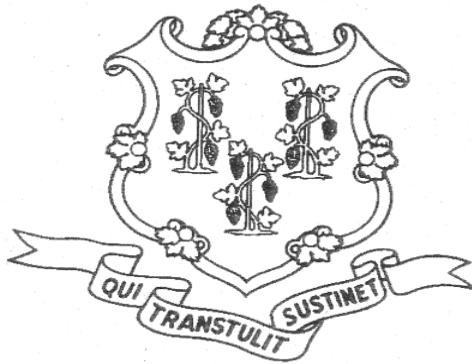


# State of Connecticut



# Annual Report of Long-Term Care Facility

## Cost Year 2022

Name of Facility (as licensed) Hartford Hospital d/b/a Jefferson House	
Address (No. & Street, City, State, Zip Code) 1 John H. Stewart Drive, Newington, CT 06111	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 993-C	RHNS	Other	Medicare Provider 07-5293
------------------	---------------	------	-------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

## For Department Use Only

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

**General Information**

Name of Facility (as licensed) Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	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 Hartford Hospital d/b/a Jefferson House [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Susan Vinal		Printed Name (Owner)		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Hartford Hospital d/b/a Jefferson House	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 1 John H. Stewart Drive, Newington, CT 06111				
Report Prepared By Kelli Hyland	Phone Number 860-351-3617	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
<b>6. Total Wages Paid</b>	<b>\$</b>			
7. Total salaries paid	\$			
<b>8. Total Wages and Salaries Paid (As per page 10 of Report)</b>	<b>\$</b>			

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	Report for Year Ended	Page	of
860-667-4453	9/30/2022	2	37

Name of Facility (as shown on license) Hartford Hospital d/b/a Jefferson House	Address (No. & Street, City, State, Zip) 1 John H. Stewart Drive, Newington, CT 06111		
License Numbers: CCNH 993-C	RHNS	Other	Medicare Provider No. 07-5293

Type of Facility (Check appropriate box(es))

Chronic and Convalescent  
 Nursing Home only (CCNH)       Rest Home with Nursing  
 Supervision only (RHNS)       Other

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 Susan Vinal	Nursing Home Administrator's License No.: 001692
--------------------------------------	---

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

Name	License No.:

## **General Information and Questionnaire Partners/Members**

# **General Information and Questionnaire Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

## **General Information and Questionnaire**

### **Related Parties\***

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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?			<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
See attached listing.		<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"/>				

\* 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 Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <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 checked="" type="radio"/> Yes <input type="radio"/> No	If "No," explain fully why such allocation was not made.
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.		

## 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	
Hartford Hospital d/b/a Jefferson House		993-C		9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers	Description of Items Leased				Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No						
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	6 Ricoh copier printers	11/20/17- 11/20/22	60 months	972		972	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F for Skytop (CHA disallowed)	12/1/19- 11/30/24	60 months	411		411	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F	12/10/19- 12/9/24	60 months	432		432	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F for Skytop (CHA disallowed)	3/9/20-3/8/25	60 months	411		411	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/21-12/31/21	12 months	8,580		715	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/22-12/31/22	12 months	8,580		5,720	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM8000 (1), IMC4500 (2), MP4055 (1) & P8000 (4)	5/25/21-5/24/26	60 months	9,258		9,258	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Printer for DR Computer	1/13/21-1/12/26	60 months	65		65	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM550F	9/1/21-8/31/26	60 months	675		675	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F B/W MFP CHA bridge (disallow)	8/28/20-8/27/25	60 months	411		411	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

No

**Total \*\*\***

19,070

\* 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.



Jefferson House

75 Jefferson St  
Hartford CT 06102  
United States

## Purchase Order

Page 1 of 2

Dispatch via Phone		
Purchase Order	Date	Revision
2001025320	05/25/2021	
Payment Terms	Freight Terms	Ship Via
Net 15	FOB Destination	Common Car
Buyer/Email	Phone	Currency
Sandra Byrnes	860/972-5813	USD
Sandra.Byrnes@hhchealth.org		
AP-BU	Customer Account No.	
10120		

**Supplier:** 1000071759  
WELLS FARGO FINANCIAL LEASING INC  
RICOH USA  
PO BOX 41564  
PHILADELPHIA PA 19101

**Ship To:** Jefferson House  
1 John H Stewart Drive  
Newington CT 06111  
United States

**Bill To:** EMAIL INVOICES TO AP@HHCHEALTH.ORG  
JEFFERSON HOUSE ACCTS PAYABLE  
P O BOX 5037  
HARTFORD CT 06102-5037  
United States

Tax Exempt? Y Tax Exempt ID: E-02092

Line-Sch	Item/Description	Mfg ID	Replenishment Option: Standard			
			Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	Jefferson Ricoh Attn: Susan Vinal		1.00 EA	3,372.60	3,372.60	05/25/2021
				<b>Schedule Total</b>	<u>3,372.60</u>	
				<b>Item Total</b>	<u>3,372.60</u>	

5/25/21, MBILSKI, EMAILED PO & QUOTE TO MELVIN, GARY & JOSEPH

20 QUARTERLY PAYMENTS OF \$168.63

DEPT: 10120-721030-200010

**SHIP TO:**  
Jane Hollman / Robert Pettinicchi  
HHC Jefferson House  
1 John H. Stewart Dr.  
Newington, CT 06111

(Qty. 1) Ricoh IM 550F B/W MFP (replaces Ricoh MP301 in Burnham Nurse Station)  
Copy, print, scan, fax  
50 pages per minute  
1 - 500 Sheet Paper Tray  
Desktop Model

Replaces: Ricoh MP 301 139196996 W916PA03965 C91098848

Quarterly billing in arrears for equipment. Usage charge at \$0.0051 per B/W image, billable in arrears.

Minimum Agreement: 60 months Minimum Quarterly Payment: \$168.63

Sales Tax Exempt: Yes  
Wells Fargo Leasing

Notwithstanding anything set forth herein, this Purchase Order constitutes a "Schedule" under the Master Lease Agreement Number 1033320 (together with any amendments, attachments and addenda thereto, the "Lease Agreement"), between Hartford HealthCare Corporation, as customer or lessee ("Customer" or "you"), and Ricoh USA, Inc. ("we" or "us"). All terms and conditions of the Lease Agreement are incorporated into this Schedule and made a part hereof. It is the intent of the parties that this Schedule be separately enforceable as a complete and independent agreement, independent of all other Schedules to the Lease Agreement. The equipment described above shall be referred to herein as the "Product". The "Ship To" location set forth above shall be the Product location address. The following is the Payment (as defined in the Lease Agreement) information for the Product:

### TERMS AND CONDITIONS

1. The first Payment will be due on the Effective Date (as defined in the Lease Agreement).
2. You, the undersigned Customer, have applied to us to rent the above-described Product for lawful commercial (non-consumer) purposes. **THIS IS AN UNCONDITIONAL, NON-CANCELABLE AGREEMENT FOR THE MINIMUM TERM INDICATED ABOVE.** If we accept this Schedule, you agree to rent the above Product from us, and we agree to rent such Product to you, on all the terms hereof, including the terms and conditions on the Lease Agreement. **THIS WILL ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS SCHEDULE AND THE LEASE AGREEMENT AND HAVE RECEIVED A COPY OF THIS SCHEDULE AND THE LEASE AGREEMENT**

Authorized Signature

*Sandra Byrnes*



Jefferson House

75 Jefferson St  
Hartford CT 06102  
United States

## Purchase Order

Page 2 of 2

Dispatch via Phone		
<b>Purchase Order</b>	<b>Date</b>	<b>Revision</b>
2001025320	05/25/2021	
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
Net 15	FOB Destination	Common Car
<b>Buyer/Email</b>	<b>Phone</b>	<b>Currency</b>
Sandra Byrnes	860/972-5813	USD
Sandra.Byrnes@hhchealth.org		
<b>AP-BU</b>	<b>Customer Account No.</b>	
10120		

**Supplier:** 1000071759  
WELLS FARGO FINANCIAL LEASING INC  
RICOH USA  
PO BOX 41564  
PHILADELPHIA PA 19101

**Ship To:** Jefferson House  
1 John H Stewart Drive  
Newington CT 06111  
United States

**Bill To:** EMAIL INVOICES TO AP@HHCHEALTH.ORG  
JEFFERSON HOUSE ACCTS PAYABLE  
P O BOX 5037  
HARTFORD CT 06102-5037  
United States

Tax Exempt? Y Tax Exempt ID: E-02092

Line-Sch	Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt	Due Date
Total PO Amount						3,372.60

Please email order confirmations to [PurchasingAssistants@hhchealth.org](mailto:PurchasingAssistants@hhchealth.org)

SEND INVOICES TO AP@HHCHEALTH.ORG. Supplier agrees to review HHC's policies and procedures along with terms and conditions at:  
<https://hartfordhealthcare.org/about-hartford-healthcare/the-office-of-compliance-audit-and-privacy>.

