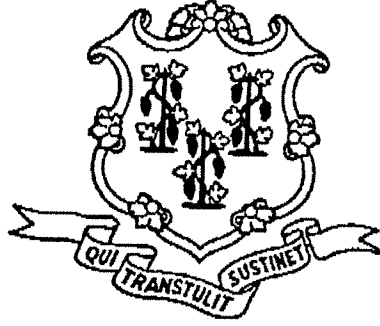


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

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 10/1/2015	Report for Year Ending 9/30/2016

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

# 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	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)	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

CSP-1 Rev.9/2002

**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 9/30/2016	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, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>John Kelly</i>		Date 2/15/17	Signed (Owner) <i>Lawrence Santilli</i>		Date 2/15/17
Printed Name (Administrator) John Kelly			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) <i>James J. Brusca</i>	Comm. Expires 3/31/20	
Address of Notary Public 47 Terrace Ln Bristol CT 06010					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility	Period Covered:	From	To	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		10/1/2015	9/30/2016	
Address of Facility				
261 Summit Street Plantsville, CT 06479				
Report Prepared By	Phone Number	Date		
Athena Health Care Associates, Inc	(860) 751-3900	2/15/2017		
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>09/30/16</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**  
**9/30/2016**

Lawrence G. Santilli	67.50%
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%
Teresa Skinner	1.00%
	<hr/>
	100.00%



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility <b>Southington SNF, LLC OF PLANTSVILLE</b> d/b/a <b>The Summit at Plantsville</b>	License No. <b>2282</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>3A</b>	of <b>37</b>
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

<b>Not Applicable</b>			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each

## 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 9/30/2016	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 9/30/2016	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			
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interfacility loans	Pg 33 Ln A2	
Shady Knoll Health Care Center	41 Skokorat St, Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWAP Mortgage Interest Payments	Pg 22 Ln 9	\$12,313
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Charges	Pg 16 Ln m13	\$8,372
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Pg 15, Ln 1a1	\$498,385
Summit Landlord	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lease of Facility	Pg 22, ln 9, 10b; Pg 27 ln 14	\$929,349
Litchfield Woods Health Care	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Fees Reimbursement	Pg 15 Ln 1c	\$2,685
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached		\$771,561
ProCare Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	Pg 20 Ln 5a2	\$150,006

\* 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		>50%	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 in 1e; Pg 17; Pg 13 in B5a, 11a2 Pg 16 Ln 1g, 13, 15, m3, m7, m8, m13 Pg 22 Ln 6a; Pg 31 Ln B6	\$771,561 \$330,588
Athena Health Care 401k	135 South Road Farmington, CT 06032	X			Facility Participates in a Multi Facility 401(K) Plan		
Athena Health Care Insurance	135 South Road Farmington, CT 06032	X		>50%	Self Insured Employee Health & Dental Insurance	Pg 15, ln 1a5	\$1,174,635
Bayview Health Care Center	301 Rope Ferry Road Waterford, CT 06385	X		>98%	Data Processing Fees	Pg 16 Ln m13	\$1,511 \$1,511

**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  9/30/2016	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 9/30/2016		Page of 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					
Ricoh USA, 70 Valley Stream Parkway, Malvern, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	09/30/13	36 Months	\$20,066	\$18,395
Haster Financial, 478 Wheelers Farms Road, Milford, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage machine	07/20/06	60 Months	\$983	\$491
HP Financial Services, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	08/21/13	60 Months	\$9,315	\$9,315
Pitney Bowes Global Financial, Attn Box 371887, 500 Ross Street Suite 154-0470, Pittsburgh, PA 15262-0001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mailing System	09/22/15	63 Months	\$1,021	\$1,021
	<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>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Not Applicable - No Vehicles</b>						<b>Total ***</b>	
						\$29,222	

\* 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 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	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 (*describe fully*)

1 2016 Year End Audit Financials	\$ 14,000
2 Medicare Cost Report Preparation	\$ 2,650
3 Keybank Loan Modification: Disallow	\$ 1,105
4	\$ -
	Charge for Services Provided \$17,755

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

Yes     No    **Pg 15, Line1d**

**Legal Services Information**

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 Goldman, Gruder & Woods, LLC	203-899-8900
5 Marshall Vincent Messina	203-271-6608

