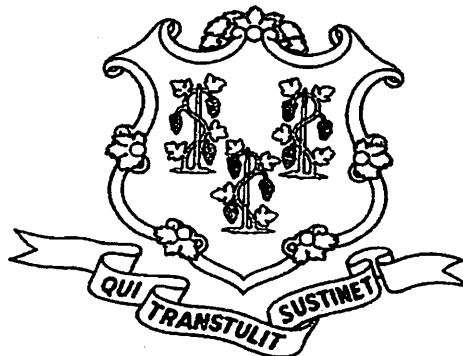


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) HANCOCK HALL				
Address (No. & Street, City, State, Zip Code) 31 STAPLES STREET, DANBURY, CT. 06810				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)		
Report for Year Beginning 10/1/2020		Report for Year Ending 9/30/2021		

License Numbers:	CCNH 2185-C	RHNS 0	(Specify) 0	Medicare Provider 07-5414
------------------	----------------	-----------	----------------	------------------------------

Medicaid Provider Numbers:	CCNH 2185	RHNS 0	ICF-IID 0
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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) HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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 HANCOCK HALL [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) JENNIFER MALONE-SEIXAS			Printed Name (Owner) DR. FRANK MALONE, PHD	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

General Information

Name of Facility (as licensed) HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 1	of 37
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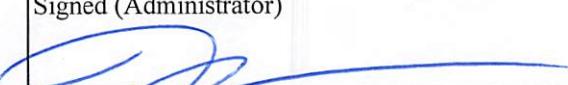
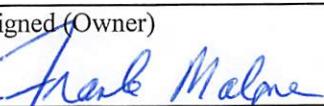
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I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for HANCOCK HALL [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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 8/15/22	Signed (Owner) 	Date 8/15/22	
Printed Name (Administrator) JENNIFER MALONE-SEIXAS		Printed Name (Owner) DR. FRANK MALONE, PHD		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	
Address of Notary Public				

(Notary Seal)

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Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 HANCOCK HALL	Period Covered:		From 10/1/2020	To 9/30/2021	
Address of Facility 31 STAPLES STREET, DANBURY, CT. 06810					
Report Prepared By 0	Phone Number 0		Date 1/0/1900		
Item	Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$ 0	0	0	0	
2. Laundry wages paid	\$ 0	0	0	0	
3. Housekeeping wages paid	\$ 0	0	0	0	
4. Nursing wages paid	\$ 0	0	0	0	
5. All other wages paid	\$ 0	0	0	0	
6. Total Wages Paid	\$ 0	0	0	0	
7. Total salaries paid	\$ 0	0	0	0	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 0	0	0	0	

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.

State of Connecticut
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General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-794-9466	Report for Year Ended 9/30/2021	Page 2	of 37
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Name of Facility (as shown on license) HANCOCK HALL		Address (No. & Street, City, State, Zip) 31 STAPLES STREET, DANBURY, CT. 06810		
License Numbers:	CCNH 2185-C	RHNS 0	(Specify) 0	Medicare Provider No. 07-5414
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" 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 1/0/1900		Date Closed 1/0/1900	
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. 0	
Administrator				
Name of Administrator JENNIFER MALONE-SEIXAS		Nursing Home Administrator's License No.: 00-1928		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name 0	License No.: 0			
0			0	
0			0	
0			0	

**State of Connecticut
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General Information and Questionnaire Partners/Members

**State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005**

**General Information and Questionnaire
Corporate Owners**

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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	
FILOSA CARE CENTER, INC	31 STAPLES STREET, DANBURY, CT 06810	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	PRESIDENT	300
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	VICE-PRESIDENT	250
JOHN M. MALONE	22 NORTH DUTCHER STREET, IRVINGTON, NY 10533	0	200
Names of Stockholders Owning at Least 10% of Shares			
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250
0	0	0	0
0	0	0	0
0	0	0	0

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

0

0

0

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General Information and Questionnaire
Related Parties*

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021			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		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				
STAPLES REALTY, LLC	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>	0% RENTAL OF BUILDING/REAL ESTATE	22/9	900,000	900,000
FILOSA CONV. HOME, INC	13 HAKIM STREET, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>	0% ADVANCED FUNDS	32/D6	88,994	88,994
SPACE PANTS, LLC	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>	0% STORAGE RENTAL	22/9	9,720	9,720
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>	0% CORPORATE OFFICER	10/A1-A4 28/2	28,978	28,978
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>	0% CORPORATE OFFICER	10/A1 28/2	97,524	97,524
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>	0% ADMINISTRATOR	10/A2	93,726	93,726
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0
0	0	<input type="radio"/>	<input checked="" type="radio"/>	0%	0	0	0

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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.

0

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

0

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.

SEE ATTACHED SHEET

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONAIRE

Name of Related Individual or Company	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	FCH Portion	HH Portion
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	401K PENSION PLAN	Actual 15.1.A.7	\$11,757	\$33,764
	401K FINANCIAL STATEMENT AUDIT	* 15.1.A.9.D	\$0	\$0
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	VARIOUS INSURANCES			
	WORKMENS COMPENSATION	* 15.1.A.1	\$74,755	\$110,177
	DISABILITY	Actual 15.1A.2	\$3,095	\$18,682
	HEALTH AND DENTAL	Actual 15.1.A.5	\$297,103	\$372,575
	PROPERTY:			
	INSURANCE ON PROPERTY	* 27.14.A	\$1,337	\$2,006
	INSURANCE OF AUTOMOBILES	Actual 27.14.B	\$2,871	\$5,410
	UMBRELLA	* 27.14.C.1	\$10,920	\$16,380
	FIRE AND EXTENDED COVERAGE	Actual 27.14.C.2	\$45,910	\$81,090
	FIDUCIARY	Actual 27.14.C.3	\$188	\$1,244
	DIRECTORS AND OFFICER	* 27.14.C.3	\$14,673	\$22,009
	CYBER LIABILITY	* 27.14.C.3	\$2,004	\$3,006
		TOTAL PROPERTY INS	\$77,902	\$131,145
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:			
	HEAD ACCOUNTANT'S	* 10.11.A	\$51,481	\$77,222
	OTHER ACCOUNTANTS (4)	*** 10.A6.B	\$74,938	\$154,378
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$35,340	\$50,855
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$46,216	\$66,506
	FOOD SERVICE SUPERVISOR (1)	* 10.A5.B	\$32,855	\$49,282
	RN - ADMINISTRATIVE	* 10.A.12.B.2	\$0	\$0
	LPN - ADMINISTRATIVE	*** 10.A.12.C.2	\$0	\$0
	OTHER ADMINISTRATIVE SALARIES (2)	* 10.A.4	\$59,190	\$96,862
	RECREATION DIRECTOR (1)	* 10.A.12.H	\$20,013	\$30,019
	RECREATION WORKERS	Actual 10.A.12.H	\$91,834	\$84,844
		TOTAL WAGES	\$411,867	\$609,968
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	TELEPHONE SYSTEM INTEREST	* 22.7.D	\$435	\$657
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	TELEPHONE AND INTERNET	* 15.1H1	\$15,914	\$19,524
	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.			
	EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	Actual 16.L.6	\$3,951	\$1,128

Allocated according to the facilities ratio of its beds to 160- the combined total of bot Hancock Hall and Filosa.
Under this method of allocation Hancock is charged 60% (96/160) of expense while Filosa is charged 40% (64/160).