Invoices must include Purchase Order numbers in order to be paid in a timely manner.

Authorized Signature

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility Hartford Hospital d/b/a Jefferson H	License No. 993-C	Report for Year Ended 9/30/2022	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 Ernst & Young 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Asylum St., Hartford, CT
---	---

**Services Provided by This Firm (*describe fully*)**

1	Audit Fees - part of Hartford Hospital's audit and paid for by Hartford Hospital	\$
2		\$
3		\$
4		\$
	Charge for Services Provided	
		\$

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

Yes       No

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 State of Connecticut	860-655-1285
2 State of Connecticut	860-655-1285
3	
4	
5	

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

1 c/o Newington Probate Court, 66 Cedar St. Newington, CT 06111  
2 c/o Newington Probate Court, 66 Cedar St. Newington, CT 06111  
3  
4  
5

**Services Provided by This Firm (*describe fully*)**

1	Voluntary Conservatorship - disallow	\$	258
2	Voluntary Conservatorship hearing fee - disallow	\$	10
3	Other Jefferson House's legal fees are included in Hartford HealthCare system fees.	\$	
4		\$	
5		\$	

### Are These Charges Reflected

### Expenditure Portion of

## Schedule of Resident Statistics

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-C			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity					104	104						
A. On last day of PREVIOUS report period	104	104										
B. On last day of THIS report period	104	104							104	104		
2. Number of Residents					94	94						
A. As of midnight of PREVIOUS report period	94	94										
B. As of midnight of THIS report period	99	99							99	99		
3. Total Number of Days Care Provided During Period					3,187	3,187						
A. Medicare	4,504	4,504							1,317	1,317		
B. Medicaid (Conn.)	20,269	20,269			15,474	15,474			4,795	4,795		
C. Medicaid (other states)												
D. Private Pay	6,052	6,052			4,281	4,281			1,771	1,771		
E. State SSI for RCH												
F. Other (Specify) Mgd Care, WC, Mgd Medicare	3,669	3,669			2,834	2,834			835	835		
G. Total Care Days During Period (3A thru F)	34,494	34,494			25,776	25,776			8,718	8,718		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	6	6			6	6						
B. Other Bed Reserve Days	348	348			248	248			100	100		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	<b>34,848</b>	<b>34,848</b>			<b>26,030</b>	<b>26,030</b>			<b>8,818</b>	<b>8,818</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	Other
	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	Other	R.C.H.	ICF-MR
No. of Residents	16	52		31				
Per Diem Rate								
a. One bed rm.	PDPM	300.00		550.00				
b. Two bed rms.				520.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	Other
	2,228	1,846		382
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	85	85		
C. Other	20,128	19,516		612
<b>D. Total Physical Therapy Treatments</b>	<b>22,441</b>	<b>21,447</b>		<b>994</b>

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	360	338	22
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	20	20	
C. Other	1,121	1,121	
<b>D. Total Speech Therapy Treatments</b>	<b>1,501</b>	<b>1,479</b>	<b>22</b>

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	833	833	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	115	115	
C. Other	18,770	18,750	20
<b>D. Total Occupational Therapy Treatments</b>	<b>19,718</b>	<b>19,698</b>	<b>20</b>

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		993-C	9/30/2022		10
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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	151,283	2,086			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	373,767	14,630			
5. Dietary Service					
a. Head Dietitian	82,839	2,594			
b. Food Service Supervisor					
c. Dietary Workers	569,589	31,956			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	249,815	15,094			4,103
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	63,332	1,546			1,040
b. Other Maintenance Workers	106,069	5,487			1,742
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
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	246,055	4,171			
b. RN					
1. Direct Care	2,470,459	54,673			
2. Administrative**	523,428	10,620			
c. LPN					
1. Direct Care	401,167	11,322			
2. Administrative**					
d. Aides and Attendants	2,434,018	111,758			
e. Physical Therapists	12,180	200			564
f. Speech Therapists					9
g. Occupational Therapists					
h. Recreation Workers	180,823	6,433			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists	143,513	2,084			
l. Podiatrists					
m. Social Workers/Case Management	310,500	7,776			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	226,999	4,038			2,189,604
A-13. Total Salary Expenditures	8,545,836	286,469			61,244
					61,616

\* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES COMMUNITY NETWORK ADMIN					\$ 123,777	934
SALARY AND WAGES CENTER FOR HEALTHY AGING					\$ 1,666,663	46,541
SALARY AND WAGES GOOD LIFE FITNESS					\$ 276,356	12,014
PTO ACCRUAL - FRINGE BENEFITS DEPT	\$ 21,987				\$ 871	
SALARY RECLASS GRANT ADMIN					\$ 121,937	1,755
SALARY AND WAGES HEALTH INFO MGMT	\$ 48,421	1,588				
SALARY RECLASS EMPLOYEE HEALTH	\$ 13,719	828				
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION	\$ 142,872	1,622				
<b>Total</b>	<b>\$ 226,999</b>	<b>4,038</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 2,189,604</b>	<b>61,244</b>

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

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 Hartford Hospital d/b/a Jefferson House			License No. 993-C		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No 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	
Hartford Hospital d/b/a Jefferson House			993-C		9/30/2022			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	Other							
<b>Section III - Administrators***</b>										
Susan Vinal	151,283			Non-discriminatory except for bonus	Administrator - Management of Facility	2,086	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>					
1. Dietitian					
2. Dentist	9,417	45			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	470,477	9,113			21,805
b. Other					422
6. Social Worker					
7. Recreation Worker	2,415	15			
8. Physicians					
a. Medical Director (entire facility)	48,600	324			
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)					
9. Speech Therapist					
a. Resident Care	74,626	1,180			1,110
b. Other					18
10. Occupational Therapist					
a. Resident Care	579,966	10,986			589
b. Other					11
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	125,395	1,647			
2. Administrative***	16,805	2,191			
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	39,339	726			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,367,040	26,227			23,504
					451

\* 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 Hartford Hospital d/b/a Jefferson House		License No. 993-C	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Healthdrive Dental	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford HealthCare Rehab Network	Therapy	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford HealthCare Medical Group	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford HealthCare Independence at Home	CNAs	<input checked="" type="radio"/>	<input type="radio"/>			
Country Quilt Llama Farm LLC	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
John J. Brighenti	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
John Paolillo	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
John W Bunker	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Maggie Carchrie	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Mary Morse	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Paul Shlien	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Tom Alvord	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Tom Stankus	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Harmony Healthcare	MDS consulting	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network	Agency labor	<input type="radio"/>	<input checked="" type="radio"/>			
Shiftwise	Agency labor	<input type="radio"/>	<input checked="" type="radio"/>			
Origin Incorporated	Agency labor	<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.