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

- 1 185 Asylum St, Hartford, Ct 06103
- 2
- 3 6600 Sears Tower, Chicago, IL 60606-6473
- 4 200 Connecticut Ave, Norwalk, CT 06854
- 5 Court of Probate, Cheshire Probate District, 84 South Main St, Chesire, CT 06410

Services Provided by This Firm (*describe fully*)

1 Audit Letter & Secretary of State Filing(Allowed \$946); Misc patient matters \$562 (Disallowed)	\$ 1,508
2 Appointment of Conservator: Disallowed	\$ 1,125
3 HUD Refinancing:Disallowed	\$ 2,685
4 AR Collections:Disallowed	\$ 9,133
5 Service of Notice by Marshall: Disallowed	\$ 373
	Charge for Services Provided \$14,824

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

Yes     No    **Pg 15, Line1e**

**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)		09/30/16	8
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville				2282	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	
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.....	138	138			127	138	
B. As of midnight of THIS report period.....	149	149			149	149	
3. Total Number of Days Care Provided During Period							
A. Medicare.....	6,541	6,541			5,246	1,295	
B. Medicaid (Conn.).....	36,383	36,383			26,521	9,862	
C. Medicaid (other states).....							
D. Private Pay.....	4,739	4,739			3,534	1,205	
E. State SSI for RCH.....							
F. Other (Specify) VA & Managed Care	5,291	5,291			4,226	1,065	
G. Total Care Days During Period (3A thru F).....	52,954	52,954			39,527	13,427	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days.....	96	96			92	4	
B. Other Bed Reserve Days.....	134	134			90	44	
5. Total Resident Days (3G + 4A + 4B).....	53,184	53,184			39,709	13,475	



**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>9/30/2016</b>			Page <b>9</b>	of <b>37</b>			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(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	8		115		11			15					
Per Diem Rate													
a. One bed rm.	520.49		223.69		485.00			317.43					
b. Two bed rms.	520.49		223.69		463.00			317.43					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					12,204	12,204							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,818	1,818							
2. Restorative Treatments													
C. Other					17,513	17,513							
D. Total Physical Therapy Treatments					31,535	31,535							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					1,969	1,969							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					274	274							
2. Restorative Treatments													
C. Other					2,508	2,508							
D. Total Speech Therapy Treatments					4,751	4,751							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					9,903	9,903							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,736	1,736							
2. Restorative Treatments													
C. Other					16,797	16,797							
D. Total Occupational Therapy Treatments					28,436	28,436							

**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	9/30/2016	10	37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Item	Total Cost and Hours				
	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)	149,875	2,155			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,481	11,175			
5. Dietary Service					
a. Head Dietitian	16,137	489			
b. Food Service Supervisor	58,280	2,108			
c. Dietary Workers	452,721	31,676			
6. Housekeeping Service					
a. Head Housekeeper	50,503	2,166			
b. Other Housekeeping Workers	202,701	16,951			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	60,095	2,146			
b. Other Maintenance Workers	43,286	2,137			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	170,865	10,476			
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	202,543	3,568			
b. RN					
1. Direct Care	564,873	15,015			
2. Administrative**	553,822	17,802			
c. LPN					
1. Direct Care	1,221,325	47,735			
2. Administrative**					
d. Aides and Attendants	2,180,241	127,596			
e. Physical Therapists	632,853	17,374			
f. Speech Therapists	190,565	3,894			
g. Occupational Therapists	440,082	11,894			
h. Recreation Workers	225,491	13,439			
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	171,717	6,372			
n. Marketing					
o. Other (Specify)					
<i>A-13. Total Salary Expenditures</i>	7,841,456	346,168			

\* 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282		Report for Year Ended 9/30/2016		Page 11	of 37			
	CCNH	RHNS (Specify)	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
<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>									
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) <b>Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville</b>			License No. <b>2282</b>	Report for Year Ended <b>9/30/2016</b>			Page <b>12</b>	of <b>37</b>	
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>									
Ray Wilkins (10/1/14-9/24/15)	10,174		Vacation Pay Out			A2			
Ray Wilkins (10/1/14-9/24/15)	8,845		Severance Pay			A2			
John Kelly (10/1/15-9/30/16)	130,856		Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,155	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		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2016	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.....	16,644	78				
3. Pharmacist.....	8,317	145				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	151,921	2,176				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	90,250	458				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	54,265					
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	2,700	19				
9. Speech Therapist						
a. Resident Care.....	8,250	99				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	7,306	117				
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>339,653</b>	<b>3,092</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.

