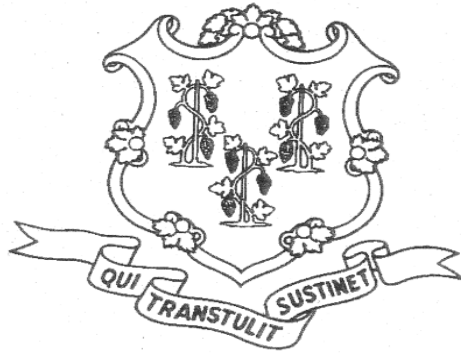


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	
Address (No. & Street, City, State, Zip Code) 205 Chestnut Hill Road, Stafford Springs, CT 06076	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2081C	RHNS	(Specify)	Medicare Provider 07-5326
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2081C	RHNS	ICF-IID
----------------------------	---------------	------	---------

**For Department Use Only**

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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health	2081C	9/30/2021	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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Christine M. McKinney			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

# Table of Contents

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

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 205 Chestnut Hill Road, Stafford Springs, CT 06076				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/12/2021		
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. <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 860-684-6341		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Stafford Springs CT SNF LLC d/b/a Evergreen Health Care C		Address (No. & Street, City, State, Zip ) 205 Chestnut Hill Road, Stafford Springs, CT 06076		
License Numbers:	CCNH 2081C	RHNS (Specify)	Medicare Provider No. 07-5326	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Christine M McKinney		Nursing Home Administrator's License No.:	001627	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		









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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health	License No. 2081C	Report for Year Ended 9/30/2021	Page 4	of 37
--	----------------------	------------------------------------	-----------	----------

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	%**				
Athena Stafford Springs Landlord LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Property	Pg 22 L9	1,192,179	1,192,179
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan	Pg 15 A7		
Athena Health Care System	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	see attached			
Misc Facilities	Various Addresses	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Pg 15, 1a5	1,268,717	1,268,717
Procure Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	pg 20 5a2, 5b,	459,371	459,371
		<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 Stafford Springs CT SNF LLC d/b/a Evergreen I	License No. 2081C	Report for Year Ended 9/30/2021	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?       Yes       No      If "No," explain fully why such allocation was not made.

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

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

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

### 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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care			2081C	9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	01/04/16	63 Months	944	944	
Leaf Capital, PO Box 742647 Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/21/19	48 Months	14,134	10,556	
Leaf Capital, PO Box 742647 Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/05/18	19 Months	3,913	3,913	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							15,413	

\* 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 Stafford Springs CT SNF LLC d/b/a	License No. 2081C	Report for Year Ended 9/30/2021	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

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 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Tax Returns	\$ 4,764
2 Medicare Cost Report	\$ 2,700
3 PPP loan forgiveness (Disallowed)	\$ 9,270
4	\$
	Charge for Services Provided
	\$ 16,734

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 Murtha Cullina 2 Goldman, Gruder & Woods, LLP 3 State Marshall/Probate 4 Jackson Lewis PC 5 Pilicy & Ryan	Telephone Number 860-240-6000 203-899-8900 914-872-8060 860-274-0018
---	--

Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 185 Asylum St Hartford, CT 06103 2 200 Connecticut Ave, Norwalk, CT 06854 3 4 44 South Broadway, 14th fl, White Plains, NY 10601 5 253 Main St. Watertown, CT 06795
---

Services Provided by This Firm (*describe fully*)

1 Misc. Issues:Disallow	\$ 342
2 A/R:disallow	\$ 32,389
3 conservatorship/probate fees/medicaid apps:disallow	\$ 5,000
4 Misc. Issues:Disallow	\$ 809
5 A/R:disallow	\$ 115
	Charge for Services Provided
	\$ 38,655

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 Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			License No. 2081C		Report for Year Ended 9/30/2021				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	180	180			180	180						
B. On last day of THIS report period	180	180							180	180		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	140	140			140	140						
B. As of midnight of THIS report period	155	155							155	155		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,094	7,094			4,973	4,973			2,121	2,121		
B. Medicaid (Conn.)	38,837	38,837			29,271	29,271			9,566	9,566		
C. Medicaid (other states)												
D. Private Pay	6,121	6,121			4,100	4,100			2,021	2,021		
E. State SSI for RCH												
F. Other (Specify) Managed Care	280	280			124	124			156	156		
G. Total Care Days During Period (3A thru F)	52,332	52,332			38,468	38,468			13,864	13,864		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	19	19			14	14			5	5		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	52,351	52,351			38,482	38,482			13,869	13,869		

