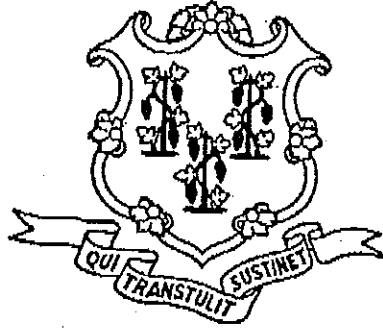


# State of Connecticut



15-77

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## Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED

FEB 11 2015

DEPT. OF SOCIAL SERVICES  
OFFICE OF CON AND RATE SETTING

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	
Address (No. & Street, City, State, Zip Code) 261 Summit Street Plantsville, CT 06479	
Type of Facility  <input 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 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2282	RHNS	(Specify)	Medicare Provider No. 07-5420
------------------	--------------	------	-----------	----------------------------------

Medicaid Provider Numbers:	CCNH 2282	RHNS	ICF-MR
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**For Department Use Only**

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



**MYERS AND  
STAUFFER** LLC  
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier  
Chief Financial Officer  
Athena Health Care Systems  
135 South Road  
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

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**General Information**

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	Page 1	of 37
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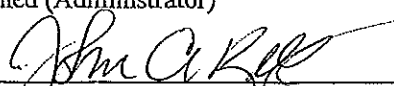
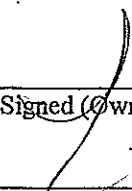
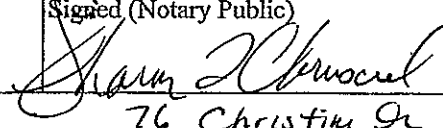
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville [facility name] for the cost report period beginning October 01, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
		2/10/16			2/10/16
Printed Name (Administrator)			Printed Name (Owner)		
John Kelly			Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		Comm. Expires
	Conn	2/10/16			03/31/2020
Address of Notary Public					
76 Christina Dr Southington CT 06489					

(Notary Seal)

State of Connecticut  
 Department of Social Services  
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility <b>Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville</b>	Period Covered:	From	To	
Address of Facility <b>261 Summit Street Plantsville, CT 06479</b>	Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/10/2016</b>	
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 <b>860-628-0364</b>	Report for Year Ended <b>09/30/15</b>	Page <b>2</b>	of <b>37</b>
Name of Facility (as shown on license) <b>Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville</b>		Address (No. & Street, City, State, Zip) <b>261 Summit Street Plantsville, CT 06479</b>			
License Numbers:	CCNH <b>2282</b>	RHNS	(Specify)	Medicare Provider No. <b>07-5420</b>	
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="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator <b>John Kelly</b>			Nursing Home Administrator's License No.:	<b>801</b>	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
<b>Not Applicable</b>					



**The Summit at Plantsville**  
**Ownership Interests**  
**9/30/2015**

Lawrence G. Santilli	58.55%
Guardians for Lawrence E. Santilli	18.50%
Mahaney Family Limited Partnership	2.00%
William S. Thomas	5.00%
Russell C. Schwartz	1.00%
Michael E. Mosier	3.00%
Marybeth Hauser	1.00%
Debra M. Soucey	1.00%
Chakalos Nursing Homes LLC	8.95%
Teresa Skinner	1.00%
	<hr/>
	100.00%





**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

### General Information and Questionnaire Related Parties\*

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	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 #	Actual Cost to the Related Party
		Yes	No %**			
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	Interfacility loans of \$70,000	Pg 33 Ln A2	
Shady Knoll Health Care Center	41 Skokorat St, Seymour, CT 06483	<input checked="" type="checkbox"/>	>98%	SWAP Mortgage Interest Payments	Pg 22 Ln 9	\$1,592
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	Bank Charges	Pg 16 Ln m13	\$8,078
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	>98%	Workers Comp Captive	Pg 15, Ln 1a1	\$481,886
Northbridge Health Care Center	2875 Main Street, Bridgeport, CT 06606	<input checked="" type="checkbox"/>	>98%	Interfacility loans of (\$90,000)	Pg 33 Ln A2	
Valerie Manor Health Care	1360 Torrington Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<50%	Interfacility loans of (\$105,000)	Pg 33 Ln A2	
Summit Landlord	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	Lease of Facility	Pg 22, ln 9, 10b; Pg 27 ln 14	\$923,508
Litchfield Woods Health Care	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<50%	Legal Fees Reimbursement	Pg 15 Ln 1e	\$5,077
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	See Attached		\$741,273

\* Use additional sheets if necessary.

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

The Summit at Plantsville  
 RELATED PARTIES QUESTIONNAIRE  
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party	
		Yes	No					%**
Athena Health Care	135 South Road Farmington, CT 06032	X		>98%	Legal, Management Fees, PT Outside Service, MDS Fill-In, Office Supplies, Employee Relations, Education, Business Promotion, Postage, Dues/Memberships, Lobbying, Payroll Processing Fees, Data Processing Fees, Repairs & Maintenance, Furniture & Equipment	Pg 15 ln 1e; Pg 17; Pg 13 in B8a, 11a2 Pg 16 Ln 1g, 13, 15, m3, m7, m8, m13 Pg 22 Ln 6a; Pg 31 Ln B6	\$741,273	\$351,813
Athena Health Care 401k	135 South Road Farmington, CT 06032	X			Facility Participates in a Multi Facility 401(K) Plan			
Athena Health Care	135 South Road Farmington, CT 06032	X		>50%	Self Insured Employee Health & Dental Insurance	Pg 15, ln 1a5	\$965,985	\$965,985

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No.  2282	Report for Year Ended  9/30/2015	Page  5	of  37
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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 (See listing page 13)
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.  
  
