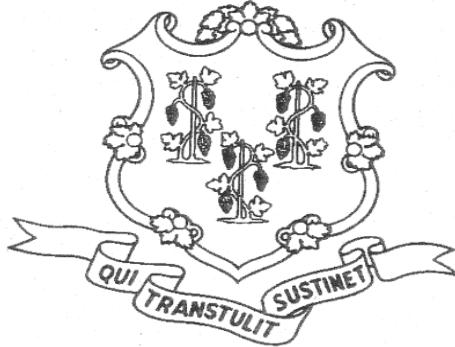


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield CT 06078	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> 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 2075-C	RHNS	(Specify)	Medicare Provider 07-5347
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Medicaid Provider Numbers:	CCNH 20751	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) The Suffield House	License No. 2075-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 The Suffield House [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Carrie Riccio		Printed Name (Owner) Celia J. Moffie	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Suffield House	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By Mark Tomasello	Phone Number 860-668-6111	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 860-668-6111	Report for Year Ended 9/30/2022	Page 2
Name of Facility (as shown on license) The Suffield House		Address (No. & Street, City, State, Zip) One Canal Road, Suffield CT 06078	
License Numbers:	CCNH 2075-C	RHNS	(Specify)
Medicare Provider No. 07-5347			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Nursing Home only (CCNH) <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 checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:	Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator			
Name of Administrator Carrie Riccio		Nursing Home Administrator's License No.:	1059
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield CT 06078	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Celia J. Moffie	One Canal Road, Suffield CT 06078	President	20
Calvin Moffie	One Canal Road, Suffield CT 06078	Secretary	20
Names of Stockholders Owning at Least 10% of Shares			
Carrie Riccio	One Canal Road, Suffield CT 06078		20
Cathy Demio	One Canal Road, Suffield CT 06078		20
Clinton Moffie	One Canal Road, Suffield CT 06078		20

General Information and Questionnaire

Individual Proprietorship

General Information and Questionnaire

Related Parties*

Name of Facility The Suffield House	License No. 2075-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 checked="" type="radio"/> Yes <input type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No	If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**				Description of Goods/Services Provided
Selma A. Moffie	5 Schuyler Lane, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	552,100	552,100
Eagle Point	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds shares building	Page 32 Line D7	778,342	778,342
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	741,212	741,212
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 34 Line B3	1,380,798	1,380,798
Calvin Moffie of The Guilford House	109 West Lake Avenue, Guilford CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	12,961	12,961
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation Leasehold Improvement	Page 22 Line 8C	73,348	73,348
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Suffield House	License No. 2075-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.

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire

Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.		Report for Year Ended			Page of
The Suffield House		2075-C		9/30/2022			6 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes Global Financial Services, P.O. Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	01/20/19	51 Months	1,825	1,825
Wells Fargo Vendor Financial Services, P.O. Box 070241, Philadelphia, PA 19176-0241	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C759/Konica Minolta 458e/Konica Minolta 308e	08/04/20	60 Months	8,397	8,397
Derenzy Documents Solutions, 130 Doty Circle, West Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenance Usage Cost	10/01/09	Monthly	9,404	9,404
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/>	Yes	<input checked="" type="radio"/>	No	Total ***	19,626

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility The Suffield House	License No. 2075-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 Clifton Larson Allen LLP 2 SRC, Certified Public Accountants, P.C. 3 4	Address (No. & Street, City, State, Zip Code) P.O Box 829709, Philadelphia PA 19182-9709 655 Winding Brook Drive, Glastonbury CT 06033
--	--

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 3,255
2 Tax Preparation, Preparation of Form 8752, Town Property Tax Returns, 401K Audit	\$ 7,731
3	\$
4	\$
	Charge for Services Provided \$ 10,986

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 Unemployment Tax Management Corporation 2 Gordon & Rees 3 Celtic Consulting, LLC 4 Michalik, Bauer, Silva & Ciccarillo, LLP 5 Medicaid4You.Com, LLC/Letizia, Ambrose & Falls P.C.	Telephone Number 781-245-5353 510-463-8600 860-321-7413 860-223-4026 860-657-3058/203-787-7000
---	---