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

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen			License No. 2081C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		118		18		9						
Per Diem Rate													
a. One bed rm.	583.28		301.76		562.00		448.21						
b. Two bed rms.	583.28		301.76		544.00		448.21						
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)					4,361	4,361							
1. Maintenance Treatments					1,021	1,021							
2. Restorative Treatments													
C. Other					11,583	11,583							
D. <b>Total Physical Therapy Treatments</b>					16,965	16,965							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					683	683							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					174	174							
2. Restorative Treatments													
C. Other					1,609	1,609							
D. <b>Total Speech Therapy Treatments</b>					2,466	2,466							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					2,787	2,787							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					945	945							
2. Restorative Treatments													
C. Other					9,851	9,851							
D. <b>Total Occupational Therapy Treatments</b>					13,583	13,583							

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care C	License No. 2081C	Report for Year Ended 9/30/2021	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)	159,810	2,073				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	283,037	12,896				
5. Dietary Service						
a. Head Dietitian	66,576	2,132				
b. Food Service Supervisor	55,746	2,111				
c. Dietary Workers	428,616	24,712				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	203,755	11,991				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	98,793	2,207				
b. Other Maintenance Workers	144,720	5,396				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	134,422	8,730				
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	184,668	3,375				
b. RN						
1. Direct Care	872,941	17,445				
2. Administrative**	409,271	12,411				
c. LPN						
1. Direct Care	1,768,061	54,239				
2. Administrative**						
d. Aides and Attendants	2,554,987	107,270				
e. Physical Therapists	374,820	8,217				
f. Speech Therapists	102,654	2,282				
g. Occupational Therapists	229,077	6,217				
h. Recreation Workers	289,697	12,424				
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	246,243	8,275				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,607,894	304,403				

\* 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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center				2081C	9/30/2021				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Not Applicable										

\* 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	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center				2081C	9/30/2021			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>										
Christine M. McKinney (10/1/20-9/30/21)	159,810			Health & Life Insurance, Payroll Taxes	Day to day operations if the nursing home facility	2,073	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		
Stafford Springs CT SNF LLC d/b/a Evergreen Hea	2081C	9/30/2021	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	25,827	220				
3. Pharmacist	17,406	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,500	1,233				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>83,733</b>	<b>1,549</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 Stafford Springs CT SNF LLC d/b/a Evergreen Health C		License No. 2081C	Report for Year Ended 9/30/2021	Page 14	of 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	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 110 Bi-County Blvd. Suite 121, Farmingdale, NY 11735	Pharmacy Consulting/Nursing Consultants	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Dushyant Parikh, 146 Hazard Ave., Enfield CT 06082	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Younus Masih, 15 Palumba Dr., Enfield, CT 06082	Medical Director	<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"/>		
		<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
Stafford Springs CT SNF LLC d/b/a Evergreen H	2081C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 237,882	237,882		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 67,233	67,233		
4. Social Security (F.I.C.A.)	\$ 633,333	633,333		
5. Health Insurance	\$ 1,237,813	1,237,813		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 37,814	37,814		
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*	\$ 253,353	253,353		
d. Accounting and Auditing	\$ 16,734	16,734		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 38,655	38,655		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 68,716	68,716		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,504	26,504		
2. Cellular Phones	\$ 2,865	2,865		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 953,653	953,653		
<b>Subtotal</b>	\$ 3,574,555	3,574,555		

\* 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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Other Taxes**

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

---

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

Name of Facility	License No.	Report for Year Ended		Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health	2081C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,574,555	3,574,555			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,130	6,130			
3. Gifts to Staff and Residents	\$ 10,701	10,701			
4. Employee Travel	\$ 7,994	7,994			
5. Education Expenses Related to Seminars and Conventions	\$ 5,410	5,410			
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> )	\$ 15,060	15,060			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 3,369	3,369			
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	\$ 7,949	7,949			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,496	11,496			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 625	625			
10. Contributions*** See Attached Schedule	\$ 100,500	100,500			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 560,053	560,053			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 112,692	112,692			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,416,534	4,416,534			

