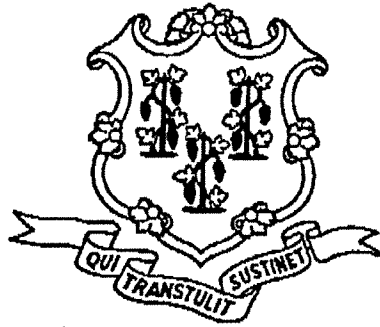


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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

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 9/30/2017	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, 2016 and ending September 30, 2017, 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 A. Kelly</i>		Date 2/9/18	Signed (Owner) <i>[Signature]</i>		Date 2/9/18
Printed Name (Administrator) John Kelly			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) <i>Gina Seppings</i>	Comm. Expires 6/30/21	
Address of Notary Public			505 Penfield Hill Rd Portland, CT 06480		

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility	Period Covered:	From	To	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		10/1/2016	9/30/2017	
Address of Facility				
261 Summit Street Plantsville, CT 06479				
Report Prepared By	Phone Number	Date		
Athena Health Care Associates, Inc	(860) 751-3900	2/8/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-628-0364		Report for Year Ended 09/30/17		Page 2	of 37
Name of Facility (as shown on license) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			Address (No. & Street, City, State, Zip) 261 Summit Street Plantsville, CT 06479		
License Numbers:	CCNH 2282	RHNS (Specify)	Medicare Provider No. 07-5420		
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.					
Administrator					
Name of Administrator John Kelly			Nursing Home Administrator's License No.:	801	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

**The Summit at Plantsville
Ownership Interests
9/30/2017**

Lawrence G. Santilli	71.75%
Guardians for Lawrence E. Santilli	19.25%
Mahaney Family Limited Partnership	2.00%
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
 Individual Proprietorship**

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2017	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 9/30/2017	Page 4	of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 				
				If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
				If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Miscellaneous Facilities	Various	<input checked="" type="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	\$4,079	\$4,079
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Charges	Pg 16 Ln m13	\$4,397	\$4,397
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Pg 15, Ln 1a1	\$511,518	\$511,518
Summit Landlord	135 South Road, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Facility	Pg 22, ln 9, 10b; Pg 27 ln 14	\$898,116	\$898,116
Northbridge Healthcare	2875 Main St, Bridgeport, CT 06606	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Fees Reimbursement	Pg 15 Ln 1e	\$450	\$450
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached			
ProCare Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	Pg 20 Ln 5a2	\$347,871	\$347,871

* 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, Help Wanted, MDS Fill-in, Health Insurance, Employee Relations, Business Promotion Lobbying, Payroll Processing Fees, Data Processing Fees, Repairs & Maintenance	Pg 15 In 1e; Pg 17; Pg 13 In B5a, 11a2 Pg 16 Ln 1g, B, 15, m3, m7, m8, m13 Pg 22 Ln 6a;	\$735,277	\$290,677
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, In 1a5	\$1,180,796	\$1,180,796

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 9/30/2017	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 9/30/2017		Page of 6 37		
	Description of Items Leased		Date of Lease**	Term of Lease		Annual Amount of Lease	
Name and Address of Lessor					Related * to Owners, Operators, Officers		Annual Amount Claimed
	Yes	No					
Ricoh USA, 70 Valley Stream Parkway, Malvern, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copiers	09/30/16	48 Months	\$15,641	\$15,196
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	\$8,539
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"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	\$24,756

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

RICOH

Ricoh USA Program provided by
Wells Fargo Vendor Financial Services, LLC

For Correspondence Only:

Wells Fargo Vendor
Financial Services, LLC
PO Box 9115
Macon GA 31210

Customer Service:
Telephone 1-800-595-1011

Oct 13, 2016

**TODD PANILUITIS
SOUTHINGTON SNF LLC
261 SUMMIT ST
PLANTSVILLE, CT 06479 1124**

RE: Account Number: **1375069-3541935**

Dear Valued Customer:

Thank you for your recent agreement with Ricoh USA, Inc. Under the Ricoh USA Program, your transaction has been financed by Wells Fargo Vendor Financial Services, LLC ("WFVFS").

This packet contains copies of your executed documents which were assigned to WFVFS by Ricoh. Please review the enclosed documents and notify us immediately should you feel there is any discrepancy in the documents or should you have any other concerns.

We are happy to assist you with any questions regarding your account and we are committed to providing the highest quality of customer service possible. For your convenience your account number is referenced in this letter and should be used when calling about your account. For account assistance, please call Customer Service at 1-800-595-1011. Our customer service representatives are available 8:00 AM to 5:30 PM EST, Monday through Friday to assist you.

Did you know we now offer online account management? View your account history, make payments online, and ***Go Green*** with our invoice E-Delivery program. Call Customer Service or visit www.getmyaccounts.com to get started today!