\*\* 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
	993-C	9/30/2022		15	37
Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	10,000	7,955		2,045
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	766,017	609,357		156,660
5. Health Insurance	\$	1,527,251	1,212,491		314,760
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	639,042	508,350		130,692
8. Uniform Allowance	\$	(1,386)	381		(1,767)
9. Other ( <i>Specify</i> ) See Attached Schedule	\$	101,756	14,217		87,539
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	122,337	122,337		
d. Accounting and Auditing	\$				
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	268	268		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$	56,466	45,859		10,607
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$				
2. Cellular Phones	\$	13,983	4,615		9,368
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$	566,321	566,321		
<b><i>Subtotal</i></b>	\$	<b>3,802,055</b>	<b>3,092,151</b>		<b>709,904</b>

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Other
BACKGROUND VERIFICATIONS ADMIN & GENERAL	\$ 9,244		\$ 2,377
BACKGROUND VERIFICATIONS EMPLOYEE HEALTH	\$ -		\$ 896
BACKGROUND VERIFICATIONS HR TALENT ACQUISITION	\$ -		\$ 17,820
HSA ER CONTRIBUTION			\$ 60,667
STUDENT DEBT CONTRIBUTION EXP FRINGE BENEFITS	\$ 1,939		\$ 498
TUITION ASSISTANCE ADMIN AND GENERAL	\$ 648		\$ 167
TUITION ASSISTANCE NURSING CERTIFIED NURSING ASS	\$ 2,386		\$ 614
TUITION ASSISTANCE CENTER FOR HEALTHY AGING			\$ 4,500
<b>Total</b>	<b>\$ 14,217</b>	<b>\$ -</b>	<b>\$ 87,539</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	Other
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	Other
<b><i>Subtotals Brought Forward:</i></b>	3,802,055	3,092,151		709,904
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 12,677	12,677		
2. Holiday Parties for Staff	\$ 3,695	3,695		
3. Gifts to Staff and Residents	\$ 8,649	8,090		559
4. Employee Travel	\$ 58,913	3,445		55,468
5. Education Expenses Related to Seminars and Conventions	\$ 7,145	4,973		2,172
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 5,599	5,599		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
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	\$ 37,627			37,627
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,813	4,432		1,381
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 21,135	20,250		885
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 591	16		575
10. Contributions*** See Attached Schedule	\$ 20,000			20,000
11. Services Provided by Contract ( <i>Specify and Complete     Schedule C-2, Page 21 for each firm or individual</i> )	\$ 71,189	71,189		
12. Administrative Management Services**	\$ 1,318,824	1,246,824		72,000
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 702,034	32,947		669,087
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	<b>\$ 6,075,946</b>	<b>4,506,288</b>		<b>1,569,658</b>

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	Other
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	Other
ADVERTISING- MARKETING & ADVERTISING DISALLOWED			\$ 2,195
PROMOTIONAL EVENTS ADMIN & GENERAL DISALLOWED			\$ 458
PROMOTIONAL EVENTS CENTER FOR HEALTHY AGING DISALLOWED			\$ 196
ADVERTISING - CENTER FOR HEALTHY AGING DISALLOWED			\$ 34,780
PACKAGING HEALTH INFO MANAGEMENT			\$ (238)
DIGITAL PRINT CHARGES - DISALLOWED			\$ 236
<b>Total Other Advertising</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 37,627</b>

**Schedule of Dues**

Description	CCNH	RHNS	Other
LEADING AGE	\$ 15,390		
CALTC 2022 dues	\$ 1,000		
TURENNE PHARMEDCO INC - Healthcare compliance regulations	\$ 1,620		
THE COMPLIANCE STORE	\$ 675		
CONNECTICUT ASSOC OF HEALTH CARE FACILITIES	\$ 350		
STATE OF CT - facility licensure application fee	\$ 960		
ALTCFM	\$ 255		
NCCDP RENEWAL - Michele Wyman (CHA)			\$ 145
CDP/GCM CERTIFICATION FEES - Deirdre Sommerer			\$ 340
IN SECOND WIND DREAMS - annual dues for dementia training			\$ 400
<b>Total Dues</b>	<b>\$ 20,250</b>	<b>\$ -</b>	<b>\$ 885</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Other
TOWN OF NEWINGTON DEPT OF HUMAN SERVICES DISALLOWED			\$ 20,000
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,000</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Other
MERCHANT FEES DISALLOWED			\$ 7,271
CASH DISCOUNTS ACCOUNTING GENERAL	\$ -		\$ (1,181)
LATE FEES FINANCE ADMIN - DISALLOWED			\$ 622
PARTICIPATION FEES CENTER FOR HEALTHY AGING - DISALLOWED			\$ 699
FACILITY RENT/LEASE (SPACE) CENTER FOR HEALTHY AGING - DISALLOWED			\$ 544
STORAGE RENT/LEASE HEALTH INFO MGMT	\$ 2,837		
STORAGE RENT/LEASE ADMIN & GENERAL	\$ 3,946		
CABLE TV/INTERNET	\$ 13,806		
RECLASSIFIED 2020 CALTC DUES AND DISALLOWED			\$ 1,000
PURCHASED SERVICE OUTSOURCED DISALLOWED			\$ 808
PURCHASED SERVICE OUTSOURCED DISALLOWED			\$ 51
LEASED EQUIPMENT DISALLOWED-PRIOR YEAR	\$ 309		
ELEVATOR LICENSE	\$ 240		
NON-OPERATING BANK FEES FUND DEPT DISALLOWED			\$ 200,480
SPONSORSHIPS FUND DEPARTMENT DISALLOWED			\$ 394,309
INTERNAL SPONSOR EXP AFFILIATE FUND DEPT DISALLOWED			\$ 58,887
INTERNAL SPONSOR EXP AFFILIATE GRANT ADMIN DISALLOWED			\$ 182,534
SPONSORSHIPS GRANT ADMINISTRATION DISALLOWED			\$ (182,534)
OTHER FEES HR TALENT ACQUISITION DISALLOWED			\$ 16
PENALTIES ADMIN AND GENERAL DISALLOWED			\$ 5,769
LATE FEES ADMIN GENERAL DISALLOWED			\$ (259)
LATE FEES NURSING RN ADMINISTRATION DISALLOWED			\$ 71
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL DISALLOWED	\$ 384		
MAINT & REPAIR - IT EQUIP/SOFT ADMIN AND GENERAL DISALLOW	\$ 10,000		
MAINT & REPAIR - IT EQUIP/SOFT ADMIN AND GENERAL DISALLOW	\$ 1,425		
<b>Total Other Administrative and General</b>	<b>\$ 32,947</b>	<b>\$ -</b>	<b>\$ 669,087</b>

**Schedule C-1 - Management Services\***

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 17   37 of
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 #
Hartford HealthCare & Hartford HealthCare Senior Services	1,246,824	Contracting and Management	p 16 1m12
Morrison Community Living	666,435	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p 18 2a1,2a2, 2a3,& 2b
Crothall Healthcare	107,234	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p 20 4a1 & 4b

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

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 334,439	334,439		
2. Non-Food Supplies	\$ 127,308	121,183		6,125
3. Other (Specify) _____	\$ 23,381	28,887		(5,506)
	In House food for depts and non-residents - disallowed			100% Self-disallowed
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 181,307	181,307		
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 666,435</b>	<b>665,816</b>		<b>619</b>
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*	284	284		
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	included below
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30IV1
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$9,087
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30IV1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. 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.

2K: Revenue for the other unallowable level of care.

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	Other
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> ) (Complete Schedule C-2 att. Page 21)	\$	248,334	248,334		
c. Other ( <i>Specify</i> )	\$				
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	\$	248,334	248,334		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
K. 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 3D.

