

# State of Connecticut



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

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street Granby, CT 06035	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider 07-5367
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Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	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)	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2018	1	37

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby [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) Rachel DeMaida			Printed Name (Owner) Lawrence G. 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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 350 Salmon Brook Street Granby, CT 06035				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/8/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-653-9888		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		Address (No. & Street, City, State, Zip ) 350 Salmon Brook Street Granby, CT 06035		
License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Rachel DeMaida		Nursing Home Administrator's License No.:	1889	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









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

**General Information and Questionnaire  
Related Parties\***

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of G	License No. 2342	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	%**				
Misc. Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	pg 22, 9	737,744	737,744
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees, Payroll Processing	Pg 17	221,171	135,340
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15, 1	1,082,262	1,082,262
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20	275,444	275,444
		<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.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook	License No. 2342	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.				
Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days Physical/Speech/Occupational Therapy - Allocated on % of Treatments Administrative Nursing - Allocated on Direct Nursing Hours Management Fees - Allocated based on methods above for each expense category				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related company expenses were allocated on Methods above except as noted in 1 above.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	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						
Sali Barolli, 2 Executive Hill Rd, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Parking Lot	09/01/17	(Auto-Renewal)	2,400		2,400
Leaf, 1720A Crete St, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier & Fax	01/25/17	48 Months	10,460		10,460
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	10/10/18	60 Months	1,207		1,207
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	05/16/13	60 Months	5,109		3,406
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	09/25/14	60 Months	1,190		892
	<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"/>						
							<b>Total ***</b>	18,365

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

\* 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 Athena Meadowbrook, LLC d/b/a	License No. 2342	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 Dworken, Hillman, Lamorte & Sterczala 3 4	Address (No. & Street, City, State, Zip Code) 335 Long Wharf Dr, 12th Fl, New Haven, CT 06511 29 South Main St. West Hartford, CT
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Services Provided by This Firm (*describe fully*)

1 Tax Return & Audit Financial Statements	\$ 22,500
2 1065 Partnership Returns (Disallow)	\$ 5,100
3 Medicare Cost Report	\$ 2,700
4	\$
	<b>Charge for Services Provided</b>
	\$ 30,300

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 1 Goldman, Gruder & Woods, LLC 2 Murtha Cullina 3 Mcelroy, Deutsch, Mulvaney & Carpenter, LLP 4 Treasurer, State of CT/State Marshall 5	Telephone Number 203-899-8900 860-240-6000
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Address (*No. & Street, City, State, Zip Code*)

1 200 Connecticut Ave, Norwalk CT 06854
2 118 Asylum St, Hartford, CT 06103
3 One State St., 14th Fl, Hartford, CT 06103
4
5

Services Provided by This Firm (*describe fully*)

1 A/R Collections: Disallow	\$ 2,967
2 Audit Letter: Allow	\$ 683
3 Employee Matters: Disallow	\$ 10,364
4 A/R Issues Disallow	\$ 589
5	\$
	<b>Charge for Services Provided</b>
	\$ 14,603

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

### Schedule of Resident Statistics

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		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	90	80	10		90	80	10		90	80	10	
B. On last day of THIS report period	90	80	10		90	80	10		90	80	10	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	87	79	8		87	79	8		82	76	6	
B. As of midnight of THIS report period	84	75	9		82	76	6		84	75	9	
3. Total Number of Days Care Provided During Period												
A. Medicare	5,926	3,762	2,164		4,457	2,889	1,568		1,469	873	596	
B. Medicaid (Conn.)	20,729	20,716	13		19,125	19,121	4		1,604	1,595	9	
C. Medicaid (other states)												
D. Private Pay	4,027	3,252	775		2,960	2,338	622		1,067	914	153	
E. State SSI for RCH												
F. Other (Specify) Managed Care	216	216			190	190			26	26		
G. Total Care Days During Period (3A thru F)	30,898	27,946	2,952		26,732	24,538	2,194		4,166	3,408	758	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	44	44			21	21			23	23		
B. Other Bed Reserve Days	61	61			57	57			4	4		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,003	28,051	2,952		26,810	24,616	2,194		4,193	3,435	758	

