State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as licensed) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace Waterbury, CT 06702	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☑ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	1089C			07-5351

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	1089C		

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Abbott Terrace Health Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Douglas N. Melanson			Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Abbott Terrace Health Center	Period Covered:		From 10/1/2017	To 9/30/2018
Address of Facility 44 Abbott Terrace Waterbury, CT 06702				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900		Date 4/3/2019	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
(203) 755-4870	9/30/2018	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Abbott Terrace Health Center	44 Abbott Terrace Waterbury, CT 06702

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	1089C			07-5351

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☑ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ◉ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Doug N. Melanson		001689

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Not Applicable	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Abbott Terrace Health Center, Inc.	44 Abbott Terrace, Waterbury, CT 06702	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Lawrence G. Santilli	135 South Road, Farmington, CT 06032	President	605.06
Michael E. Mosier	135 South Road, Farmington, CT 06032	reasurer/Secretar	10
Names of Stockholders Owning at Least 10% of Shares			
Lawrence G. Santilli	135 South Road, Farmington, CT 06032		605.06
John B. Nocera	135 South Road, Farmington, CT 06032		120

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? ⊙ Yes ○ No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	○	⊙		Lease of Facility & Equipment	Pg 22, Ln 9 & 10b, Pg	1,417,988	1,417,988
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	⊙	○	>98%	Bank Fees	Pg 16, Ln m13	9,238	9,238
Athena Health Care	See Attached	⊙	○	<50%				
Procare Pharmacy	111 Excutive Blvd, Farmingdale, NY 11735	⊙	○	>50%	Pharmacy Services	Pg 13 B3, Pg 20 Ln 5a	476,426	476,426
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
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Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes P.O. Box 856390, Louisville, KY 40285	○	⊙	Postal Equipment	11/22/13	Renewed for 60 Months	2,426	2,426
Leaf, PO Box 644006 Cincinnati OH 45264	○	⊙	Copier Rental	03/21/17	48 Months	20,228	20,228
HP Financial Services, PO Box 402582, Atlanta GA 30384	○	⊙	PPC	08/13/13	60 Months	9,300	9,300
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total** *** 31,954

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
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The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala, PC	Four Corporate Drive, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor New Haven Ct 06511
3 Midcap Financial Services, LLC	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1	Audit and Tax Return	$ 9,800
2	Medicare Cost Report	$ 2,700
3	Audit Fee: LOC (Disallowed)	$ 3,474
4		$
		Charge for Services Provided $ 15,974

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

⊙ Yes ○ No — Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman,Gruder & Woods,LLC	203-899-8900
2 Treasurer State of CT/State Marshall	
3 Franklin G. Pilicy, P.C.	860-2740018
4 Midcap Financial Services, LLC	
5 Law Office of Bryan Mcentee	

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

1 200 Connecticut Ave Norwalk, CT 06854
2 49 Leavenworth St Waterbury,06702
3 365 Main St. Watertown, CT 06795
4 7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
5 19 Mitchell Ave, 2nd Fl, Waterbury, CT 06710

Services Provided by This Firm (*describe fully*)

1	Accounts Receivable: (Disallowed)	$ 22,847
2	Accounts Receivable: (Disallowed)	$ 2,262
3	Accounts Receivable: (Disallowed)	$ 3,547
4	HFG Legal fees: (Disallowed)	$ 462
5	Accounts Receivable: (Disallowed)	$ 578
		Charge for Services Provided $ 29,696

