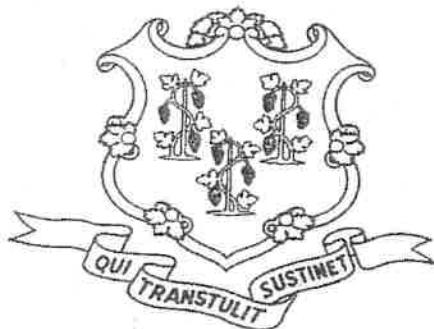


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Mansfield Center for Nursing and Rehabilitation				
Address (No. & Street, City, State, Zip Code) 100 Warren Circle, Storrs, CT 06268				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021		Report for Year Ending 9/30/2022		

License Numbers:	CCNH 2132-C	RHNS	(Specify)	Medicare Provider 07-5402
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2132-C	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) Mansfield Center for Nursing and Rehabilitation	License No. 2132-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 Mansfield Center for Nursing and Rehabilitation [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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) James Fidanza			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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Mansfield Center for Nursing and Rehabilitation	Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 100 Warren Circle, Storrs, CT 06268			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/6/2023	
Item	Total	CCNH	RHNS
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-487-2300	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Mansfield Center for Nursing and Rehabilitation		Address (No. & Street, City, State, Zip) 100 Warren Circle, Storrs, CT 06268	
License Numbers: 2132-C	CCNH 2132-C	RHNS (Specify)	Medicare Provider No. 07-5402
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No If "Yes," explain fully.
N/A			
Administrator			
Name of Administrator James Fidanza		Nursing Home Administrator's License No.: 00914	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

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General Information and Questionnaire Partners/Members

State of Connecticut
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General Information and Questionnaire

Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Mansfield Center for Nursing and Rehabilitation	2132-C	9/30/2022	3A	37

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

**NEW SAMARITAN CORPORATION
BOARD OF DIRECTORS OCT. 1, 2021 – SEPT. 30, 2022**
Updated September 23, 2022
Primary contact information in bold print

DIRECTORS

Jennifer Young Gaudet (Chair / President)
younggaudet.j@gmail.com

C. Michael Tucker (Vice Chair)
archcmt@aol.com

Barbara J. Libby (Secretary)
barllibby@aol.com

Kathryn Stewart Hegedus (Asst. Secretary)
khegedus@att.net

Betsey M. Reid
betsey@davesarts.com

Mabel M. Peterson
mabelpeterson@seqweb.org

Alison L. Bonds
bondslevine@optonline.net

Melanie J. Howlett
mjhowlett@optonline.net

(FIVE VACANT SEATS)

Maria A. Borges Correia
borgescorreia@snet.net

Robert A. Biddleman
biddlemannr@gmail.com

General Information and Questionnaire

Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Mansfield Center for Nursing and Rehabilitation	2132-C	9/30/2022	3B	37

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

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility Mansfield Center for Nursing and Rehabilitation	License No. 2132-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			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	%**				
New Samaritan Corporation	127 Washington Ave., 5th Floor East, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Corporate oversight	Page 16 / Line m13	144,000	144,000
Mansfield Retirement Community	1 Silo Road, Storrs, CT 06268	<input type="radio"/>	<input checked="" type="radio"/>		Truck use	Page 16 / Line L6	1,974	1,974
Elderly Housing Management, Inc.	127 Washington Ave., 5th Floor East, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Pass through on pension expense	Page 15 / Line 1a7	196,311	196,311
New Samaritan Corporation	127 Washington Ave., 5th Floor East, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Loan / Intercompany	Page 31 / Line A8	2,881,066	2,881,066
Mansfield Retirement Community	1 Silo Road, Storrs, CT 06268	<input type="radio"/>	<input checked="" type="radio"/>		Provision of Dietary Svcs	Page 31 / Line A8	82,020	82,020
		<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 Mansfield Center for Nursing and Rehabilitation	License No. 2132-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? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

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.

N/A

**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 Mansfield Center for Nursing and Rehabilitation		License No. 2132-C		Report for Year Ended 9/30/2022			Page 6 of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Marlin Business Bank, POB 13604, Philadelphia PA 19101-3604	<input type="radio"/>	<input checked="" type="radio"/>	2 Copiers	06/01/19	36 Months	2,723	2,723
Quadient Leasing USA Inc., Dept 3682, POB 123682, Dallas TX 75312-3682	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/03/19	36 Months	1,062	1,062
ADP LLC, POB 842875, Boston MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>	2 Time Clocks	02/01/17	Month to Month	3,914	3,914
Gordon Food Service, 630 John Hancock Rd, Taunton MA 02780	<input type="radio"/>	<input checked="" type="radio"/>	Dish Machine	12/01/19	12 months	2,724	2,724
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	10,423

* 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 Mansfield Center for Nursing and R	License No. 2132-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 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
-----------------------------------------------------------	--------------------------------------------------------------------------------------------

Services Provided by This Firm (describe fully)

1 Annual audit, compliance reporting, tax return preparation and cost report submissions 2 3 4	\$ 56,889 \$ \$ \$
	Charge for Services Provided \$ 56,889

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

Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana 2 3 4 5	Telephone Number (203) 498-4400
--------------------------------------------------------------------------------------	------------------------------------

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

1 POB 1832, New Haven CT 06508-1832 2 3 4 5

Services Provided by This Firm (describe fully)

1 Bed Reduction Request 2 ASL Interpreting negotiations for A Coppola, filed CHRO complaint, ongoing legal case 3 4 5	\$ 1,174 \$ 11,266 \$ \$ \$
	Charge for Services Provided \$ 12,440

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

Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Mansfield Center for Nursing and Rehabilitation			License No. 2132-C			Report for Year Ended 9/30/2022				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity					98	98							
A. On last day of PREVIOUS report period	98	98											
B. On last day of THIS report period	88	88							88	88			
2. Number of Residents					46	46							
A. As of midnight of PREVIOUS report period	46	46											
B. As of midnight of THIS report period	48	48							48	48			
3. Total Number of Days Care Provided During Period					973	973			577	577			
A. Medicare	1,550	1,550											
B. Medicaid (Conn.)	9,844	9,844			7,303	7,303			2,541	2,541			
C. Medicaid (other states)													
D. Private Pay	4,498	4,498			3,563	3,563			935	935			
E. State SSI for RCH													
F. Other (Specify) Commercial Insurance	1,382	1,382			1,064	1,064			318	318			
G. Total Care Days During Period (3A thru F)	17,274	17,274			12,903	12,903			4,371	4,371			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					68	68			18	18			
A. Medicaid Bed Reserve Days	86	86											
B. Other Bed Reserve Days	73	73			54	54			19	19			
5. Total Resident Days (3G + 4A + 4B)	17,433	17,433			13,025	13,025			4,408	4,408			

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Schedule of Resident Statistics (Cont'd)

Name of Facility Mansfield Center for Nursing and Rehabilitation	License No. 2132-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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					
7/1/2022	X			10						88			State granted request in effort to g	

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	(Specify)
				4,408		
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	27		13				
Per Diem Rate								
a. One bed rm.	Various	276.75		441.00				
b. Two bed rms.	Various	276.75		399.95				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		1,872	1,872	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	9,586	9,586		
D. Total Physical Therapy Treatments	11,458	11,458		

8. Total Number of Speech Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		129	129	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	6	6		
C. Other	329	329		
D. Total Speech Therapy Treatments	464	464		

9. Total Number of Occupational Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		1,595	1,595	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	6	6		
C. Other	8,941	8,941		
D. Total Occupational Therapy Treatments	10,536	10,536		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
Mansfield Center for Nursing and Rehabilitation	2132-C	9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	146,912	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	279,232	20,160			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	584,951	27,691			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	253,603	14,679			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	173,972	6,370			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	123,524	8,107			
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	229,760	4,160			
b. RN					
1. Direct Care	765,289	17,484			
2. Administrative**	403,362	4,922			
c. LPN					
1. Direct Care	759,179	21,581			
2. Administrative**					
d. Aides and Attendants	1,281,476	59,043			
e. Physical Therapists	371,159	7,006			
f. Speech Therapists					
g. Occupational Therapists	192,262	5,102			
h. Recreation Workers	220,633	8,880			
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	190,570	6,254			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	206,639	10,621			
<i>A-13. Total Salary Expenditures</i>	6,182,523	224,140			

* 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)

Schedule of Other Fees (Page 13)

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

Name of Facility Mansfield Center for Nursing and Rehabilitation				License No. 2132-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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Mansfield Center for Nursing and Rehabilitation				2132-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	(Specify)							
Section III - Administrators***										
James Fidanza	146,912			Non-Discrim	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2132-C	9/30/2022		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	10,159	226			
2. Dentist	9,443	21			
3. Pharmacist	8,567	Monthly			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	31,856	115			
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	33,681	443			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***	375	Contracted			
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	18,957	649			
d. Other					
12. Other (Specify)					
See Attached Schedule	11,388				
B-13 Total Fees Paid in Lieu of Salaries	124,426	1,454			

* 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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	182,823	182,823		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	4,364	4,364		
4. Social Security (F.I.C.A.)	\$	441,307	441,307		
5. Health Insurance	\$	342,211	342,211		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	196,311	196,311		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	35,201	35,201		
d. Accounting and Auditing	\$	56,889	56,889		
e. Legal (Services should be fully described on Page 7)	\$	12,440	12,440		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	18,771	18,771		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	15,180	15,180		
2. Cellular Phones	\$	1,150	1,150		
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	303,445	303,445		
Subtotal		\$ 1,610,092	1,610,092		

