

February 7, 2019

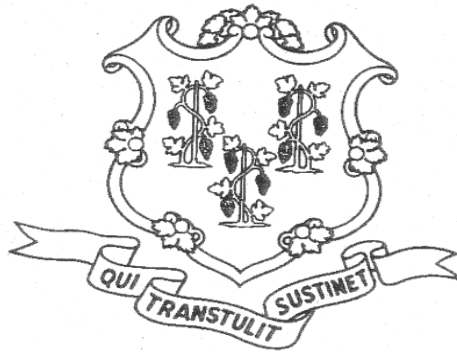
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2018 Medicaid Cost Report for The Bradley Home (the Home).

In preparing this cost report, we did not perform any disallowances for the administrator or assistant administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy for the SNF, which were paid for by entities other than the Medicaid Program. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We did reduce RN and LPN salary cost in the RCH down to the CNA rate and believe this reduced amount is reimbursable. Certain asset additions on the attachments to page 23 are noted as disallowed and should not be considered for reimbursement. Also on page 29C, depreciation expense for these and similar assets are disallowed. When completing the rate computation please make sure that no duplicate depreciation disallowance occurs. We believe this preparation methodology is in compliance with any rules and regulations of your department and the Federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) The Bradley Home	
Address (No. & Street, City, State, Zip Code) 320 Colony Street, Meriden, CT 06451	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider 07-5439
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Bradley Home [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Molly H. Savard			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Bradley Home		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/7/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203)-235-5716		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) The Bradley Home		Address (No. & Street, City, State, Zip) 320 Colony Street, Meriden, CT 06451		
License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider No. 07-5439
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Molly H. Savard		Nursing Home Administrator's License No.:	000886	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Anne M. Dembski		License No.:	1179	

General Information and Questionnaire
Corporate Owners

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 3A	of 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		
The Bradley Home	320 Colony Street, Meriden, CT 06451	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

2017-2018: OFFICERS

DAVID CARABETTA, CHAIRPERSON
601 WINDING RIDGE
SOUTHINGTON, CT 06489
C 203-537-3223 djcarabetta@gmail.com

SR. GEORGEANN VUMBACO,
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H 203-634-3994 gmvl@cox.net

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C 203-376-8418 cross@harrimanre.com

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C 860-301-1452 dolcedia@hotmail.com

General Information and Questionnaire Individual Proprietorship

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 5	of 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 (<i>See listing page 13</i>)		
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? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient days were used for A&G, dietary, laundry, housekeeping, maintenance, and property costs. Certain costs were allocated directly.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
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.) <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
A non-related party operates a child daycare program in a building that is owned and located on the grounds of the Facility. The Facility owns residential rental properties (41, 58, 64 and 68 Wilcox Avenue).				

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 The Bradley Home			License No. 2157-C	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107
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Services Provided by This Firm (*describe fully*)

1 Audit, 990, Medicaid and Medicare Cost Reports	\$ 43,291
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 43,291

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggan and Dana LLP 2 Solomon, Krupnikoff, Wyskiel, PC 3 4 5	Telephone Number 203-498-4400 203-235-1659
--	--

Address (*No. & Street, City, State, Zip Code*)
 1 One Century Tower, 265 Church Street #14 New Haven, CT
 2 35 Pleasant Street, Meriden, CT 06450
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Miscellaneous General Legal Advice	\$ 1,965
2 Rental Property	\$ 505
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,470

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility The Bradley Home		License No. 2157-C			Report for Year Ended 9/30/2018				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	104	30		74	104	30		74	104	30		74
B. On last day of THIS report period	104	30		74	104	30		74	104	30		74
2. Number of Residents												
A. As of midnight of PREVIOUS report period	67	24		43	67	24		43	70	30		40
B. As of midnight of THIS report period	70	29		41	70	30		40	70	29		41
3. Total Number of Days Care Provided During Period												
A. Medicare	724	724			540	540			184	184		
B. Medicaid (Conn.)	7,618	7,618			5,677	5,677			1,941	1,941		
C. Medicaid (other states)												
D. Private Pay	6,885	1,905		4,980	5,271	1,401		3,870	1,614	504		1,110
E. State SSI for RCH	9,862			9,862	7,400			7,400	2,462			2,462
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	25,089	10,247		14,842	18,888	7,618		11,270	6,201	2,629		3,572
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	29	29			1	1			28	28		
B. Other Bed Reserve Days	423			423	351			351	72			72
5. Total Resident Days (3G + 4A + 4B)	25,541	10,276		15,265	19,240	7,619		11,621	6,301	2,657		3,644

