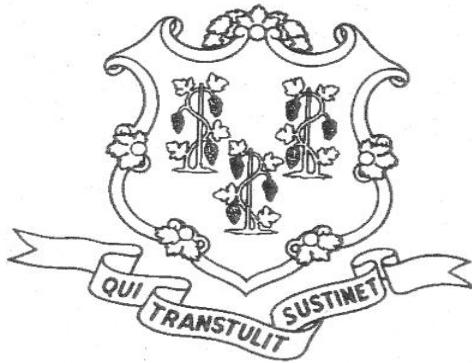


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Jerome Home		
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051		
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"/> Residential Care Home
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH 20652	RHNS	ICF-IID
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### For Department Use Only

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

**General Information**

Name of Facility (as licensed) Jerome Home	License No. 2065C	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 Jerome Home [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) Tina Richardson		Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	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 Jerome Home	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson	Phone Number 203-623-2930	Date		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## **General Information and Questionnaire**

### **Type of Facility - Organization Structure**

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

# **General Information and Questionnaire**

## **Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility Jerome Home	License No. 2065C	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 Jerome Home		License No. 2065C	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?				If "Yes" <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			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
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"/>					

\* 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 Jerome Home	License No. 2065C	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?       Yes       No      If "No," explain fully why such allocation was not made.

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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.)

Yes       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
Jerome Home		2065C		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						
US Bank, PO Box 790448, St. Louis, MO 6379-0448	<input type="radio"/>	<input checked="" type="radio"/>	copiers	8/30/2019- 8/29/24	60 months	19,026	19,026	
Quadient Leasing USA, Inc. Dept 3682, PO Box 123682, Dallas, TX 75312-3682	<input type="radio"/>	<input checked="" type="radio"/>	postage machine	10/22/18- 1/21/24	63 months	755	755	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	OmniVersa Multi-Modality Therapy System - disallowed	1/28/2021- 12/31/2021	12 months	8,580	2,145	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	OmniVersa Multi-Modality Therapy System - disallowed	1/1/2022- 12/31/2022	12 months	8,580	5,720	
Wells Fargo Vendor Financial Services LLC PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	copiers	12/22/21- 12/21/22	12 months	3,354	2,516	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Total ***</b>	30,162	

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

\*\* Attach copies of newly acquired leases.

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

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility Jerome Home	License No. 2065C	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?

## Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Crowe, LLP	PO Box 71570, Chicago, IL 60694-1570
2 Jordan Actuarial Services	105 Stone Canyon Rd, Boulder City, NV 89005
3 Clifton Larson Allen LLP	PO Box 829709, Philadelphia, PA 19182-9709
4 Urban & Assoc. and Treas State of CT - Probate Court	2529 Sapphire Greens Lane, Sun City, FL 33573

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

1	Form 990, Annual Audit, Debt Refinance, Federal Single Audit	\$ 34,326
2	Workers Compensation Study	\$ 5,115
3	Medicare Cost Report Preparation	\$ 6,674
4	Probate Accounting and Filing	\$ 3,834
		Charge for Services Provided
		\$ 49,949

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 Wiggan & Dana	203-498-4400
2 Michalik, Bauer, Silvia & Ciccarillo, LLC	860-225-8403
3 Metzger Lazerek & Plumb LLC	860-549-5026
4 Robinson & Cole LLP	860-275-8200
5	

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

- 1 One Century Tower, PO Box 1832, New Haven, CT 06508
- 2 35 Pearl St., Suite 300, New Britain, CT 06051
- 3 56 Arbor St, Hartford, CT 06106
- 4 280 Trumbull, St, Hartford, CT 06103
- 5

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

1	Bylaws, corporate governance, resident issue, indemnification, trust liability, asset transfer and penalty issues, trusty immunity	\$	10,694
2	Collections - disallowed	\$	200
3	Employment matters	\$	5,828
4	LOC Pay Off	\$	2,701
5		\$	
			Charge for Services Provided
		\$	19,423

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

Yes  No

## Schedule of Resident Statistics

Name of Facility Jerome Home			License No. 2065C				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	94		26	120	94		26				
B. On last day of THIS report period	120	94		26					120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	118	92		26	118	92		26				
B. As of midnight of THIS report period	117	92		25					117	92		25
3. Total Number of Days Care Provided During Period												
A. Medicare	3,534	3,534			2,895	2,895			639	639		
B. Medicaid (Conn.)	23,053	15,476		7,577	16,700	11,109		5,591	6,353	4,367		1,986
C. Medicaid (other states)												
D. Private Pay	10,337	8,804		1,533	7,973	6,744		1,229	2,364	2,060		304
E. State SSI for RCH												
F. Other (Specify) Mgd Medicare & Mgd Care	4,414	4,414			3,149	3,149			1,265	1,265		
G. Total Care Days During Period (3A thru F)	41,338	32,228		9,110	30,717	23,897		6,820	10,621	8,331		2,290
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	141	45		96	91	14		77	50	31		19
B. Other Bed Reserve Days	177	164		13	135	122		13	42	42		
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>41,656</b>	<b>32,437</b>		<b>9,219</b>	<b>30,943</b>	<b>24,033</b>		<b>6,910</b>	<b>10,713</b>	<b>8,404</b>		<b>2,309</b>

## Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home	License No. 2065C	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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					

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

Change in Resident Days						CCNH	RHNS	Residential Care Home
1st change								
2nd change								
3rd change								
4th change								