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

1 P.O. Box 4074, Wakefield MA 01880	
2 111 Broadway, Suite 1700, Oakland CA 94607	
3 507 East Main St., Suite 308, Torrington CT 06790	
4 35 Pearl St., Suite 300, New Britain CT 06051	
5 377 Hubbard Street, Glastonbury CT 06033/667-669 State St., 2nd Floor, New Haven CT 06571	

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against facility	\$ 2,170
2 Defense of CHRO complaint against Suffield Manor Inc. dba The Suffield House	\$ 3,569
3 Clinical re-imbursement advisory support	\$ 24,275
4 Accounts Receivable Collection	\$ 6,295
5 Assist with Medicaid Application \$2,500./Employee Handbook & other Labor Issues \$2,456.90	\$ 4,957
	Charge for Services Provided \$ 41,265

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

Yes No |Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility The Suffield House			License No. 2075-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					128	128						
A. On last day of PREVIOUS report period	128	128										
B. On last day of THIS report period	128	128							128	128		
2. Number of Residents					122	122						
A. As of midnight of PREVIOUS report period	122	122										
B. As of midnight of THIS report period	120	120							120	120		
3. Total Number of Days Care Provided During Period					5,419	5,419						
A. Medicare	6,938	6,938							1,519	1,519		
B. Medicaid (Conn.)	24,204	24,204			18,250	18,250			5,954	5,954		
C. Medicaid (other states)												
D. Private Pay	12,130	12,130			8,602	8,602			3,528	3,528		
E. State SSI for RCH												
F. Other (Specify) Managed Care	1,655	1,655			1,283	1,283			372	372		
G. Total Care Days During Period (3A thru F)	44,927	44,927			33,554	33,554			11,373	11,373		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,927	44,927			33,554	33,554			11,373	11,373		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House	License No. 2075-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)					

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)
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	19	65		36				
Per Diem Rate								
a. One bed rm.		273.60		495.00				
b. Two bed rms.		273.60		470.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	3,950	3,950	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	112	112	
2. Restorative Treatments			
C. Other	18,267	18,267	
D. Total Physical Therapy Treatments	22,329	22,329	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	233	233	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	435	435	
D. Total Speech Therapy Treatments	668	668	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,111	2,111	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	74	74	
2. Restorative Treatments			
C. Other	18,266	18,266	
D. Total Occupational Therapy Treatments	20,451	20,451	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
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)	236,668	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	915,776	24,544			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	85,778	2,080			
c. Dietary Workers	654,679	33,751			
6. Housekeeping Service					
a. Head Housekeeper	88,616	1,936			
b. Other Housekeeping Workers	251,195	13,896			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	132,974	2,080			
b. Other Maintenance Workers	240,825	10,991			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	271,060	13,852			
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	115,470	2,076			
b. RN					
1. Direct Care	694,902	15,070			
2. Administrative**	858,712	18,144			
c. LPN					
1. Direct Care	1,531,524	42,976			
2. Administrative**					
d. Aides and Attendants	2,414,420	102,556			
e. Physical Therapists	564,897	11,940			
f. Speech Therapists	23,799	399			
g. Occupational Therapists	438,316	9,225			
h. Recreation Workers	190,682	7,122			
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	388,661	7,197			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	10,098,956	321,913			

* 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)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility The Suffield House				License No. 2075-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										
Cathy Demio	147,317			Standard	Social Worker	1,664	A12m			
Clinton Moffie	134,462			Standard	Administrative(Self Disallowed)	2,080	A4			
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).										
John Riccio	92,176			Standard	Director of Admissions	2,080	A12m			
Richard Demio	75,693			Standard	Social Worker	1,248	A12m			

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Suffield House				2075-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***										
Carrie Riccio	236,668			Standard	Oversees operation of facility.	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.