Schedule of Resident Statistics (Cont'd)

Name of Facility The Bradley Home			License No. 2157-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	1		22		6		13	28					
Per Diem Rate													
a. One bed rm.	PPS		223.25		400.00		148.00	114.61					
b. Two bed rms.	PPS		223.25		400.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								2,955	2,574		381		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,518	1,517		1		
D. Total Physical Therapy Treatments								4,473	4,091		382		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								86	86				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								66	66				
D. Total Speech Therapy Treatments								152	152				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,392	3,247		145		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,281	1,281				
D. Total Occupational Therapy Treatments								4,673	4,528		145		

Report of Expenditures - Salaries & Wages

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)	83,567	859			124,310	1,277
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	49,962	849			74,322	1,263
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	149,049	5,561			221,719	8,272
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	29,346	792			43,654	1,178
c. Dietary Workers	245,062	15,269			364,544	22,713
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	32,997	861			49,084	1,280
b. Other Maintenance Workers	28,165	1,575			41,897	2,342
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	19,691	1,391			29,292	2,069
10. Protective Services	49,126	3,047			73,079	4,532
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	98,864	1,640			32,062	532
b. RN						
1. Direct Care	396,098	9,675			157,808	4,099
2. Administrative**	80,949	2,112				
c. LPN						
1. Direct Care	227,896	7,087			112,014	3,494
2. Administrative**						
d. Aides and Attendants	636,624	32,985			139,001	9,167
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	95,418	3,839			74,986	2,906
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	11,669	333			17,358	496
n. Marketing						
o. Other (Specify) See Attached Schedule	37,056	1,700			38,180	1,870
<i>A-13. Total Salary Expenditures</i>	2,271,539	89,574			1,593,310	67,490

* 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		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
VAN DRIVER WAGES	\$ 16,415	896			\$ 24,419	1,334
MED SECRETARY WAGES	\$ 20,641	804			\$ 13,761	536
Total	\$ 37,056	1,700	\$ -	-	\$ 38,180	1,870

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Optical, Audiology, Behavioral Health, Orthopedic, and other	\$ 2,214	Disallowed			\$ 3,293	Disallowed
Total	\$ 2,214	-	\$ -	-	\$ 3,293	-

**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
The Bradley Home				2157-C	9/30/2018				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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Bradley Home				2157-C	9/30/2018			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	Residential Care Home							
Section III - Administrators***										
Molly H. Savard	83,567		124,310			2,136	A2			
Section IV - Assistant Administrators										
Anne M. Dembski	49,962		74,322			2,112	A3			

*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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Bradley Home	2157-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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	20,345	490			143	3
2. Dentist	10,432	Disallowed			15,519	Disallowed
3. Pharmacist	4,685	73			1,263	17
4. Podiatrist	1,085	Disallowed			1,614	Disallowed
5. Physical Therapy						
a. Resident Care	111,177	991			23,335	208
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	17,798	100			6,202	40
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Cardiologist	119	Disallowed			178	Disallowed
9. Speech Therapist						
a. Resident Care	9,660	90				
b. Other						
10. Occupational Therapist						
a. Resident Care	74,185	853			10,610	122
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	11,750	198				
2. Administrative***						
b. LPN						
1. Direct Care	9,440	205				
2. Administrative***						
c. Aides	23,616	1,001				
d. Other						
12. Other (Specify) See Attached Schedule	2,214				3,293	
B-13 Total Fees Paid in Lieu of Salaries	296,507	4,001			62,156	390

