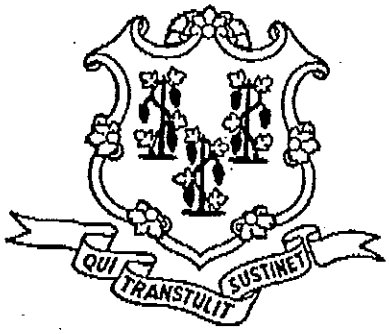
State of Connecticut



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Annual Report of Long-Term Care Facility

Cost Year 2015

RECEIVED
FEB 17 2016
DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2028C			07-5316

Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
	2028C		

For Department Use Only

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Glastonbury Health Care Center, Inc. [facility name] for the cost report period beginning October 01, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalities 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
Elizabeth Schmeizl	2/10/16		
Printed Name (Administrator) **Elizabeth Schmeizl**		Printed Name (Owner) **Lawrence Santilli**	
Subscribed and Sworn to before me: State of Conn	Date 2/10/16	Signed (Notary Public)	Comm. Expires 03/31/20
Address of Notary Public		76 Christine Drive Southington CT 06489	

(Notary Seal)

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

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.mslc.com

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 **Glastonbury Health Care Center, Inc.**	Period Covered:		From **10/1/2014**	To **9/30/2015**
Address of Facility **1175 Hebron Ave Glastonbury, CT 06033**				
Report Prepared By **Athena Health Care Associates, Inc**	Phone Number **(860) 751-3900**		Date **2/10/2016**	
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-659-1905	09/30/15	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Glastonbury Health Care Center, Inc.	**1175 Hebron Ave Glastonbury, CT 06033**

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2028C			**07-5316**

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.:
Elizabeth Schmeizl	**001365**

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

Name	License No.:
Not Applicable	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Not Applicable			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	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
Glastonbury Health Care Center, Inc	**1175 Hebron Ave, Glastonbury, CT 06762**	**CT**

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Lawrence G. Santilli	**1175 Hebron Ave, Glastonbury, CT 06762**	**President**	**3295.175**
Michael E. Mosier	**1175 Hebron Ave, Glastonbury, CT 06762**	**Treasurer**	**25**
Debra M. Soucey	**1175 Hebron Ave, Glastonbury, CT 06762**	**Secretary**	
Names of Stockholders Owning at Least 10% of Shares			
None other than listed above			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	3B	37

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

Owner(s) of Facility

Not Applicable

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ☑ Yes ☐ No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	☑	☐	>98%	Bank Fees	Pg 16 M13	$7,436	$7,436
Abbott Terrace	44 Abbott Terrace, Waterbury, CT 06877	☑	☐	>98%	Interfacility Loans ($110,000)	PG 33 A2		
Athena Captive	135 South Rd, Farmington, CT 06032	☑	☐	<50%	Workers Comp Captive	Pg 15 1a1	$443,261	$443,261
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	☑	☐	>50%	Facility participates in common 401k plan			
Athena Health Care	135 South Rd, Farmington, CT 06032	☑	☐	<50%	See Attached			
Shady Knoll	41 Skokorat St, Seymour, CT 06483	☑	☐	>98%	Swap Interest Allocation	Pg26 12A	$11,782	$11,782
Litchfield Woods	255 Roberts Street, Torrington, CT 06790	☑	☐	>98%	Legal Fee Reimbursement	Pg 15 1e	$5,077	$5,077
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	☑	☐	>98%	Lease of Property	Pg 22 L9, 10b; Pg 27 L14	$824,528	$824,528
Meadowbrook	350 Salmon Brook St, Granby, CT 06035	☑	☐	>98%	Interfacility Loan ($30,000)	Pg 33 A2		

* Use additional sheets if necessary.

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

Glastonbury
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 Rd Farmington, CT 06032	X		>50.0%	MIS, Management Fees A/R, Legal, Mortgage Fees, Bank Charges Insurance, Lobbying, Records, Interest Storage, Marketing, Gift Certificates Data Processing, Nurse Fill In, Legal Fees Maintenance, Physical Therapy Fill In, Training	Pg 16, Ln m13 Pg 17, Pg 16 l5 P 16, m3; P 15,1e&1g P 27, 12D; P 27,14a P16, L5, L2, Pg 13 11a1, Pg 22 6a Pg 13 5a	$662,080	$276,099
Laurel Ridge Health Care Center	642 Danbury Rd Ridgefield, CT 06877	X		>98%	Interfacility Loan ($30,000)			
Sheriden Woods Health Care Center	321 Stonecrest Drive Bristol, CT 06010	X		>98%	Interfacility Loan ($70,000)			
Athena Health Care	135 South Rd Farmington, CT 06032	X		>50.0%	Self Insured Employee Health & Dental Insurance	Pg 15,1	$847,287	$847,287

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*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.

Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

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
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	☐	☐					
	☐	☐					
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	☐	☑	Mail Machine	04/10/14	39 Months	$1,620	$1,620
Ikon/GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	☐	☑	Copier	04/04/14	48 Months	$18,492	$18,492
Glastonbury Senior Living Properties, LLC, 1177 Hebron Ave, Glastonbury CT 06033	☐	☑	Therapy Space Lease	07/07/08	5 Years	$30,108	$30,108
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	☐	☑	Computer Equipment	05/16/13	60 months	$5,857	$5,857
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

Is a Mileage Log Book Maintained for All Leased Vehicles ? **Not Applicable - No Vehicles** ☐ Yes ☐ No **Total ***** $56,077

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

☑ Accrual ☐ Cash ☐ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2 **Dworkin, Hillman, & LaMorte**	**4 Corporate Drive, Suite 488, Shelton, CT 06484**
3 **Marcum LLP**	**555 Long Wharf Drive, 12th Floor, New Haven, CT 06511**
4 **Dopkins & Company**	**200 International Drive, Buffalo, NY 14221**

Services Provided by This Firm (*describe fully*)

1		$ -
2	**Audit, Year End Financials & Tax Return**	$ 14,000
3	**Medicare Cost Reports (Disallow)**	$ 2,650
4	**Line of Credit Audit (Disallow)**	$ 1,912
		Charge for Services Provided **$18,562**

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

☑ Yes ☐ No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 **Murtha Cullina**	**860-240-6000**
2 **Schiff Hardin LLP**	**312-258-5500**
3 **Goldman, Gruder, & Woods**	**203-899-8900**
4	
5	

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

1 **185 Asylum St Hartford, CT 06103**
2 **6600 Sears Tower, Chicago, IL 60606**
3 **200 Connecticut Ave, Norwalk, CT 06854**
4
5

Services Provided by This Firm (*describe fully*)

1	**Audit Letter $448 (Allow); Sec of State Filings $172(Allow); DPH & Other $2516 (Disallow); Refinance $7367 (Disallow)**	$ 10,503
2	**KeyBank Refinance: Disallow**	$ 5,077
3	**AR Collections: Disallow**	$ 29,017
4		$ -
5		$ -
		Charge for Services Provided **$44,597**

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

☑ Yes ☐ No **Pg 15, Line1e**

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

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	09/30/15	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.....	105	105			105	105			105	105		
B. On last day of THIS report period.....	105	105			105	105			105	105		
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	103	103			104	104			103	103		
B. As of midnight of THIS report period.....	100	100			97	97			100	100		
3. Total Number of Days Care Provided During Period												
A. Medicare.....	8,805	8,805			6,701	6,701			2,104	2,104		
B. Medicaid (Conn.).....	21,269	21,269			15,823	15,823			5,446	5,446		
C. Medicaid (other states).....												
D. Private Pay.....	5,784	5,784			4,444	4,444			1,340	1,340		
E. State SSI for RCH.....												
F. Other (Specify) Managed Care	770	770			501	501			269	269		
G. Total Care Days During Period (3A thru F).....	36,628	36,628			27,469	27,469			9,159	9,159		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	101	101			59	59			42	42		
B. Other Bed Reserve Days.....	33	33			32	32			1	1		
5. *Total Resident Days* (3G + 4A + 4B).....	36,762	36,762			27,560	27,560			9,202	9,202		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	9	37