B. Report of Expenditures - Professional Fees

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022		Page 13	of 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					
2. Dentist	11,172	145			
3. Pharmacist					
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	18,000	117			
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					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	70,670	815			
2. Administrative***					
b. LPN					
1. Direct Care	34,655	539			
2. Administrative***					
c. Aides	123,005	3,172			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	257,501	4,789			

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

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

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

Report of Expenditures

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 357,568	357,568		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 65,400	65,400		
4. Social Security (F.I.C.A.)	\$ 748,174	748,174		
5. Health Insurance	\$ 516,863	516,863		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 29,701	29,701		
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*	\$ 108,200	108,200		
d. Accounting and Auditing	\$ 10,986	10,986		
e. Legal (Services should be fully described on Page 7)	\$ 41,265	41,265		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 33,297	33,297		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 24,230	24,230		
2. Cellular Phones	\$ 3,665	3,665		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 89,237	89,237		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 767,583	767,583		
Subtotal	\$ 2,796,168	2,796,168		

* 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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,796,168	2,796,168		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	92,004	92,004		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	204	204		
5. Education Expenses Related to Seminars and Conventions	\$	6,778	6,778		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	1,582	1,582		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	15,107	15,107		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	755	755		
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	\$	3,982	3,982		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,709	11,709		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,185	1,185		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	107,639	107,639		
12. Administrative Management Services**	\$	552,100	552,100		
13. Other (<i>Specify</i>) See Attached Schedule	\$	29,311	29,311		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,618,523	3,618,523		

* 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)
Business Promotion	\$ 755		
Total Other Advertising	\$ 755	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Healthcare Facilities	\$ 7,743		
Allscripts Healthcare LLC	\$ 1,667		
WellSky	\$ 1,970		
American Express	\$ 330		
Total Dues	\$ 11,709	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Enfield Gridiron Club	\$ 50		
Susan G. Komen	\$ 535		
Maiden United Inc.	\$ 600		
Total Contributions	\$ 1,185	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CT Background Check fees	\$ 6,062		
Fees & Registration	\$ 1,271		
Licenses & Permits	\$ 2,990		
Sales Tax	\$ 2,367		
Late Fees	\$ 201		
Miscellaneous Administration	\$ 14,164		
Bank Charges	\$ 98		
Loss on Disposal of Assets	\$ 2,157		
Total Other Administrative and General	\$ 29,311	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Selma A. Moffie, 5 Schuyler Lane, Bloomfield, CT 06002	552,100	Management Fee (Self Disallowed)	Page 16 Line 1m12

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

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 348,101	348,101		
2. Non-Food Supplies	\$ 45,979	45,979		
3. Other (Specify) _____	\$			
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)	\$ 394,080	394,080		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	369	369		
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30 Line IV1
Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$19,856
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$9,120
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30 Line IV1
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.

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022		Page 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	24,294	24,294	
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. \$	21,734	21,734	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	46,028	46,028	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
H. Where is the revenue received reported in the Cost Report?				(Page/Line Item)
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
K. Where is the revenue received reported in the Cost Report?				(Page/Line Item)

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 53,907	53,907		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	53,907	53,907		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Outside Pharmacy	\$	226,005	226,005		
b. Medicine Cabinet Drugs	\$	28,735	28,735		
c. Medical and Therapeutic Supplies	\$	369,409	369,409		
d. Ambulance/Limousine***	\$	7,616	7,616		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	51,853	51,853		
f. X-rays and Related Radiological Procedures***	\$	31,690	31,690		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	45,895	45,895		
i. Recreation	\$	18,747	18,747		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	66,584	66,584		
5M. Total Resident Care Expenditures (5a - 5j)	\$	846,534	846,534		