Sincerely,

Customer Service

Wells Fargo Vendor
Financial Services, LLC

Enclosures

RICOH

Ricoh USA Program provided by
Wells Fargo Vendor Financial Services, LLC

For Correspondence Only:

Wells Fargo Vendor
Financial Services, LLC
PO Box 9115
Macon GA 31210

Customer Service:
Telephone 1-800-595-1011

Customer Name: SOUTHINGTON SNF LLC

Account Number: 1375069-3541935

Agreement Dates:

Description	Date
Term Begin Date	9/29/2016
First Payment Due Date	10/29/2016
Initial Term End Date	9/28/2020

Payment Remit Payments as follows:

Address: WELLS FARGO VENDOR FINANCIAL SERVICES, LLC
PO BOX 41564
PHILADELPHIA,
PA, 19101 156464

W-9 Fed TAX PAYER ID NUMBER: 42-1074725
Please access MyAccounts (www.getmyaccounts.com) for a copy of the W-9 form.

Equipment Description: Make and model number can be found on copy of attached executed agreement.
Please access MyAccounts (www.getmyaccounts.com) for equipment serial numbers(s).

Property Taxes: Property Taxes are assessed based on the equipment location on the tax assessment date and determined by your county or state. Each county or state determines its own tax assessment date.

Customer Service: In the event of any discrepancies contact Customer Service immediately at 1-800-595-1011.

Please note that this notice is subject in all respects to the terms and conditions of your agreement and does not constitute an amendment or any other change to any of the terms or conditions of such agreement. To the extent of any conflict between the contents of this notice and the terms or conditions of such agreement, the terms and conditions of such agreement shall control.

NOTICE: The information contained in this letter and any attachments ("this letter") may contain confidential information for the sole use of the intended recipient(s). Any unauthorized use, disclosure, viewing, copying, alteration, dissemination or distribution of, or reliance on this letter is strictly prohibited. If you have received this letter in error, or you are not an authorized recipient, please notify the sender immediately, delete all copies from your e-mail system and destroy any printed copies.



RICOH

Ricoh USA, Inc.
70 Valley Stream Parkway
Malvern, PA 19355

3541935

Number: _____

This Image Management Plus Agreement (this "Agreement") has been written in clear, easy to understand language. Please take time to review the terms. When we use "Customer," "you" or "your," we are referring to you, our Customer. When we use "we," "us" or "our," we are referring to Ricoh USA, Inc. ("Ricoh") or, if we assign this Agreement pursuant to Section 3 below, the Assignee (as defined below). Our corporate office is located at 70 Valley Stream Parkway, Malvern, PA 19355.

CUSTOMER INFORMATION

Southington SNF LLC				Jack Kelly			
Full Legal Name				Billing Contact Name			
261 Summit St				Billing Address (if different from location address)			
Equipment Location Address		CT	06479-1124	Billing Address (if different from location address)			
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 02-0578392 <i>(Do Not Insert Social Security No.)</i>		Billing Contact Telephone No. (860) 628-0364		Billing Contact Facsimile No.		Billing Contact E-Mail Address administrator@summitatplantsville.com	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model	Qty	Equipment Description: Make & Model
9	Ricoh MP301SPF		
1	Ricoh MPC6502SP		
1	Ricoh MP4054SP		
2	Ricoh MP501SPF		

PAYMENT SCHEDULE

Minimum Term <i>(months)</i>	Minimum Payment <i>(Without Tax)</i>	Minimum Payment Billing Frequency		Advance Payment	
48	\$ 1,120.96	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 st Payment	<input type="checkbox"/> 1 st & Last Payment
		<input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> Other: None	
Guaranteed Minimum Images ^{1,2}		Cost of Additional Images ²		Meter Reading/Billing Frequency	
Black/White	Color	Black/White	Color	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
0	0	\$0.0060	\$0.0550	<input type="checkbox"/> Other: _____	

* Based upon Minimum Payment Billing Frequency
 2. Based upon standard 8 1/2" x 11" paper size. Paper sizes greater than 8 1/2" x 11" may count as more than one image.

ADDITIONAL PROVISIONS (list here, if any): _____

Sales Tax Exempt: Yes (Attach Exemption Certificate) Customer Billing Reference Number (P.O.#, etc.) _____
 Addendum Attached: Yes (Check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS

- Use of Equipment Term.** You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful business purposes and not for personal, family, or household purposes and the "Equipment Location" is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature below will indicate our acceptance of this Agreement.
- Location of Equipment.** You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment. *(You further agree that the additional terms and conditions on the next pages of this Agreement are incorporated by reference into this Agreement.)*

AUTHORIZED SIGNER
 THE PERSON SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.