Allocated according to the facilities ration of it's square footage to 95,905 square feet. - the combined square footage of both Hancock Hall & Filosa. Under this method of allocation Hancock Hall is charged 59% (56,300/95,905) of expense while Filosa is charged 41% (39,605/95,905)

Allocated as follows: Billing and Census 80% Hancock Hall 20% Filosa. Accounting 60% Hancock Hall 40% Filosa

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 HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2021			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						
WELLS FARGO VENDOR, FINANCIAL SERVICES, LLC, PO BOX 41564, PHILADELPHIA, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	COPIER MACHINE LEASE	08/01/18	60 MONTHS	12,241	12,241	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
0	<input type="radio"/>	<input checked="" type="radio"/>	0	01/00/00	0	0	0	
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
						12,241		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

◎ No

Total ***

12,241

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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.

0

Independent Accounting Firm

Name of Accounting Firm 1 CLIFTON LARSON ALLEN, LLP 2 CLIFTON LARSON ALLEN, LLP 3 0 4 0	Address (No. & Street, City, State, Zip Code) 300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169 300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169 0 0
---	---

Services Provided by This Firm (describe fully)

1 FINANCIAL STATEMENT PREPARATION	\$ 9,003
2 COVID RELATED CONSULTING RELATED TO REPORTING	\$ 1,405
3 0	\$ 0
4 0	\$ 0
	Charge for Services Provided \$ 10,408

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

Yes No PG 15 LNE 1D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 MICHALIK, BAUER, SILVIA & CICCARILLO, LLP 2 0 3 0 4 0 5 0	Telephone Number 860-225-8403 0 0 0 0
---	--

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

1 35 PEARL STREET, SUITE 300, NEW BRITAIN, CT, 06051-2645 2 0 3 0 4 0 5 0

Services Provided by This Firm (describe fully)

1 COLLECTIONS	\$ 3,299
2 0	\$ 0
3 0	\$ 0
4 0	\$ 0
5 0	\$ 0
	Charge for Services Provided \$ 3,299

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

Yes No PG 15 LNE 1E

Schedule of Resident Statistics

Name of Facility HANCOCK HALL			License No. 2185-C				Report for Year Ended 9/30/2021				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												
A. On last day of PREVIOUS report period	96	96	0	0	96	96	0	0	0	0	0	0
B. On last day of THIS report period	96	96	0	0	0	0	0	0	96	96	0	0
2. Number of Residents												
A. As of midnight of PREVIOUS report period	71	71	0	0	71	71	0	0	0	0	0	0
B. As of midnight of THIS report period	78	78	0	0	0	0	0	0	78	78	0	0
3. Total Number of Days Care Provided During Period												
A. Medicare	3,421	3,421	0	0	2,434	2,434	0	0	987	987	0	0
B. Medicaid (Conn.)	16,103	16,103	0	0	11,992	11,992	0	0	4,111	4,111	0	0
C. Medicaid (other states)	0	0	0	0	0	0	0	0	0	0	0	0
D. Private Pay	4,395	4,395	0	0	2,700	2,700	0	0	1,695	1,695	0	0
E. State SSI for RCH	0	0	0	0	0	0	0	0	0	0	0	0
F. Other (Specify) MEDICARE ADVANTAGE	583	583	0	0	391	391	0	0	192	192	0	0
G. Total Care Days During Period (3A thru F)	24,502	24,502	0	0	17,517	17,517	0	0	6,985	6,985	0	0
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	0	0	0	0	0	0	0	0	0	0	0	0
B. Other Bed Reserve Days	3	3	0	0	1	1	0	0	2	2	0	0
5. Total Resident Days (3G + 4A + 4B)	24,505	24,505	0	0	17,518	17,518	0	0	6,987	6,987	0	0

Schedule of Resident Statistics (Cont'd)

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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)					
1/0/1900				0	0	0	0	0	0	0	0	0	0	
1/0/1900				0	0	0	0	0	0	0	0	0	0	
1/0/1900				0	0	0	0	0	0	0	0	0	0	
1/0/1900				0	0	0	0	0	0	0	0	0	0	

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

Change in Resident Days				CCNH	RHNS	(Specify)
1st change				0	0	0
2nd change				0	0	0
3rd change				0	0	0
4th change				0	0	0

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	11	45	0	22	0	0	0	0
Per Diem Rate								
a. One bed rm.	0.00	0.00	0.00	571.00	0.00	0.00	0.00	0.00
b. Two bed rms.	702.00	298.83	0.00	490.00	0.00	0.00	0.00	0.00
c. Three or more bed rms.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,052	3,052	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	8,053	8,053	0	0
D. Total Physical Therapy Treatments	11,105	11,105	0	0
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	401	401	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	612	612	0	0
D. Total Speech Therapy Treatments	1,013	1,013	0	0
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,896	2,896	0	0
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	0	0	0	0
2. Restorative Treatments	0	0	0	0
C. Other	8,263	8,263	0	0
D. Total Occupational Therapy Treatments	11,159	11,159	0	0

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	125,855	0	0	0	0
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,726	2,080	0	0	0
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	0	0	0	0	0
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	214,209	8,029	0	0	0
5. Dietary Service					
a. Head Dietitian	0	0	0	0	0
b. Food Service Supervisor	49,282	1,209	0	0	0
c. Dietary Workers	428,834	22,392	0	0	0
6. Housekeeping Service					
a. Head Housekeeper	50,855	1,227	0	0	0
b. Other Housekeeping Workers	282,272	19,390	0	0	0
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	66,506	1,227	0	0	0
b. Other Maintenance Workers	82,867	3,414	0	0	0
8. Laundry Service					
a. Supervisor	0	0	0	0	0
b. Other Laundry Workers	35,338	2,217	0	0	0
9. Barber and Beautician Services	0	0	0	0	0
10. Protective Services	0	0	0	0	0
11. Accounting Services					
a. Head Accountant	77,222	1,248	0	0	0
b. Other Accountants	154,378	4,963	0	0	0
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	124,706	2,302	0	0	0
b. RN					
1. Direct Care	1,120,154	27,537	0	0	0
2. Administrative**	9,630	241	0	0	0
c. LPN					
1. Direct Care	820,980	27,795	0	0	0
2. Administrative**	160,874	4,700	0	0	0
d. Aides and Attendants	1,507,108	81,024	0	0	0
e. Physical Therapists	0	0	0	0	0
f. Speech Therapists	0	0	0	0	0
g. Occupational Therapists	0	0	0	0	0
h. Recreation Workers	114,863	4,540	0	0	0
i. Physicians					
1. Medical Director	0	0	0	0	0
2. Utilization Review	0	0	0	0	0
3. Resident Care***	0	0	0	0	0
4. Other (Specify)	0	0	0	0	0
j. Dentists	0	0	0	0	0
k. Pharmacists	0	0	0	0	0
l. Podiatrists	0	0	0	0	0
m. Social Workers/Case Management	200,993	6,605	0	0	0
n. Marketing	0	0	0	0	0
o. Other (Specify)					
See Attached Schedule	121,068	1,158	0	0	0
A-13. Total Salary Expenditures	5,841,721	223,299	0	0	0

* 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)

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

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2021			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										
JENNIFER MALONE-SEIXAS	97,524	0	0	0	PRESIDENT	0	A-1	FILOSA CONV. HOME 13 HAKIM ST, DANBURY, CT	0	0
MICHAEL MALONE	28,978	0	0	0	VICE PRESIDENT/CORP COUNSEL/ADMINIS	0	A-1/A-4	FILOSA CONV. HOME 13 HAKIM ST, DANBURY, CT	1,570	126,355
	0	0	0	0	0	0	0	0	0	0
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).										
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

* 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
HANCOCK HALL				2185-C		9/30/2021			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***										
JENNIFER MALONE-SEIXAS	93,726	0	0	0	0	2,080	A-2	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
Section IV - Assistant Administrators										
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

*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.