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
			(Specify)	Lost			Gained						
	CCNH (1)	RHNS (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	15	63		14		8		
Per Diem Rate								
a. One bed rm.	535.68	229.47		523.00		433.87		
b. Two bed rms.	535.68	229.47		498.00		433.87		
c. Three or more bed rms.				451.00				

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	6,987	6,987		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	232	232		
2. Restorative Treatments				
C. Other	20,046	20,046		
D. ***Total Physical Therapy Treatments***	27,265	27,265		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,154	1,154		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	28	28		
2. Restorative Treatments				
C. Other	3,591	3,591		
D. ***Total Speech Therapy Treatments***	4,773	4,773		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	6,843	6,843		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	106	106		
2. Restorative Treatments				
C. Other	21,844	21,844		
D. ***Total Occupational Therapy Treatments***	28,793	28,793		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	10	37

Are time records maintained by all individuals receiving compensation? ☑ Yes ☐ No

Item	Total Cost and Hours					
	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)	160,532	2,102				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	249,997	10,984				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	64,620	2,098				
c. Dietary Workers	397,108	25,130				
6. Housekeeping Service						
a. Head Housekeeper	58,982	2,111				
b. Other Housekeeping Workers	165,726	12,820				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	74,118	2,208				
b. Other Maintenance Workers	52,675	2,816				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	58,960	4,130				
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	180,174	4,007				
b. RN						
1. Direct Care	1,309,977	39,011				
2. Administrative**	388,343	13,814				
c. LPN						
1. Direct Care	232,233	8,380				
2. Administrative**						
d. Aides and Attendants	1,404,794	92,633				
e. Physical Therapists	633,309	19,052				
f. Speech Therapists	152,499	3,362				
g. Occupational Therapists	478,411	13,524				
h. Recreation Workers	117,991	6,355				
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	228,969	8,924				
n. Marketing						
o. Other (Specify)						
A-13. Total Salary Expenditures	6,409,418	273,461				

* 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	$ 700	7				
Psych Consulting Fees	$ 3,600	141				
Total	$ 4,300	148	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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).										
Brian Reynolds	74,118			Health & life insurances, Payroll Taxes	Director of Maintenance	2,208	A7a			

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Elizabeth Schmeizl (10/1/14-9/30/15)	160,532			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,102	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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	13	37

Item	Total Cost and Hours					
	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	32,132	861				
2. Dentist	11,403	32				
3. Pharmacist	7,620	127				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	42,382	773				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	44,700	163				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	425					
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	4,300	148				
9. Speech Therapist						
a. Resident Care	7,920	22				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	4,479	72				
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	155,361	2,198				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Ct Multispecialty Group, PO Box 587, Rocky Hill, CT 06067	Medical Staff	☐	☑	
Omnicare, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	☐	☑	
Cardiology PC, PO Box 848758, Boston, MA 02284	Physician	☐	☑	
Onward Healthcare Inc, PO Box 27421 New York, NY 10087	Physicalt Therapist	☐	☑	
Middlesex Orthopedic Surgery, PO Box 6300 Providence, RI 02940	Physician	☐	☑	
Yale Medical Group, PO Box 418618 Boston, MA 02241	Physician	☐	☑	
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dental & Eye	☐	☑	
Ardor Health Solutions, PO Box 203436 Dallas, TX 75320	Physical Therapist	☐	☑	
David Mintell, Prohealth Physicians, 124 Hebron Ave, Glastonbury, CT 06033	Medical Director	☐	☑	
Pinnacle Rehab Staffing, PO Box 8317 Clearwater, FL 33758	Physical Therapist	☐	☑	
		☐	☐	
		☐	☐	
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill CT 06067	Sub Acute Medical Director & Medical Staff	☐	☑	
SDX Swalling Diagnostic, PO Box 484 Avon CT 06001	Speech Therapy	☐	☑	
		☐	☐	
		☐	☐	
Center for Geriatric & Family Psychiatry, 55 Nye Rd, Glastonbury, CT 06033	Psychiatry	☐	☑	
Athena Health Care Systems, 135 South Rd, Farmington, CT 06032	MDS Fill In	☑	☐	Common Owners
		☐	☐	
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	☐	☑	
		☐	☐	
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	☐	☑	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	$	443,261	443,261		
2. Disability Insurance.....	$				
3. Unemployment Insurance.....	$	127,601	127,601		
4. Social Security (F.I.C.A.).....	$	479,202	479,202		
5. Health Insurance.....	$	758,060	758,060		
6. Life Insurance (employees only) (not-owners and not-operators).....	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	$	30,687	30,687		
8. Uniform Allowance.....	$				
9. Other (*Specify*)..... See Attached Schedule	$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*.....	$	40,283	40,283		
d. Accounting and Auditing.....	$	18,562	18,562		
e. Legal (*Services should be fully described on Page 7)*	$	44,597	44,597		
f. Insurance on Lives of Owners and Operators (*Specify*)*.....	$				
g. Office Supplies.....	$	51,429	51,429		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	$	32,741	32,741		
2. Cellular Phones.....	$	1,553	1,553		
i. Appraisal (*Specify purpose and attach copy*)*.....	$				
j. Corporation Business Taxes (*franchise tax*).	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*.....	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	587,656	587,656		
Subtotal	$	2,615,632	2,615,632		

* 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	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,615,632	2,615,632		
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	$				
2. Holiday Parties for Staff.....	$	1,697	1,697		
3. Gifts to Staff and Residents.....	$	12,934	12,934		
4. Employee Travel.....	$	7,116	7,116		
5. Education Expenses Related to Seminars and Conventions	$	7,518	7,518		
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*).....	$	2,798	2,798		
2. Advertising Telephone Directory (*all such expenses*)***	$	1,014	1,014		
3. Advertising Other (*Specify*)***.....	$	31,618	31,618		
See Attached Schedule					
4. Fund-Raising***.....	$				
5. Medical Records.....	$	5,102	5,102		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	$				
7. Postage.....	$	9,910	9,910		
* 8. Dues and Membership Fees to Professional Associations (*Specify*)	$	7,165	7,165		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions.....	$	686	686		
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**.....	$	403,785	403,785		
13. Other (*Specify*)	$	203,695	203,695		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	3,310,670	3,310,670		

* 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	$ 31,618		
Total Other Advertising	$ 31,618	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	$ 7,165		
Total Dues	$ 7,165	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	$ 3,516		
Licenses	$ 965		
Bank Charges	$ 7,361		
Payroll Processing Fees	$ 24,004		
Employee Physicals/Background Checks	$ 18,291		
DSS Eligibility Worker	$ 35,843		
Fine: Citation No. 2014-136	$ 1,020		
Data Processing/ Software Maint. Fees	$ 54,657		
Compliance Consulting	$ 58,038		
Total Other Administrative and General	$ 203,695	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	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	$561,037	Contract Attached to a Prior Year	See Below
Allocation of the Above	$370,284 $89,766 $100,987	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	$33,501	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.**

State of Connecticut
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	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	$	224,945	224,945		
2. Non-Food Supplies.....	$	38,873	38,873		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$	89,766	89,766		
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	353,584	353,584		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		301	301		

H.	Is cost of employee meals included in 2E?	☑ Yes	☐ No		
I.	Did you receive revenue from employees?	☐ Yes	☑ 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?	☑ Yes	☐ No	If yes, specify cost. = $1196	
L.	Is any revenue collected from these people?	☐ Yes	☑ No	If yes, specify amount.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
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 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	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. $	14,908	14,908		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$				
d. Other (*Specify*) **Supplies = $5,526**	$	5,526	5,526		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	20,434	20,434		

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 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?	☑ Yes	☐ No	If yes, specify cost. = $14158
K.	Did you receive revenue from these people?	☑ Yes	☐ No	If yes, specify amount. = $14158
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	**30 IV8**