Authorized Signer Signature X _____	Date 8/9/16	Authorized Signer Printed Name Todd Parlati	Authorized Signer Title IT Manager
--	----------------	--	---------------------------------------

3. Ownership of Equipment; Assignment. We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld); You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. Software or Intangibles. To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. Taxes and Filing Costs. In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us.
6. Uniform Commercial Code ("UCC") Filing. To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. Warranties. We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT
- NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."
8. Maintenance of Our Equipment. You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
9. Indemnity, Liability and Insurance. To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.
10. Renewal and Return of Equipment. AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING ANY MONTH-TO-MONTH RENEWAL, WE HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE, TO DEMAND THAT YOU RETURN THE EQUIPMENT TO US IN ACCORDANCE WITH THE TERMS OF THIS SECTION 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (x) you with a legally enforceable option to extend or renew the terms of this Agreement, or (y) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Agreement, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Agreement, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Agreement, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment rented by you hereunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services,

TP
Customer Initials
Page 2 of 4

and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

11. Payments. Payments will begin on the Equipment delivery and acceptance date ("Effective Date") and the first payment will be due in arrears thirty (30) days after the Effective Date or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, ~~you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount.~~ You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit Payments to us in the form of company checks (or personal checks in the case of sole proprietors), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of Payment for this Agreement and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit Payments to us.
12. Default and Remedies. Each of the following is a "Default" under this Agreement: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Agreement is false or incorrect and/or you do not perform any of your other obligations under this Agreement and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (e) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor's assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER). Additionally, we are entitled to all past due payments, and we may accelerate and require you to immediately pay us the future payments due under the Agreement present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the Equipment at the end of the term of this Agreement, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys' fees and any cost associated with any action to enforce this Agreement. This action will not void your responsibility to maintain and care for the Equipment. If we take possession of the Equipment (or any Software, if applicable), we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys' fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.
13. Business Agreement and Choice of Law. YOU AGREE THAT THIS AGREEMENT WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA

AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS AGREEMENT. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.

14. No Waiver or Set Off; Entire Agreement; Delivery & Acceptance Certificate. You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the Agreement shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE "NET" AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT REPRESENT THE ENTIRE AGREEMENT BETWEEN YOU AND US AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Agreement, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered: You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.
15. Image Charges/Meters. In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Agreement for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Agreement. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.
16. Ricoh Service Commitments; Counterparts; Facsimiles. You acknowledge and agree that the Ricoh service commitments included on the "Image Management Plus Commitments" page attached to this Agreement (collectively, the "Commitments") are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our Assignee will be the party responsible for financing and billing this Agreement, including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations

hereunder. This Agreement may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall constitute chattel paper as that term is defined in the UCC and shall constitute the single true original agreement for all purposes. If you sign and transmit this Agreement to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Agreement, upon execution by us (manually or electronically, as applicable), shall be binding upon the parties. You authorize us to supply any missing "configure to order" number ("CTO"), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Agreement. You agree that the facsimile or other electronic transmission of this Agreement containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us shall constitute the original agreement for all purposes, including, without limitation, those outlined above in this Section. You agree to deliver to us upon our request the counterpart of the Agreement containing your original manual signature.

is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to Payments in the order of maturity, and any remaining excess will be refunded to you. Each of our respective rights and indemnities will survive the termination of this Agreement. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Agreement and you acknowledge that we are an independent contractor and not your fiduciary. You will obtain your own legal, tax and accounting advice related to this Agreement and make your own determination of the proper accounting treatment of this Agreement. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of providing the Equipment to you under this Agreement below what we otherwise would charge. If we received such compensation, the reduction in the cost of providing the Equipment is reflected in the Minimum Payment specified herein. You authorize us, our agent and/or our Assignee to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our Assignee and third parties having an economic interest in this Agreement or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.

17. Miscellaneous. It is the intent of the parties that this Agreement shall be deemed and constitutes a "finance lease" as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Agreement by any representation or warranty not expressly set forth in this Agreement. This Agreement is not binding on us until we sign it. It

~~PERSONAL GUARANTY~~ In consideration of Ricoh USA, Inc. entering into the above Agreement, I unconditionally guarantee that the Customer will make all payments and pay all other charges required under such Agreement when they are due, and that the Customer will perform all other obligations under the Agreement fully and promptly. I also agree that Ricoh USA, Inc. or its Assignee may modify the Agreement or make other arrangements with the Customer, and I will still be responsible for those payments and other obligations under the Agreement. I agree that Ricoh USA, Inc. or its Assignee need not notify me of any default under the Agreement and may proceed directly against me without first proceeding against the Customer or the Equipment, in which event, I will pay all amounts due under the terms of the Agreement. In addition, I will reimburse Ricoh USA, Inc. or its Assignee, as applicable, for any costs or reasonable attorneys' fees incurred in enforcing its rights. This continuing guaranty is a guaranty of payment and not of collection. I CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE MY PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS GUARANTY.