The Summit at Plantsville  
Medical Director Schedule  
9/30/2016

<u>Name</u>	<u>Expense</u>	<u>Hours</u>	<u>Title</u>
Anthony Ciardella, MD	66,250.00	278.54	Medical Director
Leonard Glaser, MD	<u>24,000.00</u>	<u>178.75</u>	Assistant Medical Director
	<u>90,250.00</u>	<u>457.29</u>	

**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 9/30/2016	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	
ProCare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Leonard Glaser, 360 Main St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<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"/>		
Advanced Medical Personnel Services, P.O. Box 392450, Philadelphia, PA 5251-9450	Speech Therapy	<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"/>		
MassTex, 3 Electronics Ave Ste 201, Danvers, MA 01923-1099	Dysphagia Consultant	<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"/>		
Dr. Spar, P.O. Box 609, Southington, CT 06489	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Giosa and Brown, 455 Lewis Ave, Suite 206, Meriden, CT 06451	Medical Staff	<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"/>		
NE Medical, P.O. Box 417514, Boston, MA 02241-7514	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Starling Physicians, 2110 Silas Deane Hgwy, Rocky Hill, CT 06067	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
CT Clinical Nursing, P.O. Box 1535, Bristol, CT 06111	Wound Management	<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 9/30/2016	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"/>		
Ryan Maringola, 66 Dundee Dr, Cheshire, CT 06410	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Litchfield Hills Ortho, 245 Alvord Park Rd, Torrington, CT 06790	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Southington Radiology, P.O. Box 230, Glastonbury, CT 06033-0230	Radiology	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Access Therapy, P.O. Box 823461, Philadelphia, PA 19182-3461	Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Lindsay Searle, 14 Hendricks Ln, Unionville, CT 06085	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
CT Heart Group, 46 Prince St, New Haven, CT 06519	Medical Staff	<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"/>		

\* 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	9/30/2016		15	37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation.....	\$	498,385	498,385		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	199,929	199,929		
4. Social Security (F.I.C.A.).....	\$	580,851	580,851		
5. Health Insurance.....	\$	957,044	957,044		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	35,122	35,122		
8. Uniform Allowance.....	\$	8,832	8,832		
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$				
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)* .....</b>	\$				
c. Bad Debts*.....	\$	101,862	101,862		
d. Accounting and Auditing.....	\$	17,755	17,755		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	14,824	14,824		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$	41,812	41,812		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	44,190	44,190		
2. Cellular Phones. ....	\$	1,656	1,656		
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	\$	982,671	982,671		
<b>Subtotal</b>	\$	3,484,933	3,484,933		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2016		16	37
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		3,484,933	3,484,933		
1. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	7,099	7,099		
3. Gifts to Staff and Residents.....	\$	18,005	18,005		
4. Employee Travel.....	\$	833	833		
5. Education Expenses Related to Seminars and Conventions	\$	6,259	6,259		
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> ).....	\$	9,230	9,230		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$	1,496	1,496		
3. Advertising Other ( <i>Specify</i> )***.....	\$	27,002	27,002		
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.....	\$	9,734	9,734		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	10,674	10,674		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	580	580		
9. Subscriptions.....	\$	788	788		
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**.....	\$	491,347	491,347		
13. Other ( <i>Specify</i> )	\$	229,629	229,629		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>4,297,609</b>	<b>4,297,609</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	\$ 27,002		
<b>Total Other Advertising</b>	\$ 27,002	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,524		
Crisis Prevention Institute	\$ 150		
<b>Total Dues</b>	\$ 10,674	\$ -	\$ -

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	\$ 10,457		
Payroll Processing Fees	\$ 24,453		
Licensing	\$ 2,910		
Employee Physicals/Background Checks	\$ 44,905		
DSS Eligibility Worker	\$ 107,225		
Data Processing	\$ 20,888		
St of CT Citation 2016-72/Survey	\$ 3,140		
Compliance Consulting	\$ 10,628		
<b>Total Other Administrative and General</b>	\$ 229,629	\$ -	\$ -