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

⊙ Yes ○ No — Pg 15, Line 1e

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
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	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	205	205			205	205			205	205		
B. On last day of THIS report period	205	205			205	205			205	205		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	201	201			201	201			196	196		
B. As of midnight of THIS report period	202	202			196	196			202	202		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,863	6,863			5,549	5,549			1,314	1,314		
B. Medicaid (Conn.)	61,962	61,962			45,774	45,774			16,188	16,188		
C. Medicaid (other states)												
D. Private Pay	1,636	1,636			1,168	1,168			468	468		
E. State SSI for RCH												
F. Other (Specify) Managed Care	40	40							40	40		
G. Total Care Days During Period (3A thru F)	70,501	70,501			52,491	52,491			18,010	18,010		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	638	638			368	368			270	270		
B. Other Bed Reserve Days	38	38			24	24			14	14		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	71,177	71,177			52,883	52,883			18,294	18,294		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	184		6		5		
Per Diem Rate								
a. One bed rm.	536.11	223.37		562.00		440.00		
b. Two bed rms.	536.11	223.37		542.00		440.00		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	11,277	11,277		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	4,831	4,831		
2. Restorative Treatments				
C. Other	15,070	15,070		
D. ***Total Physical Therapy Treatments***	31,178	31,178		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,712	1,712		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	594	594		
2. Restorative Treatments				
C. Other	1,918	1,918		
D. ***Total Speech Therapy Treatments***	4,224	4,224		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	8,499	8,499		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	3,706	3,706		
2. Restorative Treatments				
C. Other	13,043	13,043		
D. ***Total Occupational Therapy Treatments***	25,248	25,248		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
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Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	124,437	2,066				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	357,387	14,934				
5. Dietary Service						
a. Head Dietitian	72,778	1,974				
b. Food Service Supervisor	77,937	2,126				
c. Dietary Workers	559,672	35,465				
6. Housekeeping Service						
a. Head Housekeeper	67,978	2,314				
b. Other Housekeeping Workers	459,251	31,875				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,402	2,294				
b. Other Maintenance Workers	55,627	2,230				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	229,609	14,667				
9. Barber and Beautician Services						
10. Protective Services	45,711	2,152				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	312,204	5,571				
b. RN						
1. Direct Care	476,780	11,892				
2. Administrative**	758,346	25,838				
c. LPN						
1. Direct Care	1,991,117	74,605				
2. Administrative**						
d. Aides and Attendants	2,619,856	193,990				
e. Physical Therapists	884,616	21,982				
f. Speech Therapists	82,102	1,797				
g. Occupational Therapists	451,613	10,367				
h. Recreation Workers	301,629	12,551				
i. Physicians						
1. Medical Director	24,066	2,086				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	206,680	7,732				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	181,127	10,262				
A-13. Total Salary Expenditures	10,410,925	490,770				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Child Day Care Staff	$ 140,141	8,708				
Child Day Care Supervisor	$ 40,986	1,554				
Total	$ 181,127	10,262	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
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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 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).										
Not Applicable										

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
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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* **										
Nickeisha Bewry (10/01/17-7/16/18)	73,009			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,212	A2	Glastonbury Health Care 1175 Hebron Ave Glastonbury, CT 06033	443	26,606
John Pasheluk (3/22/2018-5/18/2018	17,346			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	328	A2			
Doug Melanson (7/16/2018-9/30/2018)	28,929			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	446	A2			
Section IV - Assistant Administrators										
Administraor continued Joanne Kotulski (7/2/2018-7/14/2018	5,154			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	80	A2	Beacon Brook 89 Weid Dr. Naugatuck, CT 06770	319	20,538

*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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
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	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						
2. Dentist	21,660	103				
3. Pharmacist	19,114	343				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	(948)					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	54,831	101				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,698					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
Medical Staff meetings	600	4				
9. Speech Therapist						
a. Resident Care	4,671	16				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	22,898	333				
2. Administrative***	3,982	80				
b. LPN						
1. Direct Care	20,454	441				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	148,960	1,421				