X _____ Date _____ Home Address: _____
 Guarantor Signature _____ City: _____ State: _____ Zip: _____

 (Printed Name of Guarantor, Do Not Include Title) _____

 Home Phone _____

Accepted by RICOH USA, INC:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title
<u>VARSHA BABANI</u>	10/13/2016	VARSHA BABANI	Funding Specialist

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 Page 4 of 4

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 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Dworken Hillman Lamorte & Sterczala 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Drive, Suite 488, Shelton, CT 06484 555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1 2017 Year End Audit Financials	\$ 9,500
2 Medicare Cost Report Preparation	\$ 2,675
3	\$ -
4	\$ -
	Charge for Services Provided \$12,175

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 1 Murtha Cullina 2 Cheshire/Southington Probate Court 3 Goldman, Gruder & Woods, LLC 4 Marshall Vincent Messina 5 Schiff Hardin LLP	Telephone Number 860-240-6000 203-899-8900 203-271-6608 312-258-5500
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Address (*No. & Street, City, State, Zip Code*)

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

Services Provided by This Firm (*describe fully*)

1 Audit Letter & Secretary of State Filing(Allowed \$419); Misc patient matters \$1190 (Disallowed)	\$ 1,609
2 Appointment of Conservator: Disallowed	\$ 675
3 AR Collections:Disallowed	\$ 814
4 Service of Notice by Marshall: Disallowed	\$ 191
5 HUD Financing: Disallowed	\$ 450
	Charge for Services Provided \$3,739

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			
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282			09/30/17				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period.....	150	150			150	150			150	150			
B. On last day of THIS report period.....	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	149	149			149	149			149	149			
B. As of midnight of THIS report period.....	149	149			147	147			149	149			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	5,604	5,604			4,227	4,227			1,377	1,377			
B. Medicaid (Conn.).....	40,341	40,341			30,193	30,193			10,148	10,148			
C. Medicaid (other states).....													
D. Private Pay.....	3,727	3,727			2,612	2,612			1,115	1,115			
E. State SSI for RCH.....													
F. Other (Specify) VA & Managed Care	3,462	3,462			2,742	2,742			720	720			
G. Total Care Days During Period (3A thru F).....	53,134	53,134			39,774	39,774			13,360	13,360			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	188	188			164	164			24	24			
B. Other Bed Reserve Days.....	244	244			174	174			70	70			
5. Total Resident Days (3G + 4A + 4B).....	53,566	53,566			40,112	40,112			13,454	13,454			

Schedule of Resident Statistics (Cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at			License No. 2282			Report for Year Ended 9/30/2017			Page 9	of 37			
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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		116		12		10						
Per Diem Rate													
a. One bed rm.	528.69		224.64		505.00		311.88						
b. Two bed rms.	528.69		224.64		483.00		311.88						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					10,693	10,693							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,325	1,325							
2. Restorative Treatments													
C. Other					13,235	13,235							
D. <i>Total Physical Therapy Treatments</i>					25,253	25,253							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					2,498	2,498							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					328	328							
2. Restorative Treatments													
C. Other					2,249	2,249							
D. <i>Total Speech Therapy Treatments</i>					5,075	5,075							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					12,551	12,551							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,546	1,546							
2. Restorative Treatments													
C. Other					14,315	14,315							
D. <i>Total Occupational Therapy Treatments</i>					28,412	28,412							

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	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	129,158	2,141				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	263,349	11,929				
5. Dietary Service						
a. Head Dietitian	16,472	483				
b. Food Service Supervisor	56,443	2,002				
c. Dietary Workers	449,097	30,434				
6. Housekeeping Service						
a. Head Housekeeper	51,114	2,157				
b. Other Housekeeping Workers	210,268	16,866				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,297	2,132				
b. Other Maintenance Workers	43,593	2,127				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	166,846	10,237				
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	204,330	4,107				
b. RN						
1. Direct Care	543,855	13,717				
2. Administrative**	504,831	17,425				
c. LPN						
1. Direct Care	1,232,794	48,834				
2. Administrative**						
d. Aides and Attendants	1,922,200	118,091				
e. Physical Therapists	563,729	15,015				
f. Speech Therapists	168,822	3,418				
g. Occupational Therapists	427,547	11,335				
h. Recreation Workers	230,980	12,869				
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	151,721	5,550				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,398,446	330,869				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Medical Staff Meetings	\$ 1,900	14				
Total	\$ 1,900	14	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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 9/30/2017		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
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
No Applicable									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			License No. 2282	Report for Year Ended 9/30/2017	Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
John Kelly (10/1/16-9/30/17)	129,158		Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,141	A2			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....	45	1				
2. Dentist.....	14,933	110				
3. Pharmacist.....	12,445	193				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	43,928	646				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	93,580	461				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	37,769	5				
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	1,900	14				
9. Speech Therapist						
a. Resident Care.....	4,012	15				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	498	8				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	209,110	1,453				