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2018	Page 14a	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Carol Reiss, 50 Brookside Place, Cheshire, CT 06410	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England Dental, 533 S Broad St., Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dennis Schweitzer, 32 Cedar St, New Britain, CT 06052	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Meriden Dental Group, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David Hergott, 166 S Broad St, Meriden, CT 6450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David Hyman, 130 E Main St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Mehran Massoumi, 80 Shunpike Rd, Cromwell, CT 06416	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Agata Cieslik, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, 6 Thompson Rd, East Windsor, CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. William Mitchard, 576 E Main Street, Meriden, CT 06450	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David Roccapriore, 35 Pleasant St, Ste 1a, Meriden, CT 06450	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy Solutions, 850 Silas Deane Highway, Wethersfield, CT 06109	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Cliff Martell, 377 Broad St, Meriden, CT 06450	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Nimrod Lavi, 330 Orchard St #210, New Haven, CT 06511	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Cardiology Associates of Central Connecticut, 1062 Barnes Rd, Wallingford, CT 06492	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAXIM Health Care Service, 12558 Collections Center Drive, Chicago IL	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Keep Me Home, PO Box 510, East Berlin, CT 06023	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Favorite Nurses, PO Box 803356, Kansas City, MO 64180	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Midstate Nephrology, 85 Church St, Middletown, CT 06457	Nephrologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Advanced Optical, 546 S Broad St #1D, Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Acuity Eye Physicians & Surgeons, 47 Jolley Dr #2, Bloomfield, CT 06002	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Advanced Eye Physicians, 325 Highland Ave, Cheshire, CT	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Lefkowitz & Scollan, 469 E Main St, Meriden, CT, 06450	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Eye Health Professionals	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Walsh & Massari, 86 W Main Street, Meriden, CT 06451	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

Pinnacle Health Hospitalist Services, PO Box 8700, Harrisburg, PA 17105-8700	Physician - Hospital	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Connecticut Dermatology, 233 Broad Street, Milford, CT 06460	Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Healthdrive Audiology, 888 Worcester St, Wellesley, MA 02482	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Lenses Only	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Prohealth Physicians, Inc.	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Premier Eye Care, 35 Pleasant St, Ste 2C, Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Starling Physicians	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Hartford Healthcare	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A
The Center for Geriatric and Family Psychiatry, 55 Nye, Rd, Ste 102, Glastonbury, CT 06033	Behavioral Health	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Comprehensive Orthopaedics, 455 Lewis Ave, Meriden, CT 06451	Orthopedic	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Access Capital	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 159,178	93,597		65,581
2. Disability Insurance	\$ 13,721	8,068		5,653
3. Unemployment Insurance	\$ 7,985	4,695		3,290
4. Social Security (F.I.C.A.)	\$ 271,892	159,872		112,020
5. Health Insurance	\$ 357,361	210,128		147,233
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,739	3,375		2,364
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 92,803	54,568		38,235
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 34,021	20,004		14,017
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 43,291	17,403		25,888
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,470	993		1,477
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,061	3,643		5,418
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,258	5,732		8,526
2. Cellular Phones	\$ 1,307	525		782
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 2,296	923		1,373
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 202,234	202,234		
Subtotal	\$ 1,217,617	785,760		431,857

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Bradley Home	2157-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	1,217,617	785,760		431,857	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 3,330	1,339		1,991	
4. Employee Travel	\$ 11,338	4,558		6,780	
5. Education Expenses Related to Seminars and Conventions	\$ 11,948	4,803		7,145	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 11,263	4,528		6,735	
7. Other (<i>Specify</i>) See Attached Schedule	\$ 991	398		593	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,448	4,200		6,248	
4. Fund-Raising***	\$				
5. Medical Records	\$ 3,082	1,239		1,843	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 1,359	546		813	
7. Postage	\$ 2,905	1,168		1,737	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,171	4,893		7,278	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,181	475		706	
9. Subscriptions	\$ 384	154		230	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 66,295	26,651		39,644	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 74,065	29,774		44,291	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,428,377	870,486		557,891	

* 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	Residential Care Home
EMPLOYEE RECOGNITION - DISALLOWED	\$ 398		\$ 593
Total Other Travel and Entertainment	\$ 398	\$ -	\$ 593

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
MARKETING-DISALLOWED	\$ 4,200		\$ 6,248
Total Other Advertising	\$ 4,200	\$ -	\$ 6,248

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 3,484		\$ 5,185
Secretary of State Notary Dues	\$ 121		\$ 179
American College	\$ 249		\$ 371
CLIA Laboratory	\$ 60		\$ 90
ALTCFM	\$ 103		\$ 152
CT Association of Healthcare Facilities	\$ 282		\$ 418
AANAC	\$ 84		\$ 125
Secretary of State	\$ 60		\$ 90
NCCDP	\$ 80		\$ 120
Postmaster	\$ 47		\$ 71
American Express Annual Dues	\$ 111		\$ 164
Gallery 53	\$ 14		\$ 21
SHRM	\$ 42		\$ 63
Amex Member Rewards	\$ 36		\$ 54
BJ's	\$ 22		\$ 33
CATRD	\$ 32		\$ 48
American Academy Holdings	\$ 64		\$ 96
Total Dues	\$ 4,893	\$ -	\$ 7,278