* 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

Schedule of Other Taxes

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

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

Name of Facility Mansfield Center for Nursing and Rehabilitation	License No. 2132-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,610,092	1,610,092		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	790	790		
5. Education Expenses Related to Seminars and Conventions	\$	4,245	4,245		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,974	1,974		
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	19,640	19,640		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	2,487	2,487		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,416	4,416		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	11,989	11,989		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	118	118		
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>	\$	213,894	213,894		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	168,527	168,527		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,038,172	2,038,172		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
ADVERTISING & PROMO.	\$ 2,487		
Total Other Advertising	\$ 2,487	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
Leading Age CT	\$ 10,878		
American Assoc. of Long Term Care Nursing Professionals	17		
Association for Professionals in Infection Control	205		
Association for Long Term Care Financial Managers	99		
CT Long Term Care Mutual Aid	554		
AAPACN Dues	236		
Total Dues	\$ 11,989	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
NSC/INTERCO. FEES (Disallow Page 28)	\$ 144,000		
LICENSES	10,073		
ROUTINE BANK FEES	1,278		
BOUNCED CHECK (Disallow Page 28)	35		
OTHER PROFESSIONAL FEES	3,998		
FINES & PENALTIES (Disallow Page 28)	120		
EMPLOYEE RELATIONS (Disallow \$2,361 Page 28)	5,702		
OTHER BENEFITS (Disallow Page 28)	46		
EMPLOYEE BACKGROUND CHECKS	3,275		
Total Other Administrative and General	\$ 168,527	\$ -	\$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Mansfield Center for Nursing and Rehabil	2132-C	9/30/2022	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 #
N/A			

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

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

Name of Facility Mansfield Center for Nursing and Rehabilitation	License No. 2132-C	Report for Year Ended 9/30/2022		Page of 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 214,408	214,408		
2. Non-Food Supplies	\$ 30,018	30,018		
3. Other (Specify) _____ Dishes & Utensils	\$ 1,155	1,155		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 245,581	245,581		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" 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)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" 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.

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

Name of Facility Mansfield Center for Nursing and Rehabilitation	License No. 2132-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry	Lbs.				
a. In-House Processing*	Amt. \$	14,460	14,460		
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***					
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 (Specify) Laundry Supplies	\$	48,652	48,652		
3D. Total Laundry Expenditures (3a + b + c)	\$	63,112	63,112		
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.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
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				
	Amt.	\$			
C. Other (<i>Specify</i>) Housekeeping Supplies		\$ 35,528	35,528		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 35,528	35,528		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from Pharmacy		\$ 129,535	129,535		
b. Medicine Cabinet Drugs		\$ 4,854	4,854		
c. Medical and Therapeutic Supplies		\$ 95,110	95,110		
d. Ambulance/Limousine***		\$ 29,962	29,962		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 2,790	2,790		
f. X-rays and Related Radiological Procedures***		\$ 13,043	13,043		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)					
h. Laboratory***		\$ 99	99		
i. Recreation		\$ 11,309	11,309		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (<i>Specify</i>)**** See Attached Schedule		\$ 50,040	50,040		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 336,742	336,742		

* 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

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 Mansfield Center for Nursing and Rehabilitation	License No. 2132-C	Report for Year Ended 9/30/2022		Page 22 37
Item		Total	CCNH	RHNS (Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$	11,381	11,381	
b. Heat	\$	29,146	29,146	
c. Light & Power	\$	83,000	83,000	
d. Water	\$	24,197	24,197	
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	10,423	10,423	
f. Other <i>(itemize)</i>	\$	119,152	119,152	
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$	277,299	277,299	
7. Depreciation <i>(complete schedule page 23*)</i>				
a. Land Improvements	\$	44,808	44,808	
b. Building & Building Improvements	\$	139,794	139,794	
c. Non-Movable Equipment	\$	18,178	18,178	
d. Movable Equipment	\$	32,563	32,563	
*7e. Total Depreciation Costs (7a + b + c + d)	\$	235,343	235,343	
8. Amortization <i>(Complete att. Schedule Page 24*)</i>				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other <i>(Specify)</i>	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$	130,599	130,599	
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$	9,720	9,720	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	375,662	375,662	

* 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

Name of Facility Mansfield Center for Nursing and Rehabilitation				License No. 2132-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		
A. Land Improvements											44,808		
1. Acquired prior to this report period				1,705,464		1,705,464	1,160,127	S/L	Various	44,808			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)											44,808		
A-4. Subtotal													
B. Building and Building Improvements											139,017		
1. Acquired prior to this report period				6,600,653		6,600,653	5,544,980	S/L	Various	139,017			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				6,215						777	139,794		
B-4. Subtotal													
C. Non-Movable Equipment											17,757		
1. Acquired prior to this report period				330,425		330,425	263,883	S/L	Various	17,757			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				4,209				S/L	Various	421	18,178		
C-4. Subtotal													
D. Movable Equipment	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	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	Exclusive of Land								
1. Motor Vehicles (Specify name, model and year of each vehicle)												1,940	
a. Kubota Cab Tractor	X		2	19	19,400		19,400	5,820	S/L	10	1,940		
b. Kubota HD Bucket	X		7	19	524		524	156	S/L	10	52		
c.												28,452	
d.													
2. Movable Equipment													
a. Acquired prior to this report period			Var	Var	1,131,208		1,131,208	1,020,814	S/L	Various	28,452	32,563	
b. Disposals (attach schedule)					(73,368)			(73,368)	S/L	Various			
Acquired during this report period (attach schedule):													
c. Administrative					6,942		6,942		S/L	Various	1,388	235,343	
d. Standard Resident					7,318		7,318		S/L	Various	731		
e. Specialized Resident													
Total Acquired during this report period					14,260		14,260				2,119	32,563	
D-3. Subtotal													
E. Total Depreciation													

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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			
Additions:					
12/31/2021	Sara Stedy Manual Stand Aid	Standard Resident	\$ 1,904	10	\$ 190
2/28/2022	Network server - ordered, not in service yet	Administrative	6,942	5	\$ 1,388
6/30/2022	Comfort Glide Patient Move System	Standard Resident	2,164	10	\$ 216
6/30/2022	Hi Profile Flotation Cushion	Standard Resident	3,250	10	\$ 325
Total additions for Movable Equipment			\$ 14,260		\$ 2,119
Deletions:					
10/1/2021	w/o assets disposed of		\$ (73,368)		
Total deletions for Movable Equipment			\$ (73,368)		\$ -

*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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
Total additions for Leasehold Improvements			\$ -		\$ -
Deletions:					
Total deletions for Leasehold Improvements			\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Mansfield Center for Nursing and Rehabilitation

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary

	Acq. Date	Historical Cost	Method	Life	9/30/2022	9/30/2022	NBV
					Depreciation Expense	Accumulated Depreciation	
Land Improvements							
Prior to 2012		1,672,958	SL	Var	42,206	1,187,992	484,966
Total per 2012 Cost Report		1,672,958			42,206	1,187,992	484,966
2013 Additions							
Concrete Repairs and Sidewalks		5,121	SL	15	341	3,243	1,878
Total 2013 Additions		5,121			341	3,243	1,878
2014 Additions							
Parking Area Lights		13,632	SL	15	909	7,724	5,909
Total 2014 Additions		13,632			909	7,724	5,909
2016 Additions							
Sidewalk Concrete		5,250	SL	15	350	2,275	2,975
Total 2016 Additions		5,250			350	2,275	2,975
2017 Additions							
20 Ft. Flagpole	3/31/2017	890	SL	20	45	247	643
Total 2017 Additions		890			45	247	643
2018 Additions							
Wood Posts & Guardrails	10/31/2017	3,000	SL	8	375	1,688	1,312
Rubber Speed Bumps / Spikes	7/31/2018	1,203	SL	5	241	1,084	119
Total 2018 Additions		4,203			616	2,772	1,431
2021 Additions							
New Catch Basin	4/1/2021	3,410	SL	10	341	682	2,728
		3,410			341	682	2,728
Total Land		1,705,464			44,808	1,204,935	500,529
Building & Building Improvements							
Prior to 2012***		6,010,706	S/L	VAR	97,323	5,391,314	619,392
Total prior to 2012		6,010,706			97,323	5,391,314	619,392
2012 Additions							
Windows		64,896	S/L	20	3,245	34,071	30,824
Windows		3,245	S/L	20	162	1,702	1,543
HVAC Parts		864	S/L	20	43	453	411
HVAC Parts		1,388	S/L	20	69	727	661

Windows/part	299	S/L	20	15	157	141
Sprinklers	2,800	S/L	25	112	1,176	1,624
Door Holders	807	S/L	10	39	807	0
Diffusers	754	S/L	10	40	755	(0)
Door	849	S/L	20	42	443	406
Total 2012 Additions	75,901			3,767	40,291	35,610
2013 Additions						
Kitchen Appliance Part	641	S/L	10	64	609	33
HVAC Parts	2,109	S/L	15	141	1,338	771
Ceiling Diffusers	578	S/L	10	58	550	28
Wallcoverings - Paint	2,289	S/L	5	-	2,289	(0)
Wood Doors & Parts for the Shed	1,214	S/L	13.5	90	900	314
Wall Corner Protectors	937	S/L	5	(187)	750	187
Vinyl Flooring-entry & rehab hallway - 1st floor	17,365	S/L	10	1,737	16,499	866
Wall/Window Trim Repairs	4,616	S/L	20	231	2,194	2,422
Roof Repairs	1,905	S/L	10	191	1,812	93
Wall/Window Trim Repairs	9,423	S/L	20	471	4,475	4,948
RTU 4 & 5 Heat Exchangers	4,262	S/L	15	284	2,699	1,563
Total 2013 Additions	45,339			3,080	34,114	11,225
2014 Additions						
Replace Rotted Drain Lines and Piping	3,414	S/L	25	137	1,163	2,251
Retile 1st Fl. Rear Shower Area	1,270	S/L	20	64	543	728