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	32,041	32,041		
b. Purchased Services (*by contract other than through Management Services*) (*Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
c. Management Services*.....		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)...		$	32,041	32,041		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy.....		$				
2. Purchased from **Omni Care**		$	429,609	429,609		
b. Medicine Cabinet Drugs.....		$	27,384	27,384		
c. Medical and Therapeutic Supplies.....		$	172,544	172,544		
d. Ambulance/Limousine***.....		$				
e. Oxygen 1. For Emergency Use.....		$				
2. Other***.....		$	36,929	36,929		
f. X-rays and Related Radiological Procedures***.....		$	35,102	35,102		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***.....		$	33,646	33,646		
i. Recreation.....		$	11,788	11,788		
j. Other (Specify)**** See Attached Schedule		$	165,883	165,883		
5K. ***Total Resident Care Expenditures*** (5a - 5j).....		$	912,885	912,885		

* 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	$ 100,987		
Cable TV	$ 12,541		
Medical Equip Rentals-Medicaid	$ 4,862		
Physical Therapy Supplies	$ 40,465		
Occupational Therapy Supplies	$ 969		
Oxygen Equipment Rentals	$ 1,111		
Medical Equip Rentals-Other	$ 4,948		
Total Other Resident Care	$ 165,883	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095	☐	☑		Payroll Processing	19,597			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	☐	☑		Rubbish Removal	22,492			22	6f
Highlite Landscape & Design	PO BOX 1479 Glastonbury, CT 06033	☐	☑		Groundskeeping & Snow Removal	28,396			22	6f
Omnicare/Value Health Care	525 Knotter Dr Cheshire, CT 06410	☐	☑		Pharmacy	429,575			20	5A2
Hebrew Health	1 Abrahmans Blvd, West Hartford, CT 06117	☐	☑		DSS Eligibility Worker	35,843			16	M13
Harmony Healthcare	430 Boston St, Suite 104 Topsfield, MA 01983	☐	☑		Compliance Consulting	58,038			16	M13
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	22 | 37

Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance..... $	65,556	65,556		
b. Heat..... $	73,137	73,137		
c. Light & Power..... $	125,129	125,129		
d. Water..... $	67,330	67,330		
e. Equipment Lease (*Provide detail on page 6*)..... $	56,077	56,077		
f. Other (*itemize*)..... $	77,490	77,490		
See Attached Schedule				
6g. ***Total Maint. & Operating Expense*** (6a - 6f)..... $	464,719	464,719		
7. Depreciation (*complete schedule page 23**)				
a. Land Improvements..... $	271	271		
b. Building & Building Improvements..... $	98,587	98,587		
c. Non-Movable Equipment..... $	42,323	42,323		
d. Movable Equipment..... $	85,852	85,852		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)..... $	227,033	227,033		
8. Amortization (*Complete att. Schedule Page 24**)				
a. Organization Expense..... $				
b. Mortgage Expense..... $				
c. Leasehold Improvements..... $	12,949	12,949		
d. Other (*Specify*)..... $				
*8e. ***Total Amortization Costs*** (8a + b + c + d)..... $	12,949	12,949		
9. Rental payments on leased real property less real estate taxes included in item 10b..... $	578,655	578,655		
10. Property Taxes				
a. Real estate taxes paid by owner..... $				
b. Real estate taxes paid by lessor..... $	172,027	172,027		
c. Personal property taxes..... $	18,262	18,262		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)..... $	1,008,926	1,008,926		

* 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	$ 18,031		
Rubbish Removal	$ 22,492		
Snow Removal	$ 11,060		
Supplies	$ 25,907		
Total Other Repairs and Maintenance	$ 77,490	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	120,711		120,711	118,425	S/L	Various	271	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal.....								271
B. **Building and Building Improvements**								
1. Acquired prior to this report period	2,854,912		2,854,912	1,719,450	S/L	Various	98,587	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					S/L	Various		
B-4. Subtotal.....								98,587
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	905,495		905,495	734,790	SL	Various	42,132	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	3,826		3,826		SL	Various	191	
C-4. Subtotal.....								42,323

	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	2014	1,001,215		1,001,215	711,167	S/L	Various	81,600	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2015	50,419		50,419		S/L	Various	4,252	
D-3. Subtotal.....												85,852
E. *Total Depreciation*												227,033

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:					
Oct-14	LeClaire Heating-Backflow Preventor	$ 3,826	10	$ 191	
Total additions for Non-Movable Equipment		$ 3,826		$ 191	*
Deletions:					
Total deletions for Non-Movable Equipment		$ -		$ -	**

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Glastonbury Health Care
Center, Inc.
9/30/2015

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Oct-14	CDW-Laptop	$ 2,477	3	$ 413	
Oct-14	Kittredge-Refrigerator	$ 2,754	10	$ 138	
Nov-14	Joerns-Overbed Table	$ 810	10	$ 41	
Nov-14	CDW-Laptop	$ 529	3	$ 88	
Jan-15	J&R Langley-Blinds	$ 982	5	$ 98	
Feb-15	CDW-Laptop	$ 507	3	$ 85	
Feb-15	May Food Service-Ice Maker/Water Dispenser	$ 5,105	10	$ 255	
Mar-15	CDW-Laptop	$ 496	3	$ 83	
Mar-15	Hill Rom-Mattress	$ 6,443	5	$ 644	
Mar-15	Hill Rom-Mattress	$ 1,611	5	$ 161	
Mar-15	McKesson-Bladder Scanner	$ 6,731	7	$ 481	
Apr-15	CDW-Laptop	$ 558	3	$ 93	
May-15	CDW-Laptop	$ 584	3	$ 97	
Jun-15	Athena/Cal-Software Conversion Binary Strea	$ 904	3	$ 151	
Jun-15	Athena/Cal-Software Conversion Binary Strea	$ 1,050	3	$ 175	
Jun-15	Hill Rom-Mattress	$ 3,222	5	$ 322	
Jun-15	Joerns-Overbed Table	$ 861	10	$ 43	
Jul-15	Write Way Signs & Designs-Outdoor/Ind. Sig	$ 6,322	10	$ 316	
Sep-15	Athena/Cal-Software Conversion Binary Strea	$ 1,245	3	$ 208	
Sep-15	Daniels Equipment-Dryer	$ 7,228	10	$ 361	
Total additions for Movable Equipment		$ 50,419		$ 4,252	*
Deletions:					
Various					
Total deletions for Movable Equipment		$ -		$ -	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Aug-15	Carpetworks	$ 53,760	10	$ 2,688	
Aug-15	Carpetworks	$ 22,227	10	$ 1,111	
Total additions for Leasehold Improvements		$ 75,987		$ 3,799	*
Deletions:					
Total deletions for Leasehold Improvements		$ -		$	**

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

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	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.									
3.									
A-4. Subtotal.....									
B. **Mortgage Expense**									
1. **Finance Fees**									
2. **Finance Fees - Key Bank**									
3. **Finance Fees - Key Bank**									
B-4. Subtotal.....									
C. **Leasehold Improvements and Other** (Specify)									
1. Acquired prior to this report period		2014	Various	1,158,845	661,125		Var	9,150	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2015	Various	75,987		SL	Var	3,799	
C-4. Subtotal.....									12,949
D. ***Total Amortization***									12,949

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility

Supplemental Page

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	24A	37

C. **Leasehold Improvements** (Specify)									
1. Acquired prior to this report period		2014		98,735	10,503			9,150	
2. Disposals (attach schedule)									
3. Acquired during this report period	9	2015	Various	75,987		SL	Variou	3,799	
C-4. Subtotal.....									12,949
C. **Other** (Specify)									
1. Intangible Asset - Bed Purchase	9	1997	15 yrs	1,060,110	650,622	SL	6.67%		
2.									
C-4. Subtotal.....									
Total Acquired prior to this report period		2014	Various	1,158,845	661,125		Var	9,150	
Total Disposals									
Total Acquired during this report period	9	2015	Various	75,987		SL	Var	3,799	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	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	5/16/1986
2. Date Structure Completed	1/25/1988
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	105
6. Square Footage	
7. Acquisition Cost	
a. Land	544,799
b. Building	4,193,044

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)	35			
e. Amount of Principal Borrowed	7,992,000			
f. Principal balance outstanding as of 9/30/2015	7,546,155			
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	26 | 37