**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 9/30/2016	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	\$684,212	Contract Attached to a Prior Year	See Below
Allocation of the above	\$451,580 \$109,474 \$123,158	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	\$39,767	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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$	344,047	344,047		
2. Non-Food Supplies.....	\$	41,260	41,260		
3. Other (Specify) _____	\$	2,826	2,826		
Dishes = \$2,826					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$	109,474	109,474	
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$	497,607	497,607	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals:	Total no. of meals served per day:*	434	434		
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. = \$397					
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount. = \$0					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) <b>Pg 18 Ln 2a1</b>					
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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	18,820	18,820		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**.....		\$				
d. Other (Specify) Supplies = \$8,222		\$	8,222	8,222		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	27,042	27,042		
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	9/30/2016		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care	Amt. \$				
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )		31,366	31,366		
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> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)...	\$	31,366	31,366		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from <b>Omni Care/ProCare</b>	\$	515,839	515,839		
b.	Medicine Cabinet Drugs.....	\$	27,984	27,984		
c.	Medical and Therapeutic Supplies.....	\$	309,794	309,794		
d.	Ambulance/Limousine*** .....	\$	1,285	1,285		
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other*** .....	\$	39,486	39,486		
f.	X-rays and Related Radiological Procedures*** .....	\$	29,566	29,566		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> ) .....	\$				
h.	Laboratory*** .....	\$	28,163	28,163		
i.	Recreation.....	\$	74,077	74,077		
j.	Other (Specify)**** See Attached Schedule	\$	297,310	297,310		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j).....	\$	1,323,504	1,323,504		

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

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

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

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



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

Name of Facility		License No.	Report for Year Ended	Page of				
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2016	21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No					
ADP	Hartford Region Richmond, VA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	24,423		16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	26,994		22	6f
Winterberry Landscape Management LLC	2070 West Street, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping & Snow Removal	26,523		22	6f
Omnicare/Value Health Care	835 West Queen Street, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drugs/pharmaceuticals	456,261		20	5c
Harmony Healthcare	430 Boston St, Suite 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance Consulting	10,158		16	m13
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drugs/pharmaceuticals	124,752		20	5c
		<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	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	89,025	89,025				
b. Heat..... \$	69,801	69,801				
c. Light & Power..... \$	187,004	187,004				
d. Water..... \$	66,472	66,472				
e. Equipment Lease ( <i>Provide detail on page 6</i> )..... \$	29,222	29,222				
f. Other ( <i>itemize</i> )..... \$	84,725	84,725				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>526,249</b>	<b>526,249</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements..... \$	4,719	4,719				
b. Building & Building Improvements..... \$	41,743	41,743				
c. Non-Movable Equipment..... \$	11,621	11,621				
d. Movable Equipment..... \$	72,934	72,934				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>131,017</b>	<b>131,017</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	15,210	15,210				
d. Other ( <i>Specify</i> )..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>15,210</b>	<b>15,210</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	686,650	686,650				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	142,617	142,617				
c. Personal property taxes..... \$	10,475	10,475				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>985,969</b>	<b>985,969</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	\$ 13,800		
Rubbish Removal	\$ 26,994		
Supplies	\$ 31,208		
Snow Removal	\$ 12,723		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 84,725</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282		9/30/2016				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	53,786	S/L	Var	4,719	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal.....									4,719
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period		562,055		562,055	333,263	S/L	Various	41,743	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)						S/L	Various		
B-4. Subtotal.....									41,743
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period		257,105		257,105	199,932	S/L	Various	11,621	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....									11,621
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 1996 Dodge Caravan				7,493	7,493	S/L	5		
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)					1,253,955	S/L	Various	70,618	
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....				39,886		S/L	Various	2,316	
<b>E. Total Depreciation</b> .....									72,934
									131,017

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







State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-24 Rev. 10/2006

**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			Page 24	of 37
					Month	Year	9/30/2016		
<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	9	2015							
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2016							
C-4: Subtotal.....									
<b>D. Total Amortization</b> .....									
								15,209	
								15,209	

\* 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2016	Page 24A	of 37
<b>C. Leasehold Improvements</b>				
(Specify)				
1. Acquired prior to this report period	9 2015	31,617	14,729	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2016		480	
C-4. Subtotal.....				15,209
<b>C. Other (Specify)</b>				
1.	1997			
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2015	31,617	14,729	
Total Disposals				
Total Acquired during this report period	9 2016		480	