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	10	51		31		4	21	
Per Diem Rate								
a. One bed rm.	PDPM		287.68		552.00		225.00	149.47
b. Two bed rms.					505.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	3,860	1,324		2,536
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	62	62		
C. Other	14,754	14,754		
<b>D. Total Physical Therapy Treatments</b>	<b>18,676</b>	<b>16,140</b>		<b>2,536</b>

8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	406	337		69
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	655	655		
<b>D. Total Speech Therapy Treatments</b>	<b>1,061</b>	<b>992</b>		<b>69</b>

9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,347	1,105		242
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	62	62		
C. Other	14,477	14,477		
<b>D. Total Occupational Therapy Treatments</b>	<b>15,886</b>	<b>15,644</b>		<b>242</b>

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2022		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,945	1,601			28,406 455		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	85,343	987			24,256 281		
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	514,302	16,673			146,171 4,739		
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor	62,099	1,651			17,649 469		
c. Dietary Workers	522,842	28,787			148,598 8,181		
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	126,266	7,728			61,599 3,770		
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	50,254	1,304			24,517 636		
b. Other Maintenance Workers	118,059	5,667			57,595 2,764		
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	149,293	9,037					
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	172,683	2,990			49,079 850		
b. RN							
1. Direct Care	1,737,299	46,309			71,694 2,321		
2. Administrative**	316,859	6,770			16,665 356		
c. LPN							
1. Direct Care	746,665	33,333			28,723 840		
2. Administrative**	26,570	801			1,397 42		
d. Aides and Attendants	2,435,780	114,571			160,808 7,053		
e. Physical Therapists	407,309	11,330			63,999 1,780		
f. Speech Therapists	47,393	909			3,297 63		
g. Occupational Therapists	255,646	6,779			3,955 105		
h. Recreation Workers	143,396	6,054			40,755 1,721		
i. Physicians							
1. Medical Director							
2. Utilization Review							
3. Resident Care***							
4. Other (Specify)							
j. Dentists							
k. Pharmacists							
l. Podiatrists							
m. Social Workers/Case Management	139,299	4,699			39,590 1,335		
n. Marketing							
o. Other (Specify)							
See Attached Schedule	88,324	3,113			64,196 2,477		
A-13. Total Salary Expenditures	8,245,626	311,093			1,052,949 40,238		

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages Admission Supervisor	\$ 62,283	1,651			\$ 17,702	469
Salaries & Wages Admissions	\$ 26,041	1,462			\$ 7,401	415
Salaries & Wages Good Life Fitness - disallowed	\$ -	-			\$ 39,093	1,593
<b>Total</b>	<b>\$ 88,324</b>	<b>3,113</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 64,196</b>	<b>2,477</b>

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

Service	CCNH		RHNS		Residential Care Home	
	\$	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 Jerome Home			License No. 2065C		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	Residential Care Home							
<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	
Jerome Home			2065C		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	Residential Care Home							
<b>Section III - Administrators***</b>										
Tina Richardson 10/1/21-9/30/22	99,945		28,406	Non-discriminatory except for bonus		2,056	A2			
<b>Section IV - Assistant Administrators</b>										
Lori Toombs 10/1/21-9/30/22	85,343		24,256	Non-discriminatory except for bonus		1,268	A3	Arbor Rose Assisted Living	824	62,718

\*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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	45,758	873			13,005 248
2. Dentist	9,055	16			2,573 4
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	63,016	499			9,901 78
b. Other					
6. Social Worker					
7. Recreation Worker	10,163	99			2,888 28
8. Physicians					
a. Medical Director (entire facility)	44,852	266			12,748 75
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	2,245	30			156 2
b. Other					
10. Occupational Therapist					
a. Resident Care	3,910	61			60 1
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	31,544	324			
2. Administrative***					
b. LPN					
1. Direct Care	164,442	2,181			
2. Administrative***					
c. Aides	281,933	6,628			
d. Other					
12. Other (Specify)					
See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	656,918	10,977			41,331 436

\* 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 Jerome Home		License No. 2065C	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			
ANTHONY RARUS	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
BRIAN GILLIE	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
CAMERON SUTPHIN	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
CAROL A MILLARD	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
CHRIS MERWIN	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DAN GARDELLA	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DANNY L BERNIER	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DAVID G GOCLOWSKI	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DAVID SHORTELL	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DOUGLAS CODIANNI	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
DYNAMIC PRODUCTIONS	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
FRANCIS DUNN	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
TEE TEE SOUL	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
WALTER OLSON	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
WALTER MARTIN	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
MICHAEL IARUSO	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
LARRY BATTER	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
GIA KHALSA	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
HORIZON WINGS	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
HOWARD J THERRIAULT	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
HUNGERFORD NATURE CENTER	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>			
HARTFORD HEALTHCARE REHAB NETWOR	THERAPY	<input checked="" type="radio"/>	<input 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
		9/30/2022		15	37
Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	(41,341)	(36,660)		(4,681)
2. Disability Insurance	\$	33,509	29,715		3,794
3. Unemployment Insurance	\$	7,581	6,722		859
4. Social Security (F.I.C.A.)	\$	689,902	611,779		78,123
5. Health Insurance	\$	1,470,945	1,304,378		166,567
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	174,534	154,771		19,763
8. Uniform Allowance	\$	1,715	1,520		195
9. Other ( <i>Specify</i> ) See Attached Schedule	\$	33,431	29,646		3,785
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	263,383	263,383		
d. Accounting and Auditing	\$	49,949	38,895		11,054
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	19,423	15,124		4,299
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$	20,071	15,629		4,442
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	30,428	23,694		6,734
2. Cellular Phones	\$				
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	\$	523,608	523,608		
<b>Subtotal</b>	\$	3,277,138	2,982,204		294,934