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr			License No. 2342			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? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> 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	11		59		8	1	5						
Per Diem Rate													
a. One bed rm.	588.94		247.40	195.80	563.00	535.00	438.53						
b. Two bed rms.	588.94		247.40	195.80	533.00	521.00	438.53						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)					6,164	6,164							
1. Maintenance Treatments					299	299							
2. Restorative Treatments													
C. Other					13,207	13,207							
D. <b>Total Physical Therapy Treatments</b>					19,670	19,670							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					1,763	1,763							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					73	73							
2. Restorative Treatments													
C. Other					3,727	3,727							
D. <b>Total Speech Therapy Treatments</b>					5,563	5,563							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					4,559	4,559							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					283	283							
2. Restorative Treatments													
C. Other					14,240	14,240							
D. <b>Total Occupational Therapy Treatments</b>					19,082	19,082							

### Report of Expenditures - Salaries & Wages

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,698	1,920	11,860	202		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	202,120	8,528	21,271	898		
5. Dietary Service						
a. Head Dietitian	31,432	762	3,308	80		
b. Food Service Supervisor	50,537	1,913	5,318	201		
c. Dietary Workers	356,094	24,700	37,474	2,599		
6. Housekeeping Service						
a. Head Housekeeper	41,728	1,867	4,391	197		
b. Other Housekeeping Workers	159,572	11,527	16,793	1,213		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	51,450	1,891	5,414	199		
b. Other Maintenance Workers	34,650	1,908	3,646	201		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	85,379	5,452	8,985	574		
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	122,774	2,543	13,591	281		
b. RN						
1. Direct Care	586,153	15,559	15,037	466		
2. Administrative**	298,242	10,693	33,016	1,184		
c. LPN						
1. Direct Care	581,559	21,300	49,038	1,844		
2. Administrative**						
d. Aides and Attendants	1,031,011	66,557	135,945	9,241		
e. Physical Therapists	423,721	11,742				
f. Speech Therapists	188,377	3,712				
g. Occupational Therapists	287,843	8,206				
h. Recreation Workers	105,658	6,015	11,119	633		
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	192,142	6,428	20,220	676		
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,943,140	213,223	396,426	20,689		

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.





**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended				Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Rachel DeMaida (10/1/17-9/30/18)	112,698	11,860		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,122	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of	2342	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	10,317	58	1,086	6		
3. Pharmacist	6,049	114	637	12		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	100,974	313	10,626	33		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	142					
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	990					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	75,384	687				
2. Administrative***	2,111		234			
b. LPN						
1. Direct Care	14,400	239				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>210,367</b>	<b>1,411</b>	<b>12,583</b>	<b>51</b>		

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2018	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental Group, 888 Worcester St, Wellesley, MA 02482	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians, 6 Northwesters Drive, Bloomfield, CT 06002	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Bloomfield Foot Specialists, LLC	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eyecare Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Gilberto Ramirez, MD, 421 Cottage Grove Rd, Bloomfield, CT 06002	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Procare Professional Healthcare Services, PO Box 646, Oxford, CT 06478	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Athena Healthcare, 135 South Rd., Farmington, CT 06032	MDS Fill in	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
		<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 244,841	226,663	18,178	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 89,268	82,640	6,628	
4. Social Security (F.I.C.A.)	\$ 354,040	327,755	26,285	
5. Health Insurance	\$ 820,953	760,003	60,950	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 22,011	20,377	1,634	
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*	\$ 13,145	13,145		
d. Accounting and Auditing	\$ 30,300	27,415	2,885	
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 14,603	13,213	1,390	
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 58,270	52,722	5,548	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 69,453	62,840	6,613	
2. Cellular Phones	\$ 1,679	1,519	160	
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	226	24	
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 527,079	476,892	50,187	
<b>Subtotal</b>	\$ 2,245,892	2,065,410	180,482	