Kitchen Drain Pipe R&R Supp.	172	S/L	25	7	59	113
Retile Kitchen Drain Pipe Area	1,975	S/L	20	99	840	1,135
Remove & Replace Drain Pipes	7,500	S/L	25	300	2,550	4,950
Replace Dampers	7,500	S/L	10	750	6,375	1,125
Repl. Carpet-2nd Fl. E & S Lounges	2,846	S/L	5	-	2,846	0
AC Chiller Unit-Facility Wide/Roof Unit	45,500	S/L	10	4,550	38,675	6,825
Total 2014 Additions	70,177				53,050	17,127

2015 Additions

Furnace Parts	836	S/L	15	56	419	417
All Seasons Mechanical - Hot Water Coil/Boiler	8,044	S/L	20	402	3,015	5,029
All Seasons Mechanical - Chiller/AC Unit	2,533	S/L	10	253	1,898	635
Two New Boilers	40,318	S/L	20	2,016	15,120	25,198
Sheetrock for Kitchen Hallway	699	S/L	10	70	525	174
Facility wide energy eff. Lighting	20,491	S/L	10	2,049	15,368	5,123
Rehab AC Rooftop Unit	10,970	S/L	10	1,097	8,228	2,743
Painting (UCONN room)	2,300	S/L	5	(230)	2,070	230
New Laminate Floor (UCONN room)	4,340	S/L	10	434	3,255	1,085
Replace Kitchen Ball Valves	2,289	S/L	25	92	689	1,600
New Vinyl Floor (1st Fl. lounge)	1,768	S/L	10	177	1,327	441
Outer Door Parts/Replmt (RHR Oper & Arm)	1,214	S/L	5	-	1,214	(0)
Total 2015 Additions	95,802				6,416	53,128
						42,674

2016 Additions

Wood door	538	S/L	15	36	234	304
2 Heat & AC Units - Dining Rooms	1,649	S/L	5	-	1,649	0
1 Heat & AC Unit-Rec Room	710	S/L	5	-	710	(0)
Rebuilding kit for boiler with mixing valve	712	S/L	20	36	233	478
Window Replacement Parts/ Labor	1,134	S/L	20	57	370	764
Replace hot water tank valves	1,640	S/L	25	66	428	1,212
Replace 2 valves on hot water line	1,874	S/L	25	75	487	1,386
Replace tile Dishroom Floor	1,200	S/L	20	60	390	810
New fan coil unit installation	3,220	S/L	5	-	3,220	-
Replace the compressor in HVAC	2,634	S/L	10	263	1,710	924
Wire 3 AC units	1,463	S/L	5	-	1,463	(0)
Repair and retile shower	2,610	S/L	20	131	851	1,759
3 Wall mirrors	569	S/L	10	57	370	199
2 LED Wrap Lights	85	S/L	10	9	58	27
15 LED Wrap Lights	638	S/L	10	64	416	222
Total 2016 Additions	20,675				854	12,589
						8,086

2017 Additions

4 Stainless Steele Surface Mount Shelves	10/31/2016	135	S/L	10	13	72	63
Bathroom Mirrors	10/31/2016	759	S/L	10	76	418	341
15 Wrap Lights	10/31/2016	638	S/L	10	64	352	286

Replace Fire Pump	10/31/2016	2,500	S/L	20	125	688	1,813
Excavation - Trench for wires for New Phone System	12/31/2016	14,639	S/L	10	1,464	8,052	6,587
5 Bathroom Mirrors	1/31/2017	949	S/L	10	95	522	426
2 Pre-Finish Doors, Frame, etc.	1/31/2017	1,764	S/L	15	118	649	1,115
1 Pre-Finish Doors, Frame, etc.	2/28/2017	653	S/L	15	44	242	411
Light Fixtures for Pt. Bathrooms	3/31/2017	400	S/L	10	40	220	180
6 Bathroom Mirrors	3/31/2017	1,138	S/L	10	114	627	511
Heat Detectors and Bases	4/30/2017	684	S/L	10	68	374	310
Rehab Dishroom Ceiling	5/31/2017	574	S/L	10	57	314	260
5 Bathroom Mirrors	5/31/2017	1,033	S/L	10	103	567	466
20 Shelves for Bathroom Renovations	6/30/2017	674	S/L	20	34	187	487
Landscaping - Phone System Trench	7/31/2017	3,950	S/L	10	395	2,173	1,778
Light Fixtures for Pt. Bathrooms	7/31/2017	450	S/L	10	45	247	202
Plumbing Parts - Patient Bathroom Upgrades	7/31/2017	409	S/L	10	41	225	184
Replace Chiller	8/31/2017	2,226	S/L	10	223	1,226	1,000
Replace RTU#3	9/30/2017	15,400	S/L	10	1,540	8,470	6,930
Phone and Voicemail System	9/30/2017	57,085	S/L	10	5,708	31,394	25,691
Total 2017 Additions		106,059			10,367	57,018	49,041

2018 Additions

26 sprinkler heads replaced	10/31/2017	2,000	S/L	25	80	360	1,640
6 Bathroom Mirrors	10/31/2017	1,190	S/L	10	119	536	654
Acoustic Ceiling tiles	1/31/2018	275	S/L	8	34	153	122
Trex Decking - 1st Floor Dining	2/28/2018	790	S/L	15	53	238	552
Drywall - Laundry Room	2/28/2018	236	S/L	10	24	108	128
12 Sink Brackets	3/31/2018	2,892	S/L	20	145	652	2,240
Flooring for wall protection	3/31/2018	955	S/L	10	96	432	523
6 Bathroom Sinks	5/31/2018	511	S/L	20	26	117	394
12 Sink Brackets	5/31/2018	2,892	S/L	20	145	652	2,240
Media Junction Box	5/31/2018	200	S/L	20	10	45	155
Trex Decking - 1st Floor Dining	6/30/2018	418	S/L	15	28	126	292
Flooring for wall protection	6/30/2018	955	S/L	10	96	432	523
6 Bathroom Mirrors	6/30/2018	1,184	S/L	10	118	531	653
14 Stainless Folding shelves	6/30/2018	1,438	S/L	20	72	324	1,114
15 Pairs Extension Drawer Slides	7/31/2018	239	S/L	10	24	108	131
20 Flexible LED Wall Lamps	7/31/2018	370	S/L	10	37	166	204
20 Wall Clocks w/ hidden safes	7/31/2018	200	S/L	10	20	90	110
8 Full Motion TV Wall Mounts	7/31/2018	104	S/L	10	10	45	59
Perimeter Wall Insulation - 2nd Floor	8/31/2018	3,700	S/L	15	247	1,111	2,589
10x16 Lofted storage barn	8/31/2018	3,675	S/L	20	184	828	2,847
12 Corner guards	8/31/2018	202	S/L	10	20	90	112
16 Sink Brackets	9/30/2018	3,856	S/L	20	193	868	2,988
New 6 Ton AC Unit	9/30/2018	11,860	S/L	10	1,186	5,337	6,523
Installation of New AC Unit	9/30/2018	715	S/L	10	72	324	391
Total 2018 Additions		40,857			3,039	13,673	27,184

2019 Additions

New Roof & Drains	10/31/2018	99,301	S/L	20	4,965	19,860	79,441
Ceiling Tile Replacement	10/31/2018	767	S/L	8	96	384	383
Portico Painting/maintenance	5/31/2019	16,845	S/L	20	842	3,368	13,477

Total 2019 Additions**116,913****5,903****23,612****93,301****2020 Additions**

COVID Impr. - Laundry	4/30/2020	2,139	S/L	10	214	642	1,497
COVID Impr. - Reception	4/30/2020	1,021	S/L	10	102	306	715
COVID Impr. - Beauty Salon	5/31/2020	1,704	S/L	10	170	511	1,193

Total 2020 Additions**4,864****486****1,459****3,405****2021 Additions**

Room 126 Flooring	2/28/21	2,694	S/L	10	269	538	2,156
Room 126 Ceiling	2/28/21	689	S/L	8	86	172	517

Room 126 Paint/Lighting	2/28/21	452 S/L	5	90	180	272
Room 126 Corner Guards	2/28/21	167 S/L	10	17	34	133
Room 126 Paint	3/31/21	149 S/L	5	30	60	89
Room 126 Wall Materials	3/31/21	914 S/L	10	91	182	732
Room 126 Plumbing	4/30/21	1,011 S/L	10	101	202	809
Room 126 Electrical	4/30/21	350 S/L	10	35	70	280
Room 126 Finishes	4/30/21	704 S/L	10	70	140	564
Room 126 Materials	4/30/21	1,385 S/L	10	139	278	1,107
Paint Rms 120/121/126	6/30/21	4,370 S/L	5	874	1,748	2,621
Room 126 Materials	6/30/21	230 S/L	10	23	46	184
Room 203 Paint	9/30/21	245 S/L	5	49	98	147