**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 9/30/2016	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>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD/Key Bank			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%/6.92%			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed		9,526,089			
f. Principal balance outstanding as of 9/30/2016		7,400,463			
<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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at		License No. 2282	Report for Year Ended 9/30/2016			Page 26	of 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 Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No.  2282		Report for Year Ended  9/30/2016		Page of 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)..... \$				97,023	97,023		
Vender Interest = \$4,681; Key Bank Line of Credit Interest = \$29,765; Key Bank Term Loan Int & Fees = \$58,572; Letter of Credit = \$4,005							
13. Total All Interest Expense (12B7 + 12C3 + 12D).....\$				97,023	97,023		
14. Insurance							
a. Insurance on Property (buildings only)..... \$				100,082	100,082		
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)...				\$ 100,082	100,082		
15. Total All Expenditures (A-13 thru C-14)..... \$				16,067,560	16,067,560		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville				2282	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 440,082	440,082		
4.	Var	Var	Other - See attached Schedule.....	\$ 77,951	77,951		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 54,265	54,265		
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.....	\$ 101,862	101,862		
10.	15	1d&e	Accounting & Legal.....	\$ 14,983	14,983		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 576	576		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 18,005	18,005		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 28,498	28,498		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 291,043	291,043		
	18	2c		\$ 70,556	70,556		
	20	5j		\$ 79,375	79,375		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 31,339	31,339		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 397	397		
<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)				\$ 1,208,932	1,208,932		

\* 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.





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

CSP-29 Rev. 10/2006

**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	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,208,932	1,208,932		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 515,839	515,839		
28.	20	5d	Ambulance/Limousine.....	\$ 1,285	1,285		
29.	20	5f	X-rays, etc.....	\$ 29,566	29,566		
30.	20	5h	Laboratory.....	\$ 28,163	28,163		
31.	20	5c	Medical Supplies.....	\$ 15,000	15,000		
32.	20	5e2	Oxygen (non emergency).....	\$ 39,486	39,486		
33.	20	5j	Occupational Therapy.....	\$ 175	175		
34.	Var	Var	Other - See Attached Schedule.....	\$ 26,830	26,830		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
	Var	Var	See Attached Schedule.....	\$ 1,769	1,769		
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.....	\$ 19,038	19,038		
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	iv5	Interest Income on Accounts Rec.....	\$ 456	456		
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.....	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,886,539	1,886,539		

\*\*\* 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	26,830		
<b>Total Other Ancillary Costs</b>			\$ 26,830	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec Carryforward AJE	1,769		
<b>Total Excess Movable Equipment Depreciation</b>			1,769		

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>			\$ -	\$ -	\$ -



**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	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only).....	\$ 17,035,783	17,035,783				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (8,823,056)	(8,823,056)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive) .....	\$ 2,979,048	2,979,048				
b. Medicare Room and Board Contractual Allowance **.....	\$ 446,224	446,224				
4. a. Private-Pay Residents and Other.....	\$ 4,565,411	4,565,411				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (746,504)	(746,504)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare.....	\$ 310,766	310,766				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (310,766)	(310,766)				
c. Prescription Drugs - Non-Medicare.....	\$ 110,160	110,160				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (110,160)	(110,160)				
2. a. Medical Supplies - Medicare.....	\$					
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 1,807	1,807				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (1,807)	(1,807)				
3. a. Physical Therapy - Medicare.....	\$ 1,285,870	1,285,870				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (915,588)	(915,588)				
c. Physical Therapy - Non-Medicare.....	\$ 211,465	211,465				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (211,465)	(211,465)				
4. a. Speech Therapy - Medicare.....	\$ 391,434	391,434				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (289,318)	(289,318)				
c. Speech Therapy - Non-Medicare.....	\$ 96,234	96,234				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (96,234)	(96,234)				
5. a. Occupational Therapy - Medicare.....	\$ 1,255,786	1,255,786				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (922,109)	(922,109)				
c. Occupational Therapy - Non-Medicare.....	\$ 171,767	171,767				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (171,767)	(171,767)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 2,565	2,565				
<b>III Total Resident Revenue (Section I.thru Section II.).....</b>	<b>\$ 16,265,546</b>	<b>16,265,546</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 (Specify) .....	\$ 43,762	43,762				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 35,099	35,099				
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 78,861</b>	<b>78,861</b>				
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 16,344,407</b>	<b>16,344,407</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	Medicare Cost Settlement	\$ 2,565		
<b>Total Other Resident Revenue</b>		\$ 2,565	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 32, ln D6	Interest on Note Receivable	\$ 1,179,541	\$ 43,306		
pg 32, ln A2	Medicare and Medicaid Interest		\$ 456		
<b>Total Interest Income</b>			\$ 43,762	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 35,099		
<b>Total Other Revenue</b>		\$ 35,099	\$ -	\$ -