* 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 *

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Cox Communication		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	15,235			22	6F
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Record Storage & Shredding	23,781			22	6F
Johnson Controls		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	23,784			22	6F
USA Waste & Recycle		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	47,570			22	6F
Precision Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	18,817			22	6A
Braman Chemical Enterprises		<input type="radio"/>	<input checked="" type="radio"/>		Pest Control	13,700			22	6F
Beebe Landscaping Services LLC		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	47,794			22	6F
ADP LLC		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	45,505			16	1M1
Point Click Care Technologies, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	48,485			16	1M1
		<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"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022			Page 22 of 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 144,586	144,586			
b. Heat	\$ 34,508	34,508			
c. Light & Power	\$ 136,504	136,504			
d. Water	\$ 60,595	60,595			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 19,626	19,626			
f. Other (<i>itemize</i>)	\$ 238,180	238,180			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 633,998	633,998			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 75,875	75,875			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 75,875	75,875			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 144,636	144,636			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 144,636	144,636			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 741,212	741,212			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 131,584	131,584			
c. Personal property taxes	\$ 19,437	19,437			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,112,743	1,112,743			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*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:					
10/26/2021	8 TQ Compact Meal Delivery Carts	Administrative	\$ 35,095	5	\$ 6,434
10/3/2021	2 Monitor System Door Bars	Standard Resident	\$ 1,260	5	\$ 252
10/4/2021	Tapco Brake Buddy w/ Case	Administrative	\$ 1,774	5	\$ 355
12/15/2021	2 Lenovo Thinkbook 14/15 Gen 2 Intel Computers	Administrative	\$ 1,945	5	\$ 324
4/6/2022	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 2,415	5	\$ 242
4/6/2022	Bladder Scanner Handheld HD2 Caresono	Standard Resident	\$ 3,611	5	\$ 361
6/2/2022	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 1,941	5	\$ 129
6/16/2022	2 Air Mattresses - Supra DPS - Alt. Pressure	Standard Resident	\$ 1,837	5	\$ 92
9/13/2022	Scaffolding	Administrative	\$ 1,744	5	\$ 29
9/21/2022	Trident Scrubber WB Disc with Battery	Administrative	\$ 4,064	5	\$ -
9/23/2022	Dell XPS Desktop 8950 Computer	Administrative	\$ 1,395	5	\$ -
8/20/2022	Meraki Switch, AccessPt & Adv Security Licenses 3YR	Administrative	\$ 6,402	3	\$ 178
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 63,481		\$ 8,396
Deletions:					
2/10/2006	Food carts (8)		\$ (25,310)	5	\$ -
7/26/2019	Meraki Switch, AccessPt & Adv Security Licenses 3YR		\$ (5,627)	5	\$ 1,032
6/18/2008	7 of 22 TV's		\$ (2,051)	5	\$ -
Total deletions for Movable Equipment			\$ (32,988)		\$ 1,032

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/2/2022	Energy Efficiency Project	\$ 54,747	39	\$ 936
7/15/2022	Samsung Condenser Unit & Charge Unit	\$ 3,807	39	\$ 24
8/25/2022	SkyLight Systems Renovation	\$ 55,028	39	\$ 118
10/29/2021	Installation of GREE HVAC 18K System -Electrical Room	\$ 4,085	30	\$ 125
12/16/2021	Installation of Heat Pump for Unit 93	\$ 5,289	30	\$ 132
1/28/2022	Water Furnace Heat Pump - Maintenance Shop & Hallway	\$ 11,102	30	\$ 247
5/18/2022	Intake & Exhaust fan motors System #2 - 2 1.5 HP 460v motors	\$ 2,441	30	\$ 27
5/18/2022	Make Up Air Unit - Rebuild	\$ 21,217	30	\$ 236
6/14/2022	Replace 3 actuator Motors of air intake dampers - Laundry Room	\$ 3,061	30	\$ 34
9/9/2022	Kitchen Lochinvar Water Heater - Model # AWN286PM - Installed	\$ 18,236	30	\$ 51
Total additions for Leasehold Improvemer		\$ 179,012		\$ 1,929
Deletions:				
Total deletions for Leasehold Improvemer		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-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. Bed Rights	4	98	180 Months	561,752	70,114				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,322,453	1,302,004			142,707	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				179,012				1,929	
C-4. Subtotal									144,636
D. Total Amortization									144,636

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility The Suffield House	License No. 2075-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				
2. Date Structure Completed	05/09/90			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	05/09/90			
5. Total Licensed Bed Capacity	128			
6. Square Footage	58,478			
7. Acquisition Cost				
a. Land	363,400			
b. Building	9,437,089			

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	10/25/15			
c. Interest Rate for the Cost Year	2.70%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	11,300,344			
f. Principal balance outstanding as of	10,018,217			