\*\*\* 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 Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel	75,869	74,643		1,226
a. In-House Care	Amt. \$	109,593	107,822		1,771
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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	75,869	74,643		1,226
	Amt. \$	68,776	67,665		1,111
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	<b>178,369</b>	<b>175,487</b>		<b>2,882</b>
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare of CT	\$	293,729	293,729		
b. Medicine Cabinet Drugs	\$	20,759	20,759		
c. Medical and Therapeutic Supplies	\$	360,123	353,695		6,428
d. Ambulance/Limousine***	\$	4,092	4,092		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	30,074	30,074		
f. X-rays and Related Radiological Procedures***	\$	30,934	30,934		
g. Dental ( <i>Not dentists who should be included under             salaries or fees</i> )	\$				
h. Laboratory***	\$	76,038	76,038		
i. Recreation	\$				
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	20,504	518		19,986
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>836,253</b>	<b>809,839</b>		<b>26,414</b>

\* 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	Other
PATIENT/RESIDENT RELATIONS NURSING RN ADMIN			\$ (14)
PATIENT/RESIDENT RELATIONS RECREATIONAL THERAPY	\$ 513		
HHCRN PT Mgmt fees 690090-409050 and 611020-409510 from p 13 line B5 - disallowed			\$ 20,000
HEALTHDRIVE MOBILE AUDIOLOGY DISALLOWED	\$ 5		
<b>Total Other Resident Care</b>	<b>\$ 518</b>	<b>\$ -</b>	<b>\$ 19,986</b>

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

\* 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).

## Schedule C-2 - Individuals or Firms Providing Services by Contract

Name of Individual or Company	Address	Related		Explanation of Relationship	Full Explanation of Service Provided	Total Cost/Page Ref.			Pg	Line	TOTAL
		Yes	No			CCNH	RHNS	Other			
Ability Network Inc	PO Box 856015 Minneapolis, MN 55485-6015		x		software			11,425	16	1m13	11,425
Able Electric Company	11 Northwood Drive Bloomfield, CT 06002		x		contractor - repairs & maintenance	10,146		207	22	6a	10,353
Barclay Water Management	55 Chapel St Suite 400, Newton, MA		x		water	12,092		247	22	6d	12,339
Bernstein-Magoon-Gay LLC	1836 New Britain Ave., Farmington, CT		x		laundry services	248,334			19	3b	248,334
CE Floyd	135 South Road Bedford, MA 01730		x		contractor - repairs & maintenance	12,322		251	16	1m3	12,573
Champion Maintenance Svcs, LLC	301 Commerce Drive Fairfield, CT 06825		x		contractor - repairs & maintenance	45,690		932	22	6a	46,622
Commercial Kitchens	290 Bic Drive Milford, CT 06461		x		contractor - repairs & maintenance	11,088		227	22	6a	11,314
Compumail Corp of CT	298 Captain Lewis Dr Southington, CT 06489		x		advertising postage			36,975	16	1m3	36,975
Connecticut Light & Power/Eversource	PO Box 56002, Boston, MA 02205-6002		x		electricity	70,324		1,435	22	6c	71,759
Connecticut Natural Gas Corp	PO Box 9245, Chelsea, MA 02150-9245		x		gas	22,670		463	22	6b	23,132
Cox Communications	P.O. Box 39, Newark, NJ 07101-0039		x		cable TV	13,806			16	1m13	13,806
Crothall Healthcare	13028 Collection Center Drive, Chicago, IL 60693		x		Housekeeping management of staff, support, supplies purchase, quantity discount	105,090		2,145	20	4a1 & 4b	107,235
CWPM LLC	PO Box 415, Plainville, CT 06062		x		waste removal	74,134		1,513	22	6f	75,647
Engie North America	1990 Post Oak Boulevard, Suite 1900, Houston, TX 77056-3831		x		electricity	65,025		1,327	22	6c	66,352
Harmony Healthcare International Inc.	430 Boston St., Suite 104, Topsfield, MA 01983		x		consulting	45,160			16	1m11	45,160
John DiDomenico	227 James St. Newington, CT 06111		x		snow removal	20,580		420	22	6f	21,000

Name of Individual or Company	Address	Related		Explanation of Relationship	Full Explanation of Service Provided	Total Cost/Page Ref.			Pg	Line	TOTAL
		Yes	No			CCNH	RHNS	Other			
Johnson Controls	PO Box 730068, Dallas, TX 75373		x		Repair & Maintenance Equipment	45,011		919	22	6a	45,930
Johnson Controls US Holdings LLC	429 Hayden Station Rd, Windsor, CT		x		fire alarms and simplex testing	14,157		289	22	6a	14,446
Karen Foster	PO Box 964 Glastonbury, CT 06033		x		interior consultant	35,476		724	22	6a	36,200
Mary Ellen Hobson	113 Blatchley Ave., Southington, CT 06489		x		C.N.A. training program - grant admin			43,200	16	1m13	43,200
The Metropolitan District	555 Main St., Hartford, CT 06103		x		water & sewer	72,455		1,479	22	6d	73,934
Morrison Community Living	Morrison Management Specialists, PO Box 102289, Atlanta, GA 30368-2289		x		Dietary staff management, support, food purchase, quantity management	671,354			18	2a1,2,3 and 2b	671,354
NOA Diagnostics	P.O. Box 17462, Baltimore, MD 21297-0518		x		x-rays	12,390			20	5f	12,390
O&C Enterprises	762 North Mountain Rd, Newington, CT		x		grounds maintenance	27,249		556	22	6f	27,805
Omnicare LLC	525 Knotter Drive Cheshire, CT 06410		x		consulting	45,147			20	6f	45,147
Prime Storage	PO Box 480, Saratoga Springs, NY 12866		x		storage	10,037		205	22	6f	10,242
Reliable Flooring Contractor LLC	102 Cherry Street East Hartford, CT 06108		x		contractor - repairs & maintenance	23,313		476	22	6a	50,770
RICOH USA Inc	300 Eagleview Blvd Exton, PA 19341		x		printer/copier rental	12,272		1,673	22	6e	13,945
Sprague Resources LLP	185 International Drive, Portsmouth, NH 03801		x		natural gas	59,378		1,212	22	6b	60,590
Stamm Construction Company	15 Holmes Road Newington, CT 06111		x		contractor - repairs & maintenance	23,313		476	22	6a	23,789
Starling Physicians PC	2110 Silas Deane Hwy, Rocky Hill, CT 06067		x		medical paid for by grant	13,513			16	1m13	13,513
Town of Newington	120 Cedar Street Newington, CT 06111		x		donation to senior center	20,000			16	1m10	20,000
Transportation General Inc	65 Industry Drive West Haven, CT 06516		x		transportation services	12,514			16	1L1	12,514
Wells Fargo Financial Leasing	PO Box 41564, Philadelphia, PA 19101-1564		x		printer rental	11,177		1,524	22	6e	12,701

2,002,496

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 364,341	356,451				7,890
b. Heat	\$ 87,246	85,836				1,410
c. Light & Power	\$ 142,111	139,815				2,296
d. Water	\$ 102,243	100,591				1,652
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 19,070	16,810				2,260
f. Other ( <i>itemize</i> )	\$ 155,032	152,526				2,506
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 870,043	852,029				18,014
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,297	8,163				134
b. Building & Building Improvements	\$ 385,427	379,199				6,228
c. Non-Movable Equipment	\$ 7,525	7,403				122
d. Movable Equipment	\$ 133,298	125,222				8,076
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 534,547	519,987				14,560
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (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	\$ 371					371
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 534,918	519,987				14,931

\* 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	Other
MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLAN	\$ 51,967		\$ 854
WASTE REMOVAL OPERATION OF PLANT	\$ 84,891		\$ 1,394
STORAGE RENT/LEASE OPERATION OF PLANT	\$ 10,076		\$ 166
PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT	\$ 5,315		\$ 87
Reclass Pitney Bowes Postage Machine from Leases 6e	\$ 277		\$ 5
Outpatient portion of expenses above are disallowed			
<b>Total Other Repairs and Maintenance</b>	<b>\$ 152,526</b>	<b>\$ -</b>	<b>\$ 2,506</b>