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

OWNER SALARY

	HANCOCK		FILOSA		COMBINED TOTAL		FICA		
	<u>HRS</u>	<u>SALARY</u>	<u>HRS</u>	<u>SALARY</u>	<u>HRS</u>	<u>SALARY</u>	<u>ALLOW</u>	<u>DISALLOW</u>	
JENNIFER MALONE-SEIXAS ADMINISTRATOR PRESIDENT	2,080	93,725 97,524 \$ 191,249	SEE BELOW Disallow	1,570	62,875	3,650	156,600 97,524 \$ 254,124	3,365 - \$ 3,365	2,344 1,252 \$ 10,298
MICHAEL MALONE Corp Counsel VICE-PRESIDENT	-	646 28,332 28,978	Disallow	-	6,593 59,269 \$ 65,862	-	7,239 87,601 \$ 94,840	- 6,701 \$ 3,365	

ADMINISTRATOR ALLOWANCE

	Total	MAXIMUM ALLOWABLE				
		@60 Beds	Per Bed	#Beds	Excess	Amount Allowed Total Beds 96
JENNIFER MALONE-SEIXAS	\$ 156,600	\$ 78,949	371	36	\$ 13,356	\$ 92,305 \$ 64,295 Disallow

State of Connecticut

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B. Report of Expenditures - Professional Fees

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021		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	53,933	1,183	0	0	0	0
2. Dentist	7,845	0	0	0	0	0
3. Pharmacist	9,576	145	0	0	0	0
4. Podiatrist	0	0	0	0	0	0
5. Physical Therapy						
a. Resident Care	215,025	3,412	0	0	0	0
b. Other	0	0	0	0	0	0
6. Social Worker	0	0	0	0	0	0
7. Recreation Worker	0	0	0	0	0	0
8. Physicians						
a. Medical Director (entire facility)	28,900	181	0	0	0	0
b. Utilization Review (Title 18 and 19 only) monthly meeting	0	0	0	0	0	0
c. Resident Care**	0	0	0	0	0	0
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	490	3	0	0	0	0
2. Pharmaceutical Committee (Quarterly meetings)	490	3	0	0	0	0
3. Staff Development Committee (Once annually)	420	2	0	0	0	0
e. Other (Specify)						
PHYS/PSYCH ROUNDS	12,400	65	0	0	0	0
9. Speech Therapist						
a. Resident Care	80,155	941	0	0	0	0
b. Other	0	0	0	0	0	0
10. Occupational Therapist						
a. Resident Care	208,308	4,177	0	0	0	0
b. Other	0	0	0	0	0	0
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0
b. LPN						
1. Direct Care	0	0	0	0	0	0
2. Administrative***	0	0	0	0	0	0
c. Aides	0	0	0	0	0	0
d. Other	0	0	0	0	0	0
12. Other (Specify)						
See Attached Schedule	0	0	0	0	0	0
B-13 Total Fees Paid in Lieu of Salaries	617,541	10,112	0	0	0	0

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

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

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

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

Name of Facility HANCOCK HALL		License No. 2185-C		Report for Year Ended 9/30/2021		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
SERAFAIMA GLOUZGAL,MD, 388 GROVE ST, RIDGEFIELD, CT 06877	COORDINATION OF MEDICAL CARE FOR RESIDENTS	<input type="radio"/>	<input checked="" type="radio"/>				0
DANIEL WOLLMAN,MD, 580 LONG HILL AVE, SHELTON, CT 06474	COORDINATION OF MEDICAL CARE FOR RESIDENTS	<input type="radio"/>	<input checked="" type="radio"/>				0
SYMBRIA REHAB, 28100 TORCH PARKWAY, WARRENVILLE, IL 60555	PT, OT AND SPEECH EVALUATIONS AND TREATMENT	<input type="radio"/>	<input checked="" type="radio"/>				0
ORESTES ARNONE, MD , 4 BARTRAM DRIVE, WEST REDDING, CT 06896	PSYCHIATRIC EVALUATIONS AND SERVICES	<input type="radio"/>	<input checked="" type="radio"/>				0
MEMBERS OF ORGANIZED MEDICAL STAFF (ROBERT RUXIN, MD/ JEANINE	INFECTION CONTROL REVIEW, PHARMACEUTICAL REVIEW,	<input type="radio"/>	<input checked="" type="radio"/>				0
OMNICARE PHARMACY, 525 KNOTTER DRIVE, CHESHIRE, CT	GENERAL SUPERVISION OF DRUG ADMINISTRATION	<input type="radio"/>	<input checked="" type="radio"/>				0
HEALTH DRIVE DENTAL GROUP, 888 WORCHESTER ST, WELLESLEY, MA	EVALUATION AND DENTAL GROUP	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
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0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0
0	0	<input type="radio"/>	<input checked="" type="radio"/>				0

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	110,177	110,177	0	0
2. Disability Insurance	\$	18,682	18,682	0	0
3. Unemployment Insurance	\$	49,207	49,207	0	0
4. Social Security (F.I.C.A.)	\$	438,077	438,077	0	0
5. Health Insurance	\$	372,575	372,575	0	0
6. Life Insurance (employees only) (not-owners and not-operators)	\$	0	0	0	0
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	33,764	33,764	0	0
8. Uniform Allowance	\$	6,215	6,215	0	0
9. Other (Specify) See Attached Schedule	\$	10,925	10,925	0	0
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$	0	0	0	0
c. Bad Debts*	\$	24,000	24,000	0	0
d. Accounting and Auditing	\$	9,003	9,003	0	0
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	3,299	3,299	0	0
f. Insurance on Lives of Owners and Operators (Specify)*	\$	0	0	0	0
g. Office Supplies	\$	37,004	37,004	0	0
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	11,776	11,776	0	0
2. Cellular Phones	\$	2,212	2,212	0	0
i. Appraisal (Specify purpose and attach copy)*	\$	0	0	0	0
0					
j. Corporation Business Taxes (<i>franchise tax</i>)	\$	0	0	0	0
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$	0	0	0	0
2. Other (Specify) See Attached Schedule	\$	0	0	0	0
3. Resident Day User Fee	\$	431,392	431,392	0	0
Subtotal		\$ 1,558,307	1,558,307	0	0