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility The Suffield House	License No. 2075-C	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 The Suffield House	License No. 2075-C	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)	\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$					
14. Insurance						
a. Insurance on Property (buildings only)	\$ 115,531			115,531		
b. Insurance on Automobiles	\$ 4,894			4,894		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$ 120,425			120,425		
15. Total All Expenditures (A-13 thru C-14)	\$ 17,182,696			17,182,696		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2075-C	9/30/2022	28 37	
Item Description				Total Amount of Decrease	CCNH	RHNS	(Specify)
			Page 10 - Salaries and Wages				
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 438,316	438,316		
4.			Other - See attached Schedule	\$ 134,462	134,462		
			Page 13 - Professional Fees				
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
			Pages 15 & 16 - Administrative and General				
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 108,200	108,200		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 62,704	62,704		
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)	\$ 1,582	1,582		
18.			Unallowable Advertising *	\$ 755	755		
19.			Income Tax / Corporate Business Tax	\$ 89,237	89,237		
20.			Fund Raising / Contributions	\$ 1,185	1,185		
21.			Unallowable Management Fees	\$ 552,100	552,100		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 37,236	37,236		
			Page 18 - Dietary Expenditures				
24.			Meals to employees, guests and others who are not residents	\$ 19,856	19,856		
			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)			\$ 1,445,632	1,445,632			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A-4	Clinton Moffie	\$ 134,462		
Total Other Salaries Adjustment			\$ 134,462	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1-M-13	Miscellaneous Administration	\$ 14,164		
16	1-M-13	Late Fees	\$ 201		
16	1-M-8-A	Stuffield Chamber of Commerce	\$ -		
15	1-A-1	Workers Comp - Clinton Moffie	\$ 4,761		
15	1-A-3	Unemployment Insurance - Clinton Moffie	\$ 871		
15	1-A-4	Social Security - Clinton Moffie	\$ 9,961		
15	1-A-5	Health Insurance - Clinton Moffie	\$ 6,882		
15	1-A-7	Pension - Clinton Moffie	\$ 395		
Total Other A&G Adjustments			\$ 37,236	\$ -	\$ -

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

Name of Facility The Suffield House			License No. 2075-C	Report for Year Ended 9/30/2022		Page of 29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,445,632	1,445,632		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 226,005	226,005		
28.			Ambulance/Limousine	\$ 7,616	7,616		
29.			X-rays, etc	\$ 31,690	31,690		
30.			Laboratory	\$ 45,895	45,895		
31.			Medical Supplies	\$ 4,057	4,057		
32.			Oxygen (non emergency)	\$ 51,853	51,853		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 50,292	50,292		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 2,380	2,380		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)			\$ 1,865,420	1,865,420			

*** 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

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022			Page 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,390,290	11,390,290			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,698,685)	(4,698,685)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,324,580	3,324,580			
b. Medicare Room and Board Contractual Allowance **	\$ 883,613	883,613			
4. a. Private-Pay Residents and Other	\$ 6,622,526	6,622,526			
b. Private-Pay Room and Board Contractual Allowance **	\$ 231,569	231,569			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 192,231	192,231			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (192,231)	(192,231)			
c. Prescription Drugs - Non-Medicare	\$ 70,222	70,222			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (70,222)	(70,222)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,108,775	1,108,775			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,032,837)	(1,032,837)			
c. Physical Therapy - Non-Medicare	\$ 374,750	374,750			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (336,392)	(336,392)			
4. a. Speech Therapy - Medicare	\$ 89,825	89,825			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (74,667)	(74,667)			
c. Speech Therapy - Non-Medicare	\$ 25,775	25,775			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (23,079)	(23,079)			
5. a. Occupational Therapy - Medicare	\$ 1,019,487	1,019,487			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (978,393)	(978,393)			
c. Occupational Therapy - Non-Medicare	\$ 336,513	336,513			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (301,892)	(301,892)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,961,758	17,961,758			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 9,120	9,120			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 113	113			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 295,389	295,389			
V. Total Other Revenue (1 thru 8)	\$ 304,622	304,622			
VI. Total All Revenue (III +V)	\$ 18,266,380	18,266,380			