* 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
9/30/2017

<u>Name</u>	<u>Expense</u>	<u>Hours</u>	<u>Title</u>
Anthony Ciardella, MD	66,250	245.75	Medical Director
Leonard Glaser, MD	<u>27,330</u>	<u>215.25</u>	Assistant Medical Director
	<u>93,580</u>	<u>461</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 9/30/2017	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"/>		
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: Minority Interest	
Leonard Glaser, 360 Main St., Southington, CT 06489	Ass't Medical Director, Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Health Drive Audiology, 888 Worcester St, Wellesley, MA 02482	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"/>		
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"/>		
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"/>		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy Services	<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"/>		
Practitioner Provided Services, 324 Elm St, Ste 202B, Monroe, CT 06468	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medoptions, PO Box 5023, New Britain, CT 06050	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"/>		
Lindsay Searle, 14 Hendricks Ln, Unionville, CT 06085	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
T. Nuzzolo, 26 Breeds Hill Rd, Glastonbury, CT 06033	Dietitian	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
R. Bezahler, 70 Meriden Ave, Southington, CT 06489	Physician	<input type="checkbox"/>	<input checked="" 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	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 511,518	511,518			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 158,584	158,584			
4. Social Security (F.I.C.A.).....	\$ 549,274	549,274			
5. Health Insurance.....	\$ 1,151,881	1,151,881			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 29,924	29,924			
8. Uniform Allowance.....	\$ 10,965	10,965			
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*.....	\$ 195,669	195,669			
d. Accounting and Auditing.....	\$ 12,175	12,175			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,739	3,739			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 40,346	40,346			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 39,052	39,052			
2. Cellular Phones.....	\$ 1,581	1,581			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*.....	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,009,002	1,009,002			
Subtotal	\$ 3,713,960	3,713,960			

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,713,960	3,713,960			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 2,670	2,670			
3. Gifts to Staff and Residents.....	\$ 21,605	21,605			
4. Employee Travel.....	\$ 1,535	1,535			
5. Education Expenses Related to Seminars and Conventions	\$ 9,978	9,978			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 40,242	40,242			
2. Advertising Telephone Directory (all such expenses)***	\$ 1,423	1,423			
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 31,614	31,614			
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$ (224)	(224)			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 7,706	7,706			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 10,711	10,711			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,050	1,050			
9. Subscriptions.....	\$ 2,656	2,656			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 476,045	476,045			
13. Other (Specify) See Attached Schedule	\$ 257,609	257,609			
C-14 Total Administrative & General Expenditures	\$ 4,578,580	4,578,580			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 31,614		
Total Other Advertising	\$ 31,614	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,524		
Alzheimer Foundation	\$ 187		
Total Dues	\$ 10,711	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 4,995		
Payroll Processing Fees	\$ 27,776		
Licensing	\$ 1,751		
Employee Physicals/Background Checks	\$ 34,620		
DSS Eligibility Worker	\$ 127,303		
Data Processing	\$ 44,614		
St of CT Citation 2017-26/Survey	\$ 4,301		
Utility Audit	\$ 12,249		
Total Other Administrative and General	\$ 257,609	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2017	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	\$660,975	Contract Attached to a Prior Year	See Below
Allocation of the above	\$436,244 \$105,756 \$118,975	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	\$39,801	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.

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food.....	\$ 357,714	357,714		
2.	Non-Food Supplies.....	\$ 49,918	49,918		
3.	Other (Specify) _____ Dishes = \$392	\$ 392	392		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$ 105,756	105,756		
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 513,780	513,780		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		437	437		
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. = \$403			
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)		Pg 18 Ln 2a1			
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify cost.			
O. Is any revenue collected from employees?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.			
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2017	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. \$	19,750	19,750	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies = \$10,310		\$	10,310	10,310	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	30,060	30,060	
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	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	36,811	36,811		
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.	Total Housekeeping Expenditures (4a + b + c + d)...	\$	36,811	36,811		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care/ProCare	\$	278,099	278,099		
b.	Medicine Cabinet Drugs.....	\$	45,617	45,617		
c.	Medical and Therapeutic Supplies.....	\$	306,044	306,044		
d.	Ambulance/Limousine***	\$	10,920	10,920		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***	\$	46,535	46,535		
f.	X-rays and Related Radiological Procedures***	\$	32,712	32,712		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	24,402	24,402		
i.	Recreation.....	\$	71,827	71,827		
j.	Other (Specify)**** See Attached Schedule	\$	324,995	324,995		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	1,141,151	1,141,151		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 118,975		
Physical Therapy Supplies	\$ 86,293		
Medical Equip Rentals-Other	\$ 38,636		
Oxygen Concentrator Rentals	\$ 3,965		
Cable TV Fees	\$ 26,452		
Medical Equip Rentals-Medicaid	\$ 50,656		
OT Supplies	\$ 18		
Total Other Resident Care	\$ 324,995	\$ -	\$ -

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	9/30/2017	21	37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers	Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***		
					CCNH	RHNS (Specify)	Pg Line
ADP	Hartford Region Richmond, VA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Payroll Processing	28,944		16 m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Rubbish Removal	28,580		22 6f
Winterberry Landscape Management LLC	2070 West Street, Southington, CT 06489	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Groundskeeping & Snow Removal	35,706		22 6f
ProCare	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drugs/pharmaceuticals	314,567		20 5c
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