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

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	27 | 37

Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment 1. Automotive Equipment..... $							
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (*Specify*)..... $							
A. Item	Rate	Amount -					
Lender							
Address of Lender							
B. Item	Rate	Amount -					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... $							
12. D. Other Interest Expense (*Specify*)..... $ **Vender Interest = $3,623; Interest LOC = $18,212; KeyBank Term Loan Interest & Fees = $64,386**				86,221	86,221		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D).....$				86,221	86,221		
14. Insurance a. Insurance on Property (buildings only)..... $				78,174	78,174		
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)... $				78,174	78,174		
15. ***Total All Expenditures (A-13 thru C-14)*****.....** $				12,832,433	12,832,433		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	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.....	$	478,411	478,411		
4.	Var	Var	Other - See attached Schedule.....	$	54,814	54,814		
Page 13 - Professional Fees								
5.	13	B8c	Resident Care Physicians **.....	$	425	425		
6.			Occupational Therapy.....	$				
7.			Other - See attached Schedule.....	$				
Pages 15 & 16 - Administrative and General								
8.	15	1a9	Discriminatory Benefits.....	$				
9.	15	1c	Bad Debts.....	$	40,283	40,283		
10.	15	1d&e	Accounting & Legal.....	$	48,539	48,539		
11.	30	IV3	Telephone.....	$				
12.	15	1h2	Cellular Telephone.....	$	833	833		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	$				
14.	16	1 3	Gifts, flowers and coffee shops.....	$	12,934	12,934		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	$				
17.			Automobile Expense (e.g. personal use).	$				
18.	16	m2&3	Unallowable Advertising *.....	$	32,632	32,632		
19.			Income Tax / Corporate Business Tax...	$				
20.			Fund Raising / Contributions.....	$				
21.	16	m12	Unallowable Management Fees.....	$	257,761	257,761		
	18	2c		$	62,488	62,488		
	20	5j		$	70,298	70,298		
22.			Barber and Beauty.....	$				
23.	Var	Var	Other - See attached Schedule.....	$	99,337	99,337		
Page 18 - Dietary Expenditures								
24.	18	2a1	Meals to employees, guests and others who are not residents.....	$	1,196	1,196		
Page 19 - Laundry Expenditures								
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	$	14,158	14,158		
Page 20 - Housekeeping Expenditures								
26.	20	4d	Housekeeping services to employees and others who are not residents.....	$				
			Subtotal (Items 1 - 26)	$	1,174,109	1,174,109		

* 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	A12m	Community Coordinators Salary & Benefits	54,814		
Total Other Salaries Adjustment			$ 54,814	$ -	$ -

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	7,361		
16	M13	Lobbying Fees	3,516		
22	6d	Fee Income-A&G Water & Sewer Usage	29,402		
16	M13	Fine: Citation No. 2014-136	1,020		
16	M13	Compliance Consulting	58,038		
Total Other A&G Adjustments			$ 99,337	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	1,174,109	1,174,109		
*Page 20 - Resident Care Supplies****							
27.	20	5a1&2	Prescription Drugs..... $	429,609	429,609		
28.			Ambulance/Limousine..... $				
29.	20	5f	X-rays, etc..... $	35,102	35,102		
30.	20	5h	Laboratory..... $	33,646	33,646		
31.	20	5c	Medical Supplies..... $	23,644	23,644		
32.	20	5e2	Oxygen (non emergency)..... $	36,929	36,929		
33.	20	5j	Occupational Therapy..... $	969	969		
34.	Var	Var	Other - See Attached Schedule..... $	4,948	4,948		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule..... $	8,529	8,529		
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..... $	8,941	8,941		
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.	31	LA2	Interest Income on Accounts Rec..... $	65	65		
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)* ..... $	1,756,491	1,756,491		

*** 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	4,948		
Total Other Ancillary Costs			$ 4,948	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	8,529		
Total Excess Movable Equipment Depreciation			8,529		

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			$ -	$ -	$ -

Glastonbury Mc
Totals

Cost Year		
	Cost	$ 186,178
	Term	
1997	Deprec	$ 1,347
1997	Book Value	$ 5,624
1998	Deprec	$ 5,464
1998	Book Value	$ 99,065
1999	Deprec	$ 8,862
1999	Book Value	$ 134,001
2000	Deprec	$ 9,123
2000	Book Value	$ 127,493
2001	Deprec	$ 9,211
2001	Book Value	$ 119,550
2002	Deprec	$ 7,968
2002	Book Value	$ 111,919
2003	Deprec	$ 7,910
2003	Book Value	$ 104,010
2004	Deprec	$ 6,918
2004	Book Value	$ 99,752
2005	Deprec	$ 6,937
2005	Book Value	$ 93,105
2006	Deprec	$ 6,937
2006	Book Value	$ 86,167
2007	Deprec	$ 7,816
2007	Book Value	$ 97,860
2008	Deprec	$ 9,273
2008	Book Value	$ 98,111
2009	Deprec	$ 9,253
2009	Book Value	$ 89,172
2010	Deprec	$ 9,026
2010	Book Value	$ 80,145
2011	Deprec	$ 9,021
2011	Book Value	$ 71,126
2012	Deprec	$ 9,014
2012	Book Value	$ 62,113
2013	Deprec	$ 8,885
2013	Book Value	$ 53,233
2014	Deprec	$ 8,572
2014	Book Value	$ 44,664
2015	Deprec	$ 8,529
2015	Book Value	$ 36,135
2016	Deprec	$ 8,448
2016	Book Value	$ 27,687
2017	Deprec	$ 7,471
2017	Book Value	$ 20,218
2018	Deprec	$ 6,065
2018	Book Value	$ 14,153
2019	Deprec	$ 4,002
2019	Book Value	$ 10,151
2020	Deprec	$ 3,980
2020	Book Value	$ 6,171
2021	Deprec	$ 3,980
2021	Book Value	$ 2,191
2022	Deprec	$ 2,097
2022	Book Value	$ 94