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

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

**Schedule of Other Employee Benefits**

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

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,245,892	2,065,410	180,482		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,211	3,810	401		
3. Gifts to Staff and Residents	\$ 12,832	11,610	1,222		
4. Employee Travel	\$ 1,319	1,193	126		
5. Education Expenses Related to Seminars and Conventions	\$ 3,015	2,728	287		
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> )	\$ 8,060	7,293	767		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 784	709	75		
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 21,184	19,167	2,017		
4. Fund-Raising***	\$				
5. Medical Records	\$ (184)	(166)	(18)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,544	5,921	623		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,179	5,591	588		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,104	999	105		
10. Contributions*** See Attached Schedule	\$ 4,000	3,619	381		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 153,876	139,225	14,651		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 68,453	61,935	6,518		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,537,269	2,329,044	208,225		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 19,167	\$ 2,017	
<b>Total Other Advertising</b>	\$ 19,167	\$ 2,017	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 5,591	\$ 588	
<b>Total Dues</b>	\$ 5,591	\$ 588	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 3,619	\$ 381	
<b>Total Contributions</b>	\$ 3,619	\$ 381	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 9,336	\$ 983	
Payroll Processing Fees	\$ 17,888	\$ 1,882	
Facility, elevator, food Licenses	\$ 1,467	\$ 154	
Compliance Consulting	\$ 27	\$ 3	
Employee Physicals/Background Checks	\$ 10,155	\$ 1,069	
Data Processing Fees	\$ 23,062	\$ 2,427	
<b>Total Other Administrative and General</b>	\$ 61,935	\$ 6,518	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meado	2342	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	197,927	Contract Attached to a Prior Year	See Below
Allocation of the above	130,632	Admin/Gen 66%	Pg 16, Line 12
	31,668	Indirect 16%	Pg 20, Line 5k
	35,627	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	23,244	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of G		License No. 2342	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 218,810	197,976	20,834	
2.	Non-Food Supplies	\$ 30,393	27,499	2,894	
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		\$ 31,668	28,653	3,015	
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 280,871</b>	<b>254,128</b>	<b>26,743</b>	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	254	230	24	
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. \$2,577	
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
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	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. \$	17,847	16,148	1,699	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	4,784	4,328	456	
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	22,631	20,476	2,155	
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbro		2342	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. \$	16,943	15,330	1,613	
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	16,943	15,330	1,613	
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omni Care	\$	220,782	220,680	102	
	b. Medicine Cabinet Drugs	\$	11,357	10,276	1,081	
	c. Medical and Therapeutic Supplies	\$	170,726	154,470	16,256	
	d. Ambulance/Limousine***	\$	3,053	3,053		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	28,913	26,031	2,882	
	f. X-rays and Related Radiological Procedures***	\$	8,703	8,703		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	18,042	18,042		
	i. Recreation	\$	21,834	19,755	2,079	
	j. Direct Management Services*	\$	35,627	32,235	3,392	
	k. Indirect Management Services*	\$	31,668	28,653	3,015	
	l. Other (Specify)**** See Attached Schedule	\$	74,176	71,491	2,685	
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	624,881	593,389	31,492	

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Medical Equip Rentals-Medicaid	\$ 6,448	\$ 679	
Physical Therapy Supplies	\$ 24,801	\$ -	
Oxygen Concentrator Rentals	\$ 4,482	\$ 472	
Cable Television	\$ 14,574	\$ 1,534	
Medical Equip Rentals-Other	\$ 21,186	\$ -	
<b>Total Other Resident Care</b>	<b>\$ 71,491</b>	<b>\$ 2,685</b>	<b>\$ -</b>

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		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
CWPM	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	20,665	2,175		22	6f
Mason Enterprises	PO Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping/Snow Removal	13,651	1,560		22	6f
Procare	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:Minority Interest	Pharmacy	262,529	102		20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	15,258	1,743		16	13
		<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"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbr	2342	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$ 86,265	78,051	8,214			
b. Heat	\$ 54,330	49,157	5,173			
c. Light & Power	\$ 110,448	99,932	10,516			
d. Water	\$ 19,166	17,341	1,825			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 18,365	16,616	1,749			
f. Other ( <i>itemize</i> )	\$ 61,050	55,236	5,814			
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 349,624</b>	<b>316,333</b>	<b>33,291</b>			
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 3,867	3,437	430			
d. Movable Equipment	\$ 49,212	43,744	5,468			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 53,079</b>	<b>47,181</b>	<b>5,898</b>			
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$ 5,982	5,412	570			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 26,398	23,465	2,933			
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 32,380</b>	<b>28,877</b>	<b>3,503</b>			
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	<b>\$ 737,744</b>	<b>655,772</b>	<b>81,972</b>			
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 133,852	118,980	14,872			
c. Personal property taxes	\$ 14,152	12,580	1,572			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 971,207</b>	<b>863,390</b>	<b>107,817</b>			

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Groundskeeping	\$ 13,480	\$ 1,419	
Rubbish Removal	\$ 20,665	\$ 2,175	
Snow Removal	\$ 10,233	\$ 1,077	
Supplies	\$ 10,858	\$ 1,143	
<b>Total Other Repairs and Maintenance</b>	\$ 55,236	\$ 5,814	\$ -

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### Depreciation Schedule

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			License No. 2342		Report for Year Ended 9/30/2018			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			38,553		38,553	17,394	SL	Various	3,867				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										3,867			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2017	175,342		175,342	82,407	S/L	Various	45,282	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	59,059		59,059		S/L	Various	3,930	
D-3. Subtotal													49,212
<b>E. Total Depreciation</b>													53,079