* 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	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance..... \$		115,284	115,284				
b. Heat..... \$		71,890	71,890				
c. Light & Power..... \$		150,650	150,650				
d. Water..... \$		74,778	74,778				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$		24,756	24,756				
f. Other (<i>itemize</i>)..... \$		108,798	108,798				
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a - 6f) \$		546,156	546,156				
7. Depreciation (<i>complete schedule page 23*</i>)							
a. Land Improvements..... \$		4,428	4,428				
b. Building & Building Improvements..... \$		36,253	36,253				
c. Non-Movable Equipment..... \$		11,412	11,412				
d. Movable Equipment..... \$		73,580	73,580				
*7e. Total Depreciation Costs (7a + b + c + d) \$		125,673	125,673				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)							
a. Organization Expense..... \$							
b. Mortgage Expense..... \$							
c. Leasehold Improvements..... \$		17,256	17,256				
d. Other (<i>Specify</i>)..... \$							
*8e. Total Amortization Costs (8a + b + c + d) \$		17,256	17,256				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$		677,686	677,686				
10. Property Taxes							
a. Real estate taxes paid by owner..... \$							
b. Real estate taxes paid by lessor..... \$		128,004	128,004				
c. Personal property taxes..... \$		10,809	10,809				
11. Total Property Expenses (7e + 8e + 9 + 10) \$		959,428	959,428				

* 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	\$ 21,380		
Rubbish Removal	\$ 28,580		
Supplies	\$ 42,964		
Snow Removal	\$ 14,326		
Temp Staff	\$ 1,548		
Total Other Repairs and Maintenance	\$ 108,798	\$ -	\$ -

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			9/30/2017			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			
A. Land Improvements											
1. Acquired prior to this report period	69,573		69,573	58,503	S/L	Var	4,428				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal.....								4,428			
B. Building and Building Improvements											
1. Acquired prior to this report period	562,055		562,055	375,007	S/L	Various	36,253				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal.....								36,253			
C. Non-Movable Equipment											
1. Acquired prior to this report period	257,105		257,105	211,553	S/L	Various	11,412				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal.....								11,412			
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. 1996 Dodge Caravan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	09	7,493		7,493	7,493	S/L	5	
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period			9	2016	1,646,942		1,646,942	1,326,889	S/L	Various	68,812
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)			9	2017	47,684		47,684		S/L	Various	4,768
D-3. Subtotal.....											73,580
E. Total Depreciation											125,673

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-16	Tunnel for Fiber Internet Cable	\$ 3,847	5	\$ 385
Jun-17	Elevator Repairs - Starter	\$ 5,411	5	\$ 541
Aug-17	Generator Repairs	\$ 6,406	5	\$ 641
Total additions for Leasehold Improvements		\$ 15,664		\$ 1,566 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			License No. 2282		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1.									
2. Finance Fees-Key Bank									
3. Finance Fees									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2016	Various	198,635	46,827	S/L	Var	15,690	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	15,664		S/L	Var	1,566	
C-4. Subtotal.....									17,256
D. Total Amortization									17,256

* 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 9/30/2017	Page 24A	of 37				
C. Leasehold Improvements (Specify)								
1. Acquired prior to this report period		9 2016	198,635	46,827	S/L	Var	15,690	
2. Disposals (attach schedule)								
3. Acquired during this report period		9 2017	15,664		S/L	Var	1,566	
C-4. Subtotal.....								17,256
C. Other (Specify)								
1.		1997						
2.								
C-4. Subtotal.....								
Total Acquired prior to this report period		9 2016	198,635	46,827	S/L	Var	15,690	
Total Disposals								
Total Acquired during this report period		9 2017	15,664		S/L	Var	1,566	

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 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? Yes No

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

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

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	08/01/02				
4. Date of Initial Licensure	08/01/02				
5. Total Licensed Bed Capacity	150				
6. Square Footage					
7. Acquisition Cost					
a. Land	880,000				
b. Building	4,371,469				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%/6.92%				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	9,526,089				
f. Principal balance outstanding as of 9/30/2017	7,211,019				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at		2282	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended		Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2017		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)..... \$			64,188	64,188		
Vender Interest = \$8,574; Key Bank Line of Credit Interest = \$36,318; Key Bank Term Loan Int & Fees = \$19,296						
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$			64,188	64,188		
14. Insurance						
a. Insurance on Property (buildings only)..... \$			94,337	94,337		
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)...			94,337	94,337		
15. Total All Expenditures (A-13 thru C-14)..... \$			15,572,047	15,572,047		

D. Adjustments to Statement of Expenditures

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville			License No. 2282	Report for Year Ended 9/30/2017	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 427,547	427,547		
4.	Var	Var	Other - See attached Schedule.....	\$ 1,276	1,276		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 37,769	37,769		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 195,669	195,669		
10.	15	1d&e	Accounting & Legal.....	\$ 15,495	15,495		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 502	502		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 21,605	21,605		
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 *.....	\$ 33,037	33,037		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 293,436	293,436		
	18	2c		\$ 71,136	71,136		
	20	5j		\$ 80,028	80,028		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 10,346	10,346		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 403	403		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,188,249	1,188,249		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Community Coordinator/Marketing: Salary & Benefits	1,276		
Total Other Salaries Adjustment			\$ 1,276	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8n	Disallowed Dues	1,050		
16	M13	Bank Charges	4,995		
16	M13	Lobbying Fees			
16	M13	Citation #2017-26/Annual Survey CMP	4,301		
Total Other A&G Adjustments			\$ 10,346	\$ -	\$ -