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year		Amount 2000 Field Audit Adj 1	Amount 2000 Field Audit Adj 2	Amount 2000 Field Audit Adj 3	Amount 2000 Field Audit Adj 4	Amount 2000 Field Audit Adj 1 - Hert Furn	Amount 2000 Field Audit Adj 2 - Hert Furn	Amount 2000 Field Audit Adj 3 - Hert Furn	Amount 2000 Field Audit Adj 4 - Hert Furn	Amount 2000 Field Audit Adj 5 - Hert Furn	Amount 2000 Field Audit Adj 6 - Hert Furn	Amount 2000 Field Audit Adj 7 - Hert Furn	Amount 2000 Field Audit Adj 8 - Hert Furn	Amount 2000 Field Audit Adj 9 - Hert Furn	Amount 2000 Field Audit Adj 10 - Hert Furn	Amount 2000 Field Audit Adj 11 - Hert Furn	Amount 2000 Field Audit Adj 12 - Hert Furn
	Cost	$ 6,405	$ 19,832	$ 4,513	$ 2,551	$ 102	$ 464	$ 289	$ 1,451	$ 580	$ 294	$ 190	$ 62	$ 67	$ 1,210	$ 274	$ 50
	Term	$ 5	$ 20	$ 5	$ 10	$ 5	$ 10	$ 5	$ 15	$ 20	$ 10	$ 5	$ 10	$ 10	$ 15	$ 5	$ 15
1997	Deprec	$ 1,281				$ 20	$ 46										
1997	Book Value	$ 5,124				$ 82	$ 418										
1998	Deprec	$ 1,281				$ 20	$ 46	$ 58	$ 97								
1998	Book Value	$ 3,843				$ 61	$ 371	$ 231	$ 1,354								
1999	Deprec	$ 1,281	$ 992	$ 903		$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38					
1999	Book Value	$ 2,562	$ 18,840	$ 3,610		$ 41	$ 325	$ 173	$ 1,258	$ 551	$ 265	$ 152					
2000	Deprec	$ 1,281	$ 992	$ 903	$ 255	$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6				
2000	Book Value	$ 1,281	$ 17,849	$ 2,708	$ 2,296	$ 20	$ 278	$ 116	$ 1,161	$ 522	$ 235	$ 114	$ 56				
2001	Deprec	$ 1,281	$ 992	$ 903	$ 255	$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81		
2001	Book Value	$ -	$ 16,857	$ 1,805	$ 2,041	$ -	$ 232	$ 58	$ 1,064	$ 493	$ 206	$ 76	$ 50	$ 60	$ 1,129		
2002	Deprec		$ 992	$ 903	$ 255		$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81	$ 55	$ 3
2002	Book Value		$ 15,866	$ 903	$ 1,786		$ 186	$ -	$ 967	$ 464	$ 176	$ 38	$ 43	$ 54	$ 1,049	$ 219	$ 47
2003	Deprec		$ 992	$ 903	$ 255		$ 46		$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81	$ 55	$ 3
2003	Book Value		$ 14,874	$ -	$ 1,531		$ 139		$ 871	$ 435	$ 147	$ -	$ 37	$ 47	$ 968	$ 164	$ 43
2004	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2004	Book Value		$ 13,882		$ 1,276		$ 93		$ 774	$ 406	$ 118		$ 31	$ 40	$ 887	$ 110	$ 40
2005	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2005	Book Value		$ 12,891		$ 1,020		$ 46		$ 677	$ 377	$ 88		$ 25	$ 34	$ 807	$ 55	$ 37
2006	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2006	Book Value		$ 11,899		$ 765		$ -		$ 580	$ 348	$ 59		$ 19	$ 27	$ 726	$ -	$ 33
2007	Deprec		$ 992		$ 255				$ 97	$ 29	$ 29		$ 6	$ 7	$ 81		$ 3
2007	Book Value		$ 10,908		$ 510				$ 484	$ 319	$ 29		$ 12	$ 20	$ 645		$ 30
2008	Deprec		$ 992		$ 255				$ 97	$ 29	$ 29		$ 6	$ 7	$ 81		$ 3
2008	Book Value		$ 9,916		$ 255				$ 387	$ 290	$ -		$ 6	$ 13	$ 565		$ 27
2009	Deprec		$ 992		$ 255				$ 97	$ 29			$ 6	$ 7	$ 81		$ 3
2009	Book Value		$ 8,924		$ -				$ 290	$ 261			$ -	$ 7	$ 484		$ 23
2010	Deprec		$ 992						$ 97	$ 29				$ 7	$ 81		$ 3
2010	Book Value		$ 7,933						$ 193	$ 232				$ -	$ 403		$ 20
2011	Deprec		$ 992						$ 97	$ 29					$ 81		$ 3
2011	Book Value		$ 6,941						$ 97	$ 203					$ 323		$ 17
2012	Deprec		$ 992						$ 97	$ 29					$ 81		$ 3
2012	Book Value		$ 5,950						$ -	$ 174					$ 242		$ 13
2013	Deprec		$ 992							$ 29					$ 81		$ 3
2013	Book Value		$ 4,958							$ 145					$ 161		$ 10
2014	Deprec		$ 992							$ 29					$ 81		$ 3
2014	Book Value		$ 3,966							$ 116					$ 81		$ 7
2015	Deprec		$ 992							$ 29					$ 81		$ 3
2015	Book Value		$ 2,975							$ 87					$ -		$ 3
2016	Deprec		$ 992							$ 29							$ 3
2016	Book Value		$ 1,983							$ 58							$ -
2017	Deprec		$ 992							$ 29							
2017	Book Value		$ 992							$ 29							
2018	Deprec		$ 992							$ 29							
2018	Book Value		$ -							$ -							
2019	Deprec																
2019	Book Value																
2020	Deprec																
2020	Book Value																
2021	Deprec																
2021	Book Value																
2022	Deprec																
2022	Book Value																

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year		Amount 1998 Bed Addition Adj	Amount 2000 Bed Addition Adj #1	Amount 2000 Bed Addition Adj #2	Amount 2000 Bed Addition Adj #3	Amount 2000 Bed Addition Adj #4	Amount 2007 Heritage Furniture Adj	Amount 2007 Heritage Furniture Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2008 Heritage Furniture Adj	Amount 2008 Heritage Furniture Adj	Amount 2008 Heritage Furniture Adj	Amount 2009 Heritage Furniture Adj	Amount 2009 Heritage Furniture Adj
	Cost	$ 97,167	$ 2,418	$ 1,255	$ 3,626	$ 11,078	$ 81	$ 19,426	$ 1,890	$ 652	$ 116	$ 289	$ 216	$ 8,952	$ 354	$ 411	$ (97)
	Term	$ 25	$ 5	$ 10	$ 15	$ 20	$ 5	$ 10	$ 5	$ 15	$ 10	$ 15	$ 5	$ 10	$ 20	$ 5	$ 10
1997	Deprec																
1997	Book Value																
1998	Deprec	$ 3,962															
1998	Book Value	$ 93,205															
1999	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
1999	Book Value	$ 89,243	$ 1,934	$ 1,139	$ 3,384	$ 10,524											
2000	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2000	Book Value	$ 85,281	$ 1,451	$ 1,012	$ 3,143	$ 9,970											
2001	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2001	Book Value	$ 81,319	$ 967	$ 886	$ 2,901	$ 9,416											
2002	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2002	Book Value	$ 77,357	$ 484	$ 759	$ 2,659	$ 8,862											
2003	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2003	Book Value	$ 73,395	$ -	$ 633	$ 2,417	$ 8,309											
2004	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12						
2004	Book Value	$ 69,433		$ 506	$ 2,176	$ 7,755			$ 1,512	$ 609	$ 104						
2005	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12	$ 19					
2005	Book Value	$ 65,471		$ 380	$ 1,934	$ 7,201			$ 1,134	$ 566	$ 92	$ 270					
2006	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12	$ 19					
2006	Book Value	$ 61,509		$ 253	$ 1,692	$ 6,647			$ 756	$ 523	$ 80	$ 251					
2007	Deprec	$ 3,962		$ 127	$ 242	$ 554	$ 8	$ 972	$ 378	$ 43	$ 12	$ 19					
2007	Book Value	$ 57,547		$ 127	$ 1,450	$ 6,093	$ 73	$ 18,455	$ 378	$ 480	$ 68	$ 232					
2008	Deprec	$ 3,962		$ 127	$ 242	$ 554	$ 16	$ 1,943	$ 378	$ 43	$ 12	$ 19	$ 22	$ 448	$ 9		
2008	Book Value	$ 53,585		$ -	$ 1,209	$ 5,539	$ 57	$ 16,512	$ -	$ 437	$ 56	$ 213	$ 195	$ 8,505	$ 345		
2009	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 41	$ (5)
2009	Book Value	$ 49,623			$ 967	$ 4,985	$ 41	$ 14,569		$ 394	$ 44	$ 194	$ 152	$ 7,610	$ 327	$ 370	$ (92)
2010	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2010	Book Value	$ 45,661			$ 725	$ 4,431	$ 25	$ 12,626		$ 351	$ 32	$ 175	$ 109	$ 6,715	$ 309	$ 288	$ (82)
2011	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2011	Book Value	$ 41,699			$ 483	$ 3,877	$ 9	$ 10,683		$ 308	$ 20	$ 156	$ 66	$ 5,820	$ 291	$ 206	$ (72)
2012	Deprec	$ 3,962			$ 242	$ 554	$ 9	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2012	Book Value	$ 37,737			$ 242	$ 3,323		$ 8,740		$ 265	$ 8	$ 137	$ 23	$ 4,925	$ 273	$ 124	$ (62)
2013	Deprec	$ 3,962			$ 242	$ 554		$ 1,943		$ 43	$ 8	$ 19	$ 24	$ 895	$ 18	$ 82	$ (10)
2013	Book Value	$ 33,775			$ -	$ 2,770		$ 6,798		$ 222	$ -	$ 118	$ -	$ 4,031	$ 256	$ 42	$ (52)
2014	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18	$ 43	$ (10)
2014	Book Value	$ 29,813				$ 2,216		$ 4,855		$ 179		$ 99		$ 3,136	$ 238	$ -	$ (41)
2015	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18		$ (10)
2015	Book Value	$ 25,851				$ 1,662		$ 2,912		$ 136		$ 80		$ 2,241	$ 220		$ (31)
2016	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18		$ (10)
2016	Book Value	$ 21,889				$ 1,108		$ 969		$ 93		$ 61		$ 1,346	$ 202		$ (21)
2017	Deprec	$ 3,962				$ 554		$ 969		$ 43		$ 19		$ 895	$ 18		$ (10)
2017	Book Value	$ 17,927				$ 554		$ -		$ 50		$ 42		$ 451	$ 184		$ (11)
2018	Deprec	$ 3,962				$ 554				$ 50		$ 19		$ 451	$ 18		$ (10)
2018	Book Value	$ 13,965				$ -				$ -		$ 23		$ -	$ 166		$ (1)
2019	Deprec	$ 3,962										$ 23			$ 18		$ (1)
2019	Book Value	$ 10,003										$ -			$ 148		$ -
2020	Deprec	$ 3,962													$ 18		
2020	Book Value	$ 6,041													$ 130		
2021	Deprec	$ 3,962													$ 18		
2021	Book Value	$ 2,079													$ 112		
2022	Deprec	$ 2,079													$ 18		
2022	Book Value	$ -													$ 94		