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
401K BOND INSURANCE	\$ 27		\$ 41
PERSONNEL EXPENSE - DISALLOWED	\$ 3,337		\$ 4,964
FIDELITY BOND	\$ 480		\$ 713
ADMIN LICENSES	\$ 320		\$ 475
ADMIN MISCELLANEOUS - DISALLOWED	\$ (318)		\$ (472)
VOLUNTEER EXPENSE	\$ 312		\$ 463
DIRECTORS AND OFFICERS LIABILITY	\$ 3,890		\$ 5,786
BANK SERVICE CHARGE-DISALLOWED	\$ 123		\$ 182
CONSULTING SERVICE FEES	\$ 3,972		\$ 5,908
PENALTY EXPENSE - DISALLOWED	\$ 0		\$ 1
PROFESSIONAL FEES - PENSION	\$ 5,170		\$ 7,691
PROFESSIONAL FEES - INVESTMENTS	\$ 12,462		\$ 18,538
Total Other Administrative and General	\$ 29,774	\$ -	\$ 44,291

Schedule C-1 - Management Services*

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 17 of 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 #
N/A			

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	103,468	41,594		61,874
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	103,468	41,594		61,874
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

**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	
The Bradley Home	2157-C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	17,226	6,925		10,301
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	149,363	60,044		89,319
c. Other (<i>Specify</i>)		\$ 822	330		492
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 167,411	67,299		100,112
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	47,159	18,958		28,201
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	7,791	3,132		4,659
c. Medical and Therapeutic Supplies	\$	22,618	9,092		13,526
d. Ambulance/Limousine***	\$	1,066	429		637
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,867	13,867		
f. X-rays and Related Radiological Procedures***	\$	2,250	905		1,346
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	2,758	1,109		1,649
i. Recreation	\$	11,981	4,816		7,165
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	71,076	28,573		42,503
5M. Total Resident Care Expenditures (5a - 5j)		\$ 180,566	80,880		99,686

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

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

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

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

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2018			Page of 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	Residential Care Home	Pg	Line
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry services and staff	41,594		61,874	19	3b
ASG Information Technologies	477 South Broad Street, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT support, repair, monitoring, equipment	11,424		16,993	16	m11
Donna Pardew	341 Bradley Avenue, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lawn Care Services	15,949		23,725	22	6f
PointClickCare Technologies, Inc.	Suite 155, Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software Support	8,238		12,254	16	m11
Smartlinx Solutions, LLC	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time/Attendance/Payroll Software	5,444		8,099	16	m11
Siemens Industry, Inc.	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC Maintenance	14,375		21,383	22	6f
Simplex & Grinnell	P.O. Box 371170 M, Pittsburgh, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance and repair support	14,375		21,383	22	6f
Otis Elevator Company	105 Industrial Park Rd, Vernon CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance of elevators	7,570		11,261	22	6f
Aegis Energy Services, Inc.	P.O. Box 2511, Springfield, MA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Co-gen maintenance	5,591		8,318	22	6f
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping services and staff	59,893		89,095	20	4b
AJ Waste	22 Burton Dr, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	4,491		6,681	22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 60,786	24,436			36,350	
b. Heat	\$ 93,648	37,646			56,002	
c. Light & Power	\$ 80,869	32,509			48,360	
d. Water	\$ 36,726	14,764			21,962	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 188,619	75,825			112,794	
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 460,648	185,180			275,468	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 433,743	174,365			259,378	
c. Non-Movable Equipment	\$ 11,253	4,524			6,729	
d. Movable Equipment	\$ 112,083	45,057			67,026	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 557,079	223,946			333,133	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 3,244	1,304			1,940	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 560,323	225,250			335,073	

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Depreciation Schedule

Name of Facility The Bradley Home			License No. 2157-C			Report for Year Ended 9/30/2018			Page 23	of 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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			11,066,221		11,066,221	5,364,013	SL	Various	429,238				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			90,100		90,100		SL	Various	4,505				
B-4. Subtotal										433,743			
C. Non-Movable Equipment													
1. Acquired prior to this report period			56,263		56,263	23,443	SL	Various	11,253				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										11,253			
		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. GMC Truck		X		10	98	25,503		25,503	25,503	SL	5		
b. Buick Century		X		7	15	3,500		3,500	1,575	SL	5	700	
c. Leased Van		X		10	16	40,481		40,481	7,422	SL	5	8,096	
d. Snow Plow for Truck		X		1	18	7,746		7,746	7,746	SL	5	1,033	
2. Movable Equipment													
a. Acquired prior to this report period						2,456,158		2,456,158	2,034,204	SL	Various	96,575	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						95,028		95,028		SL	Various	5,679	
D-3. Subtotal													112,083
E. Total Depreciation													557,079

The Bradley Home
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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:				
3/30/2018	Flat Roof - Disallowed	\$ 90,100	10	\$ 4,505
Total additions for Building Improvements		\$ 90,100		\$ 4,505 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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.