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### Depreciation Schedule

Name of Facility Hartford Hospital d/b/a Jefferson House				License No. 993-C			Report for Year Ended 9/30/2022				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	
<b>A. Land Improvements</b>												
1. Acquired prior to this report period				98,834		98,834	25,003		various	8,297		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
<b>A-4. Subtotal</b>											8,297	
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period				8,453,397		8,453,397	6,453,798		various	310,674		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				2,124,056		2,124,056				74,753		
<b>B-4. Subtotal</b>											385,427	
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period				1,100,590		1,100,590	1,079,428		various	6,783		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				9,576		9,576				742		
<b>C-4. Subtotal</b>											7,525	
	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								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Ram Quad Cab 2500 Turck 4x4	x		9	2004	34,166		34,166	34,166		4 years		
b. 2017 Ford E-350 Cutaway	x		1	2017	49,988		49,988	49,988		4 years		
c. 2019 E350 Van	x		2	2020	61,533		61,533	23,075		4 years	15,383	
d.												
2. Movable Equipment												
a. Acquired prior to this report period					2,302,980		2,302,980	1,883,707			115,992	
b. Disposals (attach schedule)					(42,624)			(42,624)				
Acquired during this report period (attach schedule):												
c. Administrative					8,175		8,175				395	
d. Standard Resident					34,306		34,306				1,528	
e. Specialized Resident												
Total Acquired during this report period					42,481		42,481				1,923	
<b>D-3. Subtotal</b>											133,298	
<b>E. Total Depreciation</b>											534,547	

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/28/2022	Hitchcock Reno Acoustel Ceiling	\$ 125,765	8	\$ 7,860
2/28/2022	Hitchcock Reno Resilient Floor	\$ 9,671	10	\$ 484
2/28/2022	Hitchcock Reno Doors/Windows	\$ 102,861	15	\$ 3,429
2/28/2022	Hitchcock Reno Drywall/Frame	\$ 230,567	15	\$ 7,685
2/28/2022	Hitchcock Reno Tile Floor	\$ 53,347	20	\$ 1,334
2/28/2022	Hitchcock Reno Concrete	\$ 14,294	20	\$ 357
2/28/2022	Hitchcock Reno Deck	\$ 16,827	8	\$ 1,052
2/28/2022	Hitchcock Reno Elect	\$ 191,637	20	\$ 4,784
2/28/2022	Hitchcock Reno Gen Const	\$ 767,747	15	\$ 25,041
2/28/2022	Hitchcock Reno HVAC	\$ 57,708	15	\$ 1,924
2/28/2022	Hitchcock Reno Millwork	\$ 174,736	15	\$ 5,824
2/28/2022	Hitchcock Reno Plumbing	\$ 132,192	25	\$ 2,644
4/30/2022	Windows, Exterior	\$ 202,338	10	\$ 10,117
4/30/2022	LeD Lighting Upgrade Interior	\$ 44,366	10	\$ 2,218
<b>Total additions for Building Improvements</b>		\$ 2,124,056		\$ 74,753
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/28/2022	Hitchcock Reno Card Reader	\$ 1,311	5	\$ 131
2/28/2022	Hitchcock Staff Bathroom Cabinets	\$ 3,222	15	\$ 107
2/28/2022	Med Room Access	5043	5	504

<b>Total additions for Non-Movable Equipment</b>	\$ 9,576		\$ 742	23 24
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>	\$ -		\$ -	**

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life		Depreciation
		Movable Category		do n	*	
<b>Additions:</b>						
1/31/2022	Undercounter Dishwasher	Administrative	\$ 4,270	10	\$ 214	
2/28/2022	Bench Upholstered 36x18x18	Standard Resident	\$ 1,833	15	\$ 61	
2/28/2022	File Cabinet 36x18x30	Administrative	\$ 565	20	\$ 14	
2/28/2022	Recliners 31x42x45	Standard Resident	\$ 11,755	10	\$ 588	
2/28/2022	Table 84x36x30	Standard Resident	\$ 1,642	15	\$ 55	
2/28/2022	Table End 22"	Standard Resident	\$ 1,331	15	\$ 44	
2/28/2022	Table Square 40"	Standard Resident	\$ 6,070	15	\$ 202	
3/31/2022	Dispenser, Ice/Water Symphony	Administrative	\$ 3,340	10	\$ 167	
	Blank - Do not delete this row due to formula column J					
4/30/2022	Device, Mobility, Rifton Tram	Standard Resident	\$ 11,558	10	\$ 578	
5/31/2022	Chair - Gunlocke moli chair - Adjustment	Standard Resident	\$ 117			
		PICK A CATEGORY				
<b>Total additions for Movable Equipment</b>			\$ 42,481		\$ 1,923	*
<b>Deletions:</b>						
1/31/2022	RADIATOR COVERS		\$ (464)			
1/31/2022	CART- FOOD SERVICE		\$ (944)			
1/31/2022	DISPOSAL		\$ (2,042)			
1/31/2022	FOOD SERVICE CART		\$ (1,114)			
1/31/2022	WINDOW VALANCE		\$ (38)			
1/31/2022	VERTICAL BLINDS		\$ (1,093)			
1/31/2022	RACKS & SHELVES		\$ (5,006)			
1/31/2022	GRIDDLE		\$ (1,530)			
1/31/2022	FOOD PROCESSOR		\$ (659)			
1/31/2022	S/S CARTS		\$ (1,420)			
1/31/2022	CARRIER AIR CONDITION		\$ (1,858)			
1/31/2022	BALLERT TRAINING ORTHOSES		\$ (325)			
1/31/2022	MAGNETIC APP SCHED BOARDS		\$ (2,707)			
1/31/2022	STORAGE CARTS		\$ (300)			
1/31/2022	CART 444		\$ (225)			
1/31/2022	B & H SLIDE PROJECTOR		\$ (675)			
1/31/2022	EXERCISE EQUIPMENT		\$ (857)			
1/31/2022	ELECTRICAL SAFETY ANALYZER		\$ (958)			
1/31/2022	TRAPEZE BARS W/FLOOR STAND		\$ (598)			
1/31/2022	TRAPEZE BAR WITH STAND		\$ (300)			
1/31/2022	TRAPEZE BARS W/STANDS		\$ (1,196)			
1/31/2022	HALOGEN - OTONSCOPE OPHTHALMOSC		\$ (350)			
1/31/2022	ADJUSTABLE SHOWER STRETCHER		\$ (650)			
1/31/2022	TRAPEZE BAR WITH STAND		\$ (304)			
1/31/2022	EAR THERMOMETER		\$ (465)			
1/31/2022	THERMOMETER - EAR		\$ (465)			
1/31/2022	THERMOMETER - EAR		\$ (465)			
1/31/2022	CHARTHOLDERS		\$ (1,246)			
1/31/2022	OTASCOPE/OPHTHALMOSCOPE		\$ (345)			
1/31/2022	MINI-DOPPLER		\$ (625)			
1/31/2022	SUCTION MACHINE		\$ (389)			
1/31/2022	ULTRASOUND ELECTROTHERAPY		\$ (3,234)			
1/31/2022	NEO-FLEX LAPTOP MOBILE		\$ (795)			
1/31/2022	LG TV 32" WALL MOUNTED		\$ (4,459)			
1/31/2022	LG TV 37" LD LCD		\$ (557)			
1/31/2022	COMPUTER, TOUCH SCREEN KIOSK 1		\$ (1,526)			
1/31/2022	LAPTOP LATITUDE XT3		\$ (2,440)			
<b>Total deletions for Movable Equipment</b>			\$ (42,624)		\$ -	**

\*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
<b>Additions:</b>				

					23 24
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -	*
<b>Deletions:</b>					
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -	**

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2





PICK A CATEGORY

Administrative

Standard Resident

ot delete this row

Specialized Resident

**Amortization Schedule\***

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-C		Report for Year Ended 9/30/2022			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
<b>B-4. Subtotal</b>									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Total Amortization</b>									

\* 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 Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?\*

Yes

No

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

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

Description	Total			
1. Date Land Purchased	10/24/78			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	104			
6. Square Footage	75,869			
7. Acquisition Cost				
a. Land	262,539			
b. Building	2,028,052			

##### Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

##### 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 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense (A1 - A4 + B5)</b>	\$					

(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
		9/30/2022			27	37
Item			Total	CCNH	RHNS	Other
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)		\$				
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	9,528	9,374			154
b. Insurance on Automobiles	\$	6,432	6,432			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	54,312	54,312			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	10,484	10,484			
Crime, EPL Retention						
<b>14d. Total Insurance Expenditures (14a + b + c)</b>	\$	80,756	80,602			154
<b>15. Total All Expenditures (A-13 thru C-14)</b>	\$	21,624,487	17,771,258			3,853,229