Schedule of Unallowable Building Interest

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	10,162,815	10,162,815		
b. Medicaid Room and Board Contractual Allowance **	$	(5,262,358)	(5,262,358)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents (*all inclusive*)	$	3,351,658	3,351,658		
b. Medicare Room and Board Contractual Allowance **	$	538,396	538,396		
4. a. Private-Pay Residents and Other	$	4,087,303	4,087,303		
b. Private-Pay Room and Board Contractual Allowance **	$	(198,237)	(198,237)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	398,016	398,016		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(398,016)	(398,016)		
c. Prescription Drugs - Non-Medicare	$	143,872	143,872		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(144,136)	(144,136)		
2. a. Medical Supplies - Medicare	$	13,144	13,144		
b. Medical Supplies - Medicare Contractual Allowance **	$	(8,377)	(8,377)		
c. Medical Supplies - Non-Medicare	$	10,771	10,771		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(10,771)	(10,771)		
3. a. Physical Therapy - Medicare	$	1,271,514	1,271,514		
b. Physical Therapy - Medicare Contractual Allowance **	$	(1,046,701)	(1,046,701)		
c. Physical Therapy - Non-Medicare	$	284,980	284,980		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(282,880)	(282,880)		
4. a. Speech Therapy - Medicare	$	352,514	352,514		
b. Speech Therapy - Medicare Contractual Allowance **	$	(289,643)	(289,643)		
c. Speech Therapy - Non-Medicare	$	89,718	89,718		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(89,718)	(89,718)		
5. a. Occupational Therapy - Medicare	$	1,332,219	1,332,219		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(1,124,436)	(1,124,436)		
c. Occupational Therapy - Non-Medicare	$	273,249	273,249		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(271,249)	(271,249)		
6. a. Other (*Specify*) - Medicare	$				
b. Other (*Specify*) - Non-Medicare	$	4,817	4,817		
III *Total Resident Revenue* (Section I.thru Section II.)	$	13,188,464	13,188,464		
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*)	$	65	65		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	43,560	43,560		
V. Total Other Revenue (1 thru 8)	$	43,625	43,625		
VI. Total All Revenue (III + V)	$	13,232,089	13,232,089		

* *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	Retroactives	$ 4,817		
Total Other Resident Revenue		$ 4,817	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		$ 65		
Total Interest Income			$ 65	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	$ 29,402		
19 3E	Laundry Services	$ 14,158		
Total Other Revenue		$ 43,560	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	31 | 37

Account		Amount
Assets		
A. Current Assets		
1. Cash (*on hand and in banks*)		$ 311,064
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		$ 919,753
3. Other Accounts Receivable (Excluding Owners or Related Parties)		$
4 Inventories		$ 30,263
5. Prepaid Expenses		$ 152,325
a. Prepaid Insurance	152,325	
b.		
c.		
d.		
6. Interest Receivable		$
7. Medicare Final Settlement Receivable		$
8. Other Current Assets (*itemize*)		$ 102,738
Due From Related Party	102,738	
A-9. ***Total Current Assets*** (Lines A1 thru 8)		$ 1,516,143
B. Fixed Assets		
1. Land		$
2. Land Improvements	*Historical Cost 120,712	$ 2,015
	Accum. Depreciation (118,697) Net	
3. Buildings	*Historical Cost 2,854,912	$ 1,036,874
	Accum. Depreciation (1,818,038) Net	
4. Leasehold Improvements	*Historical Cost 174,722	$ 151,270
	Accum. Depreciation (23,452) Net	
5. Non-Movable Equipment	*Historical Cost 909,320	$ 132,208
	Accum. Depreciation (777,112) Net	
6. Movable Equipment	*Historical Cost 1,015,501	$ 218,480
	Accum. Depreciation (797,021) Net	
7. Motor Vehicles	*Historical Cost	$
	Accum. Depreciation Net	
8. Minor Equipment-Not Depreciable		$
9. Other Fixed Assets (*itemize*)		$ 36,135
Moveable Equipment Carryforward	36,135	
	-	
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)		$ 1,576,982

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

(*Carry Total forward to next page*)

Glastonbury M

Cost Year	Totals	
	Cost	$ 186,178
	Term	
1997	Deprec	$ 1,347
1997	Book Value	$ 5,624
1998	Deprec	$ 5,464
1998	Book Value	$ 99,065
1999	Deprec	$ 8,862
1999	Book Value	$ 134,001
2000	Deprec	$ 9,123
2000	Book Value	$ 127,493
2001	Deprec	$ 9,211
2001	Book Value	$ 119,560
2002	Deprec	$ 7,968
2002	Book Value	$ 111,919
2003	Deprec	$ 7,910
2003	Book Value	$ 104,010
2004	Deprec	$ 6,918
2004	Book Value	$ 99,752
2005	Deprec	$ 6,937
2005	Book Value	$ 93,105
2006	Deprec	$ 6,937
2006	Book Value	$ 86,167
2007	Deprec	$ 7,816
2007	Book Value	$ 97,860
2008	Deprec	$ 9,273
2008	Book Value	$ 98,111
2009	Deprec	$ 9,253
2009	Book Value	$ 89,172
2010	Deprec	$ 9,028
2010	Book Value	$ 80,145
2011	Deprec	$ 9,021
2011	Book Value	$ 71,126
2012	Deprec	$ 9,014
2012	Book Value	$ 62,113
2013	Deprec	$ 8,885
2013	Book Value	$ 53,233
2014	Deprec	$ 8,572
2014	Book Value	$ 44,664
2015	Deprec	$ 8,529
2015	Book Value	$ 36,135
2016	Deprec	$ 8,448
2016	Book Value	$ 27,687
2017	Deprec	$ 7,471
2017	Book Value	$ 20,218
2018	Deprec	$ 6,065
2018	Book Value	$ 14,153
2019	Deprec	$ 4,002
2019	Book Value	$ 10,151
2020	Deprec	$ 3,980
2020	Book Value	$ 6,171
2021	Deprec	$ 3,980
2021	Book Value	$ 2,191
2022	Deprec	$ 2,097
2022	Book Value	$ 94