* 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	License No.	Report for Year Ended		Page	of
		9/30/2021		16	37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,558,307	1,558,307	0	0
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 675	675	0	0	
2. Holiday Parties for Staff	\$ 2,014	2,014	0	0	
3. Gifts to Staff and Residents	\$ 13,035	13,035	0	0	
4. Employee Travel	\$ 598	598	0	0	
5. Education Expenses Related to Seminars and Conventions	\$ 4,767	4,767	0	0	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,128	1,128	0	0	
7. Other (<i>Specify</i>) See Attached Schedule	\$ 0	0	0	0	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 33,043	33,043	0	0	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 0	0	0	0	
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 29,938	29,938	0	0	
4. Fund-Raising***	\$ 0	0	0	0	
5. Medical Records	\$ 8,773	8,773	0	0	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 0	0	0	0	
7. Postage	\$ 6,221	6,221	0	0	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,968	8,968	0	0	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,829	1,829	0	0	
9. Subscriptions	\$ 0	0	0	0	
10. Contributions*** See Attached Schedule	\$ 250	250	0	0	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 6,979	6,979	0	0	
12. Administrative Management Services**	\$ 0	0	0	0	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 234,890	234,890	0	0	
C-14 Total Administrative & General Expenditures	\$ 1,911,415	1,911,415	0	0	

* 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)
PROMOTIONS	\$ 29,938		
Total Other Advertising	\$ 29,938	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,901		
AANAC	\$ 262		
ALTCFM	\$ 255		
AHCA	\$ 960		
ACHCA	\$ 310		
CATRD	\$ 40		
COSTCO	\$ 240		
Total Dues	\$ 8,968	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CULTURAL ALLIANCE OF WESTERN CT	\$ 250		
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
COMPUTER RELATED EXPENSES AND SOFTWARE	\$ 84,353		
INTERNET FEES	\$ 7,748		
LOSS ON DISPOSED ASSETS	\$ 2,768		
BANK SERVICE CHARGES AND MERCHANT FEES	\$ 5,840		
MISCELLANEOUS EXPENSE	\$ (3,190)		
CABLE TV	\$ 23,465		
PAYROLL SERVICE	\$ 20,037		
ADMIN/OFFICE SMALL EQUIPMENT	\$ 3,529		
RESIDENT RELATED MISC EXPENSE	\$ 362		
OTHER COVID RELATED COSTS	\$ 81,915		
EQUIPMENT RENTAL - SHORT-TERM	\$ 3,688		
PROFESSIONAL LICENSE AND FEES	\$ 4,375		
Total Other Administrative and General	\$ 234,890	\$ -	\$ -

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Schedule C-1 - Management Services*

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021		Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 210,317	210,317	0		0
2. Non-Food Supplies	\$ 43,635	43,635	0		0
3. Other (Specify) _____ 0 0	\$ 0	0	0		0
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 0	0	0		0
c. Other (Specify) _____ DIETARY EQUIPMENT RENTAL DIETARY EQUIPMENT REPAIR	\$ 3,745	3,745	0		0
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 257,698	257,698	0		0
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*	201	201	0		0
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.	\$0
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					0
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.	\$0
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	\$0
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					0
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.	\$0
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	\$0
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					0

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.	0	0	0	0
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	9,181	9,181	0	0
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.	0	0	0	0
	Amt. \$	0	0	0	0
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.	0	0	0	0
	Amt. \$	0	0	0	0
4. Repair and/or purchase of linens.***	Lbs.	0	0	0	0
	Amt. \$	13,420	13,420	0	0
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	0	0	0	0
c. Other (Specify)	\$	8,295	8,295	0	0
EQUIPMENT RENTAL					
3D. <i>Total Laundry Expenditures</i> (3a + b + c)	\$	30,896	30,896	0	0
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.		\$0
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		\$0
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				0
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.		\$0
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		\$0
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				0

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel	56,300	56,300	0	0
a. In-House Care	Amt. \$	36,839	36,839	0	0
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	0	0	0	0
Amt. \$		0	0	0	0
C. Other (<i>Specify</i>)	\$	8,958	8,958	0	0
COVID-19 RELATED CLEANING SUPPLIES					
4D. <i>Total Housekeeping Expenditures</i> (4a + b + c)	\$	45,797	45,797	0	0
5. Resident Care (Supplies)***					
a. Prescription Drugs***					
1. Own Pharmacy	\$	0	0	0	0
2. Purchased from OMNICARE	\$	104,759	104,759	0	0
b. Medicine Cabinet Drugs	\$	228	228	0	0
c. Medical and Therapeutic Supplies	\$	138,812	138,812	0	0
d. Ambulance/Limousine***	\$	0	0	0	0
e. Oxygen					
1. For Emergency Use	\$	0	0	0	0
2. Other***	\$	12,805	12,805	0	0
f. X-rays and Related Radiological Procedures***	\$	4,474	4,474	0	0
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	0	0	0	0
h. Laboratory***	\$	3,664	3,664	0	0
i. Recreation	\$	5,168	5,168	0	0
j. Direct Management Services*	\$	0	0	0	0
k. Indirect Management Services*	\$	0	0	0	0
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	89,371	89,371	0	0
5M. <i>Total Resident Care Expenditures</i> (5a - 5j)	\$	359,280	359,280	0	0

* 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 HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2021				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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
CLIFTON LARSON ALLEN LLP	DRIVE, STE 310, QUINCY MA 02169	<input type="radio"/>	<input checked="" type="radio"/>		0 ACCOUNTING SERVICES	10,408	0	0	15	1D	
NETWORK SYNERGY	TRUMBULL, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>		0 SERVICES, MAINTENANCE AND	21,036	0	0	16	M13	
SYMBRIA REHAB	PARKWAY, WARRENVILLE, IL	<input type="radio"/>	<input checked="" type="radio"/>		0 EVALUATIONS AND TREATMENT	503,488	0	0	13	Vario	
SERA FIMA M. GLOUZGAL	RIDGEFIELD, CT 06877	<input type="radio"/>	<input checked="" type="radio"/>		0 MEDICAL DIRECTOR	11,500	0	0	13	B8A	
CELTIC CONSULTING LLC	TORRINGTON, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		0 MDS COMPLIANCE	0	0	0	0	0	
LAURIE A FIGLIOLA RDN ,	ROAD, WESTON, CT 06883	<input type="radio"/>	<input checked="" type="radio"/>		0 NEEDS AND REPORTS	53,933	0	0	13	B1	
ORESTES J. ARCUNI	WEST REDDING, CT 06896	<input type="radio"/>	<input checked="" type="radio"/>		0 EVALUATIONS AND SERVICES	12,400	0	0	13	B8DE	
CENTER FOR COMPREHENSIVE CARE, LLC	580 LONG HILL AVE, SHELTON, CT 06474	<input type="radio"/>	<input checked="" type="radio"/>		0 MEDICAL DIRECTOR	17,400	0	0	13	B8A	
ONMICARE	DETROIT, MI 48278- 1668	<input type="radio"/>	<input checked="" type="radio"/>		0 PHARMACIST	9,576	0	0	13	B3	
FLYNN BARRETT CONSULTING LLC	ROAD, POUND RIDGE, NY 10576	<input type="radio"/>	<input checked="" type="radio"/>		0 HR CONSULTANT	7,504	0	0	16	M13	
FJC AND ASSOCIATES, INC	14 CHURCH HILL RD, NEWTOWN, CT 06470	<input type="radio"/>	<input checked="" type="radio"/>		0 PENSION CONSULTANT	4,659	0	0	15	M11	
0	0	<input checked="" type="radio"/>	<input type="radio"/>		0	0	0	0	0	0	
0	0	<input checked="" type="radio"/>	<input type="radio"/>		0	0	0	0	0	0	
0	0	<input checked="" type="radio"/>	<input type="radio"/>		0	0	0	0	0	0	

* 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).