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> 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		Donated		
2. Date Structure Completed		04/20/05		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		1936 or 1965		
5. Total Licensed Bed Capacity		104		
6. Square Footage		44,000		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	01/19/18			
c. Interest Rate for the Cost Year	3.60%			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	2,800,000			
f. Principal balance outstanding as of 9/30/18	2,643,306			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
The Bradley Home	2157-C	9/30/2018			26	37
Item	Total	CCNH	RHNS	Residential Care Home		
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$ 103,420	41,575			61,845	
Name of Lender	Rate					
Collinsville Savings Society	3.60%					
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)	\$ 103,420	41,575			61,845	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
The Bradley Home		2157-C		9/30/2018			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				103,420	41,575		61,845	
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)				\$	5,498	2,210	3,288	
Capital Lease Interest								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	108,918	43,785	65,133	
14. Insurance								
a. Insurance on Property (buildings only)				\$	34,615	13,915	20,700	
b. Insurance on Automobiles				\$	6,395	2,571	3,824	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	5,987	2,407	3,580	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	46,997	18,893	28,104	
15. Total All Expenditures (A-13 thru C-14)				\$	7,634,292	4,243,750	3,390,542	

D. Adjustments to Statement of Expenditures

Name of Facility The Bradley Home				License No. 2157-C	Report for Year Ended 9/30/2018	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 232,754	21,737		211,017
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 84,795	74,185		10,610
7.			Other - See attached Schedule	\$ 66,212	14,809		51,404
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 505	203		302
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 587	236		351
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	10	a4, a5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 18,444	10,840		7,604
16.	16	14	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 6,811	6,811		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 10,448	4,200		6,248
19.	15	1k&2	Income Tax / Corporate Business Tax	\$ 2,296	923		1,373
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 1,359	546		813
23.			Other - See attached Schedule	\$ 38,904	12,782		26,122
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 11,386	4,577		6,809
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 474,501	151,848		322,653

* 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	Residential Care Home
10	A9	Barber and Beauty Wages	\$ 19,691		\$ 29,292
10	12a	DON Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 23,995
10	12b	RN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 95,654
10	12c	LPN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 59,034
10	7b	Maintenance Salary Allocated to Rental Properties (see attachment 28b)	\$ 1,050		\$ 1,562
10	A4	Resident payroll	\$ 995		\$ 1,481
Total Other Salaries Adjustment			\$ 21,737	\$ -	\$ 211,017

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8a	Medical Director - RCH			\$ 6,202
13	B5a	Physical Therapy - RCH			\$ 23,335
13	B3	Pharmacist - RCH			\$ 1,263
13	B2	Dental Consultant	\$ 10,432		\$ 15,519
13	B4	Podiatrist Consultant	\$ 1,085		\$ 1,614
13	B8e	Cardiologist Consultant	\$ 119		\$ 178
13	B12	Optical, Audiology, Behavioral Health, Orthopedic, and other	\$ 2,214		\$ 3,293
13	B8a	Medical Director Salary in Excess of Allowable Hourly Rate (see attachment 28b)	\$ 958		
Total Other Fees Adjustments			\$ 14,809	\$ -	\$ 51,404

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	8a	Dues to Chamber of Commerce	\$ 475		\$ 706
15	1a3, 1a4	FICA/FUTA Benefits for Disallowed RCH Nursing Salaries (see attachment 28b)			\$ 12,932
16	m13	Penalties	\$ 0		\$ 1
16	m13	Miscellaneous Expenses	\$ (318)		\$ (472)
15	1a1-1a9	Related Benefits for Disallowed Salaries (see attachment 28b)	\$ 7,400		\$ 5,185
16	L7	Employee Recognition	\$ 398		\$ 593
16	m13	Bank Service Charges	\$ 123		\$ 182
16	m13	Personnel Expense	\$ 3,337		\$ 4,964
16	l3	Employee Gifts	\$ 1,339		\$ 1,991
16	m13	401k Bond insurance	\$ 27		\$ 41
Total Other A&G Adjustments			\$ 12,782	\$ -	\$ 26,122