**Not Applicable**
  
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.  
  
**Not Applicable**
  
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)  Yes  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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015		Page 6	of 37		
		Date of Lease**	Term of Lease			Annual Amount of Lease	Amount Claimed
Name and Address of Lessor	Description of Items Leased	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No				
Ricoh USA, 70 Valley Stream Parkway, Malvern, PA	Copier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	09/30/13	36 Months	\$20,066	\$20,066
Hasler Financial, 478 Wheelers Farms Road, Milford, CT	Postage machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/20/06	60 Months	\$983	\$983
HP Financial Services, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	PCC Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/21/13	60 Months	\$9,315	\$9,315
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
						<b>Total ***</b>	\$30,364

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

\* 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at	License No. 2282	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Dworken Hillman Lamorte & Sterczala		4 Corporate Drive, Suite 488, Shelton, CT 06484		
2 Marcum LLP		555 Long Wharf Drive, 12th Floor, New Haven, CT 06511		
3 Dopkins & Company		200 International Drive, Buffalo, NY 14221		
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 2015 Year End Audit Financials			\$	14,000
2 Medicare Cost Report Preparation: Disallow			\$	2,650
3 Keybank Loan Modification: Disallow			\$	1,912
4			\$	-
			Charge for Services Provided	\$18,562
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Pg 15, Line 1d</b>				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina			860-240-6000	
2 Cheshire/Southington Probate Court				
3 Schiff Hardin LLP			312-258-5500	
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1 185 Asylum St, Hartford, Ct 06103				
2				
3 6600 Sears Tower, Chicago, IL 60606-6473				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 \$490 Audit Letter & Secretary of State Filing: Allowed; \$868 DPH Matters: Disallowed; \$7,366 Keybank Loan Modification: Disallow			\$	8,724
2 Appointment of Conservator			\$	150
3 HUD Refinancing: Disallowed			\$	5,077
4			\$	-
5			\$	-
			Charge for Services Provided	\$13,951
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Pg 15, Line 1e</b>				

State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			2282	09/30/15	8	37
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	150	150		150	150	
B. On last day of THIS report period.....	150	150		150	150	
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	137	137		145	137	
B. As of midnight of THIS report period.....	138	138		127	138	
3. Total Number of Days Care Provided During Period						
A. Medicare.....	6,808	6,808		5,190	1,618	
B. Medicaid (Conn.).....	34,556	34,556		26,387	8,169	
C. Medicaid (other states).....						
D. Private Pay.....	3,660	3,660		2,583	1,077	
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	4,359	4,359		2,954	1,405	
G. Total Care Days During Period (3A thru F).....	49,383	49,383		37,114	12,269	
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.....	84	84		78	6	
5. Total Resident Days (3G + 4A + 4B).....	49,467	49,467		37,192	12,275	



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

Name of Facility <b>Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at</b>	License No. <b>2282</b>	Report for Year Ended <b>9/30/2015</b>	Page <b>9</b>	of <b>37</b>
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4. Were there any changes in the certified bed capacity during the report year?  YES  NO  
 IF "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	92		14			25	
Per Diem Rate								
a. One bed rm.	512.19	219.17		465.00			324.18	
b. Two bed rms.	512.19	219.17		443.00			324.18	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,772	7,772		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	496	496		
2. Restorative Treatments				
C. Other	27,445	27,445		
D. Total Physical Therapy Treatments	35,713	35,713		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,305	1,305		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	104	104		
2. Restorative Treatments				
C. Other	2,929	2,929		
D. Total Speech Therapy Treatments	4,338	4,338		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,487	5,487		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	854	854		
2. Restorative Treatments				
C. Other	15,711	15,711		
D. Total Occupational Therapy Treatments	22,052	22,052		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	111,993	2,023				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,814	10,839				
5. Dietary Service						
a. Head Dietitian	15,585	474				
b. Food Service Supervisor	56,142	2,138				
c. Dietary Workers	414,943	29,465				
6. Housekeeping Service						
a. Head Housekeeper	50,619	2,254				
b. Other Housekeeping Workers	189,214	16,748				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	54,838	2,029				
b. Other Maintenance Workers	41,867	2,191				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	171,924	10,846				
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	190,890	3,948				
b. RN						
1. Direct Care	634,730	18,461				
2. Administrative**	579,622	18,920				
c. LPN						
1. Direct Care	1,069,374	44,092				
2. Administrative**						
d. Aides and Attendants	1,926,192	125,942				
e. Physical Therapists	527,081	15,683				
f. Speech Therapists	119,673	2,793				
g. Occupational Therapists	312,763	8,940				
h. Recreation Workers	197,903	11,795				
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	170,689	6,659				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,078,856	336,240				

\* 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 of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
<b>Total</b>	\$		\$		\$	

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Medical Staff Meetings	\$ 2,450	17				
<b>Total</b>	\$ 2,450	17	\$		\$	

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
<b>Total</b>	\$		\$		\$	

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			
	2282	9/30/2015	11	37					
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
No 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) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2015		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Ray Wilkins (10/1/14-9/24/15)	107,982		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,955	A2			
John Kelly (9/24/15-9/30/15)	4,011		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	69	A2			
Section IV - Assistant Administrators									