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 93,890	93,890	0	0		
b. Heat	\$ 56,260	56,260	0	0		
c. Light & Power	\$ 80,251	80,251	0	0		
d. Water	\$ 39,651	39,651	0	0		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 12,241	12,241	0	0		
f. Other (<i>itemize</i>)	\$ 57,089	57,089	0	0		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 339,382	339,382	0	0		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 10,202	10,202	0	0		
b. Building & Building Improvements	\$ 4,422	4,422	0	0		
c. Non-Movable Equipment	\$ 3,397	3,397	0	0		
d. Movable Equipment	\$ 50,747	50,747	0	0		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 68,768	68,768	0	0		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 0	0	0	0		
b. Mortgage Expense	\$ 0	0	0	0		
c. Leasehold Improvements	\$ 42,871	42,871	0	0		
d. Other (<i>Specify</i>)	\$ 0	0	0	0		
*8e. Total Amortization Costs (8a + b + c + d)	\$ 42,871	42,871	0	0		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 817,837	817,837	0	0		
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 0	0	0	0		
b. Real estate taxes paid by lessor	\$ 91,883	91,883	0	0		
c. Personal property taxes	\$ 12,703	12,703	0	0		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,034,062	1,034,062	0	0		

* 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

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 22 OF 37 - LINE 9 RENTAL PAYMENTS ON LEASED REAL PROPERTY LESS DEPRECIATION CLAIMED

	<u>TOTAL</u>	<u>CCNH</u>	<u>RHNS</u>
RENTAL PAYMENT OF FACILTY BUILDING	\$ 900,000	\$ 900,000	\$ -
LESS: DEPRECIATION ON PROPERTY FROM RELATED PARTY (Does not include depreciation on addition)	\$ 900,000	\$ 900,000	\$ -
OTHER RENTAL PAYMENTS			
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	9,720	9,720	-
	\$ 909,720	\$ 909,720	\$ -
Less Real estate taxes paid by lessor	(91,883)	(91,883)	
	817,837	817,837	

Depreciation Schedule

Name of Facility HANCOCK HALL				License No. 2185-C			Report for Year Ended 9/30/2021				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											10,202		
1. Acquired prior to this report period				512,490	0	512,490	383,283	SL	VARIOUS	10,202			
2. Disposals (attach schedule)				0	0	0	0	0	0	0			
3. Acquired during this report period (attach schedule)				0	0	0	0	0	0	0			
A-4. Subtotal											10,202		
B. Building and Building Improvements											4,422		
1. Acquired prior to this report period				5,171,137	7,000	5,164,137	5,119,991	SL	VARIOUS	4,422			
2. Disposals (attach schedule)				0	0	0	0	0	0	0			
3. Acquired during this report period (attach schedule)				0	0	0	0	0	0	0			
B-4. Subtotal											4,422		
C. Non-Movable Equipment											3,397		
1. Acquired prior to this report period				173,984	0	173,984	110,291	SL	20	3,397			
2. Disposals (attach schedule)				0	0	0	0	0	0	0			
3. Acquired during this report period (attach schedule)				0	0	0	0	0	0	0			
C-4. Subtotal											3,397		
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
D. Movable Equipment												50,747	
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Van Model #E350 SU	X	0	4	2015	62,400	0	62,400	62,400	0	0	0		
b. 2013 Hyundai Sante Fe (disallow)	0	X	4	2016	25,396	0	25,396	25,396	0	0	0		
c.	0	0	0	0	0	0	0	0	0	0	0		
d.	0	0	0	0	0	0	0	0	0	0	0		
2. Movable Equipment													
a. Acquired prior to this report period			0	0	1,004,711	0	1,004,711	782,219	SL	VARIOU	48,788		
b. Disposals (attach schedule)			0	0	(11,435)	0	(11,435)	(11,200)	SL	VARIOU	353		
c. Acquired during this report period (attach schedule)			0	0	37,158	0	37,158	0	SL	VARIOU	1,606		
D-3. Subtotal												50,747	
E. Total Depreciation												68,768	

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	Cost	Useful Life	Depreciation
Additions:				
3/20/2021	OFFICE DESK	\$ 1,222	10	\$ 20
9/1/2021	MEAL DELIVERY CART	\$ 16,448	10	\$ 137
1/28/2021	RACK UNIVERSAL 120 CAPACITY	\$ 2,741	10	\$ 183
6/9/2021	BLADDER SCANNER CARESONO HD3 PADSCAN 7IN MONITOR 50W	\$ 6,115	10	\$ 291
10/23/2020	HP BUSINESS DESKTOP	\$ 1,627	5	\$ 298
8/1/2021	IPAD WIFI (8)	\$ 3,356	5	\$ 112
3/25/2021	VOSTRO NOTEBOOK 5502	\$ 5,649	5	\$ 565
Total additions for Movable Equipment		\$ 37,158		\$ 1,606 *
Deletions:				
6/15/2005	DIETARY SOFTWARE(2)	\$ (6,366)		\$ -
6/15/2015	HP ELITEDESKTOP COMPUTER,24	\$ (1,523)		\$ -
1/16/2017	HP LASERJET PRINTER, DESKTOP PRO ALL-IN-ONE, HP DESKPRO	\$ (2,350)		\$ 353
7/27/2015	ON SITE SETUP OF 2 COMPUTERS	\$ (848)		\$ -
11/5/2014	ON SITE SETUP OF WINDOWS7 DESKPRO	\$ (347)		\$ -
Total deletions for Movable Equipment		\$ (11,435)		\$ 353 **

*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:				
7/1/2021	REPLACEMENT OF COMPRESSORS A1 & A2	\$ 10,129	15	\$ 169
7/6/2021	ICE MAKER FOR 1 SOUTH	\$ 1,803	10	\$ 45
9/1/2021	ICE MACHINE WITH BIN	\$ 3,329	10	\$ 28
Total additions for Leasehold Improvement		\$ 15,261		\$ 242 *
Deletions:				
6/5/2014	1 OF 3 INTERIOR PAINTING	\$ (13,028)		
7/18/2014	2 OF 3 INTERIOR PAINTING	\$ (13,028)		
10/1/2017	DAMAGE TO WIRES, NOT REMBURSED BY INSURANCE	\$ (4,824)		\$ 362
8/8/2014	HALLWAY RENOVATION PAINTING PROJECT	\$ (10,000)		
9/9/2014	INTERIOR PAINTING RENOVATION	\$ (3,040)		
1/25/2010	MAST ASSEMBLY	\$ (1,685)		
8/5/2014	MATERIALS FOR 1ST /2ND FLOOR HALLWAY RENOVATION-PAINTING	\$ (5,645)		
9/15/2005	SOFTWARE EXIT DEVICE	\$ (2,449)		
Total deletions for Leasehold Improvement		\$ (53,698)		\$ 362 **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2021			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.	0	0	0	0	0	0	0	0	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
A-4. Subtotal									0
B. Mortgage Expense									
1.	0	0	0	0	0	0	0	0	
2.	0	0	0	0	0	0	0	0	
3.	0	0	0	0	0	0	0	0	
B-4. Subtotal									0
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	0	0	VARIOUS	1,150,678	858,501	0	0	42,267	
2. Disposals (attach schedule)	0	0	0	(53,698)	(50,804)	0	0	362	
3. Acquired during this report period (attach schedule)									
	0	0	0	15,261	0	0	0	242	
C-4. Subtotal									42,871
D. Total Amortization									42,871