## **D. Adjustments to Statement of Expenditures**

Name of Facility Hartford Hospital d/b/a Jefferson House				License No. 993-C	Report for Year Ended 9/30/2022		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b><i>Page 10 - Salaries and Wages</i></b>							
1.	10	A12e	Outpatient Service Costs	\$ 564			564
2.	10	A6b.	Salaries not related to Resident Care	\$ 6,885			6,885
3.	10	A12g	Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,189,604			2,189,604
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 580,555	579,966		589
7.			Other - See attached Schedule	\$ 577,435	554,520		22,915
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 122,337	122,337		
10.			Accounting	\$			
10a.			Legal	\$ 268	268		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 11,183	1,815		9,368
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 10,752	4,973		5,779
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	1m3	Unallowable Advertising *	\$ 37,627			37,627
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 20,000			20,000
21.	16	1m12	Unallowable Management Fees	\$ 1,318,824	1,246,824		72,000
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,508,375	77,366		1,431,009
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 23,381	28,887		(5,506)
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 6,407,790	2,616,956		3,790,834

\* 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	Other
10	A12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 123,777
10	A12o	SALARY AND WAGES CENTER FOR HEALTHY AGING			\$ 1,660,646
10	A12o	SALARY RECLASS CENTER FOR HEALTHY AGING			\$ 6,017
10	A12o	SALARY AND WAGES GOOD LIFE FITNESS			\$ 276,356
10	A12o	PTO ACCRUAL - FRINGE BENEFITS DEPT			\$ 871
10	A12o	SALARY RECLASS GRANT ADMIN			\$ 121,937
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 2,189,604

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	CONTRACT LABOR-CLINICAL - ADMIN AND GENERAL - DENTAL	\$ 9,417		
13	B5A	PURCHASED SERVICES AFFILIATE - PHYSICAL THERAPIST	\$ 470,477		\$ 21,805
13	B9	PURCHASED SERVICES AFFILIATE - SPEECH THERAPIST	\$ 74,626		\$ 1,110
<b>Total Other Fees Adjustments</b>			\$ 554,520	\$ -	\$ 22,915

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1A1	WORKERS COMPENSATION PREMIUM DISALLOWED - OVER ACCRUED	\$ 7,955		\$ 2,045
15	1A4	BENEFITS RELATED TO OUTPATIENT THERAPY, CHA, GRANT ADMIN - FICA			\$ 156,660
15	1A5	BENEFITS RELATED TO OUTPATIENT THERAPY, CHA, GRANT ADMIN			\$ 314,760
15	1A7	BENEFITS RELATED TO OUTPATIENT - PENSION			\$ 130,692
15	1A8	BENEFITS RELATED TO OUTPATIENT - UNIFORMS			\$ (1,767)
15	1A9	OTHER EMPLOYEE BENEFITS RELATED TO OUTPATIENT - INCLUDING BACKGROUND CHECKS ADMIN DEPT			\$ 2,377
15	1A9	OTHER EMPLOYEE BENEFITS - PRE-EMPLOYMENT PHYSICALS			\$ 18,716
15	1A9	OTHER EMPLOYEE BENEFITS - H.S.A. ER CONTRIBUTIONS			\$ 60,667
15	1G	OFFICE SUPPLIES, PRINTING, MINOR EQUIPMENT RELATED TO OUTPATIENT			\$ 10,607
16	IL3	GIFTS IN EXCESS OF \$25 OR DISCRIMINATORY IN NATURE	\$ 8,090		\$ 559
16	IL4	TRAVEL - GOOD LIFE FITNESS, CENTER FOR HEALTHY AGING			\$ 55,468
16	IL5	STAFF DEVELOPMENT AND TRAINING MATERIALS CENTER FOR HEALTHY AGING			\$ 2,172
16	IM7	POSTAGE - CENTER FOR HEALTHY AGING			\$ 1,381
16	IM8	DUES & MEMBERSHIP CENTER FOR HEALTHY AGING			\$ 885
16	IM9	SUBSCRIPTIONS CENTER FOR HEALTHY AGING			\$ 575
16	IM11	CONSULTING ADMIN AND GENERAL - HARMONY HEALTHCARE	\$ 42,597		
16	IM13	MERCHANT FEES			\$ 7,271
16	IM13	CASH DISCOUNTS ACCOUNTING GENERAL			\$ (1,181)
16	IM13	LATE FEES FINANCE ADMIN			\$ 622
16	IM13	PARTICIPATION FEES CENTER FOR HEALTHY AGING			\$ 699
16	IM13	FACILITY RENT/LEASE (SPACE) CENTER FOR HEALTHY AGING			\$ 544
16	IM13	RECLASSIFIED 2020 CALTC DUES			\$ 1,000
16	IM13	RECLASSIFIED STARLING PHYSICIANS			\$ 808
16	IM13	RECLASS HEALTHDRIVE DENTAL			\$ 51
16	IM13	RECLASSIFIED FY 21 INVOICE FROM LEASED EQUIPMENT	\$ 309		
16	IM13	NON-OPERATING BANK FEES FUND DEPT			\$ 200,480
16	IM13	SPONSORSHIPS FUND DEPARTMENT			\$ 394,309
16	IM13	INTERNAL SPONSOR EXP AFFILIATE FUND DEPT			\$ 58,887
16	IM13	OTHER FEES HR TALENT ACQUISITION			\$ 16
16	IM13	PENALTIES ADMIN AND GENERAL			\$ 5,769
16	IM13	LATE FEES ADMIN & GENERAL			\$ (259)
16	IM13	LATE FEES NURSING RN ADMINISTRATION			\$ 71
16	IM13	CABLE TV NET OF \$7,200 ALLOWANCE	\$ 6,606		
16	IM13	PATIENT/RESIDENT RELATIONS - ADMIN - REPLACE PERSONAL BELONGINGS	\$ 384		
16	IM13	ABILITY NETWORK INVOICES	11,425		
18	2a2	SUPPLIES FOR NON-RESIDENTS			6125
<b>Total Other A&amp;G Adjustments</b>			\$ 77,366	\$ -	\$ 1,431,009

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility				License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.	Item Description	993-C	9/30/2022		29	37
					Total Amount of Decrease	CCNH	RHNS	Other
			Subtotals Brought Forward	\$ 6,407,790	2,616,956			3,790,834
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a2	Prescription Drugs	\$ 293,729	293,729			
28.	20	5d	Ambulance/Limousine	\$ 4,092	4,092			
29.	20	5f	X-rays, etc	\$ 30,934	30,934			
30.	20	5h	Laboratory	\$ 76,038	76,038			
31.	20	5c	Medical Supplies	\$ 360,123	353,695			6,428
32.	20	5e2	Oxygen (non emergency)	\$ 30,074	30,074			
33.	20	5L	Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 22,868				22,868
<b>Page 22 - Maintenance and Property</b>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,076				8,076
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 371				371
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 18,148				18,148
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.	27	14A	Property Insurance	\$ 154				154
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ 2,146,872	4,125,814			(1,978,942)
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 6,350				6,350
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ 9,405,619	7,531,332			1,874,287

\*\*\* 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	Other
20	4A	HOUSEKEEPING SUPPLIES OUTPATIENT			\$ 1,771
20	4B	HOUSEKEEPING PURCHASED SERVICES OUTPATENT			\$ 1,111
20	5L	HHC REHAB NETWORK MANAGEMENT FEES AND OPTIMA FEES - DISALLOWED			\$ 20,000
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT			\$ (14)
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ 22,868

