

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Bacon & Hinkley Home, Inc.	
Address (No. & Street, City, State, Zip Code) 581 Pequot Ave. New London, CT 06320	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH	RHNS	Residential Care Home 1821-HA	Medicare Provider
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Medicaid Provider Numbers:	CCNH	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) Bacon & Hinkley Home, Inc.	License No. 1821-HA	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 Bacon & Hinkley Home, Inc. [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) Paula Foye			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bacon & Hinkley Home, Inc.		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 581 Pequot Ave. New London, CT 06320				
Report Prepared By Doherty, Beals & Banks, P.C.		Phone Number 860-443-2033	Date 2/10/2022	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 67,781			67,781
2. Laundry wages paid	\$ 14,201			14,201
3. Housekeeping wages paid	\$ 35,653			35,653
4. Nursing wages paid	\$			
5. All other wages paid	\$ 153,955			153,955
6. Total Wages Paid	\$ 271,590			271,590
7. Total salaries paid	\$ 86,780			86,780
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 358,370			358,370

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 860-443-8624	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Bacon & Hinkley Home, Inc.		Address (No. & Street, City, State, Zip) 581 Pequot Ave. New London, CT 06320		
License Numbers:	CCNH	RHNS	Residential Care Home 1821-HA	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
Change in Administrator - Brenda Tompkins passed away on February 4, 2021. Paula Foye took over as administrator on that day.				
Administrator				
Name of Administrator Paula Foye			Nursing Home Administrator's License No.:	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes 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? Yes 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	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<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 Bacon & Hinkley Home, Inc.	License No. 1821-HA	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.

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 Bacon & Hinkley Home, Inc.			License No. 1821-HA			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							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* 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 Bacon & Hinkley Home, Inc.	License No. 1821-HA	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.

Independent Accounting Firm

Name of Accounting Firm 1 Doherty, Beals & Banks, PC 2 3 4	Address (No. & Street, City, State, Zip Code) 187 Williams Street New London, CT 06320
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of Annual Report for the Long Term Facility	\$ 20,630
2 Perform monthly reconciliations/record depreciation	\$
3 Provide annual Financial Statements	\$
4 Complete Personal Property Declarations	\$
	Charge for Services Provided
	\$ 20,630

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Kerin Woods 2 3 4 5	Telephone Number 860-443-0367
---	----------------------------------

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

1 52 Eugene O'Neill Drive
2 New London, CT 06320
3
4
5

Services Provided by This Firm (*describe fully*)

1 Legal Serices as needed	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Yes No Page 15, Line 1D - Accounting Services Page 15, Line 1E - Legal Services

Schedule of Resident Statistics

Name of Facility Bacon & Hinkley Home, Inc.		License No. 1821-HA			Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	14			14	14			14				
B. On last day of THIS report period	14			14					14			14
2. Number of Residents												
A. As of midnight of PREVIOUS report period	11			11	11			11				
B. As of midnight of THIS report period	11			11					11			11
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	788			788	512			512	276			276
E. State SSI for RCH	2,208			2,208	1,809			1,809	399			399
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	2,996			2,996	2,321			2,321	675			675
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	104			104	73			73	31			31
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	3,100			3,100	2,394			2,394	706			706

Schedule of Resident Statistics (Cont'd)

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	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 (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents									
Per Diem Rate									
a. One bed rm.									
b. Two bed rms.									
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments				

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments				

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments				

Report of Expenditures - Salaries & Wages

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					86,780	3,175
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					34,925	2,288
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor					40,488	2,327
c. Dietary Workers					27,293	1,534
6. Housekeeping Service						
a. Head Housekeeper					14,674	1,258
b. Other Housekeeping Workers					20,979	854
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					29,970	1,220
b. Other Maintenance Workers					9,605	610
8. Laundry Service						
a. Supervisor					8,991	366
b. Other Laundry Workers					5,210	308
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						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					79,455	5,640
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					358,370	19,580

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bacon & Hinkley Home, Inc.				1821-HA	9/30/2021				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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
Bacon & Hinkley Home, Inc.				1821-HA		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	Residential Care Home							
Section III - Administrators***										
Brenda Tompkins			38,378	Health Insurance \$7,097.32	Administrator 10/1/20 - 2/4/21	970	A-2			
Paula Foye			48,402	Health Insurance \$21,638.16	Adminstrator 2/4/21 - 9/30/21	2,205	A-2			
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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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						
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)						
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						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides					350	10
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries					350	10