### 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	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> ).....			\$	76,239
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,148,601
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	37,263
5. Prepaid Expenses.....			\$	166,321
a. Prepaid Insurance	154,798			
b. Other Prepaid Expenses	3,520			
c. Prepaid Property Taxes	8,003			
d.				
6. Interest Receivable.....			\$	50,613
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	222,136
A/R Related Facilities	218,066			
A/R Medicaid Settlement - Wage Enhancement	4,070			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,701,173</b>
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	69,574	\$	11,069
	Accum. Depreciation	(58,505) Net.....		
3. Buildings	*Historical Cost.....	562,053	\$	187,048
	Accum. Depreciation	(375,005) Net.....		
4. Leasehold Improvements	*Historical Cost.....	198,635	\$	151,809
	Accum. Depreciation	(46,826) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	257,103	\$	45,552
	Accum. Depreciation	(211,551) Net.....		
6. Movable Equipment	*Historical Cost.....	1,637,851	\$	310,962
	Accum. Depreciation	(1,326,889) Net.....		
7. Motor Vehicles	*Historical Cost.....	7,493	\$	
	Accum. Depreciation	(7,493) Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	9,091
Excluded Movable Equipment	9,091			
	-			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>715,531</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)

**THE SUMMIT AT PLANTSVILLE  
PREPAID EXPENSES-OTHER #1580-010  
9/30/2016**

		Account
CBORD 10/1/16-9/30/17 (Gerimenu License Fee)	\$ 2,070.74	6338
Sales & Use Tax paid 02/01/16. Overpaid actual liability due- credit with CMRS	1,449.55	
<b>TOTAL AT 9/30/16</b>	<b><u>\$ 3,520.29</u></b>	



**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	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	2,416,704
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.....				\$
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	3,775,631
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> )			\$	(3,021,131)
Name and Address		Amount	Loan Date	
Due from Related Party		(3,021,131)	3/29/2012	
7. Other Assets ( <i>itemize</i> ).....			\$	32,101
Project Development		32,101		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7).....			\$	1,317,081
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8).....			\$	7,509,416

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



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

Name of Facility <b>Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville</b>	License No. <b>2282</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>33</b>	of <b>37</b>
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,106,381
2. Notes Payable ( <i>itemize</i> ).....			\$	632,845
Due From Related Facilities			41,000	
Line of Credit - Key Bank			591,845	
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> ).....			\$	375,524
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	16,566
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> ).....			\$	4,576
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities ( <i>itemize</i> ).....			\$	302,912
Acc'd Operating Expenses			46,888	
Provider Tax Due			256,024	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12).....			\$	2,438,804

\* 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  
9/30/2016**

		Account
HEALTH INSURANCE	\$3,365.13	5364
9/30/16 AUDIT FEE	14,000.00	5126
DSS AUG & SEPT PYMT	17,156.00	5139
CRYSTAL CLEAN AQUAR INV 217	228.65	6538
ST FRAN HOSP INV 092216	482.00	5369
AT&T INV 6195552302 091116	1,169.75	5129
RON CIABURI 08/15-09/15 CELLPH	60.00	5134
HEALTH DRIVE	1,357.50	7928
SAFEGUARD-VOIDED -SHOULD BE OAKLAND	(310.11)	5133
H.S. ROOFING SYSTEM-OCT VOIDE	(621.06)	5539
WAGE ENHANCEMENT PENSION	10,000.00	
	<u>\$46,887.86</u>	

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

Name of Facility <b>Southington SNF, LLC OF PLANTSVILLE</b> d/b/a The Summit at Plantsville	License No. <b>2282</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>34</b>	of <b>37</b>
Account			Amount	
Total Brought Forward:			2,438,804	
<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> ).....				\$ 698,394
Name and Address of Lender	Amount	Loan Date		
<b>Due to Related Party</b>	<b>698,394</b>	<b>None</b>		
4. Other Long-Term Liabilities ( <i>itemize</i> ).....				\$ (471,855)
Due to Related-Landlord		<b>(1,030,781)</b>		
Key Bank Term Loan		<b>558,926</b>		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4).....				\$ 226,539
C. <b>Total All Liabilities</b> (Lines A-13 + B-5).....				\$ 2,665,343