Total 2021 Additions		13,360		1,874	3,748	9,611
2022 Additions						
Canopy Ceiling Restoration	9/14/22	6,214 S/L	8	777	777	5,438
		<u>6,214</u>		<u>777</u>	<u>777</u>	<u>5,438</u>
Total Building Improvements		6,606,868		139,794	5,684,774	922,094
Non-Moveable Equipment						
Prior to 2012		183,652 S/L	VAR		183,652	-
Total prior to 2012		<u>183,652</u>		<u>-</u>	<u>183,652</u>	<u>-</u>
2012 Additions						
2012 Additions per Amended Cost Report		4,959 S/L	VAR		4,959	-
Total 2012 Additions		4,959			4,959	
2013 Additions						
4-way Plug for Rooms		755 S/L	10	76	720	35
Meraki MR16 Wireless Access Point		4,000 S/L	5	-	4,000	-
Spa Bathing System		13,804 S/L	10	1,380	13,112	692
8 Fixed Tilt Mirrors		1,213 S/L	10	121	1,151	62
4 Laminate Counter Tops		1,315 S/L	15	88	835	481
Total 2013 Additions		21,087			1,665	19,817
2014 Additions						
Double Oven Serial 092513RA020B		6,435 S/L	10	644	5,473	963
Double Oven Serial 092513RA019T		6,434 S/L	10	643	5,467	967
Rebate Ck-CT Energy Eff. Fund-Comm'l Equip. Rebate Program		(1,000) S/L	10	(100)	(850)	(150)
30 Wall lights/sconces		600 S/L	10	60	510	90
3 updated eye wash stations		1,767 S/L	10	177	1,503	264
30 Wall lights/sconces		1,080 S/L	10	108	918	162
Wire & Install Bed Lights - all 98 beds		8,820 S/L	10	882	7,497	1,323
Total 2014 Additions		24,136			2,414	20,518
2015 Additions						
80 Door Clutch Handles w/locks		6,920 S/L	15	461	3,458	3,462
Eye/Face/Shower - Mixing Valve		1,435 S/L	10	144	1,079	356
Drapes/Valances - #50		1,645 S/L	5	-	1,646	(1)
Garbage Disposal		1,535 S/L	5	-	1,536	(1)
Aluminum Floor Plates-Walk in Cooler		705 S/L	15	47	353	353

Water Cooler-Hallway	398	S/L	10	40	300	98
Booster-Dietary Dishwasher	2,500	S/L	5	-	2,500	-
Total 2015 Additions	15,138			692	10,870	4,268
2016 Additions						
Pt. Bathroom Door Handles w/locks-pd via c/card	1,631	S/L	15	109	708	923
#6 Door Handles & Locks	672	S/L	15	45	292	380
#5 Door Handles & Locks	560	S/L	15	37	241	319
Elkay Drinking Fountain	375	S/L	10	37	241	134
6 sinks & parts	865	S/L	20	43	280	585
Total 2016 Additions	4,103			271	1,762	2,340
2017 Additions						
1 New Sink	10/31/2016	65 S/L	20	3	17	48
7 New Sinks	10/31/2016	456 S/L	20	23	126	330
6 New Sinks	1/31/2017	391 S/L	20	20	110	281
5 Door locks, 11 Keys	3/31/2017	562 S/L	15	37	204	358
5 Door Locks and Levers	3/31/2017	560 S/L	15	37	204	356
6 Door Locks and Levers	4/30/2017	672 S/L	15	45	247	425
7 Door Handles	5/31/2017	594 S/L	15	40	220	374
6 New Sinks	5/31/2017	537 S/L	20	27	148	389
New Exhaust-Emergency Generator	6/30/2017	700 S/L	12	58	319	381
Fire Protection in Fume Hood Replacement	6/30/2017	2,247 S/L	10	225	1,237	1,009
6 New Door Locks and Levers	7/31/2017	672 S/L	15	45	247	425
Ceiling Heater - Shower Room	8/31/2017	892 S/L	10	89	490	402
Wall Thermostat	9/30/2017	68 S/L	10	7	38	29
Wallcovering/Protection	9/30/2017	578 S/L	5	56	578	(0)
Total 2017 Additions	8,993			712	4,186	4,808
2018 Additions						
6 Door Locks & Levers	11/30/2017	672 S/L	5	134	558	114
5 Door Handles / 6 keys	11/30/2017	500 S/L	15	33	149	351
12 Sink Brackets	12/31/2017	2,892 S/L	15	193	917	1,975
6 Basement door Levers	12/31/2017	636 S/L	10	64	277	359
65" TV - 1st Floor Dining Room	12/31/2017	606 S/L	15	40	221	385
1 Double tier locker	1/31/2018	519 S/L	5	104	438	81
5 door Handles / 13 keys	8/31/2018	641 S/L	12	53	233	408
4 Entrance Clutch Lever Locks	8/31/2018	460 S/L	15	31	139	321
2 institutional Clutch Lever Locks	8/31/2018	270 S/L	15	18	81	189
Eyewash Station	9/30/2018	565 S/L	10	57	256	309
Total 2018 Additions	7,761			727	3,269	4,492
2020 Additions						
Video Security System	43890	4,148 S/L	5	830	1,659	2,489
Septic Guide Rail Sys/Pump Chamber Reblld	10/31/2019	4,515 S/L	10	452	1,355	3,161

Fire Panel Replacement - power surge	4/30/2020	48,019	S/L	5	9,604	28,811	19,208
Total 2020 Additions		56,682			10,885	31,825	24,857
2021 Additions							
Natural Gas Fryolator	12/31/2020	1,774	S/L	10	177	354	1,420
LED Overhead Light Fixtures	9/30/2021	2,140	S/L	10	214	428	1,712
Total 2021 Additions		3,914			391	782	3,132
2022 Additions							
LED Light Fixtures for Rooms	10/31/2021	1,760	S/L	10	176	176	1,584
LED Light Fixtures for Rooms	11/30/2021	1,398	S/L	10	140	140	1,258
Captive-Aire Exhaust Fans	2/28/2022	1,051	S/L	10	105	105	946
Total 2022 Additions		4,209			421	421	3,788
Total Non-Moveable Equipment		334,634			18,178	282,061	52,573
Vehicles							
Prior to 2012		7,674	S/L	VAR	-	7,674	-
Total prior to 2012		7,674			-	7,674	-
2019 Additions							
Kubota Cab Tractor	2/28/2019	19,400	S/L	10	1,940	7,760	11,640
Kubota HD Bucket	7/31/2019	524	S/L	10	52	208	316
Total 2019 Additions		19,924			1,992	7,968	11,956
2019 Disposals							
Prior to 2012		(7,674)	S/L	VAR	-	(7,674)	-
Total 2019 Disposals		(7,674)			-	(7,674)	-

<u>Total Vehicles</u>	<u>19,924</u>		<u>1,992</u>	<u>7,968</u>	<u>11,956</u>
Moveable Equipment					
Prior to 2012	748,899	S/L		748,899	-
Total Prior to 2012	748,899			748,899	-
2012 Additions					
TV-Room 107	278	S/L	5	278	-
Drop Arm Commode	328	S/L	10	328	(0)
Heavy Duty Commode	200	S/L	10	200	(0)
2 Wheelchairs	801	S/L	10	802	(0)
2 Wheelchairs	847	S/L	10	847	0
2 Mattresses	938	S/L	10	938	0
1 Dell Optiplex 790 Desktop PC	788	S/L	3	788	-
1 480 Full Ethernet Timeclock	2,142	S/L	10	2,142	(0)
8 Overbed Tables (incl. 75.82 freight)	772	S/L	15	538	234
19 Pt. Room Chairs (incl. 1,061 freight)	4,339	S/L	15	3,036	1,303
2 Laptops	1,083	S/L	3	1,083	-
3 Desktop PCs	1,706	S/L	3	1,706	-
Lift Chair (Useful life = Arm chair)	899	S/L	15	630	269
4 Wheelchairs	1,527	S/L	5	1,527	-
Desktop PC	520	S/L	3	520	-
Desktop PC	531	S/L	3	531	-
Refrigerator-Kitchen/Dietary	2,376	S/L	10	2,376	0
Desktop PC	563	S/L	3	563	-
Desktop PC-for Pat Arini	573	S/L	3	573	-
12 vanity mirrors	1,894	S/L	15	1,325	570
Floor Buffer	601	S/L	5	601	-
Power Edge T410 - New Server	4,979	S/L	5	4,979	-
S.Geist PC = 530.66 & #2 nursing slim PCs @ 637.01 each	1,805	S/L	3	1,805	-
Double Mirror Vanity	594	S/L	15	418	176
12 overbed tables	1,160	S/L	15	810	350
1 4 foot straight back Glider	480	S/L	15	336	144
2 Mini Dell PCs	1,317	S/L	3	1,317	-
2 Mini Dell PCs	998	S/L	3	998	-
2 Wheelchairs	773	S/L	5	773	-
Maple Storage Cabinet, 6 shelves, hinged 3 pt. locking doors	1,623	S/L	15	1,135	488
Steam Cleaner	2,257	S/L	5	2,257	-
12 overbed tables	1,160	S/L	15	810	350
2 lateral File Cabinets	1,218	S/L	15	852	366
2 utility tables	390	S/L	15	273	117
12 overbed tables (JE 4244-r/c from xp)	1,160	S/L	15	810	350
Total Additions 2012	43,618		1,423	38,902	4,716

2012 Disposals

Camera

	(380)	S/L			
	(380)				

			(38)	(38)	(342)
			(38)	(38)	(342)