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7D	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 252
22	7D	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 78
22	7D	DEP EXP - EQUIPMENT SYSTEM FEE GEN ALLOCATION			\$ 6
22	7D	DEP EXP - EQUIPMENT LAUNDRY			\$ 1
22	7D	DEP EXP - EQUIPMENT FACILITIES DEV SAFETY			\$ 8
22	7D	DEP EXP - EQUIPMENT NURSING SERVICE OFFICE			\$ 62
22	7D	DEP EXP - EQUIPMENT NURSING RN ADMIN			\$ 477
22	7D	DEP EXP - EQUIPMENT NURSING RN DIRECT CARE			\$ 10
22	7D	DEP EXP - EQUIPMENT SOCIAL WORK			\$ -
22	7D	DEP EXP - EQUIPMENT RECREATIONAL THERAPY			\$ 1
22	7D	DEP EXP - EQUIPMENT CENTER FOR HEALTHY AGING			\$ 6,020
22	7D	DEP EXP - EQUIPMENT ENVIRONMENTAL SERVICES GENERAL			\$ 11
22	7D	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,127
22	7D	DEP EXP - EQUIPMENT REHAB GENERAL			\$ 14
22	7D	DEP EXP - CAP LEASE EQUIP ENVIRONMENTAL SERVICES GEN			\$ 9
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 8,076

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6A	MAINT & REPAIR BUILDING OPERATION OF PLANT			\$ 3,776
22	6A	MAINT & REPAIR CENTER FOR HEALTHY AGING			\$ 21
22	6A	CLEANING & MAINT SUPPLIES GR ADMINISTRATION			\$ 58
22	6A	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 532
22	6A	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 330
22	6A	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 1,139
22	6A	MAINT & REPAIR - AUTO/LOGISTIC OPERATION OF PLANT			\$ 6
22	6A	MAINT & REPAIR - AUTO/LOGISTIC CENTER FOR HEALTHY AGING			\$ 5
22	6A	MEDICAL SUPPLY - OPERATION OF PLANT			\$ 173
22	6A	DUES & LICENSES - OPERATION OF PLANT			\$ 38
22	6A	MAINT & REPAIR- EQUIPMENT CENTER FOR HEALTHY AGING			\$ 1,982
22	6A	MINOR EQUIPMENT AND FURNISHINGS OPERATION OF PLANT			\$ (78)
22	6A	RECLASSED AUTO CLAIM REIMBURSEMENT			\$ (92)
22	6B	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 1,409
22	6B	HEATING OIL OPERATION OF PLANT			\$ 1
22	6C	ELECTRIC OPERATION OF PLANT			\$ 2,296

22	6D	WATER OPERATION OF PLANT			\$ 1,652	age 29
22	6E	LEASED - CINICAL EQUIPMENT REHAB			\$ 285	
22	6E	LEASED - OFFICE EQUIPMENT CENTER FOR HEALTHY AGING			\$ 1,975	
22	6F	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 854	
22	6F	WASTE REMOVAL OPERATION OF PLANT			\$ 1,394	
22	6F	STORAGE RENT/LEASE OPERATION OF PLANT			\$ 166	
22	6F	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 87	
22	6F	PITNEY BOWES POSTAGE MACHINE			\$ 5	
22	7A	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 134	
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 18,148	

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### Schedule of Other - Indirect Adjustments

Attachment Page 29

### Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	MISC OTHER OPERATING INCOME GRANT ADMIN			\$ 14,968
30	IV8	MISC OTHER OPERATING INCOME ADMIN AND GENERAL			\$ 34,760
30	IV8	MISC OTHER OPERATING INCOME FINANCE ADMIN	\$ 6,995,562		
30	IV8	MISC OTHR OPERATING INCOME EMERGENCY MANAGEMENT	\$ 39,934		
30	IV8	MISC OTHER OPERATING INCOME CENTER FOR HEALTHY AGING			\$ 3,020
30	IV8	MISC OTHER OPERATING INCOME HHC MISC CASH	\$ 6,000		
30	IV8	MISC OTHER OPERATING INCOME SENIOR SERVICES REVENUE	\$ (21,710)		
30	IV8	INCOME FROM RESTRICTED FUNDS FUND DEPT	\$ 21,017		
30	IV8	INVESTMENT INC - FUNDS HELD IN TRUST FINANCE ACCRUALS	\$ 1,852,099		
30	IV8	INVESTMENT INCOME FUND DEPT			\$ (2,031,690)
30	IV8	DIVIDEND INCOME FINANCE CORP TREASURY	\$ 26		
30	IV8	FREE BED INCOME	\$ 129,960		
30	IV8	INVESTMENT INCOME FINANCE ADMIN	\$ (6,928,394)		
30	IV8	INVESTMENT INCOME FINANCE ACCRUALS	\$ 2,031,690		
30	IV8	EQUIPMENT RENTAL	\$ (370)		
<b>Total Other Adjustments</b>			\$ 4,125,814	\$ -	\$ (1,978,942)

### **Schedule of Other - Direct Adjustments**

## **Schedule of Unallowable Building Interest**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7B	DEP EXP - BUILDING ADMIN & GENERAL			\$ 3,650
22	7B	DEP EXP - BUILDING OPERATION OF PLANT			\$ 2,578
22	7C	DEP EXP - NON MOVABLE EQUIPMENT			\$ 122

						age 29
<b>Total Unallowable Building Interest</b>		\$	-	\$	-	\$ 6,350

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	Other
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$	11,002,341	11,002,341			
b. Medicaid Room and Board Contractual Allowance **	\$	(4,843,111)	(4,843,111)			
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$	2,439,490	2,439,490			
b. Medicare Room and Board Contractual Allowance **	\$	452,728	452,728			
4. a. Private-Pay Residents and Other	\$	5,369,664	5,369,664			
b. Private-Pay Room and Board Contractual Allowance **	\$	232,808	232,808			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$	152,102	152,102			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(152,102)	(152,102)			
c. Prescription Drugs - Non-Medicare	\$	141,159	141,159			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(142,901)	(142,901)			
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	\$	401,917	389,441		12,476	
b. Physical Therapy - Medicare Contractual Allowance **	\$	(333,391)	(331,449)		(1,942)	
c. Physical Therapy - Non-Medicare	\$	440,202	420,099		20,103	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(307,164)	(313,096)		5,932	
4. a. Speech Therapy - Medicare	\$	78,545	76,548		1,997	
b. Speech Therapy - Medicare Contractual Allowance **	\$	(45,435)	(45,417)		(18)	
c. Speech Therapy - Non-Medicare	\$	61,267	61,267			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(29,283)	(29,283)			
5. a. Occupational Therapy - Medicare	\$	359,623	359,697		(74)	
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(331,820)	(331,813)		(7)	
c. Occupational Therapy - Non-Medicare	\$	403,485	402,881		604	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(303,958)	(304,327)		369	
6. a. Other ( <i>Specify</i> ) - Medicare	\$	(238)	(238)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$	115,010	(129,959)		244,969	
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$	15,160,938	14,876,529		284,409	
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$	9,087			9,087	
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$	(5,263,000)	(5,263,000)			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$	2,146,872	4,125,814		(1,978,942)	
<b>V. Total Other Revenue</b> (1 thru 8)	\$	(3,107,041)	(1,137,186)		(1,969,855)	
<b>VI. Total All Revenue</b> (III +V)	\$	12,053,897	13,739,343		(1,685,446)	