\* 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	Residential Care Home
Emp Benefits-Emp Physicals & Testing - the Physicals portion and Outpatient portion disallowed	\$ 29,646		\$ 3,785
<b>Total</b>	<b>\$ 29,646</b>	<b>\$ -</b>	<b>\$ 3,785</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<b><i>Subtotals Brought Forward:</i></b>	3,277,138	2,982,204		294,934
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	1,065	829	236
3. Gifts to Staff and Residents	\$	16,625	12,946	3,679
4. Employee Travel	\$	1,470	1,086	384
5. Education Expenses Related to Seminars and Conventions	\$	27,569	21,467	6,102
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	5,087	3,961	1,126
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	34,465	26,837	7,628
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	7,239		7,239
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	\$	4,284	3,336	948
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	16,355	12,307	4,048
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	1,405	1,094	311
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	152,964	119,111	33,853
12. Administrative Management Services**	\$	340,316		340,316
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	190,729	38,140	152,589
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	4,076,711	3,223,318	853,393

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	Residential Care Home
A&G Business Promotion-Advertising - disallowed	\$ -		\$ 7,239
<b>Total Other Advertising</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,239</b>

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
CARCH			\$ 550
CT ASSOC OF HEALTHCARE	\$ 273		\$ 77
LEADING AGE	\$ 11,154		\$ 3,170
NEW BRITAIN NETWORK GROUP	\$ 78		\$ 22
SHRM	\$ 230		\$ 66
ALTCFM	\$ 331		\$ 94
CAHCF	\$ 241		\$ 69
<b>Total Dues</b>	<b>\$ 12,307</b>	<b>\$ -</b>	<b>\$ 4,048</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Emp Benefits-Tuition Reimb - disallowed	\$ 2,375		\$ 675
A&G Bank Expense - disallowed	\$ 7,386		\$ 2,099
A&G Licenses	\$ 3,717		\$ 1,057
Non-Operating Bank Fees - disallowed	\$ -		\$ 83,808
Non Operating - Other Expense - disallowed	\$ -		\$ 57,405
Volunteer Rel Exp - disallowed	\$ 530		\$ 150
A&G Resident Relations - disallowed	\$ 4,059		\$ 1,154
Planetree-Resident Center/Lean - disallowed	\$ 1,158		\$ 329
Maintenance - Cable TV (includes revenue) - disallow expense over \$3,600	\$ 13,659		\$ 3,882
Trustee Fees - disallowed	\$ 5,256		\$ 1,494
Late fees on equipment rental - disallowed			\$ 311
Arbor Rose portion of lease payment - disallowed			\$ 140
Misc Expense from p 16 1m8 disallowed			\$ 85
<b>Total Other Administrative and General</b>	<b>\$ 38,140</b>	<b>\$ -</b>	<b>\$ 152,589</b>

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare Senior Services	340,316	Oversight of Management Staff	Page 16 line 1m12

\* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022		Page 18 of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 385,008	299,801		85,207
2. Non-Food Supplies	\$ 63,462	49,417		14,045
3. Other (Specify) _____ Food for Staff - disallowed	\$ 11,871	9,244		2,627
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 460,341</b>	<b>358,462</b>		<b>101,879</b>
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*	340	265		75
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 type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				page 18 line 2a1
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.	\$11,927
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				page 18 2a1
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.	\$11,871
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.

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022		Page 19   37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,965	3,965	
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)	\$			
c. Other ( <i>Specify</i> ) Laundry Supplies	\$	11,613	11,613	
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	<b>\$</b>	<b>15,578</b>	<b>15,578</b>	
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	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	72,812	48,938		23,874
a. In-House Care	Amt. \$	39,429	26,501		12,928
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	72,812	48,938		23,874
Amt. \$					
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>39,429</b>	<b>26,501</b>		<b>12,928</b>
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	322,596	322,596		
b. Medicine Cabinet Drugs	\$	30,455	23,715		6,740
c. Medical and Therapeutic Supplies	\$	15,684	12,213		3,471
d. Ambulance/Limousine***	\$	14,383	14,383		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	41,243	41,243		
f. X-rays and Related Radiological Procedures***	\$	26,492	26,492		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	75,950	75,950		
i. Recreation	\$	5,991	4,665		1,326
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	234,069	186,634		47,435
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>766,863</b>	<b>707,891</b>		<b>58,972</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	Residential Care Home
Nursing-Equipment Rental - disallowed	\$ 19,847		\$ -
Nursing-Medical Supplies	\$ 141,723		\$ 40,279
Nursing Personal Care	\$ 5,678		\$ 1,614
Supplies PT - disallowed	\$ 1,743		\$ 274
Supplies OT - disallowed	\$ 43		\$ 1
Covid-19 Supplies/Other	\$ 11,774		\$ 3,346
Ancillary - OtherMedicare Ancillary - disallowed	\$ 5,686		\$ 1,616
Supplies Good Life Fit - disallowed	\$ -		\$ 265
Reclass CLIA lab user fees from p 16 1m8	\$ 140		\$ 40
<b>Total Other Resident Care</b>	<b>\$ 186,634</b>	<b>\$ -</b>	<b>\$ 47,435</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).