2013 Additions

Desktop PC - Lynn Grimason	422	S/L	3	-	422	-
Desktop PC - Lynn Bellware	430	S/L	3	-	430	-
2 Wheelchairs	773	S/L	10	77	733	40
2 Bedside Chests (Cabinets)	489	S/L	15	33	312	177
Sharp MX-M623N Digital Imager (Photocopier)	9,749	S/L	5	-	9,749	(0)
Desktop PC - Nursing (Smallform Factr)	442	S/L	3	-	442	-
16 Tables	676	S/L	15	45	428	248
10 Overbed Tables	1,045	S/L	15	70	664	382
55 Chairs	6,806	S/L	15	454	4,312	2,494
8 Office Swivel Chairs	978	S/L	15	65	618	360
10 Mattresses	3,627	S/L	10	363	3,447	180
repair/paint sign	950	S/L	10	95	903	48
3 Wheelchairs	608	S/L	10	61	578	29
Installation-Room Curtains	551	S/L	5	-	551	0
Fabric/Parts,etc.-Room Curtains	3,236	S/L	5	-	3,236	(0)
Office Swivel Chair	111	S/L	15	7	68	43
Desktop Mini PC - Nursing	579	S/L	3	-	579	-
25 Pt. Room Chairs	5,938	S/L	15	396	3,761	2,177
10 Pt. Bed Mattresses	3,627	S/L	10	363	3,447	180
Desktop PC - K. Sutherland	425	S/L	3	-	425	-
Mettler 740x therapeutic Ultrasound	1,850	S/L	7	-	1,850	(0)
2 Low Air Mattresses	976	S/L	10	98	929	47
Food Vending Machine	1,600	S/L	10	160	1,520	80
1st Floor Refrigerator	483	S/L	10	48	457	26
Floor Burnisher	955	S/L	5	-	954	0
2 Wheelchairs	887	S/L	10	89	844	43
Control Box for LiteGait Unit (LiteGait purch'd aprox 2006)	630	S/L	5	-	630	-
Nursing Small Form Factor PC	496	S/L	3	-	496	-
Nursing Small Form Factor PC	552	S/L	3	-	552	-
Wheelchair	443	S/L	10	44	419	24
Electric Bed	968	S/L	12	81	768	200
3 Overbed Tables	228	S/L	15	15	143	85
Total Additions 2013	51,528			2,564	44,668	6,859

2013 Disposals

Dietary Refrigerator **	(2,392)		(957)	(1,435)
Total 2013 Disposals	(2,392)		(1,914)	(478)

2014 Additions

5 Rehab Laptops	3,061	S/L	3	-	3,061	-
2 Recrn. Laptops	1,205	S/L	3	-	1,205	-
Rehab Pt Lift Slings	538	S/L	10	54	458	80
Mattress	575	S/L	10	58	463	113

Parts/Pt. Lifts	3,060	S/L	10	306	2,601	459
Sewer Jetter	882	S/L	10	88	749	133
Rehab Pt Lift Sling	274	S/L	10	27	231	43
4 laptops(repl XPs)	2,474	S/L	3	-	2,474	-
2 Mattresses	1,150	S/L	10	115	920	230
2 Wheelchairs	893	S/L	10	89	758	135
2 Wheelchairs	893	S/L	10	89	758	135
Laptop	584	S/L	3	-	584	-
Laptop	592	S/L	3	-	592	-
Wheelchair Scale	850	S/L	10	85	723	128
Patient Lift	2,828	S/L	10	283	2,405	423
2 Low Air Mattresses	1,150	S/L	10	115	978	173
2 Wheelchairs w/Legrests	893	S/L	10	89	758	135
Bladder scanner & 2 yr warrty.	12,261	S/L	5	-	12,261	0
# 4 bedside cabinets	971	S/L	15	65	552	420

Dell PC	535	S/L	3	-	535	-
Dell Laptop	611	S/L	3	-	611	-
2 Low Air Mattresses	1,150	S/L	10	115	978	173
Total Additions 2014	37,429			1,578	34,650	2,779

2015 Additions

2 Low Air Mattresses	1,150	S/L	10	115	863	288
5 Overbed Tables	492	S/L	15	33	247	245
Floor Scrubbing Machine	6,580	S/L	5	-	6,580	(0)
Hoyer Lift	3,799	S/L	10	380	2,850	949
Bariatric Mattress	508	S/L	10	51	382	126
Bariatric Elect. Bed	1,746	S/L	12	145	1,088	657
Dell Laptop/Tablet	1,070	S/L	3	-	1,070	0
2 pulse oximeters	1,058	S/L	7	76	1,058	0
Floor Burnisher	838	S/L	5	-	838	(0)
Video Projector	744	S/L	5	-	744	0
Curtains	1,748	S/L	5	-	1,748	(0)
#4 4-Drawer Dressers	1,380	S/L	15	92	690	690
#2 2-Door Cabinets	314	S/L	15	21	157	157
Used CPM Machine-Buyout 1 from lease	1,200	S/L	5	-	1,200	-
5 desk chairs-see acq fy15 detail	781	S/L	15	52	390	391
Mattress-alternating pressure w/pump	900	S/L	10	90	675	225
Doppler L450VA, Vascular Vista, AB	6,122	S/L	5	-	6,122	0
Counter Top-UC Room	300	S/L	15	20	150	150
Cabinets-UC Room	773	S/L	15	52	389	384
9 Sara Slings	1,925	S/L	10	193	1,447	479
Food Processor	555	S/L	10	55	413	141
UC Rm Chairs	2,832	S/L	10	283	2,123	709
UC Rm Tables	2,156	S/L	15	144	1,079	1,077
Curtains-patient rooms	1,628	S/L	5	-	1,628	(0)
#10 Mattresses	3,605	S/L	10	361	2,707	899
Carpet Extractor/Upholstery Cleaner	445	S/L	8	56	419	26
Overbed Tables	590	S/L	15	39	293	297
Plaque	625	S/L	5	-	626	(1)
Total Additions 2015	45,865			2,258	37,977	7,888

2015 Disposals

Copier Disposal	(11,106)	S/L		(8,885)	(2,222)
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2016 Additions

Tracer Wheelchair w/leg rests	222	S/L	10	22	143	79
Terminal (Acctg. Gateway) Server Licenses-Cap. w/cost of Server	427	S/L	5	-	427	(0)
Low Air Loss Mattress (self-disallowed)	505	S/L	10	51	331	174
2 Beds	1,748	S/L	10	175	1,137	611

Dell Terminal Server & Lics.	6,484	S/L	5	-	6,484	(0)
Dell Laptop-Acctg. Director	687	S/L	3	-	687	-
2 Low Air/Low Pressure Mattresses (self-disallowed)	1,150	S/L	10	115	748	403
1 Wet/Dry Vac	546	S/L	8	68	442	104
Ice machine with bin	1,700	S/L	8	213	1,384	316
Tracer Wheelchair w/leg rests	360	S/L	10	36	234	126
Panacea Heavy Duty wheelchair	289	S/L	10	29	188	101
10 Mattresses	3,896	S/L	10	390	2,534	1,362
2 Low Air Loss Mattresses (self-disallowed)	1,029	S/L	10	103	669	360
2 Low Air Mattresses (self-disallowed)	1,016	S/L	10	102	662	354
APC Smart-UPS SMY1500	633	S/L	10	63	410	223
1 Low air, alt Press (self-disallowed)	575	S/L	10	58	376	199
1 Low air, alt Press (self-disallowed)	575	S/L	10	58	376	199
1 Low air, alt Press (self-disallowed)	575	S/L	10	58	376	199
Label Software and Printer for patients belongings	663	S/L	5	-	663	0
Dell computer / 1st fl nursing station	318	S/L	3	-	318	-
2 recliners	1,900	S/L	15	127	825	1,075
1 Maxwell Thomas Table /1st fl lounge	677	S/L	15	45	293	384
2 Wheelchairs	1,008	S/L	10	101	656	352

1 Low air loss Mattress (self-disallowed)	519	S/L	10	52	338	181
1 Dell computer for Recreation	656	S/L	3	-	656	-
Pulse Oximeter and Etac, Turner	677	S/L	7	97	630	47
Total Additions 2016	28,835				1,963	21,989
2016 Disposals						6,846
Mattress	(575)	S/L	-	-	(115)	(460)
2 Mattress	(1,150)	S/L	-	-	(231)	(920)
Total 2016 Disposals	(1,725)				(346)	(1,379)
2017 Additions						
Used Maytag Comm Top Load Washer MAT 12PD Daw						
White	10/31/2016	455	S/L	10	46	253
1 Ariens Snowblower	11/30/2016	1,399	S/L	5	139	1,399
1 Sentra Reclining 22" Wheelchair	11/30/2016	580	S/L	10	58	319
DV Contour Mattress	11/30/2016	347	S/L	10	35	192
3 - MDSM3ASNTC Patient Monitoring Equipment and 3 Stands for them	12/31/2016	5,479	S/L	7	783	4,306
2 Mattresses	12/31/2016	608	S/L	10	61	335
PB770H Backpack leaf blower	12/31/2016	500	S/L	5	50	500
Bed Control Boxes, foot motors, incl. 2 nurse station J Boxes	1/31/2017	2,644	S/L	10	264	1,452
10 Mattresses	1/31/2017	3,853	S/L	10	385	2,118
2 Low Air Loss Mattresses	1/31/2017	1,029	S/L	10	103	566
12 footboards - pt. beds	2/28/2017	457	S/L	10	46	253
2 Low Air Loss Mattresses	3/31/2017	1,025	S/L	10	103	566
1 Wheelchair	3/31/2017	255	S/L	10	25	138
APC-Smart UPS System/Battery Back Up for Server Closet (509.42), Incl. Network Mgt. Card (175.00); Total=684.42	3/31/2017	684	S/L	5	68	684
Back Pack Vacuum	4/30/2017	354	S/L	8	44	242
Floor Stripping Machine	4/30/2017	2,773	S/L	5	276	2,773
1 Low Air Loss Mattress w/alarm & pump	4/30/2017	800	S/L	10	80	440
Maint. Room Cage Shelving	4/30/2017	600	S/L	20	30	165
Recumbent Cross Trainer (Rehab Equip.).	5/31/2017	6,073	S/L	10	607	3,339
4 Low Air Loss Mattresses	5/31/2017	2,159	S/L	10	216	1,188
6 Savoy 1 door/1 drawer bedside cabinets	5/31/2017	2,853	S/L	15	190	1,045
2 Lift Chairs/Recliners	5/31/2017	1,970	S/L	15	131	721
Floor Scrubbing Machine	5/31/2017	542	S/L	5	56	542
4 Lift Slings	5/31/2017	1,159	S/L	10	116	638
Bariatric Shower Chair w/Commode	6/30/2017	537	S/L	10	54	297
Pedestal Base - 1st Floor Dining Rm. Table	6/30/2017	508	S/L	15	34	187
Table Tote	6/30/2017	576	S/L	5	58	576
1st floor Kitchenette Microwave & shelf	6/30/2017	331	S/L	5	34	331
#2 5 drawer file cabs - med records room	7/31/2017	593	S/L	15	40	220
						373