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Swallowing Diagnostic, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	○	⊙	
Dr. Kanagarantnam Jega, MD, 2271 East Main Street, Waterbury, CT 06705	Medical Director	○	⊙	
Athena Health Care, 135 South Rd Farmington, CT 06032	MDS Fill In	⊙	○	Common Owners
Procare Pharmacy, 111 Excutive BLVD Farmingdale, NY 11735	Pharmacy Services	⊙	○	Common Owners; Minority Interest
Cardiology Associates of Greater Waterbury, P.O. Box 15821, Belfast, ME 04915	Physicians	○	⊙	
Diagnostic Radiology Assc.,P.O. Box 371863, Pittsburg, PA 15250	Physicians	○	⊙	
Health Drive , 888 Worecster St, Wellesley, MA 02482	Dentist	○	⊙	
Waterbury Hospital , 64 Robbins St Waterbury, CT 06708	Physicians	○	⊙	
Neurosurgery Orthopaedics & Spine, P.O. Box 507, Windsor, CT 06095	Physicians	○	⊙	
Masstex Imaging LLC, 3 Electronics Ave, Ste#201 Danvers, MA 01923	Speech Therapy	○	⊙	
Nurse Network, 405 Park Ave, NY, NY 10022	Nurse Pool	○	⊙	
Quest -Chicago, 3404 Collection Ctr Dr., Chicago, IL 60693	Physicians	○	⊙	
Southern CT Vascular Center, LLC 6 Research Dr. Suite 105, Shelton, CT 06484	Physicians	○	⊙	
Waterbury Orthopedic Assoc., 1211 West Main St., Waterbury, CT 06708	Physicians	○	⊙	
Waterbury Pulmonary Associates, 170 Grandview Ave, Waterbury, CT 06708	Physicians	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	641,466	641,466		
2. Disability Insurance	$				
3. Unemployment Insurance	$	171,354	171,354		
4. Social Security (F.I.C.A.)	$	719,591	719,591		
5. Health Insurance	$	1,448,250	1,448,250		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	31,784	31,784		
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	3,325	3,325		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	115,808	115,808		
d. Accounting and Auditing	$	15,974	15,974		
e. Legal (*Services should be fully described on Page 7)*	$	29,696	29,696		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	74,306	74,306		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	104,474	104,474		
2. Cellular Phones	$	388	388		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$	250	250		
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	1,356,505	1,356,505		
Subtotal	$	4,713,171	4,713,171		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Child Day Care Supplies	$ 3,325		
Total	$ 3,325	$ -	$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		4,713,171	4,713,171		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	8,975	8,975		
3. Gifts to Staff and Residents	$	11,177	11,177		
4. Employee Travel	$	1,044	1,044		
5. Education Expenses Related to Seminars and Conventions	$	9,685	9,685		
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*)	$	4,336	4,336		
2. Advertising Telephone Directory (*all such expenses*)***	$	1,399	1,399		
3. Advertising Other (*Specify*)***	$	25,830	25,830		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	14,106	14,106		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	12,431	12,431		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	1,752	1,752		
9. Subscriptions	$				
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**	$				
13. Other (*Specify*) See Attached Schedule	$	101,094	101,094		
C-14 Total Administrative & General Expenditures	$	4,905,000	4,905,000		

* 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)
Promotion	$ 25,830		
Total Other Advertising	$ 25,830	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	$ 85		
CAHCF	$ 12,346		
Total Dues	$ 12,431	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Energy Audit	$ 1,111		
Employee Physicals & Background Checks	$ 22,304		
Bank Charges	$ 21,218		
Payroll Processing Fees	$ 34,128		
Data Processing Fees	$ 18,675		
Licenses	$ 1,058		
Penalty Citation No. 2018-31	$ 2,600		
Total Other Administrative and General	$ 101,094	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2018	Page of 17 | 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Contract Attached to a Prior Year	See Below
Allocation of the above		Admin/Gen 66%	Pg 16, Line 12
		Indirect 16%	Pg 20, Line 5k
		Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		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.**

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	410,214	410,214		
2. Non-Food Supplies	$	58,406	58,406		
3. Other (*Specify*)_____ Dishes=$43	$	43	43		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	468,663	468,663		

2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	579	579		

H.	Is cost of employee meals included in 2E?	◉ Yes	○ No		
I.	Did you receive revenue from employees?	○ Yes	◉ No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	◉ Yes	○ No	If yes, specify cost.	$1,566
L.	Is any revenue collected from these people?	○ Yes	◉ No	If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				18 2a1
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	○ Yes	◉ No	If yes, specify cost.	
O.	Is any revenue collected from employees?	○ Yes	◉ No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $	35,177	35,177		
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) Supplies = $16,435	$	16,435	16,435		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	51,612	51,612		

3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.	
H. Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	○ Yes	⊙ No	If yes, specify cost.	
K. Did you receive revenue from these people?	○ Yes	⊙ No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
All allocations should add to total recorded in 3E.