* 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	License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Visiting Nurses Association (VNA) 403 N Frontage Rd. New London, CT 06329	Health Aides	<input type="radio"/>	<input checked="" type="radio"/>	None
		<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"/>	
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		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 3,185			3,185
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 3,194			3,194
4. Social Security (F.I.C.A.)	\$ 27,031			27,031
5. Health Insurance	\$ 62,791			62,791
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 20,630			20,630
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 4,522			4,522
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 5,279			5,279
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 12			12
3. Resident Day User Fee	\$			
Subtotal	\$ 126,645			126,645

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Sales Tax			\$ 12
Total	\$ -	\$ -	\$ 12

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

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	126,645			126,645
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 4,561			4,561
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 291			291
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,242			2,242
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
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	\$ 165			165
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 701			701
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,428			1,428
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 28,002			28,002
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 4,029			4,029
<i>C-14 Total Administrative & General Expenditures</i>	\$ 168,064			168,064

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
BJ's Annual Membership			\$ 120
Best Buy Geek Squad			\$ 181
C.A.R.C.H dues			\$ 400
Total Dues	\$ -	\$ -	\$ 701

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Payroll Service Fees			\$ 4,009
Bank Fees			\$ 20
Total Other Administrative and General	\$ -	\$ -	\$ 4,029

Schedule C-1 - Management Services*

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	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 #

*** 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 Bacon & Hinkley Home, Inc.		License No. 1821-HA	Report for Year Ended 9/30/2021		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	45,529				45,529
2. Non-Food Supplies	\$	7,622				7,622
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)		\$	53,151			53,151
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
F. Resident Meals:	Total no. of meals served per day:*		3			3
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$185
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$5,850
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		License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.		1821-HA	9/30/2021	19	37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*	Lbs.	5,200			5,200
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	553			553
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.	860			860
	Amt. \$	92			92
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	645			645
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bacon & Hinkley Home, Inc.		1821-HA	9/30/2021		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	4,755			4,755
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	4,252			4,252
	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	4,755			4,755
		Amt. \$	2,881			2,881
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	7,133			7,133
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$				
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	525			525
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$				
	f. X-rays and Related Radiological Procedures***	\$				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$				
	i. Recreation	\$				
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$				
5M.	Total Resident Care Expenditures (5a - 5j)	\$	525			525

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Total Other Resident Care	\$ -	\$ -	\$ -

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

Name of Facility Bacon & Hinkley Home, Inc.			License No. 1821-HA		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.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Doherty, Beals & Banks, PC	187 Williams Street New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>	None	Accounting Services			20,630	15	1d
Bank of America	Plaza Hartford CT 06103	<input type="radio"/>	<input checked="" type="radio"/>	None	Investment Services			28,002	16	m11
CWPM LLC	Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	None	Trash Services			1,113	20	4b
Braman Termite and Pest Control	Agawam, MA 01001	<input type="radio"/>	<input checked="" type="radio"/>	None	Pest Control			1,001	20	4b
ASP Security	PO Box 236, Waterford CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	None	Security			767	20	4b
		<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"/>							

* 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 Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 23,639				23,639	
b. Heat	\$ 10,386				10,386	
c. Light & Power	\$ 11,695				11,695	
d. Water	\$ 4,281				4,281	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 1,086				1,086	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 51,087				51,087	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 16,040				16,040	
c. Non-Movable Equipment	\$ 5,573				5,573	
d. Movable Equipment	\$ 6,477				6,477	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 28,090				28,090	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 28,090				28,090	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Sprinkler System			\$ 1,086
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 1,086

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/31/2021	Air Conditioning Unit	\$ 10,572	15	\$ 352
Total additions for Non-Movable Equipment		\$ 10,572		\$ 352 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*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:				
11/13/2015	2017 Honda CR-V	\$ 24,889	5	\$ 2,489
Total additions for Movable Equipment		\$ 24,889		\$ 2,489 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Bacon & Hinkley Home, Inc.			License No. 1821-HA		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.									
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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> 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		06/12/41			
2. Date Structure Completed		06/12/41			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		05/01/94			
5. Total Licensed Bed Capacity		14			
6. Square Footage		4,755			
7. Acquisition Cost					
a. Land		57,196			
b. Building		199,290			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bacon & Hinkley Home, Inc.		1821-HA	9/30/2021			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Bacon & Hinkley Home, Inc.		1821-HA		9/30/2021			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
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)				\$ 13,815			13,815	
b. Insurance on Automobiles				\$ 1,339			1,339	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 1,032			1,032	
2. Fire and Extended Coverage				\$ 2,615			2,615	
3. Other (Specify)				\$				
Directors/officers/bond								
14d. Total Insurance Expenditures (14a + b + c)				\$ 18,801			18,801	
15. Total All Expenditures (A-13 thru C-14)				\$ 686,216			686,216	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bacon & Hinkley Home, Inc.			1821-HA	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 56,324			56,324
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,360			1,360
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
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	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 39,527			39,527
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 97,211			97,211