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022			Page 22   37
Item	Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 134,897	90,666			44,231
b. Heat	\$ 76,762	51,593			25,169
c. Light & Power	\$ 163,021	109,569			53,452
d. Water	\$ 38,700	26,011			12,689
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 30,162	24,159			6,003
f. Other ( <i>itemize</i> )	\$ 211,875	142,405			69,470
See Attached Schedule					
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 655,417	444,403			211,014
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$ 10,675	7,175			3,500
b. Building & Building Improvements	\$ 343,137	230,626			112,511
c. Non-Movable Equipment	\$ 52,867	35,532			17,335
d. Movable Equipment	\$ 133,866	89,973			43,893
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 540,545	363,306			177,239
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$ 8,147	5,476			2,671
c. Leasehold Improvements	\$				
d. Other ( <i>Specify</i> )	\$				
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 8,147	5,476			2,671
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	\$ 692				692
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 549,384	368,782			180,602

\* 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**

## Depreciation Schedule

## Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/27/2022	Replace sections of steel fencing	\$ 1,748	10	\$ 87
	<b>Total additions for Land Improvements</b>	<b>\$ 1,748</b>		<b>\$ 87</b>
<b>Deletions:</b>				
	No Deletions			
	<b>Total deletions for Land Improvements</b>	<b>\$ -</b>		<b>\$ -</b>

\*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>				
11/1/2021	East Wing Resident Bathroom Renovation	\$ 31,500	10	\$ 1,575
10/1/2021	Replace Windows in Supervisors Office	\$ 3,106	10	\$ 155
10/1/2021	Disconnect AC Units and Exhaust Fan	\$ 3,365	10	\$ 168
11/1/2021	Roof Renovation / Remove/Reinstall	\$ 28,652	10	\$ 1,433
11/1/2021	Install Plank & Base for Room 428	\$ 1,588	10	\$ 79
12/1/2021	Install Plank and base for room 425	\$ 1,588	5	\$ 159
12/1/2021	Remove and Replace basement window	\$ 4,160	10	\$ 208
12/1/2021	Install aluminum window for Rm 426	\$ 1,093	10	\$ 55
12/1/2021	Remove and Install "Plank & Base"	\$ 1,588	5	\$ 159
1/1/2022	Replace Kitchen Ceiling, HVAC vents, lights	\$ 9,210	12	\$ 384
1/1/2022	Roof Reno / Equip Removal & re-install	\$ 3,696	10	\$ 185
3/1/2022	East Wing Resident Rm Bath Renovation	\$ 14,700	10	\$ 735
3/1/2022	Replacement of Mag-Lock E2	\$ 1,854	10	\$ 93
3/1/2022	Install Plank and Base in Rm 528	\$ 1,746	10	\$ 87
4/1/2022	Install Plank and Base in Rm 503	\$ 1,746	5	\$ 175
5/1/2022	Install Plank and Base in Room 531	\$ 2,304	10	\$ 115
5/1/2022	Install Plank and Base in Rm 402	\$ 1,746	5	\$ 175
6/1/2022	Install Plank and Base in Rm 508	\$ 1,746	5	\$ 175
6/1/2022	Install Carpet in Rm 308	\$ 938	5	\$ 94
9/1/2022	Deposit - 1/3 Attwood 1 & 2 Bathroom Renovations	\$ 2,813	10	\$ 141
9/1/2022	Deposit - 1/3 Attwood 1 & 2 shower room renovations	\$ 8,745	10	\$ 437
9/1/2022	Remove carpet and install LVT on E1 Corridor	\$ 42,246	10	\$ 2,112
9/1/2022	Ceiling Tile for Attw Bathroom Renovation	\$ -	10	\$ -
9/1/2022	E1 Bathroom Renovation	\$ 3,458	10	\$ 173
9/1/2022	Preventive Slate Roof Maintenance	\$ 9,900	10	\$ 495
9/1/2022	Pipe Snow Guards for Slate Roof	\$ 44,457	10	\$ 2,223
	<b>Total additions for Building Improvements</b>	<b>\$ 227,945</b>		<b>\$ 11,788</b>
<b>Deletions:</b>				
	No Deletions			
	<b>Total deletions for Building Improvements</b>	<b>\$ -</b>		<b>\$ -</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>				
1/1/2022	Replace Cameras on East 1, Dining	\$ 2,261	5	\$ 226
1/1/2022	Install rebuilt pump on E1 Bailer	\$ 3,848	10	\$ 192
2/1/2022	Wood Cabinets w/ Counter on North	\$ 1,475	15	\$ 49
4/1/2022	Outdoor Camera	\$ 728	5	\$ 73
5/1/2022	Port New Phones in Residents Rooms	\$ 1,454	5	\$ 145
6/1/2022	Feed for New mini-split (AC Units)	\$ 1,257	20	\$ 31
6/1/2022	Port New Res. Phones - 2/6	\$ 1,454	10	\$ 73
5/1/2022	Remove and Install HVAC - Staff Development Office	\$ 12,554	15	\$ 418
5/1/2022	Remove and Istall HVAC - Finance Office	\$ 8,944	15	\$ 298
4/1/2022	Port New Res. Phones	\$ 1,454	10	\$ 73
4/1/2022	Port New Res. Phones	\$ 1,454	10	\$ 73