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

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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
Abbott Terrace Health Center	1089C	9/30/2018	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	74,087	74,087		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$				
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	74,087	74,087		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from Procare Pharmacy		$	425,158	425,158		
b. Medicine Cabinet Drugs		$	10,194	10,194		
c. Medical and Therapeutic Supplies		$	418,123	418,123		
d. Ambulance/Limousine***		$	7,985	7,985		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	60,862	60,862		
f. X-rays and Related Radiological Procedures***		$	20,875	20,875		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	18,288	18,288		
i. Recreation		$	14,365	14,365		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	284,441	284,441		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	1,260,291	1,260,291		

* 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)
Medical Equip Rentals-Other	$ 86,438		
Physical Therapy Supplies	$ 38,085		
Cable TV Services	$ 20,728		
Medical Equip Rentals-Medicaid	$ 139,190		
Total Other Resident Care	$ 284,441	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	Hartford Region Richmond, VA	○	⊙		Payroll Processing	34,128			16	m13
CT Waste Processing	Ave Plainville, CT 06062	○	⊙		Rubbish Removal	40,355			22	6f
Procare LTC Pharmacy	111 Executive Blvd, Farmingdale NY 11735	⊙	○	Common Owners	Pharmacy Services	476,426			20 & 1	5a2 &
Daddona Construction	2C Waterbury, CT 06708	○	⊙		Snow Removal	31,222			22	6f
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	339,674	339,674		
b. Heat	$	92,990	92,990		
c. Light & Power	$	159,355	159,355		
d. Water	$	116,830	116,830		
e. Equipment Lease (*Provide detail on page 6*)	$	31,954	31,954		
f. Other (*itemize*)	$	115,618	115,618		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	856,421	856,421		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$	30,702	30,702		
d. Movable Equipment	$	119,250	119,250		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	149,952	149,952		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$	12,863	12,863		
c. Leasehold Improvements	$	103,593	103,593		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	116,456	116,456		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	986,813	986,813		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	315,148	315,148		
c. Personal property taxes	$	47,630	47,630		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,615,999	1,615,999		

* 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	$ 9,698		
Rubbish Removal	$ 40,355		
Snow Removal	$ 31,222		
Supplies	$ 34,343		
Total Other Repairs and Maintenance	$ 115,618	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
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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								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	1,402,871		1,402,871	1,280,264	SL	Various	30,702	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					SL	Various		
C-4. Subtotal								30,702

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2017	1,966,375		1,966,375	1,439,403	S/L	Various	115,086	
b. Disposals (attach schedule)			VAR	VAR								
c. Acquired during this report period (attach schedule)			9	2018	59,772		59,772		S/L	Various	4,164	
D-3. Subtotal												119,250
E. ***Total Depreciation***												149,952

Schedule of Land Improvements Acquired during this report period

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

***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 Improvement		$ -		$ -	*
Deletions:					
Total deletions for Building Improvement		$ -		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report peri

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

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Various	See Attached	59772	Various	4164	
Total additions for Movable Equipmen		$ 59,772		$ 4,164	*
Deletions:					
Total deletions for Movable Equipmen		$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
See Attached	5 Year Asset	$ 5,793	5	$ 579	
	10 Year Asset	$ 50,285	10	$ 2,514	
	15 Year Asset	9700	15	323	
	20 Year Asset	20979	20	524	
Total additions for Leasehold Improvemer		$ 86,757		$ 3,940	*
Deletions:					
Total deletions for Leasehold Improvemer		$ -		$ -	**