#2 Archive Data Storage Containers (Plastic Mouseproof)							
Apply 10 yr. life - similar to metal garden container/AHA guide	7/31/2017	1,006	S/L	10	101	555	451
Carpet Cleaner/Extractor	7/31/2017	1,307	S/L	8	163	897	410
Staff Breakroom Microwave & shelf	7/31/2017	331	S/L	5	34	331	0
1 Lift Sling	8/31/2017	386	S/L	10	39	214	172
Wet Steam & Hot Water Pressure Washer	8/31/2017	2,350	S/L	5	235	2,350	(0)
Jane R, LPN - Replmt. PC	8/31/2017	589	S/L	3	-	589	(0)
AMB - Replmt. Dell Laptop	8/31/2017	741	S/L	3	-	742	(0)
2 Low Air Loss Mattresses	9/30/2017	1,025	S/L	10	103	536	489
Bariatric Shower Chair w/Commode	9/30/2017	612	S/L	10	61	336	276
Total Additions 2017		49,491			4,868	32,335	17,156
2018 Additions							
Oak 4 Drawer Bedside Cabinet	10/31/2017	246	S/L	15	16	72	174
Free Standing Dietary Lockers	10/31/2017	493	S/L	12	41	185	308
Hoyer Lift	10/31/2017	3,990	S/L	10	399	1,796	2,194
Regular Mattress	11/30/2017	604	S/L	10	60	270	334
Desktop PC	11/30/2017	549	S/L	3	-	549	-
Dietary Reach in Refrigerator	11/30/2017	2,481	S/L	10	248	1,116	1,365
Refrigerator - Recreation dept	11/30/2017	651	S/L	10	65	293	358
Bed & Headboard	12/31/2017	1,753	S/L	10	175	788	965
15 Regular Mattresses	12/31/2017	3,660	S/L	10	366	1,647	2,013
Desktop PC	12/31/2017	594	S/L	3	-	594	-
Tables & Chairs - Break Room	12/31/2017	1,291	S/L	15	86	387	904
Maintenance Tool Cart	12/31/2017	927	S/L	10	93	418	509
Coffee Maker - Breakroom	12/31/2017	225	S/L	5	45	202	23
Desktop PC	1/31/2018	583	S/L	3	-	583	-
2 Tables & Seating	1/31/2018	238	S/L	15	16	72	166
Bariatric Recliner	2/28/2018	1,515	S/L	10	152	684	831
Dry Floatation Cushion	2/28/2018	370	S/L	10	37	167	203
Latitude Laptop	2/28/2018	579	S/L	3	-	579	-
10 Gray Stackable plastic chairs	2/28/2018	518	S/L	10	52	234	284
9 - 6' folding tables	2/28/2018	509	S/L	10	51	230	279
3 - High Security Janitor Carts	3/31/2018	1,212	S/L	10	121	545	667
20 Navy Stackable Plastic Chairs	3/31/2018	939	S/L	10	94	423	516
85 Chair Stackable Dolly	3/31/2018	132	S/L	10	13	59	73
New Evaporator - Walk in Cooler	3/31/2018	2,331	S/L	15	155	698	1,633
XL Padded Sling	5/31/2018	337	S/L	10	34	153	184
XXL Padded Sling	5/31/2018	388	S/L	10	39	175	213
2 Little Giant Ladder systems	5/31/2018	431	S/L	10	43	194	237
Aluminum Telescoping Work Plant	5/31/2018	241	S/L	10	24	108	133
Dell Optiplex Computer	6/30/2018	592	S/L	3	-	592	-
Geo Ultra Max Mattress	6/30/2018	891	S/L	10	89	401	490

Electric Zenith Bed w/ Lock	7/31/2018	3,174	S/L	10	317	1,427	1,747
1/2 Length Bar Assist	7/31/2018	268	S/L	10	27	121	147
Head / Foot Board	7/31/2018	164	S/L	10	16	72	92
2- 3-Drawer Bedside Cabinets	7/31/2018	430	S/L	15	29	130	300
10 Dell Latitude Laptops	8/31/2018	12,450	S/L	3	-	12,450	-
AED Defibrillator	8/31/2018	1,221	S/L	8	153	688	533
Dell Latitude 5480 Laptop	8/31/2018	615	S/L	3	-	615	-
Lift Recliner	9/30/2018	1,000	S/L	10	100	450	550
14 ipads	9/30/2018	5,286	S/L	3	-	5,286	-
Safety Cabinet	9/30/2018	973	S/L	15	65	292	681
2- 44' Industrial Rolling Carts	9/30/2018	967	S/L	10	97	436	531
Stainless Meal Delivery Cart	9/30/2018	2,800	S/L	10	280	1,260	1,540
Great Plains Reformatted Software	9/30/2018	1,361	S/L	3	-	1,361	-
Great Plains Update - Deposit	9/30/2018	2,100	S/L	5	420	1,680	420

Total Additions 2018

62,079

4,018

40,482

21,597

2019 Additions

5 Geo Ultra Mattressess	10/31/2018	1,942	S/L	10	194	776	1,166
Medium Duty Slicer	10/31/2018	1,154	S/L	10	115	460	694
2 Equalize Aire Mattresses with Pumps	10/31/2018	2,364	S/L	10	236	944	1,420
Ipad Covers	10/31/2018	752	S/L	3	-	752	-
2 Wall Desks	12/31/2018	983	S/L	15	66	264	719
Patient Lift Device	12/31/2018	5,858	S/L	10	586	2,344	3,514
Sling for Patient Lift Device	12/31/2018	1,365	S/L	10	137	548	817
Laptop	12/31/2018	911	S/L	3	-	911	-
Flat Screen TV	12/31/2018	698	S/L	5	140	560	138
Meal Delivery Cart	1/31/2019	3,787	S/L	10	379	1,516	2,271
4 Equalize Aire Mattresses with Pumps	2/28/2019	4,728	S/L	10	473	1,892	2,836
Dual Tank Countertop Fryer	3/31/2019	1,642	S/L	10	164	656	986
3 Pan electric countertop convection steamer	3/31/2019	4,693	S/L	10	469	1,876	2,817
2 electric headboards/footboards	4/30/2019	2,825	S/L	10	283	1,132	1,693
Weber Grill	4/30/2019	2,004	S/L	10	200	800	1,204
BP / Temp / SPO2 monitor	4/30/2019	1,717	S/L	8	215	860	857
3 Equalize Aire Mattresses with Pumps	4/30/2019	3,546	S/L	10	355	1,420	2,126
5 Geo Ultra Mattressess	5/31/2019	1,806	S/L	10	181	724	1,082
Sara 3000 scale	6/30/2019	4,063	S/L	10	406	1,624	2,439
4 padded slings	6/30/2019	1,367	S/L	10	137	548	819
Manitowac Ice Machine	6/30/2019	2,894	S/L	10	289	1,156	1,738
9 Laptops	7/31/2019	8,995	S/L	3	1	8,995	-
16 desktop computers	7/31/2019	12,400	S/L	3	1	12,400	-
5 Mattresses with pumps	7/31/2019	6,088	S/L	10	609	2,436	3,652
Food Blender	8/31/2019	1,430	S/L	10	143	572	858
Shelving units	9/30/2019	1,087	S/L	10	109	436	651
GP Software Upgrade	11/30/2018	2,100	S/L	3	-	2,100	-