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	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,188,249	1,188,249		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 278,099	278,099		
28.	20	5d	Ambulance/Limousine.....	\$ 10,920	10,920		
29.	20	5f	X-rays, etc.....	\$ 32,712	32,712		
30.	20	5h	Laboratory.....	\$ 24,402	24,402		
31.	20	5c	Medical Supplies.....	\$ 34,817	34,817		
32.	20	5e2	Oxygen (non emergency).....	\$ 46,535	46,535		
33.	20	5j	Occupational Therapy.....	\$ 18	18		
34.	Var	Var	Other - See Attached Schedule.....	\$ 38,636	38,636		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 6,149	6,149		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 22,852	22,852		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 995	995		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,684,384	1,684,384		

*** 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	38,636		
Total Other Ancillary Costs			\$ 38,636	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Equip Deprec Carryforward AJE	6,149		
Total Excess Movable Equipment Depreciation			6,149		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		License No. 2282	Report for Year Ended 9/30/2017		Page 30	of 37
Item			Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1.	a. Medicaid Residents (<i>CT only</i>).....	\$	19,398,143	19,398,143		
	b. Medicaid Room and Board Contractual Allowance **.....	\$	(10,325,003)	(10,325,003)		
2.	a. Medicaid (<i>All other states</i>).....	\$				
	b. Other States Room and Board Contractual Allowance **.....	\$				
3.	a. Medicare Residents (<i>all inclusive</i>).....	\$	2,674,916	2,674,916		
	b. Medicare Room and Board Contractual Allowance **.....	\$	87,244	87,244		
4.	a. Private-Pay Residents and Other.....	\$	3,663,456	3,663,456		
	b. Private-Pay Room and Board Contractual Allowance **.....	\$	(590,038)	(590,038)		
II. Other Resident Revenue						
1.	a. Prescription Drugs - Medicare.....	\$	245,309	245,309		
	b. Prescription Drugs - Medicare Contractual Allowance **.....	\$	(241,614)	(241,614)		
	c. Prescription Drugs - Non-Medicare.....	\$	191,650	191,650		
	d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$	(191,650)	(191,650)		
2.	a. Medical Supplies - Medicare.....	\$				
	b. Medical Supplies - Medicare Contractual Allowance **.....	\$				
	c. Medical Supplies - Non-Medicare.....	\$				
	d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$				
3.	a. Physical Therapy - Medicare.....	\$	800,441	800,441		
	b. Physical Therapy - Medicare Contractual Allowance **.....	\$	(568,582)	(568,582)		
	c. Physical Therapy - Non-Medicare.....	\$	135,192	135,192		
	d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$	(135,192)	(135,192)		
4.	a. Speech Therapy - Medicare.....	\$	386,954	386,954		
	b. Speech Therapy - Medicare Contractual Allowance **.....	\$	(269,478)	(269,478)		
	c. Speech Therapy - Non-Medicare.....	\$	77,629	77,629		
	d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$	(77,629)	(77,629)		
5.	a. Occupational Therapy - Medicare.....	\$	938,489	938,489		
	b. Occupational Therapy - Medicare Contractual Allowance **.....	\$	(661,873)	(661,873)		
	c. Occupational Therapy - Non-Medicare.....	\$	147,499	147,499		
	d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$	(147,499)	(147,499)		
6.	a. Other (<i>Specify</i>) - Medicare.....	\$				
	b. Other (<i>Specify</i>) - Non-Medicare.....	\$	11,077	11,077		
III Total Resident Revenue (Section I.thru Section II.).....			\$ 15,549,441	15,549,441		
IV. Other Revenue*						
1.	Meals sold to guests, employees & others.....	\$				
2.	Rental of rooms to non-residents.....	\$				
3.	Telephone.....	\$				
4.	Rental of Television and Cable Services.....	\$				
5.	Interest Income (<i>Specify</i>).....	\$	43,359	43,359		
6.	Private Duty Nurses' Fees.....	\$				
7.	Barber, Coffee, Beauty and Gift shops.....	\$				
8.	Other (<i>Specify</i>).....	\$	14,333	14,333		
V. Total Other Revenue (1 thru 8).....			\$ 57,692	57,692		
VI. Total All Revenue (III + V).....			\$ 15,607,133	15,607,133		

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Medicare Cost Settlement	\$ 11,077		
Total Other Resident Revenue		\$ 11,077	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 32, ln D6	Interest on Note Receivable	\$ 1,137,764	\$ 42,364		
pg 32, ln A2	Medicare and Medicaid Interest		\$ 995		
Total Interest Income			\$ 43,359	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recovery	\$ 14,333		
Total Other Revenue		\$ 14,333	\$ -	\$ -