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Oct-17	Laptop	$ 539	3	$ 90	
Nov-17	6 TV's	$ 1,954	5	$ 195	
Nov-17	Chair Lift	$ 684	10	$ 34	
Dec-17	Unimac Dryer	$ 12,371	10	$ 619	
Jan-18	Steam Table & Buffet shelf	$ 5,540	10	$ 277	
Jan-18	Steam Table & Buffet shelf	$ 5,540	10	$ 277	
Feb-18	Tablet	$ 535	5	$ 54	
Feb-18	Chair Lift	$ 684	10	$ 34	
Mar-18	Chair Lift	$ 684	10	$ 34	
Mar-18	Chair Lift	$ 684	10	$ 34	
Apr-18	6 TV's	$ 1,954	5	$ 195	
Apr-18	Chair Lift	$ 788	10	$ 39	
Apr-18	Chair Lift	$ 684	10	$ 34	
May-18	Diathermy	$ 7,651	10	$ 383	
May-18	Cub Curtains	$ 1,230	5	$ 123	
May-18	Cub Curtains	$ 1,156	5	$ 116	
May-18	Chair Lift	$ 985	10	$ 49	
May-18	Measurement bed system	$ 1,224	5	$ 122	
Jun-18	Mattress (4)	$ 1,096	5	$ 110	
Jun-18	Orbital Scrubber	$ 7,157	5	$ 716	
Jul-18	Chair Lift	$ 684	10	$ 34	
Jul-18	Mattress (6)	$ 1,567	5	$ 157	
Aug-18	Laptop	$ 526	5	$ 53	
Aug-18	Lift	$ 1,218	5	$ 122	
Aug-18	Mattress (6)	$ 1,567	5	$ 157	
Sep-18	Staircase	$ 1,070	5	$ 107	
Total additions for Movable Equipment		$ 59,772		$ 4,164	*
Deletions:					
Total deletions for Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line D2c**

****Ties to Page 23, Line D2b**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2. Intangible Asset - Bed Purchase	Various	Variou	None	525,000		SL	:0.066		
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1. Finance Fees	Feb	2018	3 Years	57,884		SL		12,863	
2. Transferred to Landlord									
3.									
B-4. Subtotal									12,863
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period	9	2017	Various	2,774,009	2,010,989	SL	VAR	99,652	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2018	Various	86,757		SL	VAR	3,940	
C-4. Subtotal									103,592
D. ***Total Amortization***									116,455

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	25	37

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	1985
2. Date Structure Completed	1986
3. If **NOT** Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	04/20/86
5. Total Licensed Bed Capacity	205
6. Square Footage	
7. Acquisition Cost	
a. Land	74,800
b. Building	7,871,030

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			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	12,752,000			
f. Principal balance outstanding as of _____	10,952,519			
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.

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	26 | 37

Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage $				
Name of Lender / Rate				
Address of Lender				
2. Second Mortgage $				
Name of Lender / Rate				
Address of Lender				
3. Third Mortgage $				
Name of Lender / Rate				
Address of Lender				
4. Fourth Mortgage $				
Name of Lender / Rate				
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount $				
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	27 | 37

Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
2. Other (*Specify*) $	7,191	7,191		
A. Item / Rate / Amount 220,258				
Lender: GPE Financial				
Address of Lender				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $	7,191	7,191		
12. D. Other Interest Expense (*Specify*) $	157,874	157,874		
Vender Interest = $7,877; Line of Credit Interest = $147,491				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	165,065	165,065		
14. Insurance				
a. Insurance on Property (buildings only) $	121,288	121,288		
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)*** $	121,288	121,288		
15. ***Total All Expenditures (A-13 thru C-14)*** $	20,078,311	20,078,311		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	28 | 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 $	451,613	451,613		
4.			Other - See attached Schedule $	114,486	114,486		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians ** $	1,698	1,698		
6.			Occupational Therapy $				
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits $				
9.	15	1c	Bad Debts $	115,808	115,808		
10.	15	1d&e	Accounting $	33,170	33,170		
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.	16	L3	Gifts, flowers and coffee shops $	11,177	11,177		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.	16	L5	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m2&3	Unallowable Advertising * $	27,229	27,229		
19.	15	1j&k	Income Tax / Corporate Business Tax $	250	250		
20.			Fund Raising / Contributions $				
21.	16	m12	Unallowable Management Fees $	(205,072)	(205,072)		
22.	30	IV7	Barber and Beauty $	400	400		
23.			Other - See attached Schedule $	25,570	25,570		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents $	1,566	1,566		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	577,895	577,895		