Total Additions 2019		83,199		5,888	48,702	34,497
2019 Disposals						
1 Low Air Loss Mattress w/alarm & pump	2017	(800) S/L			(200)	(600)
Desktop PC - K. Sutherland	2013	(425) S/L			(425)	-
Dell Laptop	2014	(611) S/L			(611)	-
Equipment Prior to 2012	Var	(24,843) S/L			-	(24,843)
Stainless Meal Delivery Cart	9/30/2018	(2,800) S/L			(420)	(2,380)
Total Disposals 2019		(29,479)			(1,656)	(27,823)
2020 Additions						
BP Monitor	10/31/2019	1,717 S/L	3	572	1,716	1
Setup/Install new computers	12/31/2019	2,880 S/L	5	576	1,728	1,152
Induction heater for dinner plates	1/31/2020	13,839 S/L	5	2,768	8,304	5,535
Commercial Garbage Disposal	1/31/2020	1,806 S/L	5	361	1,083	723
Commercial Food Processor	1/31/2020	1,849 S/L	5	370	1,110	739
2 - Bedside Chests & 2 Dressers	2/29/2020	1,254 S/L	10	125	375	879
Setup/Install new computers	2/29/2020	3,150 S/L	3	1,050	3,150	-
Padded Slings for Lift Device	3/31/2020	1,439 S/L	10	144	432	1,007
Wardrobes for Patient Rooms	3/31/2020	1,251 S/L	10	125	375	876
Rigid RP340 Propress Pressing Tool	5/31/2020	2,764 S/L	5	553	1,659	1,105
2 New WiFi Routers for Building	6/30/2020	3,909 S/L	3	1,303	3,909	-
43 Overbed Tables	7/31/2020	3,656 S/L	10	366	1,098	2,558
Kawasaki 52" Zero Turn Lawnmower	7/31/2020	7,718 S/L	5	1,544	4,632	3,086
Refrigerated Delivery Cart	7/31/2020	2,591 S/L	10	259	777	1,814
UniMac Dryer s/n 2003048705	9/30/2020	5,567 S/L	10	557	1,671	3,896
Setup/Install new computers/WiFi Routers	9/30/2020	1,744 S/L	3	581	1,743	1
Zenith 7100 Bed w/Assist	9/30/2020	3,643 S/L	10	364	1,092	2,551
Windows 10 Licenses	9/30/2020	1,450 S/L	10	145	435	1,015
Total Additions 2020		62,227		11,763	35,289	26,938
2021 Additions						
Dietary Delivery Carts (4)	10/31/2020	8,152 S/L	10	815	1,630	6,522
Patient Lift Device Batteries	2/28/2021	1,637 S/L	10	164	328	1,309
Employee ID Printer & Webcam	5/31/2021	1,975 S/L	5	395	790	1,185
Thinkpad E15 - Social Svcs	6/30/2021	939 S/L	5	188	376	563
Manitowoc NXT 22" Ice Machine - 2nd Fl	6/30/2021	3,578 S/L	10	358	716	2,862
2 - Proscan 32" TVs	6/30/2021	681 S/L	5	136	272	409
Table & Chairs for Hospice Room - Rm 126	7/31/2021	395 S/L	10	39	78	317
Sara Stedy Manual Stand Aid	7/31/2021	2,068 S/L	10	207	414	1,654
Viper Walk Behind Floor Scrubber	9/30/2021	4,780 S/L	5	956	1,912	2,868
ID Printing Software	5/31/2021	2,145 S/L	3	715	1,430	715

Total Additions 2021		26,349		3,973	7,946	18,403
2021 Disposals						
Returned Meal Carts Purchased 10/2020	3/31/2021	(6,048) S/L	10	-	(6,048)	-
Dell Optiplex	2019	(2,425) S/L	3	(808)	(1,616)	(809)
Dell Optiplex	2019	(496) S/L	3	(165)	(330)	(166)
Dell Latitude	2019	(1,837) S/L	3	(612)	(1,224)	(613)
Dell Latitude	2019	(612) S/L	3	(204)	(408)	(204)
Dell Vostro	2019	(612) S/L	3	(204)	(408)	(204)
Dish Machine	2019	(15,000) S/L	10	(1,500)	(3,000)	(12,000)
HP Laserjet Copier	2019	(1,350) S/L	3	(450)	(900)	(450)
Invcare Plat. Conc.	2020	(10,440) S/L	3	(3,480)	(6,960)	(3,480)
Invcare Plat. Conc.	2020	(3,375) S/L	3	(1,125)	(2,250)	(1,125)
Air Sep New Life	2020	(1,371) S/L	5	(274)	(548)	(823)
Air Mattess	2020	(800) S/L	5	(160)	(320)	(480)
Air Mattress	2020	(900) S/L	5	(180)	(360)	(540)
APC Battery UPS	2020	(3,859) S/L	5	(772)	(1,544)	(2,315)
Bamp 80 Electric Bed	2020	(2,148) S/L	5	(430)	(860)	(1,288)
Food Cart	2020	(1,610) S/L	10	(161)	(322)	(1,288)
HP Laserjet Printer	2020	(538) S/L	3	(179)	(358)	(180)
Food Cart	2020	(2,533) S/L	10	(253)	(506)	(2,027)
Wheel Chair	2020	(500) S/L	10	(50)	(100)	(400)
Wheel Chair	2020	(590) S/L	10	(59)	(118)	(472)
AMC Smart UPD 1500	2020	(684) S/L	3	(228)	(456)	(228)
Dryer	2020	(5,500) S/L	10	(550)	(1,100)	(4,400)
Total Disposals 2021		(63,228)		(11,844)	(29,736)	(33,492)
2022 Additions						
Sara Stedy Manual Stand Aid	12/31/2021	1,904 S/L	10	190	190	1,714
Network server - ordered, not in service yet	2/28/2022	6,942 S/L	5	1,388	1,388	5,554
Comfort Glide Patient Move System	6/30/2022	2,164 S/L	10	216	216	1,948
Hi Profile Flotation Cushion	6/30/2022	3,250 S/L	10	325	325	2,925
Total Additions 2022		14,260		2,119	2,119	12,141
2022 Disposals						
w/o assets disposed of	10/1/2021	(73,368) S/L	-	(73,368)	-	-
		(73,368)	-	(73,368)	-	-
Total Moveable Equipment		1,072,100		30,571	978,017	94,084

Organization and Mortgage Expenses

2013 Additions

Refinance Cost 2012
Total Additions 2013

	71,609	S/L	120	-	71,609	-
	71,609			-	71,609	-

Total for 2022	9,810,599		235,343	8,229,364	1,581,236
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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Mansfield Center for Nursing and Rehabilitation			License No. 2132-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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Refinance 2012		12	10	71,609	71,609	S/L			
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Mansfield Center for Nursing and Reh	License No. 2132-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	01/12/93
2. Date Structure Completed	01/31/94
3. If NOT Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	02/01/94
5. Total Licensed Bed Capacity	98
6. Square Footage	41,770
7. Acquisition Cost	
a. Land	750,000
b. Building	4,096,093

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	12/07/12			
c. Interest Rate for the Cost Year	3.75%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	5,000,000			
f. Principal balance outstanding as of 09/30/2022				
Complete if Mortgage was Refinanced				
During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

State of Connecticut

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CSP-26 Rev. 6/95

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

(Carry Subtotals forward to next page)

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	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify) Interest - Vendors			\$	2,306	2,306	
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	2,306	2,306	
14. Insurance						
a. Insurance on Property (buildings only)			\$			
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	144,141	144,141	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$	144,141	144,141	
15. Total All Expenditures (A-13 thru C-14)			\$	9,825,492	9,825,492	

D. Adjustments to Statement of Expenditures

Name of Facility Mansfield Center for Nursing and Rehabilitation				License No. 2132-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	(Specify)	
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	\$				
2.	10	A12o	Salaries not related to Resident Care	\$ 206,639	206,639			
3.	10	A12g	Occupational Therapy	\$ 184,621	184,621			
4.			Other - See attached Schedule	\$				
Page 13 - Professional Fees								
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$ 5,191	5,191			
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$ 35,201	35,201			
10.			Accounting	\$				
10a.			Legal	\$				
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$ 790	790			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m2/3	Unallowable Advertising *	\$ 2,487	2,487			
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$ 158,146	158,146			
Page 18 - Dietary Expenditures								
24.			Meals to employees, guests and others who are not residents	\$				
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	\$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	\$				
Subtotal (Items 1 - 26)				\$ 593,075	593,075			

* 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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	NSC/INTERCO. FEES	\$ 144,000		
16	m13	BOUNCED CHECK	35		
16	m13	FINES & PENALTIES	120		
16	m13	EMPLOYEE RELATIONS	2,361		
15	1A3	JHV - Unemployment Insurance	146		
15	1A5	JHV - Health Insurance	11,438		
16	m13	OTHER BENEFITS	46		
Total Other A&G Adjustments			\$ 158,146	\$ -	\$ -

Mansfield Center for Nursing & Rehabilitation
 Calcualtion of Dietary Management Services for JHV
 September 30, 2022

Page 28a

Dietary Management Services Salaries JHV

JHV Dietary Gross Payroll	\$ 206,639	{a}
Total MCNR Salaries & Wages	\$ 6,182,523	
Percent to Total of Salaries	<u>3.34%</u>	

JHV Dietary Benefits Accounts

JHV - W/Comp Insurance	\$ 6,296	
JHV - FICA/Med Taxes	\$ 16,071	
JHV - Pension Expense	\$ 2,856	
JHV Reimb - W/Comp Insurance	\$ (6,296)	
JHV Reimb - Fica/Med Taxes	\$ (15,641)	
JHV Reimb - Pension Expense	\$ (2,856)	

Total Accounts on Page 15	\$ 430	{b}
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JHV - Unemployment Insurance	\$ 146	{a}
JHV - Health Insurance	\$ 11,438	{a}

Real Estate Taxes

Real Estate Taxes Disallow	\$ 4,365	{c}
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Overhead

Heat	\$ 974	{c}
Light & Power	\$ 2,774	{c}
Water	\$ 809	{c}
Equipment Lease (Dish Machine)	\$ 91	{c}
Dietary Supplies	\$ 884	{c}
Supplements	\$ 118	{c}
Dishes & Utensils	\$ 39	{c}

Tickmarks

- {a} Disallow at Page 28
- {b} Variance relates to expenses and revenues year over year and the timing difference between the current year and prior years adjustments, therefore no disallowance needed.
- {c} Disallowance for utilities, supplies, and real estate not applicable as JHV purchases their own food and supplies. MCNR provides the labor to prepare/deliver the meals, all preparation is done at JHV in their kitchen.