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
Various	See Attached	\$ 59,059	Various	\$ 3,930
<b>Total additions for Movable Equipmen</b>		\$ 59,059		\$ 3,930 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
Various	See Attached	\$ 46,037	Various	\$ 2,435
<b>Total additions for Leasehold Improvemen</b>		\$ 46,037		\$ 2,435 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Bed License Purchase	9	Var 19	10 yrs None	910,317	166,639	SL None	None	5,982	
2.									
3.									
A-4. Subtotal									5,982
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2017	Various	185,993	98,188	SL	Var	23,963	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	46,037		S/L	Var	2,435	
C-4. Subtotal									26,398
<b>D. Total Amortization</b>									32,380

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Athena Meadowbrook, LLC d/b/a Me	License No. 2342	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		10/01/1991		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		10/01/91		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building		6,048,250		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)		Fixed		
h. Date of Refinancing		08/29/18		
i. New Interest Rate		5.01%		
j. Term of Mortgage (number of years)		10 Years		
k. Amount of Principal Borrowed		6,250,000		
l. Principal Outstanding on Note Paid-Off		6,095,666		
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a M		2342	9/30/2018			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a		2342		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)				\$	3,077	2,735	342	
Vender Interest = \$3,077								
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	3,077	2,735	342	
14. Insurance								
a. Insurance on Property (buildings only)				\$	64,736	57,543	7,193	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	64,736	57,543	7,193	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	10,433,755	9,605,875	827,880	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 287,843	287,843		
4.			Other - See attached Schedule	\$ 4,031	3,647	384	
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 142	142		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 13,145	13,145		
10.	15	1d&e	Accounting	\$ 5,100	4,614	486	
10a.			Legal	\$ 13,920	12,595	1,325	
11.	30	IV3	Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,319	1,193	126	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 12,832	11,610	1,222	
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 *	\$ 21,968	19,876	2,092	
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 250	226	24	
20.	16	m4&	Fund Raising / Contributions	\$ 4,000	3,619	381	
21.	16	m12	Unallowable Management Fees	\$ 56,649	51,255	5,394	
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 10,349	9,363	986	
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 2,577	2,332	245	
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 434,125	421,460	12,665	

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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



Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12M	Marketing Salaries & Benefits	\$ 3,647	\$ 384	
<b>Total Other Salaries Adjustment</b>			\$ 3,647	\$ 384	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 9,336	\$ 983	
16	M13	Compliance Consultant	\$ 27	\$ 3	
<b>Total Other A&amp;G Adjustments</b>			\$ 9,363	\$ 986	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 434,125	421,460	12,665	
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 220,782	220,680	102	
28.	20	5d	Ambulance/Limousine	\$ 3,053	3,053		
29.	20	5f	X-rays, etc	\$ 8,703	8,703		
30.	20	5h	Laboratory	\$ 18,042	18,042		
31.	20	5c	Medical Supplies	\$ 15,775	14,273	1,502	
32.	20	5e2	Oxygen (non emergency)	\$ 28,913	26,031	2,882	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 33,694	32,503	1,191	
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 15,538	14,059	1,479	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.	30	IV5	Interest Income on Account Rec.	\$ 129	117	12	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 15,450	13,979	1,471	
46.			Management Fees Indirect	\$ 13,733	12,425	1,308	
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 807,937	785,325	22,612	

\*\*\* 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	\$ 21,186		
20	5j	Radio and Television Revenue	\$ 11,317	\$ 1,191	
<b>Total Other Ancillary Costs</b>			\$ 32,503	\$ 1,191	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7c	Leased Moveable Equipment Depreciation	\$ (13,160)	\$ (1,385)	
22	7e	Excess Moveable Equipment Depreciation (Carryforward)	\$ 27,219	\$ 2,864	
<b>Total Excess Movable Equipment Depreciation</b>			\$ 14,059	\$ 1,479	\$ -