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all other employment worked during the cost year.  
 \*\*\* If more than one Administrator is reported, include dates of employment for each.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....	158	4				
2. Dentist.....	16,290	76				
3. Pharmacist.....	9,904	237				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	93,464	1,523				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	83,500	722				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	53,699					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	2,450	17				
9. Speech Therapist						
a. Resident Care.....	1,440	4				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	2,986	24				
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>263,891</b>	<b>2,607</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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive Dental Group, One Prestige Dr, Meriden, CT 06450	Dental Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
APF Fbo Access Therapies, PO Box 823461, Philadelphia, PA 19182	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Anthony Ciardella, 360-14 North Main St, Southington, CT 06479	Medical Director, Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Curtland Brown, 55 Meriden Ave, Southington, CT 06489	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare/Value Health Care, 523 Knotter Drive, Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Debra Morelli, 444 Old Reservoir Rd, Wethersfield, CT 06109	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Leonard Glaser, 360 Main St., Southington, CT 06489	Ass't Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Waterbury Orthopedic Associates, 1211 West Main St, Waterbury, CT 06708	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Health Drive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Ryan Maringola, 360-14 N. Main St, Southington, CT 06489	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Grove Hill Medical Center, 300 Kensington Ave, New Britain, CT 06051	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Oncology Associates, 300 Hebron Ave, Suite 212, Glastonbury, CT 06033	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Health Drive Eye Care Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Health Drive Podiatry, 888 Worcester St, Wellesley, MA 02482	Podiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Midstate Medical, PO Box 310912, Newington, CT 06131	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
HHC Physicians Care, PO Box 417695, Boston, MA 02241	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Giosa and Brown, 455 Lewis Ave, Suite 206, Meriden, CT 06451	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Henry Ward, 55 Meriden Ave, #2A, Southington, CT 06489	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Neurosurgery Orthopaedics, PO Box 507, Windsor, CT 06095	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Phys Alliance, 322 East Main St, Suite 1B, Branford, CT 06405	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Practitioner, 324 Elm St, Suite 202B, Monroe, CT 06468	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2015	Page 14A	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Anna Liza Abastillas MD 360-14 N. Main St Southington CT 06489	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Hospital of Central Connecticut, 100 Grand Street, New Britain, CT 06050	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr. Letterio Ascuito, 70 Meriden Ave, Southington, CT 06489	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PACT, LLC, 322 East Main St, Suite 1B, Branford, CT 06405	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medoptions Behavioral Health, 20 Research Parkway, Old Saybrook, CT 06475	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Clinical Laboratory Partners, 129 Patricia M. Genova Dr, Newington, CT 06111	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medoptions, PO Box 5023, New Britain, CT 06050	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Healthdrive Eye Care Group, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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



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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 481,886	481,886			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 190,205	190,205			
4. Social Security (F.I.C.A.).....	\$ 532,054	532,054			
5. Health Insurance.....	\$ 929,686	929,686			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 20,358	20,358			
8. Uniform Allowance.....	\$ 8,530	8,530			
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* .....	\$ 89,154	89,154			
d. Accounting and Auditing.....	\$ 18,562	18,562			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 13,951	13,951			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )* .....	\$				
g. Office Supplies.....	\$ 45,931	45,931			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 40,444	40,444			
2. Cellular Phones. ....	\$ 2,976	2,976			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )* .....	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> ). .....	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income* .....	\$ 250	250			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 896,692	896,692			
<b>Subtotal</b>	\$ 3,270,679	3,270,679			

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

(Carry Subtotals forward to next page)

Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at  
Plantsville  
9/30/2015

**Schedule of Other Employee Benefits**

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

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**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015		16	37
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		3,270,679	3,270,679		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	6,374	6,374		
3. Gifts to Staff and Residents.....	\$	19,447	19,447		
4. Employee Travel.....	\$	5,181	5,181		
5. Education Expenses Related to Seminars and Conventions	\$	10,021	10,021		
6. Automobile Expense ( <i>not purchase or depreciation</i> ).....	\$				
7. Other ( <i>Specify</i> ).....	\$				
See Attached Schedule					
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> ).....	\$	3,375	3,375		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$	1,212	1,212		
3. Advertising Other ( <i>Specify</i> )***.....	\$	44,124	44,124		
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$	8,671	8,671		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	10,174	10,174		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	580	580		
9. Subscriptions.....	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**.....	\$	457,933	457,933		
13. Other ( <i>Specify</i> )	\$	242,701	242,701		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>4,080,472</b>	<b>4,080,472</b>		

\* 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	\$ 44,124		
<b>Total Other Advertising</b>	\$ 44,124	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,174		
<b>Total Dues</b>	\$ 10,174	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 5,023		
Bank Charges	\$ 9,513		
Payroll Processing Fees	\$ 24,678		
Employee Physicals/Background Checks	\$ 40,457		
DSS Eligibility Worker	\$ 110,989		
Data Processing	\$ 17,442		
State of CT Citation #2014-137	\$ 3,000		
Compliance Consulting	\$ 31,599		
<b>Total Other Administrative and General</b>	\$ 242,701	\$ -	\$ -

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	Page of 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	\$622,772	Contract Attached to a Prior Year	See Below
Allocation of the above	\$411,030 \$99,644 \$112,098	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$46,903	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		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food.....	\$ 325,517	325,517				
2. Non-Food Supplies.....	\$ 47,393	47,393				
3. Other (Specify) _____	\$ 2,753	2,753				
Dishes = \$2,753						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Management Services**.....	\$ 99,644	99,644				
d. Other (Specify) _____	\$					
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 475,307</b>	<b>475,307</b>				
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)		
G. Resident Meals: Total no. of meals served per day:*	406	406				
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.			
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="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$528			
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$119			
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	Pg 18 Ln 2a1					
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.			
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.			
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.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015		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. \$	19,290	19,290		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies = \$7,660		\$	7,660	7,660		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	26,950	26,950		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify amount.		
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="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, specify amount.		
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.