Maintenance Supervisor/Staff Rental Property Disallowance

Reported Salary	152,143	Page 10, lines 7a/7b
Reported Hours	<u>6,058</u>	
Hourly Rate	\$ 25.11	
Hours Worked on Rental Properties	104	(2 hours per week)
Disallowance	<u>\$ 2,612</u>	P. 28a

Employee Benefits Disallowance

Total salaries page 10	3,864,849	page 10, total salary expense (Total of Line A13 - CCNH and RCH)
Total Benefits	942,700	page 15, lines 1a1-1a9
Less: Benefits Specifically Disallowed	<u>-</u>	Page 28, Line 8
Remaining Benefits	<u>942,700</u>	
Benefits as % of salaries	<u>24.4%</u>	

Disallowance:

Barber & Beauty salaries	48,983	page 10, line 9
Maintenance salaries	<u>2,612</u>	(see above)
Associated benefits @ 24.4%	<u>12,585</u>	P. 28a

Nursing Salaries Disallowance

RCH Aide Hourly Rate:

Salary page 10	\$ 139,001	Page 10, Line A12d
Hours	<u>9,167</u>	Page 10, Line A12d
Average Hourly Rate	<u>\$ 15.16</u>	

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	532	Page10, Line A12a
Allowable Hourly Rate	\$ 15.16	
Allowable Salary	\$ 8,067	
Reported RCH Salary	<u>\$ 32,062</u>	Page10, Line A12a
Disallowance	<u>\$ 23,995</u>	P. 28a

RN Wages in Excess of RCH Aide Hourly Rate

RN RCH Hours	4,099	
Allowable Hourly Rate	\$ 15.16	
Allowable Salary	\$ 62,154	
Reported RCH Salary	<u>\$ 157,808</u>	Page 10, Line A12b1
Disallowance	<u>\$ 95,654</u>	P. 28a

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Attachment Page 28B (page 2)

LPN Wages in Excess of RCH Aide Hourly Rate

LPN RCH Hours	3,494	
Allowable Hourly Rate	\$ 15.16	
Allowable Salary	\$ 52,980	
Reported RCH Salary	\$ 112,014	Page 10, Line A12c1
Disallowance	<u>\$ 59,034</u>	P. 28a

Nursing Benefits Disallowance (FICA & FUTA only)

DON RCH Salary Disallowance	\$ 23,995	
RN RCH Salary Disallowance	\$ 95,654	
LPN RCH Salary Disallowance	<u>\$ 59,034</u>	
Total RCH Salary Disallowances	\$ 178,683	
Total RCH Salaries Page 10	<u>\$ 1,593,310</u>	Page 10 A13
% Disallowed	11.21%	

RCH FICA Page 15	\$ 112,020	RCH portion of Acct #76-01630
RCH FUTA Page 15	<u>\$ 3,290</u>	RCH portion of Acct #76-01635
Total RCH FICA/FUTA	\$ 115,310	
% Disallowed	11.21%	
FICA/FUTA Disallowance	<u>\$ 12,932</u>	P. 28a

Medical Director Disallowance

SNF Salary p. 13 line 8a	\$ 17,798	
SNF Hours p. 13 line 8a	100	
Hourly Rate	\$ 177.54	
Allowable Rate	\$ 167.98	
Disallowance	<u>\$ 958</u>	P. 28a

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Bradley Home				2157-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 474,501	151,848		322,653
Page 20 - Resident Care Supplies***							
27.	20	5a1	Prescription Drugs	\$ 47,159	18,958		28,201
28.			Ambulance/Limousine	\$ 1,066	429		637
29.			X-rays, etc	\$ 2,250	905		1,346
30.			Laboratory	\$ 2,758	1,109		1,649
31.			Medical Supplies	\$ 11,145	4,480		6,665
32.			Oxygen (non emergency)	\$ 13,867	13,867		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 70,284	28,254		42,030
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,699	683		1,016
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	\$ 74,370	29,897		44,473
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 1,099	442		657
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 39,128	15,729		23,399
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 739,326	266,600		472,726

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Alcoholic beverages	\$ 536		\$ 797
30	IV8	Miscellaneous income	\$ 1,335		\$ 1,987
26	12	Loan interest - see attachment 29b	\$ 13,858		\$ 20,615
Total Other Adjustments			\$ 15,729	\$ -	\$ 23,399