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,062,845	11,056,040	6,805			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,922,770)	(5,918,510)	(4,260)			
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,817,310	1,218,412	598,898			
b. Medicare Room and Board Contractual Allowance **	\$ 205,105	105,877	99,228			
4. a. Private-Pay Residents and Other	\$ 3,514,677	2,649,648	865,029			
b. Private-Pay Room and Board Contractual Allowance **	\$ (379,646)	(229,750)	(149,896)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 141,195	141,195				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (141,195)	(141,195)				
c. Prescription Drugs - Non-Medicare	\$ 168,144	168,144				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (168,144)	(168,144)				
2. a. Medical Supplies - Medicare	\$ 6,775	6,775				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,095)	(3,095)				
c. Medical Supplies - Non-Medicare	\$ 3,736	3,736				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,736)	(3,736)				
3. a. Physical Therapy - Medicare	\$ 751,091	751,091				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (567,957)	(567,957)				
c. Physical Therapy - Non-Medicare	\$ 291,920	291,920				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (285,450)	(285,450)				
4. a. Speech Therapy - Medicare	\$ 345,410	345,410				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (261,018)	(261,018)				
c. Speech Therapy - Non-Medicare	\$ 95,375	95,375				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (95,375)	(95,375)				
5. a. Occupational Therapy - Medicare	\$ 718,164	718,164				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (567,534)	(567,534)				
c. Occupational Therapy - Non-Medicare	\$ 312,245	312,245				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (309,975)	(309,975)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (13,462)	(13,462)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,714,635	9,298,831	1,415,804			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 129	117	12			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 125,686	116,766	8,920			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 125,815	116,883	8,932			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,840,450	9,415,714	1,424,736			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives-Medicaid	\$ (41,887)		
N/A	Retroactives-Medicare	\$ 28,425		
<b>Total Other Resident Revenue</b>		\$ (13,462)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	N/A	\$ 117	\$ 12	\$ -
<b>Total Interest Income</b>			\$ 117	\$ 12	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 32,007	\$ -	
	Gain on Refinance	\$ 84,759	\$ 8,920	
<b>Total Other Revenue</b>		\$ 116,766	\$ 8,920	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	78,584
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,156,915
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,041
5. Prepaid Expenses			\$	414,411
a. Prepaid Insurance	251,984			
b. Prepaid Health Insurance	8,878			
c. Prepaid Expenses	153,549			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	20,651
Medicaid Cost Settlement				
A/R Related	20,651			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,683,602</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>232,028</u>		\$	107,442
	Accum. Depreciation <u>124,586</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>38,553</u>		\$	17,291
	Accum. Depreciation <u>21,262</u>	Net		
6. Movable Equipment	*Historical Cost <u>394,206</u>		\$	127,907
	Accum. Depreciation <u>266,299</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	28,410
Excluded Movable Equipment	28,410			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>281,050</b>

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2018	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	1,964,652
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	625,028		
	Accum. Depreciation	602,828	Net	\$ 22,200
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	22,200
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	59,822		
	Accum. Depreciation	28,513	Net	\$ 31,309
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 93,781
	Tax Deposits	643		
	Project Development	93,138		
	See Schedule			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	125,090
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,111,942

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



Schedule of Prepaid Expenses Page 31 Line A5

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

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr		License No. 2342	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	887,849
2. Notes Payable ( <i>itemize</i> )				\$	367,865
Interfacility Loans					367,865
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> )				\$	134,081
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	4,367
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> )				\$	281,189
Security Deposits-Private Pay		Provider Taxes Due	135,117		
Acc'd Int-Private Pay Security Depo		Acc'd Health insurance	9,379		
Acc'd Operating Expenses		136,524			
Acc'd Expense - Sales Tax		169 See Schedule			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,675,351

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

(Carry Total forward to next page)

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook		License No. 2342	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,675,351	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 165,332	
Name and Address of Lender	Amount	Loan Date			
Accr'd Rent	165,332				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 165,332	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,840,683	

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Mea	2342	9/30/2018	35	37	
Account			Amount		
<b>A. Reserves</b>					
1. Reserve for value of leased land			\$		
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$		
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	22,200	
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			\$	22,200	
<b>B. Net Worth</b>					
1. Owner's Capital			\$		
2. Capital Stock			\$		
3. Paid-in Surplus			\$	(621,754)	
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	432,450	
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	\$	438,363
7. Total Net Worth			\$	249,059	
<b>C. Total Reserves and Net Worth</b>			\$	271,259	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,111,942	

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Mead	2342	9/30/2018	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(310,300)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,840,450		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,402,087		
D. Net Income or Deficit			\$	438,363		
E. Balance			\$	128,063		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Health Insurance	67,532					
Nursing Supply Rebate	3,243					
Management Fee	50,000					
Carryforward depr adjmt	221					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	120,996
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount				
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. <b>Balance at End of Period</b>	09/30/18		\$	249,059		

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

Name of Facility Athena Meadowbrook, LLC d/b/a	License No. 2342	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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		