* 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)
	Lab - Medicare A	\$ 32,442		
	Radiology - Medicare A	\$ 10,305		
	C/A Lab - Medicare A	\$ (32,442)		
	C/A Radiology - Medicare A	\$ (10,305)		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab - Other	\$ 7,523		
	Radiology - Other	\$ 2,911		
	C/A Lab - Other	\$ (7,523)		
	C/A Radiology - Other	\$ (2,911)		
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest - PeoplesBank Savings Account	\$ 113			
	Total Interest Income	\$ 113	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	U.S. HSS ARP Stimulus Payment	\$ 4,440		
	HRSA Provider Relief Phase 4 Payment	\$ 243,297		
	American Rescue Plan Act State Fiscal Relief Fund Payment	\$ 47,338		
	Rehabcare Class Action Settlement	\$ 315		
	Total Other Revenue	\$ 295,389	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 2,608,442
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 1,545,334
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4 Inventories				\$ 107,935
5. Prepaid Expenses				\$ 142,297
a. S Corp Tax Deposit				83,984
b. RX Claim Reserve Deposit				20,392
c. Prepaid Other				37,921
d. See Schedule				
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 4,404,007
B. Fixed Assets				\$
1. Land				\$
2. Land Improvements				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
3. Buildings				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
4. Leasehold Improvements				\$ 4,501,466
*Historical Cost _____				
Accum. Depreciation 1,446,640				Net
5. Non-Movable Equipment				\$
*Historical Cost _____				
Accum. Depreciation _____				Net
6. Movable Equipment				\$ 2,037,902
*Historical Cost _____				
Accum. Depreciation 1,821,423				Net
7. Motor Vehicles				\$ 48,092
*Historical Cost _____				
Accum. Depreciation 16,832				Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 3,302,564

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

G. Balance Sheet (cont'd)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
			Total Brought Forward:	\$ 7,706,572
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	561,752 70,114 Net		\$ 491,638
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)				\$ 791,303
Due from Guilford House	12,961			
Dfue from Eagle Point	778,342			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 1,282,941
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 8,989,513

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
The Suffield House	2075-C	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 209,938
2. Notes Payable (<i>itemize</i>)			\$
See Schedule			
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$ 21,192
Name of Lender	Purpose	Amount	Date Due
Eversource-No Interest Loa	Leasehold Improveme	21,192	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 167,203
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 12,426
7. Medicare Final Settlement Payable			\$
8. Medicare Current Financing Payable			\$
9. Mortgage Payable (<i>Current Portion</i>)			\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$
11. Accrued Income Taxes*			\$
12. Other Current Liabilities (<i>itemize</i>)			\$ 629,535
Accrued Provider Tax	199,312	Due to Medicaid	5,914
Accrued Property Tax	8,696	Accrued Pass Through E	39,137
Accrued Insurance Expense	107,646		
Accrued Expense Operation (Accru	268,831	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,040,294

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,040,294	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$ 21,193	
Name of Lender	Purpose	Amount	Date Due	
Eversource-No Interest Loan	Leasehold Improvement	21,193		
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$ 1,380,798	
Name and Address of Lender	Amount	Loan Date		
Moffie Family Holding Company, LLC One Canal Road, Suffield CT	1,380,798	9/30/22		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 1,401,991	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 2,442,285	

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page 35	of 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>)			\$	1,474,744
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			\$	1,474,744
B. Net Worth				
1. Owner's Capital			\$	(891,825)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,806,276
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 1,157,033
7. Total Net Worth			\$	5,072,484
C. Total Reserves and Net Worth				\$ 6,547,228
D. Total Liabilities, Reserves, and Net Worth				\$ 8,989,513

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
The Suffield House	2075-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 4,807,276		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 18,266,380		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 17,109,348		
D. Net Income or Deficit				\$ 1,157,033		
E. Balance				\$ 5,964,309		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Expense per page 27 17,182,696						
(Less) F/S vs C/R Depreciation (73,348)						
Total Expense per F/S 17,109,348						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$ 891,825		
Name and Address (No., City, State, Zip)		Title	Amount			
		Owners	891,825			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$ 891,825		
H. Balance at End of Period				\$ 5,072,484		

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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	Date Signed
Printed Name of Preparer		
Mark Tomasello		
Address Address		Phone Number
One Canal Road, Suffield CT 06078		860-668-6111
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Mark Tomasello		860-668-6111
Contact Email Address		
Mark@tsh.necoxmail.com		