4/1/2022	Port New Res. Phones	\$ 1,454	10	\$ 73	23 24
4/1/2022	Port New Res. Phones	\$ 1,454	10	\$ 73	
9/1/2022	Intellipak Compressor Replacement	\$ 6,513	12	\$ 271	
9/1/2022	Remove & Install Wall Fan Coil Unit	25506	15	850.2	
<b>Total additions for Non-Movable Equipment</b>		\$ 71,811		\$ 2,919	*
<b>Deletions:</b>					
	No Deletions				
<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			
<b>Additions:</b>					
10/1/2021	2 DINING FOOD CARRIERS	Administrative	\$ 3,923	10	\$ 196
11/1/2021	Window Treatments & Recliners for	Administrative	\$ 30,538	10	\$ 1,527
11/1/2021	Attwood Conference Room Furniture	Administrative	\$ 5,810	10	\$ 291
12/1/2021	JH Dining Flat Steamer	Administrative	\$ 1,392	10	\$ 70
12/1/2021	JH Dining Flat Steamer Grease Cont	Administrative	\$ 115	10	\$ 6
3/31/2022	Wheelchairs (7)/Accessories - PT	Standard Resident	\$ 2,796	5	\$ 280
4/19/2022	Temp. control unit for fridge & fr	Administrative	\$ 1,436	3	\$ 239
3/18/2022	Arjo Slings (5)	Standard Resident	\$ 1,014	3	\$ 169
5/1/2022	Sofa and Table for Attwood Confere	Administrative	\$ 2,480	12	\$ 103
5/12/2022	Furniture- Attwood Chairs (4)	Administrative	\$ 1,058	10	\$ 53
5/19/2022	Nurse Call Buttons (12) E1, E2, No	Standard Resident	\$ 2,418	10	\$ 121
7/1/2022	Wheelchair Cushion	Standard Resident	\$ 143	5	\$ 14
7/1/2022	Wheelchairs	Standard Resident	\$ 1,603	5	\$ 160
7/1/2022	Wheelchairs	Standard Resident	\$ 1,000	5	\$ 100
7/1/2022	Wheelchairs	Standard Resident	\$ 806	5	\$ 81
7/1/2022	Wheelchairs	Standard Resident	\$ 1,026	5	\$ 103
7/1/2022	Wheelchairs	Standard Resident	\$ 429	5	\$ 43
7/1/2022	Wheelchairs	Standard Resident	\$ 1,098	5	\$ 110
9/1/2022	Floor Scrubber	Administrative	\$ 3,856	5	\$ 386
9/1/2022	Performa Lift Assist & Accessories	Standard Resident	\$ 3,877	10	\$ 194
9/12/2022	Telephone Server Upgrade (CISCO)	Administrative	\$ 10,728	10	\$ 536
9/1/2022	Shower Chairs	Standard Resident	\$ 2,980	10	\$ 149
<b>Total additions for Movable Equipment</b>			\$ 80,525		\$ 4,929
<b>Deletions:</b>					
	No Deletions				
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -

\*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>				
	No Additions			
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
	No Deletions			
<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  
Specialized Resident

**Amortization Schedule\***

Name of Facility Jerome Home			License No. 2065C		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. Bond Issue Costs	11	2007	30 years	412,492	95,332	s/l		286	
2. Bond Issue Costs	11	2021	30 years	774,185		s/l		7,861	
3.									
<b>B-4. Subtotal</b>									8,147
<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>									8,147

\* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page 25	of 37																																					
<b>11. Property Questionnaire</b>																																									
<b>Part A</b> Is the property either owned by the Facility <input type="radio"/> Yes <input checked="" type="radio"/> No or leased from a Related Party?* <p style="text-align: center;">*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.</p>																																									
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td>1923</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>1923</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>Mid 1970's</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>120</td> </tr> <tr> <td>6. Square Footage</td> <td>72,812</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td>    a. Land</td> <td></td> </tr> <tr> <td>    b. Building</td> <td></td> </tr> </table>		Description	Total	1. Date Land Purchased	1923	2. Date Structure Completed	1923	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure	Mid 1970's	5. Total Licensed Bed Capacity	120	6. Square Footage	72,812	7. Acquisition Cost		a. Land		b. Building																					
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7. Acquisition Cost																																									
a. Land																																									
b. Building																																									
<b>Part B - Owner and Related Parties</b> <table border="1"> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    a. Type of Financing (e.g., fixed, variable)</td> <td>CHEFA Fixed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    b. Date Mortgage Obtained</td> <td>11/17/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    c. Interest Rate for the Cost Year</td> <td>4.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    d. Term of Mortgage (number of years)</td> <td>30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    e. Amount of Principal Borrowed</td> <td>14,860,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    f. Principal balance outstanding as of 9/30/2022</td> <td>14,405,000</td> <td></td> <td></td> <td></td> </tr> </table>			1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	CHEFA Fixed				b. Date Mortgage Obtained	11/17/21				c. Interest Rate for the Cost Year	4.00%				d. Term of Mortgage (number of years)	30				e. Amount of Principal Borrowed	14,860,000				f. Principal balance outstanding as of 9/30/2022	14,405,000			
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																					
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f. Principal balance outstanding as of 9/30/2022	14,405,000																																								
<b>Complete if Mortgage was Refinanced During Current Cost Year</b> <table border="1"> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td>CHEFA Variable</td> </tr> <tr> <td>h. Date of Refinancing</td> <td>11/17/21</td> </tr> <tr> <td>i. New Interest Rate</td> <td>variable</td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td>30</td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td>11,895,000</td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td>8,075,000</td> </tr> </table>		g. Type of Financing (e.g., fixed, variable)	CHEFA Variable	h. Date of Refinancing	11/17/21	i. New Interest Rate	variable	j. Term of Mortgage (number of years)	30	k. Amount of Principal Borrowed	11,895,000	l. Principal Outstanding on Note Paid-Off	8,075,000																												
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<b>Part C - Arms-Length Leases for Real Property Improvements Only</b> <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																
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	Residential Care Home	
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		\$ 14,860,000				
2. Loan Origination Date			11/18/21			
3. Interest Rate %			4.00%			
4. Term			30 years			
5. CHEFA Interest Expense			114,235	76,779		37,456
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 114,235	76,779			37,456