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

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	30,028	30,028			
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. Management Services*		\$				
d. Other ( <i>Specify</i> )		\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)....</b>		\$	30,028	30,028		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy.....	\$					
2. Purchased from Omni Care	\$	520,130	520,130			
b. Medicine Cabinet Drugs.....	\$	12,272	12,272			
c. Medical and Therapeutic Supplies.....	\$	297,825	297,825			
d. Ambulance/Limousine***	\$	5,369	5,369			
e. Oxygen						
1. For Emergency Use.....	\$					
2. Other***	\$	23,882	23,882			
f. X-rays and Related Radiological Procedures***	\$	28,304	28,304			
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> ) .....	\$					
h. Laboratory***	\$	38,675	38,675			
i. Recreation.....	\$	57,634	57,634			
j. Other ( <i>Specify</i> )**** See Attached Schedule	\$	266,940	266,940			
<b>5K. Total Resident Care Expenditures (5a - 5j).....</b>		\$	1,251,031	1,251,031		

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

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

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

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



Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 112,098		
Physical Therapy Supplies	\$ 73,703		
Medical Equip Rentals-Other	\$ 32,682		
Oxygen Concentrator Rentals	\$ 20,632		
Cable TV Fees	\$ 22,791		
Medical Equip Rentals-Medicaid	\$ 5,034		
<b>Total Other Resident Care</b>	<b>\$ 266,940</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility		License No.		Report for Year Ended		Page of			
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282		9/30/2015		21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
ADP	Hartford Region Richmond, VA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	24,678		16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	27,521		22	6f
Winterberry Landscape Management LLC	2070 West Street, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping & Snow Removal	42,451		22	6f
Omnicare/Value Health Care	835 West Queen Street, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Drugs/pharmaceuticals	547,869		20	5c
Harmony Healthcare	430 Boston St, Suite 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance Consulting	31,599		16	m13
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

\* 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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance..... \$	114,256	114,256				
b. Heat..... \$	84,879	84,879				
c. Light & Power..... \$	169,816	169,816				
d. Water..... \$	62,067	62,067				
e. Equipment Lease ( <i>Provide detail on page 6</i> )..... \$	30,364	30,364				
f. Other ( <i>itemize</i> )..... \$	98,653	98,653				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>560,035</b>	<b>560,035</b>				
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements..... \$	5,958	5,958				
b. Building & Building Improvements..... \$	45,146	45,146				
c. Non-Movable Equipment..... \$	11,919	11,919				
d. Movable Equipment..... \$	72,753	72,753				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>135,776</b>	<b>135,776</b>				
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	14,228	14,228				
d. Other ( <i>Specify</i> )..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>14,228</b>	<b>14,228</b>				
<b>9. Rental payments on leased real property less real estate taxes included in item 10b..... \$</b>	<b>677,747</b>	<b>677,747</b>				
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	144,821	144,821				
c. Personal property taxes..... \$	11,081	11,081				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>983,653</b>	<b>983,653</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

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 15,188		
Rubbish Removal	\$ 27,521		
Supplies	\$ 28,681		
Snow Removal	\$ 27,263		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 98,653</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility	License No.		Report for Year Ended					Page	of
	2282		9/30/2015					23	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	69,573		69,573	47,828	S/L	Var	5,958		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)								5,958	
A-4. Subtotal.....								5,958	
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	562,055		562,055	288,117	S/L	Various	45,146		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)								45,146	
B-4. Subtotal.....								45,146	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	257,105		257,105	188,013	S/L	Various	11,919		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)								11,919	
C-4. Subtotal.....								11,919	
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 1996 Dodge Caravan			7,493	6,745	S/L	5	748		
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period			1,554,672	1,181,951	S/L	Various	68,294		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)			52,384		S/L	Various	3,710		
D-3. Subtotal.....								72,752	
<b>E. Total Depreciation</b> .....								<b>135,775</b>	

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 Improvements</b>		\$		\$ *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</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 Improvements</b>		\$		\$ *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</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









**Amortization Schedule\***

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	Date of Acquisition		License No. 2282	Report for Year Ended 9/30/2015		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
<b>A. Organization Expense</b>							
1.							
2.							
3.							
A-4. Subtotal.....							
<b>B. Mortgage Expense</b>							
1.							
2. Finance Fees-Key Bank							
3. Finance Fees							
B-4. Subtotal.....							
<b>C. Leasehold Improvements and Other (Specify)</b>							
1. Acquired prior to this report period		2014	Various	171,458	S/L	13,727	
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)	9	2015	Various	14,138	S/L	501	
C-4. Subtotal.....							14,228
<b>D. Total Amortization .....</b>							14,228

\* 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.