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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	01/00/00			
2. Date Structure Completed	03/09/84			
3. If NOT Original Owner, Date of Purchase	01/00/00			
4. Date of Initial Licensure	03/09/84			
5. Total Licensed Bed Capacity	96			
6. Square Footage	56,300			
7. Acquisition Cost				
a. Land	170,000			
b. Building	4,551,697			

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	0	0	0
b. Date Mortgage Obtained	11/22/16	01/00/00	01/00/00	01/00/00
c. Interest Rate for the Cost Year	3.31%	0.00%	0.00%	0.00%
d. Term of Mortgage (number of years)	10	0	0	0
e. Amount of Principal Borrowed	3,120,000	0	0	0
f. Principal balance outstanding as of _____	1,476,658	0	0	0

Complete if Mortgage was Refinanced During Current Cost Year

g. Type of Financing (e.g., fixed, variable)	0	0	0	0
h. Date of Refinancing	01/00/00	01/00/00	01/00/00	01/00/00
i. New Interest Rate	0.00%	0.00%	0.00%	0.00%
j. Term of Mortgage (number of years)	0	0	0	0
k. Amount of Principal Borrowed	0	0	0	0
l. Principal Outstanding on Note Paid-Off	0	0	0	0

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
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0
0	01/00/00	01/00/00	0	0

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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$	993	993	0		0
Name of Lender UNION SAVINGS BANK	Rate 3.25%					
Address of Lender 225 MAIN STREET DANBURY, CT 06810						
2. Second Mortgage	\$	0	0	0		0
Name of Lender 0	Rate 0.00%					
Address of Lender						
3. Third Mortgage	\$	0	0	0		0
Name of Lender 0	Rate 0.00%					
Address of Lender						
4. Fourth Mortgage	\$	0	0	0		0
Name of Lender 0	Rate 0.00%					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$	0				
2. Loan Origination Date		01/00/00				
3. Interest Rate %		0.00%				
4. Term		0				
5. CHEFA Interest Expense		0	0	0		0
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	993	993	0		0

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			993	993	0	0
12. C. Movable Equipment						
1. Automotive Equipment		\$ 0	0	0	0	0
A. Item	Rate	Amount				
0	0.00%	0				
Lender						
0						
Address of Lender						
2. Other (Specify)		\$ 1,305	1,305	0	0	0
A. Item	Rate	Amount				
PHONE SYSTEM	0.00%	657				
Lender						
CAROUSEL INDUSTRIES						
Address of Lender						
P.O. BOX 650032DALLAS, TX 75265						
B. Item	Rate	Amount				
ENERGY EFFICIENT LIGHT	5.00%	648				
Lender						
EVERSOURCE						
Address of Lender						
P.O. BOX 650032DALLAS, TX 75265						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$ 1,305	1,305	0	0	0
12. D. Other Interest Expense (Specify) SEE ATTACHED		\$ 1,166	1,166	0	0	0
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$ 3,464	3,464	0	0	0
14. Insurance						
a. Insurance on Property (buildings only)		\$ 2,006	2,006	0	0	0
b. Insurance on Automobiles		\$ 5,410	5,410	0	0	0
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$ 16,380	16,380	0	0	0
2. Fire and Extended Coverage		\$ 81,090	81,090	0	0	0
3. Other (Specify) SEE ATTACHED		\$ 27,433	27,433	0	0	0
14d. Total Insurance Expenditures (14a + b + c)		\$ 132,319	132,319	0	0	0
15. Total All Expenditures (A-13 thru C-14)		\$ 10,573,574	10,573,574	0	0	0

D. Adjustments to Statement of Expenditures

Name of Facility HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2021		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.	0	0	Outpatient Service Costs	\$ 0	0	0	0
2.	0	0	Salaries not related to Resident Care	\$ 0	0	0	0
3.	0	0	Occupational Therapy	\$ 0	0	0	0
4.	0	0	Other - See attached Schedule	\$ 135,316	135,316	0	0
Page 13 - Professional Fees							
5.	0	0	Resident Care Physicians **	\$ 0	0	0	0
6.	0	0	Occupational Therapy	\$ 0	0	0	0
7.	0	0	Other - See attached Schedule	\$ 0	0	0	0
Pages 15 & 16 - Administrative and General							
8.	0	0	Discriminatory Benefits	\$ 0	0	0	0
9.	15	1C	Bad Debts	\$ 24,000	24,000	0	0
10.	0	0	Accounting	\$ 0	0	0	0
10a.			Legal	\$ 3,299	3,299	0	0
11.	0	0	Telephone	\$ 0	0	0	0
12.	15	1H2	Cellular Telephone	\$ 772	772	0	0
13.	0	0	Life insurance premiums on the life of Owners, Partners, Operators	\$ 0	0	0	0
14.	16	L3	Gifts, flowers and coffee shops	\$ 9,685	9,685	0	0
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,493	4,493	0	0
16.	0	0	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 0	0	0	0
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 718	718	0	0
18.	16	M3	Unallowable Advertising *	\$ 29,938	29,938	0	0
19.	0	0	Income Tax / Corporate Business Tax	\$ 0	0	0	0
20.	16	M10	Fund Raising / Contributions	\$ 250	250	0	0
21.	0	0	Unallowable Management Fees	\$ 0	0	0	0
22.	0	0	Barber and Beauty	\$ 0	0	0	0
23.	0	0	Other - See attached Schedule	\$ 5,418	5,418	0	0
Page 18 - Dietary Expenditures							
24.	0	0	Meals to employees, guests and others who are not residents	\$ 0	0	0	0
Page 19 - Laundry Expenditures							
25.	0	0	Laundry services to employees, guests and others who are not residents	\$ 0	0	0	0
Page 20 - Housekeeping Expenditures							
26.	0	0	Housekeeping services to employees, guests and others who are not residents	\$ 0	0	0	0
Subtotal (Items 1 - 26)				\$ 213,889	213,889	0	0

* 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.

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONAIRE

INSURANCE PAID

FIDUCIARY	\$ 1,244	
DIRECTORS AND OFFICER	22,009	DISALLOW
PROFESSIONAL LIABILITY	1,175	
CYBER LIABILITY	3,006	
 PRIOR YEAR INSURANCE RELATED ADJUSTMENT	 -	DISALLOW
 TOTAL	 27,433	14.C.3

Santa Fe 1,241 DISALLOW

INTEREST EXPENSE 12C2D

UNION SAVINGS BANK LINE OF CREDIT 5.75%	\$ -	
 NAVITAS CREDIT CORP COMPUTER LOAN 9.68%	\$ 1,121	
 FINANCIAL CHARGES VARIOUS	 45	DISALLOW
	 \$ 1,166	12.C.2.D

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A1	OFFICER SALARY -JENNIFER MALONE	\$ 97,524		
10	A1	OFFICER SALARY - MICHAEL MALONE	\$ 28,332		
10	A2	EXCESS ADMINISTRATOR	\$ 1,420		
15	1A4	DISALLOWED FICA RELATED	\$ 8,040		
Total Other Salaries Adjustment			\$ 135,316	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