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year		Amount 2000 Field Audit Adj 1	Amount 2000 Field Audit Adj 2	Amount 2000 Field Audit Adj 3	Amount 2000 Field Audit Adj 4	Amount 2000 Field Audit Adj 1 - Hert Furn *	Amount 2000 Field Audit Adj 2 - Hert Furn *	Amount 2000 Field Audit Adj 3 - Hert Furn *	Amount 2000 Field Audit Adj 4 - Hert Furn *	Amount 2000 Field Audit Adj 5 - Hert Furn *	Amount 2000 Field Audit Adj 6 - Hert Furn *	Amount 2000 Field Audit Adj 7 - Hert Furn *	Amount 2000 Field Audit Adj 8 - Hert Furn *	Amount 2000 Field Audit Adj 9 - Hert Furn *	Amount 2000 Field Audit Adj 10 - Hert Furn *	Amount 2000 Field Audit Adj 11 - Hert Furn *	Amount 2000 Field Audit Adj 12 - Hert Furn *
	Cost	$ 6,405	$ 19,832	$ 4,513	$ 2,551	$ 102	$ 464	$ 289	$ 1,451	$ 580	$ 294	$ 190	$ 62	$ 67	$ 1,210	$ 274	$ 50
	Term	$ 5	$ 20	$ 5	$ 10	$ 5	$ 10	$ 5	$ 15	$ 20	$ 10	$ 5	$ 10	$ 10	$ 15	$ 5	$ 15
1997	Deprec	$ 1,281				$ 20	$ 46										
1997	Book Value	$ 5,124				$ 82	$ 418										
1998	Deprec	$ 1,281				$ 20	$ 46	$ 58	$ 97								
1998	Book Value	$ 3,843				$ 61	$ 371	$ 231	$ 1,354								
1999	Deprec	$ 1,281	$ 992	$ 903		$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38					
1999	Book Value	$ 2,562	$ 18,840	$ 3,610		$ 41	$ 325	$ 173	$ 1,258	$ 551	$ 265	$ 152					
2000	Deprec	$ 1,281	$ 992	$ 903	$ 255	$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6				
2000	Book Value	$ 1,281	$ 17,849	$ 2,708	$ 2,296	$ 20	$ 278	$ 116	$ 1,161	$ 522	$ 235	$ 114	$ 56				
2001	Deprec	$ 1,281	$ 992	$ 903	$ 255	$ 20	$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81		
2001	Book Value	$ -	$ 16,857	$ 1,805	$ 2,041	$ -	$ 232	$ 58	$ 1,064	$ 493	$ 206	$ 76	$ 50	$ 60	$ 1,129		
2002	Deprec		$ 992	$ 903	$ 255		$ 46	$ 58	$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81	$ 55	$ 3
2002	Book Value		$ 15,866	$ 903	$ 1,786		$ 186	$ -	$ 967	$ 464	$ 176	$ 38	$ 43	$ 54	$ 1,049	$ 219	$ 47
2003	Deprec		$ 992	$ 903	$ 255		$ 46		$ 97	$ 29	$ 29	$ 38	$ 6	$ 7	$ 81	$ 55	$ 3
2003	Book Value		$ 14,874	$ -	$ 1,531		$ 139		$ 871	$ 435	$ 147	$ -	$ 37	$ 47	$ 968	$ 164	$ 43
2004	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2004	Book Value		$ 13,882		$ 1,276		$ 93		$ 774	$ 406	$ 118		$ 31	$ 40	$ 887	$ 110	$ 40
2005	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2005	Book Value		$ 12,891		$ 1,020		$ 46		$ 677	$ 377	$ 88		$ 25	$ 34	$ 807	$ 55	$ 37
2006	Deprec		$ 992		$ 255		$ 46		$ 97	$ 29	$ 29		$ 6	$ 7	$ 81	$ 55	$ 3
2006	Book Value		$ 11,899		$ 765		$ -		$ 580	$ 348	$ 59		$ 19	$ 27	$ 726	$ -	$ 33
2007	Deprec		$ 992		$ 255				$ 97	$ 29	$ 29		$ 6	$ 7	$ 81		$ 3
2007	Book Value		$ 10,908		$ 510				$ 484	$ 319	$ 29		$ 12	$ 20	$ 645		$ 30
2008	Deprec		$ 992		$ 255				$ 97	$ 29	$ 29		$ 6	$ 7	$ 81		$ 3
2008	Book Value		$ 9,916		$ 255				$ 387	$ 290	$ -		$ 6	$ 13	$ 565		$ 27
2009	Deprec		$ 992		$ 255				$ 97	$ 29			$ 6	$ 7	$ 81		$ 3
2009	Book Value		$ 8,924		$ -				$ 290	$ 261			$ -	$ 7	$ 484		$ 23
2010	Deprec		$ 992						$ 97	$ 29				$ 7	$ 81		$ 3
2010	Book Value		$ 7,933						$ 193	$ 232				$ -	$ 403		$ 20
2011	Deprec		$ 992						$ 97	$ 29					$ 81		$ 3
2011	Book Value		$ 6,941						$ 97	$ 203					$ 323		$ 17
2012	Deprec		$ 992						$ 97	$ 29					$ 81		$ 3
2012	Book Value		$ 5,950						$ -	$ 174					$ 242		$ 13
2013	Deprec		$ 992							$ 29					$ 81		$ 3
2013	Book Value		$ 4,958							$ 145					$ 161		$ 10
2014	Deprec		$ 992							$ 29					$ 81		$ 3
2014	Book Value		$ 3,966							$ 116					$ 81		$ 7
2015	Deprec		$ 992							$ 29					$ 81		$ 3
2015	Book Value		$ 2,975							$ 87					$ -		$ 3
2016	Deprec		$ 992							$ 29							$ 3
2016	Book Value		$ 1,983							$ 58							$ -
2017	Deprec		$ 992							$ 29							
2017	Book Value		$ 992							$ 29							
2018	Deprec		$ 992							$ 29							
2018	Book Value		$ -							$ -							
2019	Deprec																
2019	Book Value																
2020	Deprec																
2020	Book Value																
2021	Deprec																
2021	Book Value																
2022	Deprec																
2022	Book Value																