**Amortization Schedule - Detail of Leasehold Improvements & Other**

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	24A	37
<b>C. Leasehold Improvements</b>				
(Specify)				
1. Acquired prior to this report period	2014	17,389 S/L	13,727	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2015	14,138 S/L	501	
C-4. Subtotal.....				14,228
<b>C. Other (Specify)</b>				
1.	1997			
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	2014	17,389 S/L	13,727	
Total Disposals				
Total Acquired during this report period	9 2015	14,138 S/L	501	

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	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="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," complete Part B. If "No," complete Part C.				
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	08/01/02			
4. Date of Initial Licensure	08/01/02			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	880,000			
b. Building	4,371,469			
<b>Part B - Owner and Related Parties</b>	<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.92%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,526,089			
f. Principal balance outstanding as of 9/30/2015	7,020,777			
<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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at		2282	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	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)..... \$					
Vender Interest = \$2,154; Key Bank Line of Credit Interest = \$14,914; Key Bank Term Loan Int & Fees = \$85,765			102,833	102,833	
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$					
14. Insurance					
a. Insurance on Property (buildings only)..... \$					
b. Insurance on Automobiles..... \$					
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)..... \$					
2. Fire and Extended Coverage..... \$					
3. Other (Specify)..... \$					
14d. Total Insurance Expenditures (14a + b + c)... \$					
15. Total All Expenditures (A-13 thru C-14)..... \$					

### D. Adjustments to Statement of Expenditures

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville				License No. 2282	Report for Year Ended 9/30/2015	Page 28	of 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.....	\$ 312,763	312,763		
4.	Var	Var	Other - See attached Schedule.....	\$ 88,343	88,343		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 53,699	53,699		
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.....	\$ 89,154	89,154		
10.	15	1d&e	Accounting & Legal.....	\$ 18,023	18,023		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 1,536	1,536		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 19,447	19,447		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.	16	L5	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 45,336	45,336		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax...	\$ 250	250		
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 257,043	257,043		
	18	2c		\$ 62,314	62,314		
	20	5j		\$ 70,103	70,103		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 49,715	49,715		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 528	528		
<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 and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,068,254	1,068,254		

\* 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.





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

Name of Facility				License No.	Report for Year Ended	Page of	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville				2282	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,068,254	1,068,254		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 520,130	520,130		
28.	20	5d	Ambulance/Limousine.....	\$ 5,369	5,369		
29.	20	5f	X-rays, etc.....	\$ 28,304	28,304		
30.	20	5h	Laboratory.....	\$ 38,675	38,675		
31.	20	5c	Medical Supplies.....	\$ 18,607	18,607		
32.	20	5e2	Oxygen (non emergency).....	\$ 23,882	23,882		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 32,717	32,717		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 1,771	1,771		
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.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 19,191	19,191		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 39	39		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
<b>51. Total Amount of Decrease (Items 1 - 50) .....</b>				<b>\$ 1,756,939</b>	<b>1,756,939</b>		

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



Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	32,682		
20	5c	Ebox	35		
<b>Total Other Ancillary Costs</b>			<b>\$ 32,717</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec Carryforward AJE	1,771		
<b>Total Excess Movable Equipment Depreciation</b>			<b>1,771</b>		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015			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> ).....	\$ 15,223,499	15,223,499				
	b. Medicaid Room and Board Contractual Allowance **.....	\$ (7,654,175)	(7,654,175)				
2. a.	Medicaid ( <i>All other states</i> ).....	\$					
	b. Other States Room and Board Contractual Allowance **.....	\$					
3. a.	Medicare Residents ( <i>all inclusive</i> ).....	\$ 2,949,633	2,949,633				
	b. Medicare Room and Board Contractual Allowance **.....	\$ 557,143	557,143				
4. a.	Private-Pay Residents and Other.....	\$ 3,558,553	3,558,553				
	b. Private-Pay Room and Board Contractual Allowance **.....	\$ (493,311)	(493,311)				
<b>II. Other Resident Revenue</b>							
1. a.	Prescription Drugs - Medicare.....	\$ 325,265	325,265				
	b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (325,265)	(325,265)				
	c. Prescription Drugs - Non-Medicare.....	\$ 140,262	140,262				
	d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (140,262)	(140,262)				
2. a.	Medical Supplies - Medicare.....	\$ 3,607	3,607				
	b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (1,339)	(1,339)				
	c. Medical Supplies - Non-Medicare.....	\$ 3,990	3,990				
	d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (3,990)	(3,990)				
3. a.	Physical Therapy - Medicare.....	\$ 1,042,131	1,042,131				
	b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (782,151)	(782,151)				
	c. Physical Therapy - Non-Medicare.....	\$ 140,852	140,852				
	d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (140,852)	(140,852)				
4. a.	Speech Therapy - Medicare.....	\$ 346,453	346,453				
	b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (278,781)	(278,781)				
	c. Speech Therapy - Non-Medicare.....	\$ 61,237	61,237				
	d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (61,237)	(61,237)				
5. a.	Occupational Therapy - Medicare.....	\$ 960,374	960,374				
	b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (774,551)	(774,551)				
	c. Occupational Therapy - Non-Medicare.....	\$ 144,002	144,002				
	d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (144,002)	(144,002)				
6. a.	Other ( <i>Specify</i> ) - Medicare.....	\$					
	b. Other ( <i>Specify</i> ) - Non-Medicare.....	\$ 3,064	3,064				
<b>III Total Resident Revenue (Section I thru Section II.).....</b>		<b>\$ 14,660,149</b>	<b>14,660,149</b>				
<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> ).....	\$ 47,978	47,978				
6.	Private Duty Nurses' Fees.....	\$					
7.	Barber, Coffee, Beauty and Gift shops.....	\$					
8.	Other ( <i>Specify</i> ).....	\$ 3,650	3,650				
<b>V. Total Other Revenue (1 thru 8).....</b>		<b>\$ 51,628</b>	<b>51,628</b>				
<b>VI. Total All Revenue (III + V).....</b>		<b>\$ 14,711,777</b>	<b>14,711,777</b>				