(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 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:			114,235	76,779		37,456
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>	\$	114,235	76,779			37,456
14. Insurance						
a. Insurance on Property (buildings only)	\$	43,160	29,009			14,151
b. Insurance on Automobiles	\$	7,331	5,709			1,622
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	92,645	72,141			20,504
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
<b>14d. Total Insurance Expenditures (14a + b + c)</b>	\$	143,136	106,859			36,277
<b>15. Total All Expenditures (A-13 thru C-14)</b>	\$	16,817,918	14,231,117			2,586,801

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

Name of Facility Jerome Home			License No. 2065C	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	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 259,601	255,646		3,955
4.			Other - See attached Schedule	\$ 134,109			134,109
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 3,970	3,910		60
7.			Other - See attached Schedule	\$ 86,946	74,316		12,630
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 263,383	263,383		
10.			Accounting	\$			
10a.			Legal	\$ 200	156		44
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,050	2,375		675
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 *	\$ 7,239			7,239
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 340,316			340,316
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 359,357	158,697		200,660
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 11,871	9,244		2,627
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 1,470,042	767,727			702,315

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

### **Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A6b	Outpatient portion Housekeeper Wages			\$ 2,952
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,175
10	A7b	Outpatient portion Maintenance Wages			\$ 2,760
10	A12b1	To adjust wages - APRN wages in excess of Aides			\$ 1,791
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 19,042
10	A12o	Good Life Fitness Wages			\$ 39,093
10	A12e	Outpatient - Physical Therapy Wages			\$ 63,999
10	A12f	Outpatient - Speech Therapy Wages			\$ 3,297
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 134,109

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dental Purchased Services	\$ 9,055		\$ 2,573
13	B5	Purchased Services - Physical Therapist	\$ 63,016		\$ 9,901
13	B9	Purchased Services - Speech Therapist	\$ 2,245		\$ 156
<b>Total Other Fees Adjustments</b>			\$ 74,316	\$ -	\$ 12,630

**Schedule of Other A&G Adjustments**

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

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward				\$ 1,470,042	767,727		702,315	
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a2	Prescription Drugs	\$ 322,596	322,596			
28.	20	5d	Ambulance/Limousine	\$ 14,383	14,383			
29.	20	5f	X-rays, etc	\$ 26,492	26,492			
30.	20	5h	Laboratory	\$ 75,950	75,950			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 41,243	41,243			
33.	20	5L	Occupational Therapy	\$ 44	43			1
34.			Other - See Attached Schedule	\$ 30,050	27,276			2,774
<b>Page 22 - Maintenance and Property</b>								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,103				2,103
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 692				692
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 17,984	6,797			11,187
<b>Page 27 - Insurance</b>								
40.			Mortgage Insurance	\$				
41.	27	14a	Property Insurance	\$ 678				678
<b>Other - Miscellaneous</b>								
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$ (4,125,168)	221,436			(4,346,604)
<b>Not For Profit Providers Only</b>								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 8,018				8,018
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ (2,114,893)	1,503,943			(3,618,836)

\*\*\* 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	Residential Care Home
20	5L	NURSING - EQUIPMENT RENTAL	\$ 19,847		
20	5L	PT - SUPPLIES	\$ 1,743		\$ 274
20	5L	ANCILLARY - OTHER MEDICARE ANCILLARY (MEDICARE A)	\$ 5,686		\$ 1,616
20	5L	GOOD LIFE FIT - SENIOR FIT - SUPPLIES			\$ 265
20	4A1	HOUSEKEEPING SUPPLIES - OUTPATIENT PORTION			\$ 619
<b>Total Other Ancillary Costs</b>			<b>\$ 27,276</b>	<b>\$ -</b>	<b>\$ 2,774</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7D	DEPRECIATION - FURNITURE/EQUIPMENT RELATED TO OUTPATIENT			\$ 1,759
22	7D	DEPRECIATION - COMPUTERS RELATED TO OUTPATIENT			\$ 213
22	7D	DEPRECIATION - AUTO RELATED TO OUTPATIENT			\$ 131
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,103</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6A	REPAIR & MAINTENANCE RELATED TO OUTPATIENT			\$ 2,120
22	6B	HEAT RELATED TO OUTPATIENT			\$ 1,206
22	6C	LIGHT & POWER RELATED TO OUTPATIENT			\$ 2,561
22	6D	WATER & SEWER RELATED TO OUTPATIENT			\$ 608
22	6E	PT EQUIPMENT LEASE	\$ 6,797		\$ 1,068
22	6F	MAINTENANCE EQUIPMENT RELATED TO OUTPATIENT			\$ 131
22	6F	MAINTENANCE - GROUNDS CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 700
22	6F	OUTPATIENT			\$ 549
22	6F	MAINTENANCE - SECURITY CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 23
22	6F	MAINTENANCE - BUILDING CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 1,827
		RENTAL/LEASE EQUIPMENT RELATED TO OUTPATIENT			\$ 98
22	7A	DEPRECIATION - LAND IMPROVEMENTS RELATED TO OUTPATIENT			\$ 168
22	8B	AMORTIZATION - BOND ISSUE COST RELATED TO OUTPATIENT			\$ 4
22	8b	COI SERIES E 2021-AMORTIZATION EXPENSE RELATED TO OUTPATIENT			\$ 124

				age 29
<b>Total Other Property Adjustments</b>	\$ 6,797	\$ -	\$ 11,187	

---

## **Schedule of Other - Indirect Adjustments**

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	II6B	APRN REVENUE NET OF CONTRA ALLOWANCE	\$ 86,257		
30	IV8	GLF REVENUE - SENIOR FIT PROGRAM NET OF CONTRA ALLOWANCE			\$ 7,975
30	IV8	TRANSPORTATION - VAN FEE INCOME	\$ 8,332		\$ 2,368
30	IV8	MISCELLANEOUS INCOME - SEE MISC. INCOME SCHEDULE	\$ 292,745		\$ 83,202
30	IV8	UNREALIZED GAIN (LOSS)			\$ (5,694,287)
30	IV8	GAIN ON SALE			\$ 1,301,288
30	IV8	GAIN/LOSS - NON OPERATING ACTIVITY	\$ (165,898)		\$ (47,150)
<b>Total Other Adjustments</b>			\$ 221,436	\$ -	\$ (4,346,604)

## Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7B	DEPRECIATION - BUILDING RELATED TO OUTPATIENT			\$ 437
22	7B	DEPRECIATION - BUILDING IMPROVEMENTS RELATED TO OUTPATIENT			\$ 4,955
22	7C	DEPRECIATION - FIXED EQUIPMENT RELATED TO OUTPATIENT			\$ 831
26	B5	CHEFA LOA - OUTPATIENT PORTION			\$ 1,795

				age 29
<b>Total Unallowable Building Interest</b>	\$ -	\$ -	\$ 8,018	

---

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page of 30   37	
		Item	Total	CCNH	RHNS	Residential Care Home
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$	9,077,447	7,997,893			1,079,554
b. Medicaid Room and Board Contractual Allowance **	\$	(3,513,903)	(3,551,696)			37,793
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$	1,881,363	1,881,363			
b. Medicare Room and Board Contractual Allowance **	\$	375,061	375,061			
4. a. Private-Pay Residents and Other	\$	7,604,300	7,311,984			292,316
b. Private-Pay Room and Board Contractual Allowance **	\$	156,977	157,007			(30)
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$	151,020	151,020			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(151,020)	(151,020)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	396,255	287,685			108,570
b. Physical Therapy - Medicare Contractual Allowance **	\$	(228,999)	(240,886)			11,887
c. Physical Therapy - Non-Medicare	\$	412	412			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(219)	(219)			
4. a. Speech Therapy - Medicare	\$	61,021	61,021			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(24,100)	(24,100)			
c. Speech Therapy - Non-Medicare	\$	(1)	(1)			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(172)	(172)			
5. a. Occupational Therapy - Medicare	\$	278,651	278,651			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(235,023)	(235,023)			
c. Occupational Therapy - Non-Medicare	\$	(215)	338			(553)
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$	4,133	4,133			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$	86,257	86,257			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$	15,919,245	14,389,708			1,529,537
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$	545,954	425,127			120,827
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$	(4,169,814)	167,581			(4,337,395)
<b>V. Total Other Revenue</b> (1 thru 8)	\$	(3,623,860)	592,708			(4,216,568)
<b>VI. Total All Revenue</b> (III +V)	\$	12,295,385	14,982,416			(2,687,031)

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 6a	X-Ray - Medicare A	\$ 5,098		
30 6a	Lab - Medicare A	\$ 19,735		
30 6a	Lab- Medicare B	\$ 6,499		
30 6a	Cont. Allow- Xray Med A	\$ (5,098)		
30 6a	Cont. Allow-Lab Med A	\$ (20,194)		
30 6a	Medicare B MPPR	\$ (1,907)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 4,133	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 6b	APRN Revenue	\$ 87,942		
30 6b	Contr Allow-Other Ancillary APRN	\$ (1,685)		
<b>Total Other Resident Revenue</b>		\$ 86,257	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV5	BOA Cash Mgmt Interest Income	\$ 833			\$ 237
30 IV5	Interest Income	\$ 421,525			\$ 119,803
30 IV5	Interest Income-Earnings Fund	\$ 2,769			\$ 787
<b>Total Interest Income</b>		\$ 425,127	\$ -	\$ -	\$ 120,827

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV8	GLF Revenue	\$ -		\$ 7,975
30 IV8	Transportation-Van Fee Income	\$ 8,332		\$ 2,368
30 IV8	Unrestricted Donations	\$ 17,439		\$ 4,956
30 IV8	Miscellaneous Income	\$ 292,745		\$ 83,202
30 IV8	Temp Net Asset Release FR Restricted	\$ 14,963		\$ 4,253
30 IV8	Unrealized Gain/Loss	\$ -		\$ (5,694,287)
30 IV8	Gain On Sale	\$ -		\$ 1,301,288
30 IV8	Gain/Loss - Non Operating Activity	\$ (165,898)		\$ (47,150)
<b>Total Other Revenue</b>		\$ 167,581	\$ -	\$ (4,337,395)

**G. Balance Sheet**

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page 31   37
Account		Amount	
<b>Assets</b>			
A. Current Assets			
1. Cash ( <i>on hand and in banks</i> )		\$ 539,597	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 1,733,523	
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$	
4. Inventories		\$	
5. Prepaid Expenses		\$ 87,306	
a. _____			
b. _____			
c. _____			
d. See Schedule		87,306	
6. Interest Receivable		\$	
7. Medicare Final Settlement Receivable		\$	
8. Other Current Assets ( <i>itemize</i> )		\$ 4,925,479	
_____			
_____			
See Schedule		4,925,479	
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)		\$ 7,285,905	
B. Fixed Assets			
1. Land		\$ 730,714	
2. Land Improvements	*Historical Cost	\$ 468,101	
	Accum. Depreciation	\$ 73,932	
3. Buildings	*Historical Cost	\$ 10,921,450	
	Accum. Depreciation	\$ 2,711,580	
4. Leasehold Improvements	*Historical Cost	\$	
	Accum. Depreciation	\$	
5. Non-Movable Equipment	*Historical Cost	\$ 1,144,549	
	Accum. Depreciation	\$ 273,801	
6. Movable Equipment	*Historical Cost	\$ 1,912,784	
	Accum. Depreciation	\$ 472,973	
7. Motor Vehicles	*Historical Cost	\$ 84,110	
	Accum. Depreciation	\$ 12,469	
8. Minor Equipment-Not Depreciable		\$	
9. Other Fixed Assets ( <i>itemize</i> )		\$ 16,547,890	
See Schedule		16,547,890	
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)		\$ 20,823,359	