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	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	192,951
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,018,090
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	23,940
5. Prepaid Expenses.....			\$	233,038
a. Prepaid Insurance	206,133			
b. Other Prepaid Expenses	3,806			
c. Prepaid Property Taxes	8,418			
d. Prepaid Health Insurance	14,681			
6. Interest Receivable.....			\$	21,062
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	216,269
A/R Related Facilities	216,269			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,705,350
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	69,574	\$	6,642
	Accum. Depreciation	(62,932) Net.....		
3. Buildings	*Historical Cost.....	562,053	\$	150,795
	Accum. Depreciation	(411,258) Net.....		
4. Leasehold Improvements	*Historical Cost.....	214,299	\$	150,216
	Accum. Depreciation	(64,083) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	257,103	\$	34,140
	Accum. Depreciation	(222,963) Net.....		
6. Movable Equipment	*Historical Cost.....	1,647,642	\$	247,173
	Accum. Depreciation	(1,400,469) 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>).....			\$	46,984
Excluded Movable Equipment	46,984			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	635,950

* 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
9/30/2017**

JJ Keller FLMA Online License 12/1/17-12/31/20 \$ 1,262.50

Cloudsmart-A&A Office Email Services 9/1/17-2/28/18 (5 months) \$ 2,253.88

TOTAL AT 9/30/17 \$ 3,516.38

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	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,341,300
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 (1,700,016) Net..... \$ 2,671,453	
4. Non-Movable Equipment			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
5. Movable Equipment			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
6. Motor Vehicles			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 3,551,453	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
4. Goodwill (Purchased Only).....			\$ 4,306,111	
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (3,062,908)	
Name and Address		Amount	Loan Date	
Due from Related Party		(3,062,908)	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$ 38,520	
Deferred Finance Fees			2,500	
Project Development			36,020	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,281,723	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 7,174,476	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville		2282	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,626,188
2. Notes Payable (<i>itemize</i>).....				\$	410,845
Due From Related Facilities (181,000)					
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>).....				\$	176,937
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	4,007
7. Medicare Final Settlement Payable.....				\$	
8. Medicare Current Financing Payable.....				\$	
9. Mortgage Payable (<i>Current Portion</i>).....				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>).....				\$	
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	514,366
Acc'd Operating Expenses			243,326		
Acc'd Expense-CT State Sales Tax			1,646		
Provider Tax Due			253,859		
Accrued Health Insurance			15,535		
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	2,732,343

* 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
9/30/2017

HEALTH INSURANCE	\$51,857.24
9/30/17 AUDIT FEE	9,500.00
Health Insurance	80,000.00
Modern Castle Duplicate invoice voided 10/17	(850.00)
AMR Duplicate invoice voided 10/17	(3,159.94)
Management Fee Adj	49,518.25
Eversource Sept	12,043.98
L. Glaser Med Director	2,000.00
ProCaire Sept -Oxygen	1,875.22
ProCare Sept -Pharmacy	24,103.39
R. Durie - Lobbying	354.95
V. Barron 9/17 - Maintenance & Repairs	289.35
ADP 8/17 Payroll Services	490.03
Quest Diagnostic - Lab	2,410.88
H&R Healthcare	7,132.79
H&R Healthcare	11,165.12
Food Rebate	<u>(5,405.23)</u>
	<u><u>\$243,326.03</u></u>

G. Balance Sheet (cont'd)

Name of Facility Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				2,732,343
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>).....\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable.....				\$
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$ 698,394
Name and Address of Lender	Amount	Loan Date		
Due to Related Party	698,394	None		
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$ (942,483)
Due to Related-Landlord		(942,483)		
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$ (244,089)
C. Total All Liabilities (Lines A-13 + B-5).....				\$ 2,488,254

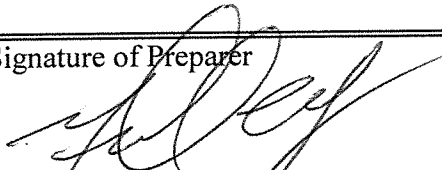
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at	2282	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	880,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	2,671,453
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.....			\$	3,551,453
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	(400,000)
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	1,499,683
6. Gain or Loss for Period				
	10/1/2016	thru	9/30/2017	
			\$	35,086
7. Total Net Worth.....			\$	1,134,769
C. Total Reserves and Net Worth			\$	4,686,222
D. Total Liabilities, Reserves, and Net Worth			\$	7,174,476

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Southington SNF, LLC OF PLANTSVILLE d/b/a The Summit at Plantsville	2282	9/30/2017	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,068,442	
B. Total Revenue (From Statement of Revenue Page 30)			\$	15,607,133	
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	15,572,047	
D. Net Income or Deficit.....			\$	35,086	
E. Balance.....			\$	1,103,528	
F. Additions					
1. Additional Capital Contributed (itemize)					
		27,332			
Change in SWAP value		3,909			
2. Other (itemize)					
F-3. Total Additions.....					\$
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specify).....					\$
Name and Address (No., City, State, Zip)		Title	Amount		
2. Other Withdrawings (Specify).....			\$		
Purpose		Amount			
3. Total Deductions.....			\$		
H. Balance at End of Period			\$		
				09/30/17	

I. Preparer's/Reviewer's Certification

Name of Facility PLANTSVILLE d/b/a The Summit at Plantsville	License No. 2282	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/2/18		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

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