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
28	4	Disallowed Administrator Compensation			\$ 56,324
Total Other Salaries Adjustment			\$ -	\$ -	\$ 56,324

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	ld	Accounting Fee -Rec			\$ 1,360
Total Other Fees Adjustments			\$ -	\$ -	\$ 1,360

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22		Disallowance allocable to employee apartment			\$ 4,049
15	k2	Sales Tax			\$ 12
16	m11	Investment Fees			\$ 28,002
18	24	Disallowed meals			\$ 7,464.00
Total Other A&G Adjustments			\$ -	\$ -	\$ 39,527

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bacon & Hinkley Home, Inc.			1821-HA	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 97,211			97,211
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$			
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)				\$ 97,211			97,211

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 225,508			225,508		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 161,075			161,075		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 386,583			386,583		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 25			25		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 733,684			733,684		
V. Total Other Revenue (1 thru 8)	\$ 733,709			733,709		
VI. Total All Revenue (III +V)	\$ 1,120,292			1,120,292		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30	interest income				\$ 25
Total Interest Income			\$ -	\$ -	\$ 25

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30	investment income			\$ 730,943
30	contributions			\$ 2,741
Total Other Revenue		\$ -	\$ -	\$ 733,684

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	130,513
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	18,470
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	13,569
a. Prepaid Insurance - Disability	2,786			
b. Prepaid Insurance - Medical	5,977			
c. Prepaid Insurance	4,806			
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)			\$	162,552
B. Fixed Assets				
1. Land			\$	57,196
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 900,951		\$	252,177
	Accum. Depreciation 648,774	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 123,137		\$	73,095
	Accum. Depreciation 50,042	Net		
6. Movable Equipment	*Historical Cost 94,508		\$	4,669
	Accum. Depreciation 89,839	Net		
7. Motor Vehicles	*Historical Cost 49,325		\$	22,400
	Accum. Depreciation 26,925	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	409,537

* 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	License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	572,089
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	4,759,744
	Fixed Income	1,706,046		
	Equities	3,053,698		
	See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,759,744
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,331,833

* 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 Bacon & Hinkley Home, Inc.		License No. 1821-HA	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	7,485
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	7,063
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
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>)				\$	

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	14,548

* 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 Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021		Page 34	of 37
Account				Amount	
Total Brought Forward:				14,548	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 14,548	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bacon & Hinkley Home, Inc.	1821-HA	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,883,211
6. Gain or Loss for Period	10/1/2020	thru 9/30/2021	\$	434,074
7. Total Net Worth			\$	5,317,285
C. Total Reserves and Net Worth			\$	5,317,285
D. Total Liabilities, Reserves, and Net Worth			\$	5,331,833

H. Changes in Total Net Worth

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	4,883,211
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	1,092,290
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	658,216
D. Net Income or Deficit			\$	434,704
E. Balance			\$	5,317,285
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	5,317,285
				09/30/21

I. Preparer's/Reviewer's Certification

Name of Facility Bacon & Hinkley Home, Inc.	License No. 1821-HA	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>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.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Audrey A. Leone				
Address Address			Phone Number	
187 Williams St New London, CT 06320			860-443-2066	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Audrey A. Leone			860-443-2033	
Contact Email Address				
audreyleone@dbbcpa.com				