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

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Attachment Page 29B

Original loan amount	3,000,000	
Amount used for capital purposes	<u>2,000,000</u>	
% allowable	66.67%	
2018 Interest	<u>103,420</u>	
Allowable	68,947	
Disallowance	34,473	P. 29a
Total Disallowance	34,473	P. 29a

Rental Property Depreciation Disallowance

Asset #	Description	Cost	Life	Depreciation	
<i>Building/Building Improvements:</i>					
324	Renovation of 1st Floor - 64 Wilcox Ave	19,992	15	1,333	Year 4 of 15
325	64 Wilcox Ave - Property	97,500	15	6,500	Year 4 of 15
349	41 Wilcox Ave - Paint Interior	3,650	5	730	Year 3 of 5
350	41 Wilcox Ave - Refinish Hardwood Floors	3,700	10	370	Year 3 of 10
351	41 Wilcox Ave - Raise Stairwell Railing & Replace	1,875	15	125	Year 3 of 15
353	41 Wilcox Ave - Materials to Refinish Floor	1,750	5	350	Year 3 of 5
354	41 Wilcox Ave - Building	106,777	30	3,559	Year 3 of 30
355	58 Wilcox Ave - Paint Interior	4,750	5	950	Year 3 of 5
356	58 Wilcox Ave - Refinish Hardwood Floors	3,250	10	325	Year 3 of 10
357	58 Wilcox Ave - Materials to Refinish Floor	1,817	10	182	Year 3 of 10
358	64 Wilcox Ave - Paint Interior	4,200	5	840	Year 3 of 5
360	64 Wilcox Ave - Materials for Painting	792	10	79	Year 3 of 10
359	64 Wilcox Ave - Front Porch Improvements	3,200	15	213	Year 3 of 10
379	58 Wilcox Ave - Window Improvement	1,000	15	67	Year 3 of 15
380	68 Wilcox Ave- Building	125,279	30	3,480	Year 2 of 30
381	68 Wilcox Ave - Mortar Joints	3,000	5	350	Year 2 of 5
382	68 Wilcox Ave - Repair Walls	11,054	5	1,105	Year 2 of 5
				<u>20,558</u>	Page 29, Line 39

Moveable Equipment:

334	3 Salon Chairs	599	7	86	Year 4 of 7
336	Donated Buick Century	3,500	5	700	Year 4 of 5
369	64 Wilcox Ave - Refrigerator and Stove	1,377	10	138	Year 3 of 10
422	58 Wilcox Ave - Electric Range	854	10	-	Year 1 of 10
423	64 Wilcox Ave - Refridgerator	550	10	5	Year 1 of 10
				<u>928</u>	Page 29, Line 35

Marketing Depreciation Disallowance

Moveable Equipment:

407	Decker Creative Marketing - Website	9,250	5	771	Year 1 of 5
				<u>1,699</u>	Page 29, Line 35

Roofing Project Depreciation Disallowance

Asset #	Description	Cost	Life	Depreciation
384	Roof/Chimney Project	2,314,705		
	Approved Amount	<u>2,000,000</u>		
	Excess amount to be disallowed	314,705	20	15,735 Year 1 of 20
386	Flat Roof	90,100	10	<u>4,505</u> Year 1 of 10
				20,240

F. Statement of Revenue

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,574,725	3,052,985		1,521,740		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,686,485)	(1,351,824)		(334,661)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 276,000	276,000				
b. Medicare Room and Board Contractual Allowance **	\$ (174,517)	(174,517)				
4. a. Private-Pay Residents and Other	\$ 1,536,714	794,735		741,979		
b. Private-Pay Room and Board Contractual Allowance **	\$ (216,128)	(22,697)		(193,431)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 29,334	29,334				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 444	444				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 440,945	440,945				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 5,975	5,975				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (13,715)	(13,715)				
4. a. Speech Therapy - Medicare	\$ 33,620	33,620				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 290,072	290,072				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 7,690	7,690				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (317,448)	(317,448)				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 4,787,226	3,051,599		1,735,627		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 10,296	4,139		6,157		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 907	365		542		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 15,518	6,238		9,280		
8. Other (<i>Specify</i>)	\$ 2,721,757	1,094,146		1,627,611		
V. Total Other Revenue (1 thru 8)	\$ 2,748,478	1,104,888		1,643,590		
VI. Total All Revenue (III +V)	\$ 7,535,704	4,156,487		3,379,217		