\* 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	\$ 3,064		
<b>Total Other Resident Revenue</b>		\$ 3,064	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 32, ln D6	Interest on Note Receivable	\$ 1,244,888	\$ 47,939		
pg 32, ln A2	Medicare and Medicaid Interest		\$ 39		
<b>Total Interest Income</b>			\$ 47,978	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 3,650		
<b>Total Other Revenue</b>		\$ 3,650	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> ).....			\$	165,792
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	860,470
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	38,188
5. Prepaid Expenses.....			\$	174,665
a. Prepaid Insurance	164,966			
b. Other Prepaid Expenses	2,069			
c. Prepaid Property Taxes	7,630			
d.				
6. Interest Receivable.....			\$	29,377
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	216,269
A/R Related Facilities	216,269			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,484,761</b>
<b>B. Fixed Assets</b>				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	69,574		
	Accum. Depreciation	(53,786) Net.....	\$	15,788
3. Buildings	*Historical Cost.....	562,053		
	Accum. Depreciation	(333,261) Net.....	\$	228,792
4. Leasehold Improvements	*Historical Cost.....	185,596		
	Accum. Depreciation	(31,617) Net.....	\$	153,979
5. Non-Movable Equipment	*Historical Cost.....	257,103		
	Accum. Depreciation	(199,931) Net.....	\$	57,172
6. Movable Equipment	*Historical Cost.....	1,596,197		
	Accum. Depreciation	(1,253,955) Net.....	\$	342,242
7. Motor Vehicles	*Historical Cost.....	7,493		
	Accum. Depreciation	(7,493) Net.....	\$	
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	10,860
Excluded Movable Equipment	10,860			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>808,833</b>

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

THE SUMMIT AT PLANTSVILLE  
PREPAID EXPENSES-OTHER #1580-010  
9/30/2015

CBORD (GERIMENU LICENCE FEE) 10/1/15-9/30/16

\$ 2,068.68

TOTAL AT 9/30/15

\$ 2,068.68

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

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$ 2,293,594	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$ 880,000	
2. Land Improvements				
*Historical Cost.....				
Accum. Depreciation				
Net.....			\$	
3. Buildings				
*Historical Cost.....			4,371,469	
Accum. Depreciation			(1,475,838)	
Net.....			\$ 2,895,631	
4. Non-Movable Equipment				
*Historical Cost.....				
Accum. Depreciation				
Net.....			\$	
5. Movable Equipment				
*Historical Cost.....				
Accum. Depreciation				
Net.....			\$	
6. Motor Vehicles				
*Historical Cost.....				
Accum. Depreciation				
Net.....			\$	
7. Minor Equipment-Not Depreciable.....			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$ 3,775,631</b>	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
*Historical Cost.....				
Accum. Depreciation				
Net.....			\$	
4. Goodwill (Purchased Only).....			\$ 4,306,111	
5. Investments Related to Resident Care ( <i>itemize</i> ).....			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ (3,009,094)	
Name and Address		Amount	Loan Date	
Due from Related Party		(3,009,094)	3/29/2012	
7. Other Assets ( <i>itemize</i> ).....			\$ 28,447	
Project Development			28,447	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7).....</b>			<b>\$ 1,325,464</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....</b>			<b>\$ 7,394,689</b>	