* 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)
30	IV8	Child Day Care Revenue: Fringes	$ 114,486		
Total Other Salaries Adjustment			$ 114,486	$ -	$ -

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	M13	Bank Charges	$ 21,218		
16	M13	Penalty Citation 2018-31	$ 2,600		
16	8n	Disallowed Dues	1752		
16					
Total Other A&G Adjustments			$ 25,570	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	577,895	577,895		
Page 20 - Resident Care Supplies***								
27.	20	5a1&	Prescription Drugs	$	425,158	425,158		
28.	20	5d	Ambulance/Limousine	$	7,985	7,985		
29.	20	5f	X-rays, etc	$	20,875	20,875		
30.	20	5h	Laboratory	$	18,288	18,288		
31.	20	5c	Medical Supplies	$	38,085	38,085		
32.	20	5e2	Oxygen (non emergency)	$	60,862	60,862		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	113,626	113,626		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$	15,835	15,835		
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.	30	IV2	Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$				
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$				
43.	30	IV5	Interest Income on Account Rec.	$	306	306		
44.			Other - Miscellaneous Administrative	$				
45.			Management Fees Direct	$	(55,929)	(55,929)		
46.			Management Fees Indirect	$	(49,714)	(49,714)		
47.			Other - Direct	$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
49.	***Total Amount of Decrease (Items 1 - 48)***			$	1,173,272	1,173,272		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5L	Medical Equipment Rental	$ 86,438		
20	5b	Ebox	$ 10,060		
20	5L	Radio and Television	$ 17,128		
Total Other Ancillary Costs			$ 113,626	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	$ 15,835		
Total Excess Movable Equipment Depreciation			$ 15,835	$ -	$ -

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			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2018	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	33,835,542	33,835,542		
b. Medicaid Room and Board Contractual Allowance **	$	(19,875,292)	(19,875,292)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	2,241,624	2,241,624		
b. Medicare Room and Board Contractual Allowance **	$	296,716	296,716		
4. a. Private-Pay Residents and Other	$	2,536,063	2,536,063		
b. Private-Pay Room and Board Contractual Allowance **	$	(503,623)	(503,623)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	279,989	279,989		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(280,189)	(280,189)		
c. Prescription Drugs - Non-Medicare	$	212,434	212,434		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(212,434)	(212,434)		
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	$	808,535	808,535		
b. Physical Therapy - Medicare Contractual Allowance **	$	(501,872)	(501,872)		
c. Physical Therapy - Non-Medicare	$	304,531	304,531		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(304,531)	(304,531)		
4. a. Speech Therapy - Medicare	$	236,373	236,373		
b. Speech Therapy - Medicare Contractual Allowance **	$	(145,176)	(145,176)		
c. Speech Therapy - Non-Medicare	$	116,379	116,379		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(116,379)	(116,379)		
5. a. Occupational Therapy - Medicare	$	726,309	726,309		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(478,901)	(478,901)		
c. Occupational Therapy - Non-Medicare	$	252,338	252,338		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(252,338)	(252,338)		
6. a. Other *(Specify)* - Medicare	$	5,760	5,760		
b. Other *(Specify)* - Non-Medicare	$	(55,651)	(55,651)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	19,126,207	19,126,207		
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 *(Specify)*	$	128,848	128,848		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$	400	400		
8. Other (*Specify*)	$	106,981	106,981		
V. Total Other Revenue (1 thru 8)	$	236,229	236,229		
VI. Total All Revenue (III +V)	$	19,362,436	19,362,436		