* 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	Residential Care Home
30, line II 6a	MED A XRAY REV	\$ 2,093		
30, line II 6a	MED A LAB REV	\$ 1,930		
30, line II 6a	MED B LESS CONT. ADJ	\$ (321,471)		
Total Other Resident Revenue - Medicare		\$ (317,448)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 Line IV 5	INTEREST; CHECKING		\$ 365		\$ 542
Total Interest Income			\$ 365	\$ -	\$ 542

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, line IV 8	Investment Income	\$ 254,138		\$ 378,047
30, line IV 8	Divident/Rebate Income	\$ 14,909		\$ 22,178
30, line IV 8	Capital Gain/(Loss)	\$ 77,602		\$ 115,439
30, line IV 8	Unrealized (Gain)/Loss	\$ 717,780		\$ 1,067,742
30, line IV 8	Bank Fee	\$ (18,293)		\$ (27,211)
30, line IV 8	Memorial Contributions	\$ 257		\$ 383
30, line IV 8	Deceased Residents Balance	\$ 5		\$ 8
30, line IV 8	Prior Year Revenue	\$ (7,614)		\$ (11,327)
30, line IV 8	Rev- RCH - OTC Drugs	\$ 1,906		\$ 2,835
30, line IV 8	Miscellaneous Income - Disallowed	\$ 1,335		\$ 1,987
30, line IV 8	Carr - House Day Care Rent	\$ 21,883		\$ 32,552
30, line IV 8	Rental Income	\$ 30,237		\$ 44,979
Total Other Revenue		\$ 1,094,146	\$ -	\$ 1,627,611

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	220,820
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	260,429
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	19,494
4. Inventories			\$	
5. Prepaid Expenses			\$	35,599
a. Prepaid Expenses	35,599			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	66,287
Resident Assets Held	55,640			
Master Plan	10,647			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	602,629
B. Fixed Assets				
1. Land			\$	161,318
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>11,156,321</u>		\$	5,358,565
	Accum. Depreciation <u>5,797,756</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>56,263</u>		\$	21,567
	Accum. Depreciation <u>34,696</u>	Net		
6. Movable Equipment	*Historical Cost <u>2,551,186</u>		\$	414,728
	Accum. Depreciation <u>2,136,458</u>	Net		
7. Motor Vehicles	*Historical Cost <u>77,230</u>		\$	32,901
	Accum. Depreciation <u>44,329</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	159,721
Construction in Progress	159,721			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	6,148,800

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	6,751,429
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	27,860,536
Investments	27,860,536			
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	206,585
North Haven Project	206,585			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	28,067,121
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	34,818,550

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

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
The Bradley Home		2157-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	158,303
2. Notes Payable (<i>itemize</i>)				\$	256,705
Current Portion of Collinsville Savings Society Loan				242,222	
Current Portion of Eversource Lighting Loan				14,483	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	24,142
Name of Lender		Purpose	Amount	Date Due	
Mobility Works		Van	8,002	12/10/21	
US Bank		Phone	16,140	01/30/20	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	238,343
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	26,735
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	309,757
Residents' Assets on Deposit		55,640	Due to Third Party Payor	80,679	
Accrued Employee Pension		93,951			
Accrued Expenses, Other		26,726			
Nursing Home User Fee		52,761	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,013,985

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,013,985
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 22,388
Name of Lender	Purpose	Amount	Date Due	
Mobility Works	Van	18,353	12/10/21	
US Bank	Phone	4,035	1/30/20	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,414,360
Collinsville Savings Loan		2,401,084		
Eversource Lighting Upgrade Loan		13,276		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,436,748
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,450,733

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	31,466,405
6. Gain or Loss for Period			\$	(98,588)
				10/1/2017 thru 9/30/2018
7. Total Net Worth			\$	31,367,817
C. Total Reserves and Net Worth			\$	31,367,817
D. Total Liabilities, Reserves, and Net Worth			\$	34,818,550

H. Changes in Total Net Worth

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	31,466,303
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,535,704
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	(7,634,292)
D. Net Income or Deficit			\$	(98,588)
E. Balance			\$	31,367,715
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	31,367,715

I. Preparer's/Reviewer's Certification

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address Address			Phone Number	
2 Enterprise Dr, Suite 302, Shelton, CT 06484			203-944-2100	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
gthomas@blumshapiro.com				