\* 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	\$ 3,369		
<b>Total Other Advertising</b>	\$ 3,369	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 11,496		
<b>Total Dues</b>	\$ 11,496	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 100,500		
<b>Total Contributions</b>	\$ 100,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,043		
Bank Charges	\$ 18,651		
Payroll Processing Fees	\$ 20,254		
Employee Physicals/Background Checks	\$ 4,999		
Data Processing/ Software Maint. Fees	\$ 61,432		
	\$ -		
Energy Audit	\$ 6,313		
<b>Total Other Administrative and General</b>	\$ 112,692	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Stafford Springs CT SNF LLC d/b/a Ever	2081C	9/30/2021	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	543,378	Contract Attached to a Prior Year	See Below
Allocation of the above	\$97,808	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	38,736	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) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health C		2081C	9/30/2021		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. \$	164,598	164,598			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$					
c. Other ( <i>Specify</i> ) Supplies	\$	10,249	10,249			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>174,847</b>	<b>174,847</b>			
<b>3E. Laundry Questionnaire</b>						
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
Stafford Springs CT SNF LLC d/b/a Evergreen		2081C	9/30/2021		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. \$	43,960	43,960		
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>	\$	43,960	43,960		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	424,458	424,458		
b.	Medicine Cabinet Drugs	\$	18,035	18,035		
c.	Medical and Therapeutic Supplies	\$	481,608	481,608		
d.	Ambulance/Limousine***	\$	5,323	5,323		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	62,354	62,354		
f.	X-rays and Related Radiological Procedures***	\$	23,420	23,420		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	49,471	49,471		
i.	Recreation	\$	8,760	8,760		
j.	Direct Management Services*	\$	142,177	142,177		
k.	Indirect Management Services*	\$	126,380	126,380		
l.	Other (Specify)**** See Attached Schedule	\$	213,651	213,651		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,555,637	1,555,637		

\* 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>
Management Fee Direct	\$ 142,177		
	\$ -		
Cable TV	\$ 28,742		
Medical Equip Rentals-Medicaid	\$ 31,891		
Physical Therapy Supplies	\$ 10,841		
	\$ -		
<b>Total Other Resident Care</b>	<b>\$ 213,651</b>	<b>\$ -</b>	<b>\$ -</b>

-----

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

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			License No. 2081C		Report for Year Ended 9/30/2021			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
		<input type="radio"/>	<input checked="" type="radio"/>							
Procure LTC Pharmacy	111 Executive Blvd Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners:Minority Interest	Pharmacy Services	459,371			20	5A2 &
ADP	PO Box 842875, Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	20,254			16	m13
Vasseur Landscaping	156 Broad Brook Rd Enfield, CT 06082	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal Services	56,290			22	6f
USA Hauling & Recycling	P.O. Box 808 East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	49,005			22	6f
Unitex Textile Services	Pwy, Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	164,598			19	3a4
		<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).

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 29,203		
Rubbish Removal	\$ 49,005		
Snow Removal	\$ 27,087		
Supplies	\$ 40,995		
<b>Total Other Repairs and Maintenance</b>	\$ 146,290	\$ -	\$ -

-----

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

Name of Facility	License No.	Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a Evergree	2081C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 146,615	146,615				
b. Heat	\$ 120,304	120,304				
c. Light & Power	\$ 175,131	175,131				
d. Water	\$ 73,231	73,231				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 15,413	15,413				
f. Other ( <i>itemize</i> )	\$ 146,290	146,290				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 676,984</b>	<b>676,984</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 76,829	76,829				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 139,493	139,493				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 216,322</b>	<b>216,322</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 204,103	204,103				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 204,103</b>	<b>204,103</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,265,769	1,265,769				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 204,391	204,391				
c. Personal property taxes	\$ 16,213	16,213				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,906,798</b>	<b>1,906,798</b>				

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



### Depreciation Schedule

Name of Facility Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Center			License No. 2081C			Report for Year Ended 9/30/2021			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			1,536,584		1,536,584	38,415			76,829				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										76,829			
<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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		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	2020	1,338,731		1,338,731	708,251	S/L	Various	137,534	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2021	28,254		34,113		S/L	Various	1,958	
D-3. Subtotal													139,492
<b>E. Total Depreciation</b>													216,321