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year		Amount 1998 Bed Addition Adj	Amount 2000 Bed Addition Adj #1	Amount 2000 Bed Addition Adj #2	Amount 2000 Bed Addition Adj #3	Amount 2000 Bed Addition Adj #4	Amount 2007 Heritage Furniture Adj	Amount 2007 Heritage Furniture Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2003 Field Audit Adj	Amount 2008 Heritage Furniture Adj	Amount 2008 Heritage Furniture Adj	Amount 2008 Heritage Furniture Adj	Amount 2009 Heritage Furniture Adj	Amount 2009 Heritage Furniture Adj
	Cost	$ 97,167	$ 2,418	$ 1,265	$ 3,626	$ 11,078	$ 81	$ 19,426	$ 1,890	$ 652	$ 116	$ 289	$ 216	$ 8,952	$ 354	$ 411	$ (97)
	Term	$ 25	$ 5	$ 10	$ 15	$ 20	$ 5	$ 10	$ 5	$ 15	$ 10	$ 15	$ 5	$ 10	$ 20	$ 5	$ 10
1997	Deprec																
1997	Book Value																
1998	Deprec	$ 3,962															
1998	Book Value	$ 93,205															
1999	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
1999	Book Value	$ 89,243	$ 1,934	$ 1,139	$ 3,384	$ 10,524											
2000	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2000	Book Value	$ 85,281	$ 1,451	$ 1,012	$ 3,143	$ 9,970											
2001	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2001	Book Value	$ 81,319	$ 967	$ 886	$ 2,901	$ 9,416											
2002	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2002	Book Value	$ 77,357	$ 484	$ 759	$ 2,659	$ 8,862											
2003	Deprec	$ 3,962	$ 484	$ 127	$ 242	$ 554											
2003	Book Value	$ 73,395	$ -	$ 633	$ 2,417	$ 8,309											
2004	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12						
2004	Book Value	$ 69,433		$ 506	$ 2,176	$ 7,755			$ 1,512	$ 609	$ 104						
2005	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12	$ 19					
2005	Book Value	$ 65,471		$ 380	$ 1,934	$ 7,201			$ 1,134	$ 566	$ 92	$ 270					
2006	Deprec	$ 3,962		$ 127	$ 242	$ 554			$ 378	$ 43	$ 12	$ 19					
2006	Book Value	$ 61,509		$ 253	$ 1,692	$ 6,647			$ 756	$ 523	$ 80	$ 251					
2007	Deprec	$ 3,962		$ 127	$ 242	$ 554	$ 8	$ 972	$ 378	$ 43	$ 12	$ 19					
2007	Book Value	$ 57,547		$ 127	$ 1,450	$ 6,093	$ 73	$ 18,455	$ 378	$ 480	$ 68	$ 232					
2008	Deprec	$ 3,962		$ 127	$ 242	$ 554	$ 16	$ 1,943	$ 378	$ 43	$ 12	$ 19	$ 22	$ 448	$ 9		
2008	Book Value	$ 53,585		$ -	$ 1,209	$ 5,539	$ 57	$ 16,512	$ -	$ 437	$ 56	$ 213	$ 195	$ 8,505	$ 345		
2009	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 41	$ (5)
2009	Book Value	$ 49,623			$ 967	$ 4,985	$ 41	$ 14,569		$ 394	$ 44	$ 194	$ 152	$ 7,610	$ 327	$ 370	$ (92)
2010	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2010	Book Value	$ 45,661			$ 725	$ 4,431	$ 25	$ 12,626		$ 351	$ 32	$ 175	$ 109	$ 6,715	$ 309	$ 288	$ (82)
2011	Deprec	$ 3,962			$ 242	$ 554	$ 16	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2011	Book Value	$ 41,699			$ 483	$ 3,877	$ 9	$ 10,683		$ 308	$ 20	$ 156	$ 66	$ 5,820	$ 291	$ 206	$ (72)
2012	Deprec	$ 3,962			$ 242	$ 554	$ 9	$ 1,943		$ 43	$ 12	$ 19	$ 43	$ 895	$ 18	$ 82	$ (10)
2012	Book Value	$ 37,737			$ 242	$ 3,323		$ 8,740		$ 265	$ 8	$ 137	$ 23	$ 4,925	$ 273	$ 124	$ (62)
2013	Deprec	$ 3,962			$ 242	$ 554		$ 1,943		$ 43	$ 8	$ 19	$ 24	$ 895	$ 18	$ 82	$ (10)
2013	Book Value	$ 33,775			$ -	$ 2,770		$ 6,798		$ 222	$ -	$ 118	$ -	$ 4,031	$ 256	$ 42	$ (52)
2014	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18	$ 43	$ (10)
2014	Book Value	$ 29,813				$ 2,216		$ 4,855		$ 179		$ 99		$ 3,136	$ 238	$ -	$ (41)
2015	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18		$ (10)
2015	Book Value	$ 25,851				$ 1,662		$ 2,912		$ 136		$ 80		$ 2,241	$ 220		$ (31)
2016	Deprec	$ 3,962				$ 554		$ 1,943		$ 43		$ 19		$ 895	$ 18		$ (10)
2016	Book Value	$ 21,889				$ 1,108		$ 969		$ 93		$ 61		$ 1,346	$ 202		$ (21)
2017	Deprec	$ 3,962				$ 554		$ 969		$ 43		$ 19		$ 895	$ 18		$ (10)
2017	Book Value	$ 17,927				$ 554		$ -		$ 50		$ 42		$ 451	$ 184		$ (11)
2018	Deprec	$ 3,962				$ 554				$ 50		$ 19		$ 451	$ 18		$ (10)
2018	Book Value	$ 13,965				$ -				$ -		$ 23		$ -	$ 166		$ (1)
2019	Deprec	$ 3,962										$ 23			$ 18		$ (1)
2019	Book Value	$ 10,003										$ -			$ 148		$ -
2020	Deprec	$ 3,962													$ 18		
2020	Book Value	$ 6,041													$ 130		
2021	Deprec	$ 3,962													$ 18		
2021	Book Value	$ 2,079													$ 112		
2022	Deprec	$ 2,079													$ 18		
2022	Book Value	$ -													$ 94		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	32	37

Account			Amount
		Total Brought Forward:	$ 3,093,125
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			$ 544,799
2. Land Improvements	*Historical Cost.....		
	Accum. Depreciation	Net.....	$
3. Buildings	*Historical Cost.....	4,193,044	
	Accum. Depreciation	(3,866,918) Net.....	$ 326,126
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)			$ 870,925
D. Investment and Other Assets			
1. Deferred Deposits			$
2. Escrow Deposits			$
3. Organization Expense	*Historical Cost.....		
	Accum. Depreciation	Net.....	$
4. Goodwill (Purchased Only)			$ 762,858
5. Investments Related to Resident Care (*itemize*)			$
6. Loans to Owners or Related Parties (*itemize*)			$ (6,526,898)
Name and Address	Amount	Loan Date	
Due from Related Party	(6,526,898)	3/29/2012	
7. Other Assets (*itemize*)			$
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$ (5,764,040)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$ (1,799,990)

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	33	37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 832,099
2. Notes Payable (*itemize*)				$ 845
Due From Related Party		(240,000)		
Key Bank Line of Credit		240,845		
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 211,085
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 5,978
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*)				$ 2,689
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 192,291
Acc'd Operating Expenses		42,119		
Acc'd Expense - Sales Tax		973		
Provider Taxes Due		149,199		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,244,987

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

** Interest Bearing - Do Not Include in Return on Equity Calculation.

(Carry Total forward to next page)

GLASTONBURY HEALTH CARE
ACCRUED EXPENSES-OPERATIONS
September 30, 2015

	ACCT. #	2170
Athena 401k we 9/26/15	$4,477.19	2568/5366
Athena Food Rebate	($2,146.99)	6334
IBNR Health Insurance 3rd Quarter	$27,409.07	5364
Athena Management Fee	($16,986.83)	5120
Hebrew Healthcare	$6,005.00	5139
Dworkin	$14,000.00	5126
Procaire	$1,669.40	7538/7531
Procaire	$2,111.40	7538
Accelerated Care Plus	$367.53	7318
Alimed	$180.00	7318
Alimed	$128.50	7318
Rightcare Solutions-July	$202.00	5148
Rightcare Solutions-July	$202.00	5148
Rightcare Solutions-August	$202.00	5148
Rightcare Solutions-September	$202.00	5148
KCI	$839.06	8250
James G Hardy	$183.78	5740
James G Hardy	$838.18	5740
James G Hardy	$277.63	5740
James G Hardy	$545.23	5740
Triple A Supplies	$541.33	5938
Triple A Supplies	$320.05	5938
Triple A Supplies	$551.57	5938
Balance 9/30/15	**$42,119.10**	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	34	37

Account				Amount
			Total Brought Forward:	1,244,987
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$ (1,710)
Name and Address of Lender	Amount	Loan Date		
Working Capital Reserve	**(1,710)**	**NA**		
4. Other Long-Term Liabilities (*itemize*)				$ (455,466)
Notes Payable Related Landlord		**(1,171,009)**		
Key Bank Term Loan		**715,543**		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ (457,176)
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 787,811

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2015	35 | 37

Account	Amount
A. **Reserves**	
1. Reserve for value of leased land	$ 544,799
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$ 326,126
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	$ 870,925
B. **Net Worth**	
1. Owner's Capital	$
2. Capital Stock	$ 50,000
3. Paid-in Surplus	$
4. Treasury Stock	$
5. Cumulated Earnings	$ (3,908,382)
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ 399,656
7. Total Net Worth	$ (3,458,726)
C. ***Total Reserves and Net Worth***	$ (2,587,801)
D. ***Total Liabilities, Reserves, and Net Worth***	$ (1,799,990)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	36 | 37

Account	Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2014	$ (3,753,969)
B. Total Revenue (*From Statement of Revenue Page 30*)	$ 13,232,089
C. Total Expenditures (*From Statement of Expenditures Page 27*)	$ 12,832,433
D. Net Income or Deficit	$ 399,656
E. Balance	$ (3,354,313)
F. Additions	
1. Additional Capital Contributed (*itemize*)	
Change in Swap (133,532)	
AJE - Excess Rent 1,361	
Rounding 27,759	
(1)	
2. Other (*itemize*)	
F-3. Total Additions	$ (104,413)
G. Deductions	
1. Drawings of Owners/Operators/Partners (*Specify*)	$
Name and Address (*No., City, State, Zip*) / Title / Amount	
2. Other Withdrawings (Specify)	$
Purpose / Amount	
3. Total Deductions	$
H. ***Balance at End of Period*** 09/30/15	$ (3,458,726)

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
Glastonbury Health Care Center, Inc.	**2028C**	**9/30/2015**	37	37

Check appropriate category		
CCNH	RHNS	Other (*Specify*)
☑	☐	☐

Preparer/Reviewer Certification

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 appplicable 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
	CFO	2/12/16

Printed Name of Preparer

Athena Health Care Associates, Inc

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

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