\* 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	Other
30 II6a	IP LAB SERVICES MEDICARE ANCILLARY SRV	\$ 28,211		
30 II6a	IP RADIOLOGY SERVICES MEDICARE ANCILLARY SRV	\$ 6,646		
30 II6a	IP LAB SERVICES PROF CA MEDICARE ANCILLARY SRV	\$ (28,212)		
30 II6a	IP RADIOLOGY SERV PROF CA MEDICARE ANCILLARY SRV	\$ (6,646)		
30 II6a	IP OTHER SERVICES MEDICARE ANCILLARY SRV	\$ (43)		
30 II6a	IP OTHER SERV PROF CA MEDICARE ANCILLARY SRV	\$ (194)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (238)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH	RHNS	Other
30 II6b	IP LAB SERVICES MGD MEDICARE ANCILLARY SRV	\$ 29,374		
30 II6b	IP LAB SERVICES ANTHEM ANCILLARY SRV	\$ 22		
30 II6b	IP LAB SERVICES UNITED/OXFORD ANCILLARY SRV	\$ 113		
30 II6b	IP RADIOLOGY SERVICES MANAGED MEDICARE ANCILLARY SRV	\$ 5,873		
30 II6b	IP RADIOLOGY SERVICES ANTHEM ANCILLARY SERVICES	\$ 391		
30 II6b	OP OTHER SERVICES SELF PAY CENTER FOR HEALTHY AGING			\$ 207,511
30 II6b	OP OTHER SERVICES SELF PAY GOOD LIFE FITNESS			\$ 37,458
30 II6b	IP LAB SERVICES PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (29,373)		
30 II6b	IP LAB SERVICES PROF CA ANTHEM ANCILLARY SRV	\$ (22)		
30 II6b	IP LAB SERVICES PROF CA CIGNA ANCILLARY SRV	\$ (113)		
30 II6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (5,873)		
30 II6b	IP RADIOLOGY SERV PROF CA ANTHEM ANCILLARY SRV	\$ (391)		
30 II6b	RESTRICTED FUNDS - SNF SELF PAY FINANCE ADMIN	\$ (129,960)		
<b>Total Other Resident Revenue</b>		<b>\$ (129,959)</b>	<b>\$ -</b>	<b>\$ 244,969</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV5	INVESTMENT INC - ENDOWMENT LLC FUND DEPT	\$ (5,263,000)			
<b>Total Interest Income</b>		<b>\$ (5,263,000)</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Other
30 IV8	MISC OTHER OPERATING INCOME GRANT ADMIN			\$ 14,968
30 IV8	MISC OTHER OPERATING INCOME ADMIN AND GENERAL			\$ 34,760
30 IV8	MISC OTHER OPERATING INCOME FINANCE ADMIN	\$ 6,995,562		
30 IV8	MISC OTHER OPERATING INCOME EMERGENCY MANAGEMENT	\$ 39,934		
30 IV8	MISC OTHER OPERATING INCOME CENTER FOR HEALTHY AGING			\$ 3,020
30 IV8	MISC OTHER OPERATING INCOME HHC MISC CASH	\$ 6,000		
30 IV8	MISC OTHER OPERATING INCOME SENIOR SERVICES REVENUE	\$ (21,710)		
30 IV8	INCOME FROM RESTRICTED FUNDS FUND DEPT	\$ 21,017		
30 IV8	INVESTMENT INC - FUNDS HELD IN TRUST FINANCE ACCRUALS	\$ 1,852,099		
30 IV8	INVESTMENT INCOME FUND DEPT			\$ (2,031,690)
30 IV8	DIVIDEND INCOME FINANCE CORP TREASURY	\$ 26		
30 IV8	FREE BED INCOME	\$ 129,960		
30 IV8	INVESTMENT INCOME FINANCE ADMIN	\$ (6,928,394)		
30 IV8	INVESTMENT INCOME FINANCE ACCRUALS	\$ 2,031,690		
30 IV8	EQUIPMENT RENTAL	\$ (370)		
<b>Total Other Revenue</b>		<b>\$ 4,125,814</b>	<b>\$ -</b>	<b>\$ (1,978,942)</b>

**G. Balance Sheet**

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$ 2,383	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,000,539	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 86,808	
a. _____				
b. _____				
c. _____				
d. See Schedule		86,808		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$ (2,878,307)	
See Schedule		(2,878,307)		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ (788,577)	
<b>B. Fixed Assets</b>				
1. Land			\$ 262,536	
2. Land Improvements	*Historical Cost Accum. Depreciation	98,834 33,300	\$ 65,534	
3. Buildings	*Historical Cost Accum. Depreciation	10,577,453 6,839,225	\$ 3,738,228	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	_____ Net	\$	
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	1,110,166 1,086,953	\$ 23,213	
6. Movable Equipment	*Historical Cost Accum. Depreciation	2,302,837 1,958,998	\$ 343,839	
7. Motor Vehicles	*Historical Cost Accum. Depreciation	145,687 122,612	\$ 23,075	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 81,769	
See Schedule		81,769		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 4,538,194	

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

(Carry Total forward to next page)

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	LEADING AGE CT	\$ 4,250
31	A5	ARJO	\$ 2,195
31	A5	JOHNSON CONTROLS	\$ 13,893
31	A5	OTIS ELEVATOR	\$ 809
31	A5	PRIME SELF STORAGE	\$ 7,641
31	A5	MORRISON MANAGEMENT SPEC INC SENIOR SERVICES	\$ 41,010
31	A5	CROTHALL HEALTH CARE INC (EVS)	\$ 17,010
<b>Total Prepaid Expenses</b>			<b>\$ 86,808</b>

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

Page Ref	Line Ref	Description	
31	A8	DUE AFFILIATE GENERAL CONTROL	\$ (2,769,600)
31	A8	DUE AFFILIATE INVENTORY CONTROL	\$ (108,707)
<b>Total Other Current Assets (Itemize)</b>			<b>\$ (2,878,307)</b>

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

Page Ref	Line Ref	Description	
31	B9	CAPITAL IN PROCESS	\$ 81,769
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 81,769</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	INVESTMENT IN ENDOWMENT LLC	\$ 134,364,723
32	D7	INVESTMENT INCOME ENDOWMENT LLC TEMP	\$ 5,768,404
32	D7	INVESTMENT INCOME ENDOWMENT LLC PERM	\$ 2,538,722
32	D7	ASSETS HELD IN TRUST BY OTHERS	\$ 35,430,337
<b>Total Other Assets</b>			<b>\$178,102,186</b>

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	A12	DEFERRED REVENUES	\$ 1,665,766
33	A12	DEFERRED MISC INCOME	\$ 24,433
33	A12	ACCRUED STATE PROVIDER TAX	\$ 140,432
33	A12	ER 401K CORE	\$ 157,579
33	A12	ER 401K MATCH TRUE UP	\$ 2,703
33	A12	RETIREMENT FORFEITURES	\$ (8,937)
33	A12	RESIDENT CASH - LIABILITY	\$ 21,288
33	A12	DEFER STATE TAX LIABILITY CURRENT	\$ 334
33	A12	ACCRUED EXPENSES	\$ 15,141
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 2,018,739</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

## G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2022	32   37
Account			Amount
Total Brought Forward:			\$ 3,749,617
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			\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$
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> )			\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$
Name and Address	Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$ 178,102,186
See Schedule		178,102,186	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 178,102,186
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 181,851,803

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
		Account	Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 668,497
2. Notes Payable ( <i>itemize</i> )				\$
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 419,656
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$
7. Medicare Final Settlement Payable				\$ 745
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> )				\$ 2,018,739
See Schedule				2,018,739
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 3,107,637

\* 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 Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			\$ 3,107,637	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )			\$	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$ 3,107,637	

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Hartford Hospital d/b/a Jefferson Hou	License No. 993-C	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital				\$ 188,314,756
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (9,570,590)
7. Total Net Worth				\$ 178,744,166
<b>C. Total Reserves and Net Worth</b>				\$ 178,744,166
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 181,851,803

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 194,167,975		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 12,053,897		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 21,624,487		
D. Net Income or Deficit				\$ (9,570,590)		
E. Balance				\$ 184,597,385		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
UR Transfers from Affiliates				11,558		
UR Investment Income/Fees				(1,134,622)		
2. Other ( <i>itemize</i> )						
TR Contributions & TR Investment Held by End				(123,031)		
TR Investment Income				1,492,472		
TR NA Released & TR Other				(37,605)		
PR Unrealized Gain on Funds Held in Trust				(6,061,991)		
F-3. Total Additions				\$ (5,853,219)		
G. Deductions						
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. <b>Balance at End of Period</b>				\$ 178,744,166		

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2022	Page 37	of 37
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*Check appropriate category*

<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"/> Other
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### 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 applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer
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Kelli Hyland
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Address	Phone Number
HHC Senior Services, 80 Meriden Ave., Southington, CT 06489	860-351-3617

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Kelli Hyland	860-351-3617

Contact Email Address
Kelli.Hyland@hhchealth.org