Error Check

Level	Item	Reported as		
0 CCH	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
0 RHNS	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
0 Other	Page 8 - Total Care Days which are reported as	2,996	is inconsistent with balance of	2,996
0 CCH	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
0 RHNS	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
0 Other	Page 8 - Total Days which are reported as	3,100	is inconsistent with balance of	3,100
0 Other	Page 8 - Medicaid Days are reported for RCH	-	Should be SSIPD Days	-
0 CCH	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
0 RHNS	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
0 Other	Page 10 - Total Salary Expenditures reported as	358,370	is inconsistent with balance of	358,370
0 CCH	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
0 RHNS	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
0 Other	Page 10 - Total Salary Hours reported as	19,580	is inconsistent with balance of	19,580
0 CCH	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
0 RHNS	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
0 Other	Page 10 - Administrator Compensation	86,780	is inconsistent with page 12 of	86,780
0 CCH	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
0 RHNS	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
0 Other	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
0	Page 10 - Administrator Hours	3,175	is inconsistent with page 12 of	3,175
0	Page 10 - Assistant Administrator Hours	-	is inconsistent with page 12 of	-
0 CCH	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
0 RHNS	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
0 Other	Page 13 - Total Fees Reported as	350	is inconsistent with balance of	350
0 CCH	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
0 RHNS	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
0 Other	Page 13 - Total Fee Hours Reported as	10	is inconsistent with balance of	10
0 CCH	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
0 RHNS	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-

Error Check

0 Other	Page 15 & 16 Total A&G Reported as	168,064	is inconsistent with balance of	168,064
0 CCH	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
0 RHNS	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
0 Other	Page 18 - Total Dietary Expense Reported as	53,151	is inconsistent with balance of	53,151
0 Other	Page 19 - Total Laundry Expense Reported as	645	is inconsistent with balance of	645
0	Page 20 - Total Housekeeping Expense	7,133	is inconsistent with balance of	7,133
0 CCH	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-
0 RHNS	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-
0 Other	Page 20 - Total Resident Care Expense	525	is inconsistent with balance of	525
0 CCH	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
0 RHNS	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
0 Other	Page 22 - Total Repairs and Maintenance Expense	51,087	is inconsistent with balance of	51,087
0 CCH	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
0 RHNS	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
0 Other	Page 22 - Total Depreciation Expense	28,090	is inconsistent with balance of	28,090
0 CCH	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
0 RHNS	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
0 Other	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
0 CCH	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
0 RHNS	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
0 Other	Page 22 - Total Property Expense	28,090	is inconsistent with balance of	28,090
0	Page 22 - Land Improvement Depreciation	-	is inconsistent with Page 23	-
0	Page 22 - Building Depreciation	16,040	is inconsistent with Page 23	16,040
0	Page 22 - Non-Movable Depreciation	5,573	is inconsistent with Page 23	5,573
0	Page 22 - Movable Depreciation	6,477	is inconsistent with Page 23	6,477
0	Page 22 - Organization Amortization	-	is inconsistent with Page 24	-
0	Page 22 - Mortgage Expense Amortization	-	is inconsistent with Page 24	-
0	Page 22 - Leasehold and Other Amortization	-	is inconsistent with Page 24	-
0	Page 23 - Historical Cost of Land Improvements	-	is inconsistent with Page 31	-
0	Page 23 - Historical Cost of Building Improvemen	900,951	is inconsistent with Page 31	900,951

Error Check

0	Page 23 - Historical Cost of Non-Movable Eq.	123,137	is inconsistent with Page 31	123,137
0	Page 23 - Historical Cost of Motor Vehicles	49,325	is inconsistent with Page 31	49,325
0	Page 23 - Historical Cost of Movable Eq.	94,508	is inconsistent with Page 31	94,508
0	Page 23 - Accumulated Dep. of Land Imp.	-	is inconsistent with Page 31	-
0	Page 23 - Accumulated Dep. of Building Improver	648,774	is inconsistent with Page 31	648,774
0	Page 23 - Accumulated Dep. of Non-Movable Eq.	50,042	is inconsistent with Page 31	50,042
0	Page 23 - Accumulated Dep. of Motor Vehicles	26,925	is inconsistent with Page 31	26,925
0	Page 23 - Accumulated Dep. of Movable Eq.	89,839	is inconsistent with Page 31	89,839
0	Page 24 - Historical Cost of Organization Expense	-	is inconsistent with Page 32	-
0	Page 24 - Accumulated Amort. of Org. Expense	-	is inconsistent with Page 32	-
0	Page 24 - Historical Cost of Leasehold Imp.	-	is inconsistent with Page 31	-
0	Page 24 - Accumulated Amort. of Leasehold Imp.	-	is inconsistent with Page 31	-
0	Page 25 - Total Bed Capacity	14	is inconsistent with page 8	14
0 Other	Page 27 - Total Insurance Expense	18,801	is inconsistent with balance of	18,801
0 Other	Page 27 - Total Expenses	686,216	is inconsistent with balance of	686,216
0 Other	Page 30 - Total Resident Revenue	386,583	is inconsistent with balance of	386,583
0 CCH	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
0 RHNS	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
0 Other	Page 30 - Total Other Revenue	733,709	is inconsistent with balance of	733,709
0 CCH	Page 30 - Total Revenue	-	is inconsistent with balance of	-
0 RHNS	Page 30 - Total Revenue	-	is inconsistent with balance of	-
0 Other	Page 30 - Total Revenue	1,120,292	is inconsistent with balance of	1,120,292
0 CCH	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
0 RHNS	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
0 Other	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
0 -	Page 31 - Total Current Assets	162,552	is inconsistent with balance of	162,552
0 -	Page 31 - Total Fixed Assets	409,537	is inconsistent with balance of	409,537
0 -	Page 32 - Total Leasehold Assets	-	is inconsistent with balance of	-
0 -	Page 32 - Investments and Other Assets	4,759,744	is inconsistent with balance of	4,759,744
0 -	Page 32 - Total Assets	5,331,833	is inconsistent with balance of	5,331,833