* *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)
20,5h	Lab-Part B	$ 5,760		
Total Other Resident Revenue - Medicare		$ 5,760	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Retroactives	$ (55,651)		
Total Other Resident Revenue		$ (55,651)	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg31, A8	Interest on Related Party Note	n/a	$ 128,542		
pg31, A2	Interest on A/R		$ 306		
Total Interest Income			$ 128,848	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Child Day Care Income	$ 114,486		
n/a	Bad Debt Recovery	$ 600		
	Related Party Writeoffs	$ (11,225)		
	Dividend/Rehab Settlement	$ 3,120		
Total Other Revenue		$ 106,981	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 29,659
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,736,778
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 31,588
5. Prepaid Expenses				$ 515,006
a.				
b.				
c.				
d. See Schedule		515,006		
6. Interest Receivable				$ 193,345
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 141,578
A/R Adult Day Care		8,214		
Due from Related Parties		133,364		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,647,954
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	2,860,765		$ 746,182
	Accum. Depreciation	2,114,583	Net	
5. Non-Movable Equipment	*Historical Cost	1,402,871		$ 91,906
	Accum. Depreciation	1,310,965	Net	
6. Movable Equipment	*Historical Cost	1,980,232		$ 421,578
	Accum. Depreciation	1,558,654	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 45,915
Movable Equipment Carryforward		45,915		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 1,305,581

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

(*Carry Total forward to next page*)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	32	37

Account				Amount
			Total Brought Forward:	$ 3,953,535
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$ 212,650
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ 327,651
See Schedule		327,651		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 540,301
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 4,493,836

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5a	Prepaid Insurance	$ 484,816
31	A5b	Health Insurance	$ 10,507
31	A5c	Project Development	$ 19,380
31	A5d	Pitney Bowes Lease	$ 303
Total Prepaid Expenses			$ 515,006

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Project Development	$ 265,080
32	D7	Deposits IRS	$ 17,550
32	D7	Deferred Finance Fees/Accd Amort Fin fees	$ 45,021
Total Other Assets			$ 327,651

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 2,494,300
2. Notes Payable (*itemize*)					$ 4,723,714
Notes Payable			4,723,714		
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 237,471
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$ 9,751
7. Medicare Final Settlement Payable					$
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 556,920
Acc'd Exp-Personal Prop Tax	2,895	Accrued health Insurance	11,091		
Acc'd Operating Expenses	184,518				
Acc'd Expense - CT State Sales Tax	1,496				
Provider Taxes Due	356,920				
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 8,022,156

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

(Carry Total forward to next page)

ABBOTT TERRACE HEALTH CARE CENTER
ACCRUED EXPENSES - OPERATING
September 30, 2018

ACCT. # 2170

Health Insurance	($134,593.97)
Healthdrive Dental	($1,805.00)
Audit	($9,800.00)
Payroll Fee	($1,622.16)
Electricity	($13,473.36)
City Of Waterbury - Water	($23,223.23)

Balance @ 9/30/18 **($184,517.72)**

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	34	37

Account	Amount
Total Brought Forward:	8,022,156
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$ 135,094

Name of Lender	Purpose	Amount	Date Due
GPE Financial	Energy Savings Project	135,094	

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 2,065,011

Name and Address of Lender	Amount	Loan Date
Due to Partnership	2,289,384	
Due to Related Parties	(224,373)	3/29/12

4. Other Long-Term Liabilities (*itemize*)	$
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 2,200,105
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 10,222,261

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$ 1,000
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (5,013,550)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	$ (715,875)
	7. Total Net Worth	$ (5,728,425)
C.	***Total Reserves and Net Worth***	$ (5,728,425)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 4,493,836

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	36	37

	Account			Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2017			$ (5,149,882)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 19,362,436
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 20,078,311
D.	Net Income or Deficit			$ (715,875)
E.	Balance			$ (5,865,757)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Nursing Supply rebate		(7,387)	
	Health insurance		144,925	
	Lease Expense adjustment		(206)	
	2. Other (*itemize*)			
F-3.	Total Additions			$ 137,332
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***	09/30/18		$ (5,728,425)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2018	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☑ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Athena Health Care Associates, Inc

Addres Address	Phone Number
135 South Road Farmington, CT 06032	(860) 751-3900