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>				
10/31/2020	Snow blower	\$ 1,594	5	\$ 159
1/31/2021	Ice Machine	\$ 6,982	10	\$ 349
4/30/2021	Security controller and display	7982	5	798.2
9/30/2021	2 Unimac dryers	10367	10	518.35
9/30/2021	Air Conditioner	1329	5	132.9
<b>Total additions for Movable Equipmen</b>		<b>\$ 28,254</b>		<b>\$ 1,958 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		<b>\$ -</b>		<b>\$ - **</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>				
2/28/2021	Smoke doors	\$ 4,568	10	\$ 228
9/30/2021	Carpet tiles	\$ 9,383	10	\$ 469
9/30/2021	Air conditioner controller	2304	5	230.4
9/30/2021	Pump and compressor (mcquay unit)	10130	5	1013
1/0/1900		0	0	0
1/0/1900		0	0	0
<b>Total additions for Leasehold Improvemer</b>		<b>\$ 26,385</b>		<b>\$ 1,941 *</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemer</b>		<b>\$ -</b>		<b>\$ - **</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
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care C			2081C		9/30/2021			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									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees	12	15	10 Years	51,000	8,925	SL			
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2020		2,846,468	387,232			202,162	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2021	Various	26,385			Various	1,941	
C-4. Subtotal									204,103
<b>D. Total Amortization</b>									204,103

\* 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 Stafford Springs CT SNF LLC d/b/a E	License No. 2081C	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		12/29/15		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		180		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Conventional		
b. Date Mortgage Obtained		12/29/15		
c. Interest Rate for the Cost Year		6.18%		
d. Term of Mortgage (number of years)		4		
e. Amount of Principal Borrowed		15,750,000		
f. Principal balance outstanding as of		14,955,780		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Stafford Springs CT SNF LLC d/b/a H		2081C	9/30/2021			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
Stafford Springs CT SNF LLC d/b/a		2081C		9/30/2021		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)				\$	83,256	83,256	
Vendor Interst=\$21,507 Key Bank Line of Credit=\$30,238							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	83,256	83,256	
14. Insurance							
a. Insurance on Property (buildings only)				\$	151,907	151,907	
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>				\$	151,907	151,907	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	18,334,474	18,334,474	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care Ce			2081C	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 229,077	229,077		
4.			Other - See attached Schedule	\$ 36,648	36,648		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 253,353	253,353		
10.			Accounting	\$ 9,270	9,270		
10a.			Legal	\$ 38,655	38,655		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 2,505	2,505		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 10,701	10,701		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 3,369	3,369		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 100,500	100,500		
21.			Unallowable Management Fees	\$ 325,798	325,798		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 18,651	18,651		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 1,248	1,248		
<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)				\$ 1,029,775	1,029,775		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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



**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing Salaries & Benefits	\$ 36,648		
<b>Total Other Salaries Adjustment</b>			\$ 36,648	\$ -	\$ -

**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	\$ 18,651		
<b>Total Other A&amp;G Adjustments</b>			\$ 18,651	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen Health Care				2081C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,029,775	1,029,775		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 424,458	424,458		
28.			Ambulance/Limousine	\$ 5,323	5,323		
29.			X-rays, etc	\$ 23,420	23,420		
30.			Laboratory	\$ 49,471	49,471		
31.			Medical Supplies	\$ 25,142	25,142		
32.			Oxygen (non emergency)	\$ 62,354	62,354		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 158,319	158,319		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 60,805	60,805		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 88,854	88,854		
46.			Management Fees Indirect	\$ 78,981	78,981		
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>				\$ 2,006,902	2,006,902		

\*\*\* 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	5b	EBOX	\$ 10,059		
20	5k	Unallowable Management Fees.....-Indirect Care	\$ 57,938		
20	5j	Unallowable Management Fees.....-Direct Care	\$ 65,180		
20	5j	Radio + Television Revenue	\$ 25,142		
<b>Total Other Ancillary Costs</b>			\$ 158,319	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Excluded Movable Equipment (See Attached)	\$ 60,805		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 60,805	\$ -	\$ -