Error Check

0 -	Page 33 - Total Current Liabilities	14,548	is inconsistent with balance of	14,548
0 -	Page 34 - Total Long Term Liabilities	-	is inconsistent with balance of	-
0 -	Page 34 - Total Liabilities	14,548	is inconsistent with balance of	14,548
0 -	Page 35 - Total Reserves	-	is inconsistent with balance of	-
0 -	Page 35 - Total Net Worth	5,317,285	is inconsistent with balance of	5,317,285
0 -	Page 35 - Total Reserves and Net Worth	5,317,285	is inconsistent with balance of	5,317,285
0 -	Page 35 - Total Liabilities, Reserves and Net Worth	5,331,833	is inconsistent with balance of	5,331,833
0 -	Page 35 - Total Liabilities, Reserves and Net Worth	5,331,833	Total Assets	5,331,833
0 CCH	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
0 RHNS	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
0 Other	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
0 CCH	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
0 RHNS	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
0 Other	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
0 CCH	Page 13 - Other Fees	-	is Inconsistent with schedule	-
0 RHNS	Page 13 - Other Fees	-	is Inconsistent with schedule	-
0 Other	Page 13 - Other Fees	-	is Inconsistent with schedule	-
0 CCH	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
0 RHNS	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
0 Other	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
0 CCH	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
0 RHNS	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
0 Other	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
0 CCH	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
0 RHNS	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
0 Other	Page 15 - Other Taxes	12	is Inconsistent with schedule	12
0 CCH	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
0 RHNS	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
0 Other	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
0 CCH	Page 16 - Other Advertising	-	is Inconsistent with schedule	-

Error Check

0 RHNS	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
0 Other	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
0 CCH	Page 16 - Dues	-	is Inconsistent with schedule	-
0 RHNS	Page 16 - Dues	-	is Inconsistent with schedule	-
0 Other	Page 16 - Dues	701	is Inconsistent with schedule	701
0 CCH	Page 16 - Other A&G	-	is Inconsistent with schedule	-
0 RHNS	Page 16 - Other A&G	-	is Inconsistent with schedule	-
0 Other	Page 16 - Other A&G	4,029	is Inconsistent with schedule	4,029
0 CCH	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
0 Other	Page 22 - Other R&M	1,086	is Inconsistent with schedule	1,086
0	Page 23 - Land Improvement Additions	-	is Inconsistent with schedule	-
0	Page 23 - Building Improvement Additions	-	is Inconsistent with schedule	-
0	Page 23 - Non-Movable Equipment Additions	10,572	is Inconsistent with schedule	10,572
0	Page 23 - Movable Additions	24,889	is Inconsistent with schedule	24,889
0	Page 24 - Leasehold Improvements	-	is Inconsistent with schedule	-
0 CCH	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
0 RHNS	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
0 Other	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
0 CCH	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
0 RHNS	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
0 Other	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
0 CCH	Page 30 - Interest Income	-	is Inconsistent with schedule	-
0 RHNS	Page 30 - Interest Income	-	is Inconsistent with schedule	-
0 Other	Page 30 - Interest Income	25	is Inconsistent with schedule	25
0 CCH	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
0 RHNS	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
0 Other	Page 30 - Other Revenue	733,684	is Inconsistent with schedule	733,684
		38,534,348		38,534,348

Error Check

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