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

Summit Moveable Equipment Carryforward Schedule

Cost Year	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Excess on Change in Ownership	Heritage Furniture 9/30/2002	Heritage Furniture 9/30/2002	Heritage Furniture 9/30/2003	Heritage Furniture 9/30/2003	Heritage Furniture 9/30/2004	Heritage Furniture 9/30/2004	Heritage Furniture 9/30/2006	Heritage Furniture 9/30/2007	Heritage Furniture 9/30/2007	Heritage Furniture 9/30/2007	Heritage Furniture 9/30/2007
Cost Term	\$ 401,421	\$ 87	\$ 388	\$ 104	\$ 116	\$ 156	\$ 36	\$ 149	\$ 282	\$ 5,051	\$ 22,392	\$ 15
	\$ 10	\$ 10	\$ 15	\$ 5	\$ 15	\$ 15	\$ 5	\$ 15	\$ 5	\$ 12	\$ 15	
2002 Deprec	\$ 6,690	\$ 9	\$ 26									
2002 Book Value	\$ 394,731	\$ 78	\$ 362									
2003 Deprec	\$ 40,142	\$ 8	\$ 26	\$ 21	\$ 8							
2003 Book Value	\$ 354,589	\$ 70	\$ 336	\$ 83	\$ 108							
2004 Deprec	\$ 40,142	\$ 9	\$ 26	\$ 21	\$ 7	\$ 10	\$ 7					
2004 Book Value	\$ 314,447	\$ 61	\$ 310	\$ 62	\$ 101	\$ 146	\$ 29					
2005 Deprec	\$ 40,142	\$ 9	\$ 25	\$ 21	\$ 8	\$ 11	\$ 7					
2005 Book Value	\$ 274,305	\$ 52	\$ 285	\$ 41	\$ 93	\$ 135	\$ 22					
2006 Deprec	\$ 40,142	\$ 8	\$ 26	\$ 20	\$ 8	\$ 10	\$ 8	\$ 10				
2006 Book Value	\$ 234,163	\$ 44	\$ 259	\$ 21	\$ 85	\$ 125	\$ 14	\$ 139				
2007 Deprec	\$ 40,142	\$ 9	\$ 26	\$ 21	\$ 8	\$ 11	\$ 7	\$ 10	\$ 28	\$ 211	\$ 747	
2007 Book Value	\$ 194,021	\$ 35	\$ 233	\$ 77	\$ 114	\$ 142	\$ 7	\$ 129	\$ 254	\$ 4,841	\$ 21,646	
2008 Deprec	\$ 40,142	\$ 9	\$ 26	\$ 7	\$ 10	\$ 7	\$ 10	\$ 11	\$ 56	\$ 421	\$ 1,493	
2008 Book Value	\$ 153,879	\$ 26	\$ 207	\$ 70	\$ 104	\$ 118	\$ 198	\$ 4,420	\$ 20,153			
2009 Deprec	\$ 40,142	\$ 9	\$ 26	\$ 8	\$ 10	\$ 10	\$ 10	\$ 56	\$ 421	\$ 1,493		
2009 Book Value	\$ 113,737	\$ 17	\$ 181	\$ 62	\$ 94	\$ 108	\$ 142	\$ 3,999	\$ 18,660			
2010 Deprec	\$ 40,142	\$ 8	\$ 26	\$ 8	\$ 11	\$ 10	\$ 58	\$ 421	\$ 1,493			
2010 Book Value	\$ 73,595	\$ 9	\$ 155	\$ 54	\$ 83	\$ 98	\$ 86	\$ 3,578	\$ 17,167			
2011 Deprec	\$ 40,142	\$ 9	\$ 26	\$ 8	\$ 10	\$ 10	\$ 56	\$ 421	\$ 1,493			
2011 Book Value	\$ 33,453	\$ -	\$ 129	\$ 46	\$ 73	\$ 88	\$ 30	\$ 3,157	\$ 15,674			
2012 Deprec	\$ 33,453	\$ -	\$ 26	\$ 7	\$ 11	\$ 10	\$ 56	\$ 421	\$ 1,493			
2012 Book Value	\$ -	\$ -	\$ 103	\$ 39	\$ 62	\$ 78	\$ (26)	\$ 2,736	\$ 14,181			
2013 Deprec	\$ -	\$ -	\$ 25	\$ 8	\$ 10	\$ 10	\$ 10	\$ 421	\$ 1,493			
2013 Book Value	\$ -	\$ -	\$ 78	\$ 31	\$ 52	\$ 68	\$ 2,315	\$ 12,688				
2014 Deprec	\$ -	\$ -	\$ 26	\$ 8	\$ 10	\$ 10	\$ 421	\$ 1,493				
2014 Book Value	\$ -	\$ -	\$ 52	\$ 23	\$ 42	\$ 58	\$ 1,894	\$ 11,195				
2015 Deprec	\$ -	\$ -	\$ 26	\$ 8	\$ 11	\$ 10	\$ 421	\$ 1,493				
2015 Book Value	\$ -	\$ -	\$ 26	\$ 15	\$ 31	\$ 48	\$ 1,473	\$ 9,702				
2016 Deprec	\$ -	\$ -	\$ 26	\$ 7	\$ 10	\$ 10	\$ 421	\$ 1,493				
2016 Book Value	\$ -	\$ -	\$ -	\$ 8	\$ 21	\$ 38	\$ 1,052	\$ 8,209				
2017 Deprec	\$ -	\$ -	\$ -	\$ 8	\$ 11	\$ 10	\$ 421	\$ 1,493				
2017 Book Value	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ 28	\$ 631	\$ 6,716				
2018 Deprec	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ 10	\$ 421	\$ 1,493				
2018 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18	\$ 210	\$ 5,223				
2019 Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ 210	\$ 1,493				
2019 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8	\$ -	\$ 3,730				
2020 Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8	\$ -	\$ 1,493				
2020 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,237				
2021 Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,493				
2021 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 744				
2022 Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 744				
2022 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
2023 Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
2023 Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				