## 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 Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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
Stafford Springs CT SNF LLC d/b/a Ever	2081C	9/30/2021		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> )	\$ 20,869,540	20,869,540			
b. Medicaid Room and Board Contractual Allowance **	\$ (10,004,037)	(10,004,037)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,873,086	1,873,086			
b. Medicare Room and Board Contractual Allowance **	\$ 164,325	164,325			
4. a. Private-Pay Residents and Other	\$ 5,634,310	5,634,310			
b. Private-Pay Room and Board Contractual Allowance **	\$ (564,635)	(564,635)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 176,136	176,136			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (176,136)	(176,136)			
c. Prescription Drugs - Non-Medicare	\$ 258,585	258,585			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (258,585)	(258,585)			
2. a. Medical Supplies - Medicare	\$ 7,440	7,440			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 1,125	1,125			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,125)	(1,125)			
3. a. Physical Therapy - Medicare	\$ 537,682	537,682			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (441,840)	(441,840)			
c. Physical Therapy - Non-Medicare	\$ 352,950	352,950			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (352,950)	(352,950)			
4. a. Speech Therapy - Medicare	\$ 167,610	167,610			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (138,172)	(138,172)			
c. Speech Therapy - Non-Medicare	\$ 126,985	126,985			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (126,985)	(126,985)			
5. a. Occupational Therapy - Medicare	\$ 418,963	418,963			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (353,349)	(353,349)			
c. Occupational Therapy - Non-Medicare	\$ 320,210	320,210			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (320,210)	(320,210)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 428,414	428,414			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 18,599,337	18,599,337			
<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> )	\$ 2,167	2,167			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,989,156	1,989,156			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,991,323	1,991,323			
<b>VI. Total All Revenue</b> (III +V)	\$ 20,590,660	20,590,660			

\* 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)
	HHS Funding	\$ 428,414		
<b>Total Other Resident Revenue</b>		\$ 428,414	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, A8	Interest on Renovation Account	3,257,966	\$ 2,167		
<b>Total Interest Income</b>			\$ 2,167	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	PPP Loan Forgiveness	\$ 1,800,000		
	Bad Debt Recoveries	\$ 189,156		
<b>Total Other Revenue</b>		\$ 1,989,156	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Ev	2081C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	570,877
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,815,922
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,561
5. Prepaid Expenses			\$	592,838
a. Prepaid Insurance	185,242			
b. Prepaid management fees (Related Party)	407,596			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(211,033)
8. Other Current Assets ( <i>itemize</i> )			\$	802,142
Working Capital Reserve	802,142			
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,595,307</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,536,584	\$	1,421,340
	Accum. Depreciation	115,244		Net
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
4. Leasehold Improvements	*Historical Cost	2,872,853	\$	2,281,518
	Accum. Depreciation	591,335		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,412,917	\$	565,174
	Accum. Depreciation	847,743		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(36,261)
Moveable Equipment Carryforward	(45,933)			
See Schedule	9,672			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>4,231,771</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)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

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

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

Page Ref	Line Ref	Description	
		project development	\$ 9,672
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 9,672

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		deposit - taxes, utilities	\$ 473,348
		Goodwill	\$ 1,954,600
		Finance fees	\$ 126,030
<b>Total Other Assets</b>			\$ 2,553,978

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Ev	2081C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	8,827,078
C. Leasehold or like property recorded for Equity Purposes.				
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	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	261,774
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>			\$	
See Attachedcd				
_____				
See Schedule				
			2,553,978	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	2,815,752
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	11,642,830

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Evergreen		2081C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,953,016
2. Notes Payable ( <i>itemize</i> )				\$	(10,726,360)
Due From Related Party					(12,024,170)
Water treatment Note					1,297,810
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> )				\$	376,229
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	386,179
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> )				\$	1,796,095
					Provider Taxes Due 1,689,042
Acc'd Health Insurance					7,186
Acc'd Operating Expenses					99,865
Acc'd Expense - Sales Tax					2 See Schedule
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	(5,214,841)

\* 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 Stafford Springs CT SNF LLC d/b/a Evergre		License No. 2081C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				(5,214,841)	
<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> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 8,524,050	
Notes Payable Related Landlord		8,524,050			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 8,524,050	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,309,209	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Stafford Springs CT SNF LLC d/b/a Ev	2081C	9/30/2021	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> )			\$	
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			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,815,968
6. Gain or Loss for Period			\$	2,517,653
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	8,333,621
<b>C. Total Reserves and Net Worth</b>			\$	8,333,621
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	11,642,830

### H. Changes in Total Net Worth

Name of Facility Stafford Springs CT SNF LLC d/b/a Eve	License No. 2081C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	4,830,025
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	20,583,570
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,065,917
D. Net Income or Deficit			\$	2,517,653
E. Balance			\$	7,347,678
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2020 AJE - Health Insurance	(211,343)			
2020 HHS Funds	1,197,286			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	985,943
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>			\$	8,333,621

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

Name of Facility Stafford Springs CT SNF LLC d/b/a	License No. 2081C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			(860) 751-3900	
Contact Email Address				
lrinadli@athenahealthcare.com				