\* 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**

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

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

Page Ref	Line Ref	Description	
31	B9	CIP	\$ 8,915,251
		<b>Arbor Rose Fixed Assets:</b>	
31	B9	Fixed Asset Clearing Account Arbor Rose	\$ 421,150
31	B9	Fixed Asset Land Improvements Arbor Rose	\$ 96,747
31	B9	Fixed Asset Building Arbor Rose	\$ 13,381,598
31	B9	Fixed Asset Building Improvements Arbor Rose	\$ 722,821
31	B9	Fixed Asset Fixed Equipment Arbor Rose	\$ 414,879
31	B9	Fixed Asset Furniture & Equipment Arbor Rose	\$ 600,777
31	B9	Fixed Asset Computer (Movable) Arbor Rose	\$ 28,575
31	B9	Fixed Asset Auto Arbor Rose	\$ 184,138
31	B9	Accumulated Depr Land Improvements Arbor Rose	\$ (67,792)
31	B9	Accumulated Depr Building Arbor Rose	\$ (6,784,056)
31	B9	Accumulated Depr Building Improvements Arbor Rose	\$ (441,190)
31	B9	Accumulated Depr Fixed Equipment Arbor Rose	\$ (241,035)
31	B9	Accumulated Depr Furniture & Equipment Arbor Rose	\$ (717,162)
31	B9	Accumulated Depr Computers Arbor Rose	\$ (25,204)
31	B9	Accumulated Depr Autos Arbor Rose	\$ (146,207)
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ 16,547,890</b>

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
32	D7	Cash Investments Commonwealth	\$ 22,530,953
32	D7	COI from Bonds Series E 2021	\$ 111,376
32	D7	COI from Equity Series E 2021	\$ 662,800
32	D7	Capitalized Interest 2007	\$ 234,896
32	D7	Capitalized Interest 2021	\$ 225,907
32	D7	Capitalized Interest 2007 Accumulated Amortization	\$ (113,533)
32	D7	COI Series E 2021 Accumulated Amortization	\$ (21,505)
32	D7	Permanent Restricted Net Asset Held in Trust	\$ 303,616
32	D7		
<b>Total Other Assets</b>			<b>\$ 23,934,418</b>

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

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

Page Ref	Line Ref	Description	
33	A12	Accrued Expenses - Other	\$ 243,416
33	A12	Due to CT Provider Taxes	\$ 136,133
33	A12	Deferred Revenue	\$ 8,785
33	A12	Accrued Pension Payable	\$ 20,807
33	A12	Due to Third Parties	\$ 526,733
33	A12	Employee Portion Health Insurance W/H	\$ 90
33	A12	Arbor Rose Accrued Expenses	\$ 618,065
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,553,669</b>

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Jerome Home	2065C	9/30/2022	32   37
Account	Amount		
Total Brought Forward:			\$ 28,109,264
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> )			\$ 23,934,418
See Schedule	23,934,418		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 23,934,418
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 52,043,682

\* 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			\$	388,905
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> )			\$	455,958
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	(17)
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	255,000
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	5,392
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,553,669
See Schedule			1,553,669	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	2,658,907

\* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				\$ 2,658,907
<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				\$ 15,476,921
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> )				\$ 125,226
See Schedule		125,226		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)		\$ 15,602,147		
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)		\$ 18,261,054		

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Jerome Home	License No. 2065C	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				\$ 38,485,879
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (180,718)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (4,522,533)
7. Total Net Worth				\$ 33,782,628
<b>C. Total Reserves and Net Worth</b>				\$ 33,782,628
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 52,043,682

## H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2022	Page 36   37
Account		Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021		\$ 38,485,880	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$ 12,295,385	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$ 16,817,918	
D. Net Income or Deficit		\$ (4,522,533)	
E. Balance		\$ 33,963,347	
F. Additions			
1. Additional Capital Contributed ( <i>itemize</i> )			
Temp Restricted		(14,425)	
2. Other ( <i>itemize</i> )			
Arbor Rose Net Loss		(66,304)	
Permanent Restricted		(99,990)	
Rounding		(1)	
F-3. Total Additions			\$ (180,719)
G. Deductions			
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$
Name and Address (No., City, State, Zip)	Title	Amount	
2. Other Withdrawals ( <i>Specify</i> )			\$
Purpose		Amount	
3. Total Deductions			\$
H. <b>Balance at End of Period</b>	09/30/22		\$ 33,782,628

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

Name of Facility Jerome Home	License No. 2065C	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"/> Residential Care Home
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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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Dorothy Robinson
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Address Address Hartford HealthCare Senior Services, 80 Meriden Ave., Southington, CT 06489	Phone Number 203-623-2930
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Contacted Person Regarding Additional Information Needed Regarding This Report Dorothy Robinson	Phone Number 203-623-2930
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Contact Email Address Dorothy.Robinson@hhchealth.org
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