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

Name of Facility HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2021		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
				Subtotals Brought Forward	\$ 213,889	213,889	0	0
<i>Page 20 - Resident Care Supplies***</i>								
27.	20	5A2	Prescription Drugs	\$ 104,759	104,759	0	0	0
28.	0	0	Ambulance/Limousine	\$ 0	0	0	0	0
29.	20	5F	X-rays, etc	\$ 4,474	4,474	0	0	0
30.	20	5H	Laboratory	\$ 3,664	3,664	0	0	0
31.	20	5C	Medical Supplies	\$ 17,829	17,829	0	0	0
32.	20	5E2	Oxygen (non emergency)	\$ 12,805	12,805	0	0	0
33.	0	0	Occupational Therapy	\$ 0	0	0	0	0
34.	0	0	Other - See Attached Schedule	\$ 112	112	0	0	0
<i>Page 22 - Maintenance and Property</i>								
35.	0	0	Excess Movable Equipment Depreciation See Attached Schedule	\$ 0	0	0	0	0
36.	0	0	Depreciation on Unallowable Motor Vehicles	\$ 0	0	0	0	0
37.	22	10C	Unallowable Property and Real Estate Taxes	\$ 228	228	0	0	0
38.	0	0	Rental of Building Space or Rooms	\$ 0	0	0	0	0
39.	0	0	Other - See Attached Schedule	\$ 0	0	0	0	0
<i>Page 27 - Insurance</i>								
40.	0	0	Mortgage Insurance	\$ 0	0	0	0	0
41.	27	14C3	Property Insurance	\$ 23,250	23,250	0	0	0
<i>Other - Miscellaneous</i>								
42.	0	0	Other - Indirect	\$ 0	0	0	0	0
43.	0	0	Interest Income on Account Rec.	\$ 0	0	0	0	0
44.	0	0	Other - Miscellaneous Administrative	\$ 45	45	0	0	0
45.	0	0	Management Fees Direct	\$ 0	0	0	0	0
46.	0	0	Management Fees Indirect	\$ 0	0	0	0	0
47.	0	0	Other - Direct	\$ 0	0	0	0	0
<i>Not For Profit Providers Only</i>								
48.	0	0	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 0	0	0	0	0
49. Total Amount of Decrease (Items 1 - 48)				\$ 381,054	381,054	0	0	0

*** 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021			Page 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,994,540	7,994,540	0	0	0
b. Medicaid Room and Board Contractual Allowance **	\$ (3,536,348)	(3,536,348)	0	0	0
2. a. Medicaid (<i>All other states</i>)	\$ 0	0	0	0	0
b. Other States Room and Board Contractual Allowance **	\$ 0	0	0	0	0
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,703,232	1,703,232	0	0	0
b. Medicare Room and Board Contractual Allowance **	\$ 697,432	697,432	0	0	0
4. a. Private-Pay Residents and Other	\$ 2,485,725	2,485,725	0	0	0
b. Private-Pay Room and Board Contractual Allowance **	\$ 32,651	32,651	0	0	0
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 219,943	219,943	0	0	0
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (215,011)	(215,011)	0	0	0
c. Prescription Drugs - Non-Medicare	\$ 55,936	55,936	0	0	0
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (55,936)	(55,936)	0	0	0
2. a. Medical Supplies - Medicare	\$ 21,974	21,974	0	0	0
b. Medical Supplies - Medicare Contractual Allowance **	\$ (21,974)	(21,974)	0	0	0
c. Medical Supplies - Non-Medicare	\$ 4,702	4,702	0	0	0
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (4,702)	(4,702)	0	0	0
3. a. Physical Therapy - Medicare	\$ 345,819	345,819	0	0	0
b. Physical Therapy - Medicare Contractual Allowance **	\$ (258,990)	(258,990)	0	0	0
c. Physical Therapy - Non-Medicare	\$ 53,433	53,433	0	0	0
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (53,433)	(53,433)	0	0	0
4. a. Speech Therapy - Medicare	\$ 78,315	78,315	0	0	0
b. Speech Therapy - Medicare Contractual Allowance **	\$ (42,348)	(42,348)	0	0	0
c. Speech Therapy - Non-Medicare	\$ 12,397	12,397	0	0	0
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (12,397)	(12,397)	0	0	0
5. a. Occupational Therapy - Medicare	\$ 370,207	370,207	0	0	0
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (282,833)	(282,833)	0	0	0
c. Occupational Therapy - Non-Medicare	\$ 56,457	56,457	0	0	0
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (56,457)	(56,457)	0	0	0
6. a. Other (<i>Specify</i>) - Medicare	\$ (817)	(817)	0	0	0
b. Other (<i>Specify</i>) - Non-Medicare	\$ 10,671	10,671	0	0	0
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,602,189	9,602,189	0	0	0
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 0	0	0	0	0
2. Rental of rooms to non-residents	\$ 0	0	0	0	0
3. Telephone	\$ 0	0	0	0	0
4. Rental of Television and Cable Services	\$ 0	0	0	0	0
5. Interest Income (<i>Specify</i>)	\$ 506	506	0	0	0
6. Private Duty Nurses' Fees	\$ 0	0	0	0	0
7. Barber, Coffee, Beauty and Gift shops	\$ 0	0	0	0	0
8. Other (<i>Specify</i>)	\$ 2,475,909	2,475,909	0	0	0
V. Total Other Revenue (1 thru 8)	\$ 2,476,415	2,476,415	0	0	0
VI. Total All Revenue (III +V)	\$ 12,078,603	12,078,603	0	0	0

* 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)
	PRIOR YEAR RELATED ADJUSTMENTS	\$ (817)		
	Total Other Resident Revenue - Medicare	\$ (817)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	PRIOR YEAR RELATED ADJUSTMENTS	\$ 10,671		
	Total Other Resident Revenue	\$ 10,671	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31	UNION SAVINGS BANK	\$ 506			
	Total Interest Income	\$ 506	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	CARES ACT SICK PAY TAX CREDIT, NET	\$ 6,663		
	MEDICAID STIMULUS PAYMENTS	\$ 95,849		
	EMPLOYEE RETENTION CREDIT	\$ 766,565		
	SBA PAYROLL PROTECTION LOAN FORGIVEN	\$ 1,366,800		
	MISC. INCOME	\$ 2,050		
	HHS CARES ACT GRANTS	\$ 237,982		
	Total Other Revenue	\$ 2,475,909	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,530,876
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	914,183
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	975
4. Inventories			\$	0
5. Prepaid Expenses			\$	226,982
a. 401K-FORFEITURE ONE ACCT		777		
b. REQUIRED PAYMENT		1,831		
c. PREPAID INSURANCE		202,245		
d. See Schedule		22,129		
6. Interest Receivable			\$	0
7. Medicare Final Settlement Receivable			\$	0
8. Other Current Assets (<i>itemize</i>)			\$	0
0		0		
0		0		
0		0		
See Schedule		0		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,673,016
B. Fixed Assets				
1. Land			\$	0
2. Land Improvements	*Historical Cost	512,490	\$	119,005
	Accum. Depreciation	393,485	Net	
3. Buildings	*Historical Cost	0	\$	0
	Accum. Depreciation	0	Net	
4. Leasehold Improvements	*Historical Cost	1,112,241	\$	312,840
	Accum. Depreciation	799,402	Net	
5. Non-Movable Equipment	*Historical Cost	0	\$	0
	Accum. Depreciation	0	Net	
6. Movable Equipment	*Historical Cost	1,030,434	\$	208,668
	Accum. Depreciation	821,766	Net	
7. Motor Vehicles	*Historical Cost	87,796	\$	0
	Accum. Depreciation	87,796	Net	
8. Minor Equipment-Not Depreciable			\$	0
9. Other Fixed Assets (<i>itemize</i>)			\$	407,204
CONSTRUCTION IN PROCESS		407,204		
See Schedule		0		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,047,717