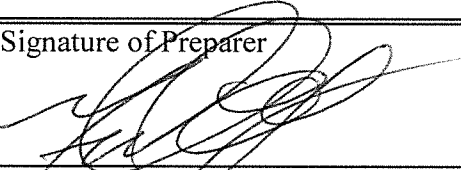
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at	2282	9/30/2016	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.....			\$	1,191,595
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	
			\$	276,847
7. Total Net Worth.....			\$	1,068,442
<b>C. Total Reserves and Net Worth .....</b>			\$	4,844,073
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	7,509,416

### H. Changes in Total Net Worth

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	734,204
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$	16,344,407
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	16,067,560
D. Net Income or Deficit.....			\$	276,847
E. Balance.....			\$	1,011,051
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
		44,869		
	Change in SWAP value	12,521		
	Rounding	1		
2. Other ( <i>itemize</i> )				
F-3. Total Additions.....			\$	57,391
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. <i>Balance at End of Period</i>			\$	1,068,442
		09/30/16		

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

Name of Facility <b>PLANTSVILLE d/b/a The Summit at Plantsville</b>	License No. <p style="text-align: center;">2282</p>	Report for Year Ended <p style="text-align: center;">9/30/2016</p>	Page <p style="text-align: center;">37</p>	of <p style="text-align: center;">37</p>
<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 <p style="text-align: center;">CFR</p>	Date Signed <p style="text-align: center;">2/15/17</p>		
Printed Name of Preparer  Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number  (860) 751-3900		



Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

**\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\***

\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\*

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				
PG 1A PER COST REPORT				
DIFFERENCE				
PG 10 PER INTERFACE	7,841,456	7,841,456		
PG 10 PER COST REPORT	7,841,456	7,841,456		
DIFFERENCE				
PG 1A PER COST REPORT				
PG 10 PER COST REPORT				
DIFFERENCE				
PG 13 PER INTERFACE	339,653	339,653		
PG 13 PER COST REPORT	339,653	339,653		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	4,297,609	4,297,609		
PG 15 & 16 PER COST REPORT	4,297,609	4,297,609		
DIFFERENCE				
PG 18 PER INTERFACE	497,607	497,607		
PG 18 PER COST REPORT	497,607	497,607		
DIFFERENCE				
PG 19 PER INTERFACE	27,042	27,042		
PG 19 PER COST REPORT	27,042	27,042		
DIFFERENCE				
PG 20 PER INTERFACE	1,354,870	1,354,870		
PG 20 PER COST REPORT	1,354,870	1,354,870		
DIFFERENCE				
PG 22 PER INTERFACE	1,512,218	1,512,218		
PG 22 PER COST REPORT	1,512,218	1,512,218		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	197,105	197,105		
PG 26 & 27 PER COST REPORT	197,105	197,105		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	16,067,560	16,067,560		
TOTAL EXPENSES PER COST REPORT	16,067,560	16,067,560		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	16,344,407	16,344,407		
TOTAL REVENUES PER COST REPORT	16,344,407	16,344,407		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	29,222			
EQUIPMENT LEASES PER PAGE 22,LINE 6c	29,222			
DIFFERENCE				

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**BALANCE SHEET ERROR CHECK LIST**

\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\*

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:  
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

TOTAL
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\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\*

PG 31 CURRENT ASSETS PER INTERFACE	1,701,173
PG 31 CURRENT ASSETS PER COST REPORT	1,701,173
DIFFERENCE	<u>1,701,173</u>
PG 31 FIXED ASSETS PER INTERFACE	715,531
PG 31 FIXED ASSETS PER COST REPORT	715,531
DIFFERENCE	<u>715,531</u>
PG 32 LEASED ASSETS PER INTERFACE	3,775,631
PG 32 LEASED ASSETS PER COST REPORT	3,775,631
DIFFERENCE	<u>3,775,631</u>
PG 32 OTHER ASSETS PER INTERFACE	1,317,081
PG 32 OTHER ASSETS PER COST REPORT	1,317,081
DIFFERENCE	<u>1,317,081</u>
PG 32 TOTAL ASSETS PER INTERFACE	7,509,416
PG 32 TOTAL ASSETS PER COST REPORT	7,509,416
DIFFERENCE	<u>7,509,416</u>
PG 33 CURRENT LIABS PER INTERFACE	2,438,804
PG 33 CURRENT LIABS PER COST REPORT	2,438,804
DIFFERENCE	<u>2,438,804</u>
PG 34 LONG TERM LIABS PER INTERFACE	226,539
PG 34 LONG TERM LIABS PER COST REPORT	226,539
DIFFERENCE	<u>226,539</u>
PG 34 TOTAL LIABS PER INTERFACE	2,665,343
PG 34 TOTAL LIABS PER COST REPORT	2,665,343
DIFFERENCE	<u>2,665,343</u>
PG 35 RESERVES PER INTERFACE	3,775,631
PG 35 RESERVES PER COST REPORT	3,775,631
DIFFERENCE	<u>3,775,631</u>
PG 35 NET WORTH PER INTERFACE	1,068,442
PG 35 NET WORTH PER COST REPORT	1,068,442
DIFFERENCE	<u>1,068,442</u>
PG 35 TOTAL LIAB & WORTH PER INTERFACE	7,509,416
PG 35 TOTAL LIAB & WORTH PER COST REPORT	7,509,416
DIFFERENCE	<u>7,509,416</u>
PG 32 TOTAL ASSETS PER COST REPORT	7,509,416
PG 35 TOTAL LIAB & WORTH PER COST REPORT	7,509,416
DIFFERENCE	<u>7,509,416</u>
NET INCOME PER BALANCE SHEET	276,847
NET INCOME PER INCOME STATEMENT	276,847
DIFFERENCE	<u>276,847</u>
PG 35 NET WORTH PER COST REPORT	1,068,442
TOTAL NET WORTH PER PG 36	1,068,442
DIFFERENCE	<u>1,068,442</u>