Amount	Amount	Amount	Amount	Totals
Heritage Furniture 9/30/2008	Heritage Furniture 9/30/2008	Heritage Furniture 9/30/2008	Heritage Furniture 9/30/2008	
\$ 282	\$ 877	\$ 171	\$ (2,967)	\$ 428,545
\$ 5	\$ 10	\$ 15	\$ 10	
				\$ 6,725
				\$ 395,171
				\$ 40,205
				\$ 355,186
				\$ 40,222
				\$ 315,156
				\$ 40,223
				\$ 274,933
				\$ 40,232
				\$ 234,850
				\$ 41,219
				\$ 221,356
\$ 28	\$ 44	\$ 6	\$ (149)	\$ 42,111
\$ 254	\$ 833	\$ 166	\$ (2,819)	\$ 177,608
\$ 56	\$ 88	\$ 11	\$ (297)	\$ 42,033
\$ 198	\$ 745	\$ 155	\$ (2,522)	\$ 135,575
\$ 56	\$ 88	\$ 11	\$ (297)	\$ 42,033
\$ 142	\$ 657	\$ 144	\$ (2,225)	\$ 93,542
\$ 55	\$ 88	\$ 11	\$ (297)	\$ 42,033
\$ 86	\$ 569	\$ 133	\$ (1,928)	\$ 51,509
\$ 56	\$ 88	\$ 11	\$ (297)	\$ 35,335
\$ 30	\$ 481	\$ 122	\$ (1,631)	\$ 16,174
\$ 30	\$ 88	\$ 11	\$ (297)	\$ 1,799
\$ -	\$ 393	\$ 111	\$ (1,334)	\$ 14,401
	\$ 88	\$ 11	\$ (297)	\$ 1,770
	\$ 305	\$ 100	\$ (1,037)	\$ 12,631
	\$ 88	\$ 11	\$ (297)	\$ 1,771
	\$ 217	\$ 89	\$ (740)	\$ 10,860
	\$ 88	\$ 11	\$ (297)	\$ 1,769
	\$ 129	\$ 78	\$ (443)	\$ 9,091
	\$ 88	\$ 11	\$ (297)	\$ 1,745
	\$ 41	\$ 67	\$ (146)	\$ 7,346
	\$ 41	\$ 11	\$ (146)	\$ 1,841
\$ -	\$ -	\$ 56	\$ -	\$ 5,506
		\$ 11		\$ 1,724
		\$ 45		\$ 3,782
		\$ 11		\$ 1,512
		\$ 34		\$ 2,270
		\$ 11		\$ 1,504
		\$ 23		\$ 766
		\$ 11		\$ 755
		\$ 12		\$ 12
		\$ 12		\$ 12
		\$ -		\$ -

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

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,191,293
2. Notes Payable (itemize).....				\$	426,845
Due From Related Facilities			125,000		
Line of Credit - Key Bank			301,845		
3. Loans Payable for Equipment (Current portion) (itemize).....				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only).....				\$	229,283
5. Accrued Payroll (Owners and/or Stockholders only).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	6,791
7. Medicare Final Settlement Payable.....				\$	
8. Medicare Current Financing Payable.....				\$	
9. Mortgage Payable (Current Portion).....				\$	
10. Interest Payable (Exclusive of Owner and/or Related Parties).....				\$	4,735
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (itemize).....				\$	292,720
Acc'd Operating Expenses			64,795		
Acc'd Expense-CT State Sales Tax			3,915		
Provider Tax Due			224,010		
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	2,151,667

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

(Carry Total forward to next page)

SUMMIT AT PLANTSVILLE  
ACCRUED EXPENSES-OPERATING  
9/30/2015

HEALTH INSURANCE IBNR	\$38,475.61	5364
9/30/15 AUDIT FEE	\$14,000.00	5126
MANAGEMENT FEE TRUE UP	(\$6,344.37)	5120
ATHENA 401K	\$2,401.13	5366
SOUTHINGTON BOARD OF WATER	\$5,779.30	5571
SOUTHINGTON SEWER DEPT.	\$8,336.50	5571
DIRECT ENERGY	\$3,620.17	5572
EVERSOURCE-GAS	\$1,593.83	5572
FOOD REBATE	<u>(\$3,067.13)</u>	6334
	\$64,795.04	

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,151,667	
<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> ).....\$ 677,889					
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	677,889	None			
4. Other Long-Term Liabilities ( <i>itemize</i> ).....\$ 55,298					
Due to Related-Landlord		(1,110,694)			
Key Bank Term Loan		1,165,992			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ 733,187					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 2,884,854					

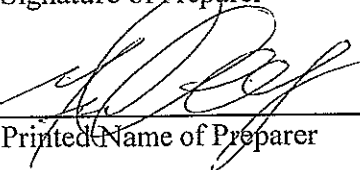
**G. Balance Sheet (cont'd)  
 Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at	2282	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land.....			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	2,895,631
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> ) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	3,775,631
<b>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	(400,000)
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	1,382,331
6. Gain or Loss for Period				
	10/1/2014	thru 9/30/2015	\$	(248,127)
7. Total Net Worth.....			\$	734,204
<b>C. Total Reserves and Net Worth .....</b>			\$	4,509,835
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	7,394,689

### H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,056,459
B.	Total Revenue (From Statement of Revenue Page 30 ) .....			\$	14,711,777
C.	Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	14,959,904
D.	Net Income or Deficit.....			\$	(248,127)
E.	Balance.....			\$	808,332
F.	Additions				
	1. Additional Capital Contributed (itemize )				
			(68,611)		
	Change in SWAP value		(5,518)		
	Rounding		1		
	2. Other (itemize )				
F-3.	Total Additions.....			\$	(74,128)
G.	Deductions				
	1. Drawings of Owners/Operators/Partners (Specify).....			\$	
	Name and Address (No., City, State, Zip )		Title	Amount	
	2. Other Withdrawings (Specify).....			\$	
	Purpose		Amount		
	3. Total Deductions.....			\$	
H.	Balance at End of Period		09/30/15	\$	734,204

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

Name of Facility PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other ( <i>Specify</i> )		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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 CFE	Date Signed 2/12/16		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.