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31		OFFICE RELATED EXPENSES	\$ 2,183
31		HEALTH INSURANCE	\$ 3,593
31		SEMINAR	\$ 2,783
31		MAINTENANCE RELATED	\$ 3,570
31		WESTERN CT STATE UNIVERSITY PLEDGE	\$ 10,000
Total Prepaid Expenses			\$ 22,129

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

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

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

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G. Balance Sheet (cont'd)

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:				\$ 3,720,733
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$ 170,000
2. Land Improvements	*Historical Cost Accum. Depreciation	0 0 Net		\$ 0
3. Buildings	*Historical Cost Accum. Depreciation	5,171,137 5,124,413 Net		\$ 46,724
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	173,984 113,688 Net		\$ 60,296
5. Movable Equipment	*Historical Cost Accum. Depreciation	0 0 Net		\$ 0
6. Motor Vehicles	*Historical Cost Accum. Depreciation	0 0 Net		\$ 0
7. Minor Equipment-Not Depreciable				\$ 0
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$ 277,020
D. Investment and Other Assets				
1. Deferred Deposits				\$ 0
2. Escrow Deposits				\$ 0
3. Organization Expense	*Historical Cost Accum. Depreciation	0 0 Net		\$ 0
4. Goodwill (Purchased Only)				\$ 0
5. Investments Related to Resident Care (<i>itemize</i>)				\$ 0
	0	0		
	0	0		
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$ 88,994
Name and Address	Amount	Loan Date		
FILOSA FOR NURSING, 13 HAKIM STREET, DANBURY, CT	88,994	1/0/00		
7. Other Assets (<i>itemize</i>)				\$ 104,269
BED LICENSES	88,000			
FINANCING/CLOSING COST LOAN	16,269			
See Schedule	0			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 193,263
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 4,191,016

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

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G. Balance Sheet (cont'd)

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 613,326	
2. Notes Payable (<i>itemize</i>)			\$ 0	
0			0	
0			0	
0			0	
See Schedule			0	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$ 19,919	
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED	0	19,919	01/00/00	
0	0	0	01/00/00	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 289,273	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$ 6,345	
6. Accrued Payroll Taxes Payable			\$ 400,116	
7. Medicare Final Settlement Payable			\$ 0	
8. Medicare Current Financing Payable			\$ 0	
9. Mortgage Payable (<i>Current Portion</i>)			\$ 0	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$ 0	
11. Accrued Income Taxes*			\$ 0	
12. Other Current Liabilities (<i>itemize</i>)			\$ 584,289	
MEDICARE ADVANCE BILLING	237,508	0	0	
ACCRUED EXPENSES	85,605	0	0	
HHS CARES ACT GRANT PAYAI	163,177	0	0	
MEDICAID RECOUPMENT OF A	98,000	See Schedule	0	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,913,268	

* 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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				1,913,268
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 2,952
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED	0	2,952	1/0/00	
0	0	0	1/0/00	
2. Mortgages Payable				\$ 292,449
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 0
Name and Address of Lender	Amount	Loan Date		
0	0	1/0/00		
0	0	1/0/00		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 0
0	0			
0	0			
0	0			
See Schedule	0			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 295,401
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,208,669

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
			35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	170,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	107,020
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	0
4. Reserve for leasehold real properties on which fair rental value is based			\$	0
5. Reserve for funds set aside as donor restricted			\$	0
6. Total Reserves			\$	277,020
B. Net Worth				
1. Owner's Capital			\$	0
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	257,500
4. Treasury Stock			\$	0
5. Cumulated Earnings			\$	(66,022)
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 1,512,848
7. Total Net Worth			\$	1,705,326
C. Total Reserves and Net Worth			\$	1,982,347
D. Total Liabilities, Reserves, and Net Worth			\$	4,191,016

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 33,34 OF 37 GENERAL INFORMATION AND QUESTIONAIRE

PAGE 33.A.3 LOANS PAYABLE FOR EQUIPMENT
PAGE 34.B.1

		<u>PAGE 33.A.3</u>	<u>PAGE 34.B.1</u>	<u>TOTAL</u>
NAME OF LENDER	<u>CAROUSEL INDUSTRIES</u>			
PURPOSE	<u>TELEPHONE SYSTEM</u>			
AMOUNT	<u>\$56,834</u>	\$ 5,263.00	\$	\$ 5,263.00
DATE DUE	<u>2/2/2022</u>			
NAME OF LENDER	<u>EVERSOURCE</u>			
PURPOSE	<u>INTERIOR LIGHTING</u>			
AMOUNT	<u>\$39,738</u>	\$ 8,036.00	\$	\$ 8,036.00
DATE DUE	<u>6/15/2022</u>			
NAME OF LENDER	<u>NAVITAS CREDIT CORP</u>			
PURPOSE	<u>COMPUTERS</u>			
AMOUNT	<u>\$18,983</u>	\$ 6,620.00	\$ 2,952.00	\$ 9,572.00
DATE DUE	<u>2/3/2023</u>			
Total		\$ 19,919.00	\$ 2,952.00	\$ 22,871.00

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H. Changes in Total Net Worth

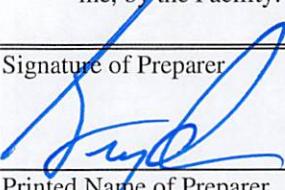
Name of Facility	License No.	Report for Year Ended	Page	of		
HANCOCK HALL	2185-C	9/30/2021	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 277,917		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 12,078,603		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 10,573,574		
D. Net Income or Deficit				\$ 1,505,029		
E. Balance				\$ 1,782,946		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
0				0		
0				0		
0				0		
0				0		
2. Other (<i>itemize</i>)						
DEPRECIATION FROM STAPLES REALTY, I				19,515		
0				0		
0				0		
0				0		
F-3. Total Additions						
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$ 97,135		
Name and Address (No., City, State, Zip)		Title	Amount			
SEE ATTACHED		0	97,135			
0		0	0			
2. Other Withdrawals (<i>Specify</i>)				\$ 0		
Purpose		Amount				
0		0				
0		0				
3. Total Deductions						
H. <i>Balance at End of Period</i>				\$ 1,705,326		
09/30/21						

I. Preparer's/Reviewer's Certification

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2021	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)	0 <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 CFO	Date Signed 2/15/20
Printed Name of Preparer BENJAMIN CHIANESE, CPA		
Address 31 STAPLES STREET, DANBURY, CT 06810		Phone Number 0
Contacted Person Regarding Additional Information Needed Regarding This Report BENJAMIN CHIANESE, CPA		Phone Number 203-794-9466
Contact Email Address BCHIANESE@FILOSA.COM		

HANCOCK HALL
COST YEAR 2021
LICENSE NO 2185-C

ATTACHMENT TO PAGE 36 OF 37 GENERAL INFORMATION AND QUESTIONAIRE LINE G1

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