<b>Name of Facility</b> Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	<b>License No.</b> 2198-C/2198-C	<b>Report for Year Ended</b> 9/30/2016	<b>Page</b> ERROR REPORT
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**INFORMATIONAL PAGES  
ERROR CHECK LIST**

**\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\***

**\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\***

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:  
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	<b>TOTAL</b>	<b>CCNH</b>	<b>RHNS</b>	<b>OTHER: (Specify)</b>
PG 7 TOTAL LEGAL FEES DETAIL	14,824	NOT APPLICABLE		
PG 15, LINE 1e LEGAL FEES PER COST REPORT	14,824	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 7 TOTAL ACCOUNTING FEES DETAIL	17,755	NOT APPLICABLE		
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	17,755	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	149,875	149,875		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	149,875	149,875		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	31,535	NOT APPLICABLE		
HORIZONTAL TOTALS	31,535	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	4,751	NOT APPLICABLE		
HORIZONTAL TOTALS	4,751	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	28,436	NOT APPLICABLE		
HORIZONTAL TOTALS	28,436	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
<b>NO. OF CERTIFIED BEDS RECONCILIATION:</b>				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	150	150		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	150	150		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	150	150		
DIFFERENCE				

**COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:**

AVERAGE CERTIFIED BEDS	150.00000	150.00000
MAXIMUM PATIENT DAYS	54,900	54,900
ACTUAL PATIENT DAYS	53,184	53,184
PERCENT OCCUPIED(NOT TO EXCEED 100%)	96.8743%	96.8743%

<b>Name of Facility</b> Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	<b>License No.</b> 2198-C/2198-C	<b>Report for Year Ended</b> 9/30/2016	<b>Page</b> ERROR REPORT
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DEPRECIATION TIE-IN  
ERROR CHECK LIST

\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\*

\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\*

RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:  
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	11,068	11,069	
BUILDING AND BUILDING IMPROVEMENTS	187,049	187,048	
LEASEHOLD IMPROVEMENTS	151,809	151,809	-
NON-MOVEABLE EQUIPMENT	45,552	45,552	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	320,053	310,962	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	-	N/A **	-

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	4,719	4,719	-
BUILDING AND BUILDING IMPROVEMENTS	41,743	41,743	-
NON-MOVEABLE EQUIPMENT	11,621	11,621	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	72,934	72,934	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	-
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	15,209	15,210	
OTHER AMORTIZATION	-	-	-

\* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

\*\*NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY	PG 23a/24a	PG 23/24	Difference
<b>COMPARE DETAIL ADDITIONS TO PAGES 23 &amp; 24</b>			
LAND IMPROVEMENTS			
ADDITIONS	-	-	-
DEPREC	-	-	-
BUILDING IMPROVEMENTS			
ADDITIONS	-	-	-
DEPREC	-	-	-
NON-MOVEABLE EQUIPMENT			
ADDITIONS	-	-	-
DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES			
ADDITIONS	39,886	39,886	
DEPREC	2,316	2,316	
LEASEHOLD IMPROVES			
ADDITIONS	13,039	13,039	-
DEPREC	480	480	