Mansfield Center for Nursing and Rehabilitation
Cell Phone Disallowance
September 30, 2022

Attachment 28b

MN-5130-500	Cell Phone Expense	1,150
	Allowable Expense per month	30
	Number of Cell Phones	<u>1</u>
		30
	Months with Cell Phone	<u>12</u>
	Allowable Portion	360
<i>Disallowed Portion</i>		<u><u>790</u></u>

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility Mansfield Center for Nursing and Rehabilitation				License No. 2132-C	Report for Year Ended 9/30/2022		Page 29 37 of
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 593,075	593,075		
<i>Page 20 - Resident Care Supplies***</i>							
27.	20	5a2	Prescription Drugs	\$ 129,535	129,535		
28.	20	5d	Ambulance/Limousine	\$ 29,962	29,962		
29.	20	5f	X-rays, etc	\$ 13,043	13,043		
30.	20	5h	Laboratory	\$ 99	99		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 2,790	2,790		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 43,557	43,557		
<i>Page 22 - Maintenance and Property</i>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,137	1,137		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<i>Page 27 - Insurance</i>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<i>Other - Miscellaneous</i>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 22,379	22,379		
<i>Not For Profit Providers Only</i>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 835,577	835,577		

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

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	(Specify)
30	IV 8	Medical Records (Disallow Page 29)	\$ 880		
30	IV 8	Class Action Settlement (Disallow Page 29)	10		
30	IV 8	Recreation Account Donations (Disallow Page 29)	785		
30	IV 8	Janney Montgomery Bank Fee Refund on liquidated investment fund (Disallow Page 29)	2,942		
30	IV 1	Dictionary Income from Employees	17,467		
30	IV 7	Barber & Beauty Income	295		
Total Other Adjustments			\$ 22,379	\$ -	\$ -

Schedule of Unallowable Building Interest

Mansfield Center for Nursing and Rehabilitation
Cable TV Disallowance
September 30, 2022

Attachment 29b

Calculation of Disallowed Portion of Cable Services Expense		
MN-5701-605	CABLE TV SERVICES	35,850
Allowable expense per month	300	
	12	
Allowable Portion		3,600
<i>Disallowed Portion</i>		<u>32,250</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,098,804	4,098,804			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,353,815)	(1,353,815)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,169,160	1,169,160			
b. Medicare Room and Board Contractual Allowance **	\$ 83,949	83,949			
4. a. Private-Pay Residents and Other	\$ 1,931,741	1,931,741			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,100)	(1,100)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 98,167	98,167			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 78,288	78,288			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 8,012	8,012			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 224	224			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 262,564	262,564			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 198,936	198,936			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 32,520	32,520			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 16,463	16,463			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 241,072	241,072			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 195,964	195,964			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (5,727)	(5,727)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (573,127)	(573,127)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,482,095	6,482,095			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 17,467	17,467			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 104,337	104,337			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 295	295			
8. Other (<i>Specify</i>)	\$ 1,621,894	1,621,894			
V. Total Other Revenue (1 thru 8)	\$ 1,743,993	1,743,993			
VI. Total All Revenue (III +V)	\$ 8,226,088	8,226,088			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	IV THERAPY - MEDICARE	\$ 1,939		
30 II 6a	LABORATORY-MEDICARE A	18,885		
30 II 6a	X RAY - MEDICARE A	7,292		
30 II 6a	OXYGEN - MEDICARE A	183		
30 II 6a	ANCILLARY ALLOW-MED. B	(18,173)		
30 II 6a	LAB-MEDICARE A	(15,853)		
Total Other Resident Revenue - Medicare		\$ (5,727)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	IV THERAPY-OTHER	\$ 3,396		
30 II 6b	LABORATORY-OTHER	17,332		
30 II 6b	X RAY - OTHER	8,156		
30 II 6b	OXYGEN - MEDICAID	3,877		
30 II 6b	OXYGEN - OTHER	672		
30 II 6b	ANCILLARY ALLOW-MEDICAID	(6,641)		
30 II 6b	ANCILLARY ALLOW-OTHER	(516,666)		
30 II 6b	MEDICAID ADJUSTMENTS	(83,253)		
Total Other Resident Revenue		\$ (573,127)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	DIV. & INT. INCOME - UNRESTR.	108,272	\$ 104,004		
30 IV 5	INT. INCOME - INS. COS.	447	333		
Total Interest Income		\$ 104,337	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Medical Records (Disallow Page 29)	\$ 880		
30 IV 8	GRANT INCOME	686,177		
30 IV 8	CONTRIBUTIONS-UNRESTRICTED	995		
30 IV 8	Management Fees - JHV	27,900		
30 IV 8	Class Action Settlement (Disallow Page 29)	10		
30 IV 8	Recreation Account Donations (Disallow Page 29)	785		
30 IV 8	Janney Montgomery Bank Fee Refund on liquidated investment fund (Disallow Page 29)	2,942		
30 IV 8	REALIZED GAINS/LOSSES	519,150		
30 IV 8	GAIN/LOSS-ASSET SALE/DISP	(4,015)		
30 IV 8	UNREALIZED GAINS/LOSSES	(1,302,897)		
30 IV 8	JHV Reimb - Gross Payroll (Disallow Page 29)	204,456		
30 IV 8	LOSS ON EXTINGUISHMT. OF DEBT	1,485,511		
Total Other Revenue		\$ 1,621,894	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Mansfield Center for Nursing and Reha	2132-C	9/30/2022	31 37
Account			Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 115,123
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 469,246
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$
4. Inventories			\$ 82,340
5. Prepaid Expenses			\$ 122,796
a. _____			
b. _____			
c. _____			
d. See Schedule			122,796
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets (<i>itemize</i>)			\$ 5,801,786

See Schedule			5,801,786
A-9. Total Current Assets (Lines A1 thru 8)			\$ 6,591,291
B. Fixed Assets			
1. Land			\$ 750,000
2. Land Improvements	*Historical Cost	1,705,464	\$ 500,529
	Accum. Depreciation	1,204,935	Net
3. Buildings	*Historical Cost	6,606,868	\$ 922,094
	Accum. Depreciation	5,684,774	Net
4. Leasehold Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	_____	Net
5. Non-Movable Equipment	*Historical Cost	334,634	\$ 52,573
	Accum. Depreciation	282,061	Net
6. Movable Equipment	*Historical Cost	1,072,100	\$ 94,083
	Accum. Depreciation	978,017	Net
7. Motor Vehicles	*Historical Cost	19,924	\$ 11,956
	Accum. Depreciation	7,968	Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 203,323
F/S vs C/R NBV		203,323	
See Schedule			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 2,534,558

* 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

Page Ref	Line Ref	Description	
31	A8	INVESTMENTS-JMS 6200-2610	\$ 853,740
31	A8	INVESTMENTS-JMS 5299-1510	1,584,960
31	A8	DUE FROM AFFILIATE(S)	2,881,066
31	A8	Due From Juniper Hill Village	82,020
Total Other Current Assets (Itemize)			\$ 5,801,786

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Mansfield Center for Nursing and Reha	2132-C	9/30/2022	32	37
Account				Amount
	Total Brought Forward:			\$ 9,125,849
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost _____	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (itemize)				\$
6. Loans to Owners or Related Parties (itemize)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)				\$ 121,500
Bed Licenses	121,500			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 121,500
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 9,247,349

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

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of		
		9/30/2022	34	37		
Account			Amount			
			Total Brought Forward:			
			\$ 850,517			
Liabilities (cont'd)						
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>)						
<u>PATIENT TRUST</u>			\$ 12,790			
See Schedule						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)						
C. Total All Liabilities (Lines A-13 + B-5)						

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Mansfield Center for Nursing and Reha	2132-C	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 9,962,680
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ (1,578,638)
7. Total Net Worth				\$ 8,384,042
C. Total Reserves and Net Worth				\$ 8,384,042
D. Total Liabilities, Reserves, and Net Worth				\$ 9,247,349

State of Connecticut

Annual Report of Long-Term Care Facility

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H. Changes in Total Net Worth

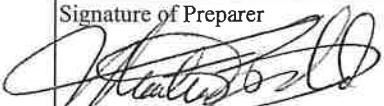
Name of Facility	License No.	Report for Year Ended	Page of
Mansfield Center for Nursing and Rehab	2132-C	9/30/2022	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$ 9,962,662
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 8,226,088
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 9,804,726
D. Net Income or Deficit			\$ (1,578,638)
E. Balance			\$ 8,384,024
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Total Expenditures			\$ 9,825,492
Depreciation Difference			\$ (20,766)
Total Expenses			\$ 9,804,726
2. Other (<i>itemize</i>)			
Prior Period Adjustment			18
F-3. Total Additions			\$ 18
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. Balance at End of Period			\$ 8,384,042
09/30/22			

I. Preparer's/Reviewer's Certification

Name of Facility Mansfield Center for Nursing and	License No. 2132-C	Report for Year Ended 9/30/2022	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the 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 Principle	Date Signed 2/8/23
Printed Name of Preparer Matthew S. Bivolack		
Address 555 Long Wharf Drive, New Haven, CT		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Marie LaPointe		Phone Number 203-230-4809
Contact Email Address mlapointe@ehmchm.org		