15,096.93	5364
Nsg Supplies	1,735.22				1,735.22	8438
Nsg Supplies	4,790.07				4,790.07	8438
Medline	69.91				69.91	8438
Medline	227.96				227.96	8438
Resident Trust	60.00				60.00	1346
HPC	2,426.69				2,426.69	6334
AT&T Oct	7,442.14				7,442.14	5129
CAHCF Oct	847.83				847.83	5135
TOTAL	25,868.19	4,676.54	5,150.19	17,123.12	308,907.89	

Total per GL 9/30/20

308,907.89

Variance

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVI	2282	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	1,625,926
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	880,000
2. Land Improvements			*Historical Cost _____ Accum. Depreciation _____ Net	
3. Buildings			*Historical Cost 4,371,469 Accum. Depreciation 2,036,283 Net	
4. Non-Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
5. Movable Equipment			*Historical Cost _____ Accum. Depreciation _____ Net	
6. Motor Vehicles			*Historical Cost _____ Accum. Depreciation _____ Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	3,215,186
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Accum. Depreciation _____ Net	
4. Goodwill (Purchased Only)			\$	4,306,111
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (3,062,908)	
Name and Address		Amount	Loan Date	
Due from Related Party		(3,062,908)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	370,725
Deferred Finance Fees			66,116	
Project Development			304,609	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,613,928
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,455,040

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d		2282	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,545,694
2. Notes Payable (<i>itemize</i>)				\$	(1,308,453)
Due from Related Facilities					(154,512)
Line of Credit					(1,153,941)
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>)				\$	320,452
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	265,454
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>)				\$	818,371
Accrued Operating Expenses		129,734			
Accrued Expense CT sales tax		1,008			
Provider Tax Due		678,945			
Accrued Health Insurance		8,684	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,641,518

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

(Carry Total forward to next page)

**SUMMIT AT PLANTSVILLE
ACCRUED EXPENSES-OPERATING
9/30/2020**

	12,459.87
Medical Director	5,000.00
Medical Director	5,000.00
Maint & Repairs	649.96
Employee Travel	532.81
Podiatry	50.15
Physician Services	4.41
Data Processing	297.85
Nursing Supplies	13.45
Entertainer	150.00
4th Qtr Management Fee Adjustment Accrual	28,010.70
Data Processing	1,060.50
Data Processing	384.51
Membership dues	2,550.00
Office Supplies	1,192.17
Office Supplies	1,192.17
Payroll Processing	1,200.00
Electricity	10,302.20
Employee Travel	366.24
Maintenance Supplies	629.40
Housekeeping Supplies	288.16
Food	29,333.62
Dietary Supplies	4,797.67
Supplements	3,673.93
Legal	4,000.00
Legal	467.50
Business Promotion	210.42
Business Promotion	227.66
Business Promotion	714.29
Business Promotion	1,000.00
Medical Insurance	2,023.69
Nursing Supplies	36.65
Nursing Supplies	1,331.19
Accounting Fee	10,400.00

129,734.42

G/L Balance 9/30/20

129,734.42

Variance

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G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE		License No. 2282	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,641,518	
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>)					\$ 698,394
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	698,394	None			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ (698,991)
Due to Related-Landlord		(698,991)			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ (597)
C. Total All Liabilities (Lines A-13 + B-5)					\$ 1,640,921

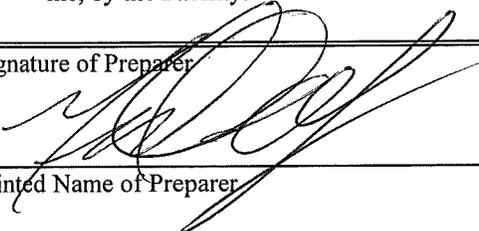
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSV	2282	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	2,335,186
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			\$	3,215,186
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(400,000)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,498,540
6. Gain or Loss for Period			\$	(499,607)
				10/1/2019 thru 9/30/2020
7. Total Net Worth			\$	1,598,933
C. Total Reserves and Net Worth			\$	4,814,119
D. Total Liabilities, Reserves, and Net Worth			\$	6,455,040

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVII	2282	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	2,396,884
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,516,487
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,016,094
D. Net Income or Deficit			\$	(499,607)
E. Balance			\$	1,897,277
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Health Insurance		(253,544)		
State Income Tax		(46,100)		
Rounding		2		
Rent Expense		1,298		
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	(298,344)
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	09/30/20		\$	1,598,933

I. Preparer's/Reviewer's Certification

Name of Facility Southington SNF, LLC OF	License No. 2282	Report for Year Ended 9/30/2020	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 CFO	Date Signed 2-15-21	
Printed Name of Preparer Athena Health Care Associates, Inc.				
Address Address 135 South Rd, Farmington, CT 06032			Phone Number 860-751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report Michael Mosier			Phone Number 860-751-3900	
Contact Email Address mmosier@athenahealthcare.com				

Error Check

Level	Item	Reported as		
	Page 23 - Historical Cost of Building Improvemen	562,055	is inconsistent with Page 31	4,933,522
	Page 23 - Historical Cost of Movable Eq.	1,824,267	is inconsistent with Page 31	1,808,782
	Page 23 - Accumulated Dep. of Building Improver	490,095	is inconsistent with Page 31	2,526,376
				4,371,467
				(15,485)
				2,036,281