

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

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

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

General Information

Name of Facility (as licensed) Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jerome Home [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Lori Toombs			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Jerome Home	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson	Phone Number 860-696-6438	Date		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-3707		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Jerome Home		Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider No. 07-5343
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input checked="" type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lori Toombs		Nursing Home Administrator's License No.:	001985	
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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	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	%**				
See attached listing		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Jerome Home			License No. 2065C		Report for Year Ended 9/30/2019		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							
Short term leases only	<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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	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	Address (No. & Street, City, State, Zip Code)
1 Crowe, LLP	320 E. Jefferson Blvd., South Bend, IN 46024
2 Jordan Actuarial Services	29440 Bertrand Dr., Agoura Hill, CA 91301
3 SGF Accounting LLC	PO Box 7, Indian Valley, VA 24105
4	

Services Provided by This Firm (*describe fully*)

1 Year End Audit, 401k/403b Audit	\$ 52,800
2 Workers Compensation Study	\$ 3,300
3 Medicaid Cost Report Preparation Consultation	\$ 100
4	\$
	Charge for Services Provided
	\$ 56,200

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Michalik, Bauer, Silvia & Ciccarillo LLP	860-225-8403
2 Wiggin & Dana	203-498-4400
3 Metzger Lazarek & Plumb LLC	860-549-5026
4 Huseby Global Litigation c/o Metzger Lazarek & Plumb LLC	800-333-2082
5 Barry T. Pontillo Law Office	203-238-7676

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

1 35 Pearl St. Suite 300, New Britain, CT 06051
2 One Century Tower, PO Box 1832 New Haven, CT 06508
3 56 Arbor St., Hartford, CT 06106
4 PO Box 6180, Hermitage, PA 16148-0922
5 PO Box 943 Meriden, CT 06450

Services Provided by This Firm (*describe fully*)

1 Collections - disallow	\$ 1,600
2 Bylaw review, survey consultation, land record	\$ 23,446
3 Collections - disallow	\$ 19,325
4 Collections - disallow	\$ 1,379
5 Collections - disallow	\$ 273
	Charge for Services Provided
	\$ 46,023

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 line 1e

Schedule of Resident Statistics

Name of Facility Jerome Home		License No. 2065C			Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	94		26	120	94		26	120	94		26
B. On last day of THIS report period	120	94		26	120	94		26	120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	113	87		26	113	87		26	117	91		26
B. As of midnight of THIS report period	119	93		26	117	91		26	119	93		26
3. Total Number of Days Care Provided During Period												
A. Medicare	2,421	2,421			1,816	1,816			605	605		
B. Medicaid (Conn.)	21,195	14,850		6,345	17,584	11,239		6,345	3,611	3,611		
C. Medicaid (other states)	2,208			2,208					2,208			2,208
D. Private Pay	13,146	12,380		766	9,673	9,091		582	3,473	3,289		184
E. State SSI for RCH												
F. Other (Specify)	3,069	3,069			2,282	2,282			787	787		
G. Total Care Days During Period (3A thru F)	42,039	32,720		9,319	31,355	24,428		6,927	10,684	8,292		2,392
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	60	26		34	53	19		34	7	7		
B. Other Bed Reserve Days	96	96			79	79			17	17		
5. Total Resident Days (3G + 4A + 4B)	42,195	32,842		9,353	31,487	24,526		6,961	10,708	8,316		2,392

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(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	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	7		41		45		2	24					
Per Diem Rate													
a. One bed rm.	RUGS		246.00		510.00		215.00	136.00					
b. Two bed rms.					495.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									2,547	965		1,582	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									38	38			
2. Restorative Treatments													
C. Other									14,948	13,876		1,072	
D. Total Physical Therapy Treatments									17,533	14,879		2,654	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									205	111		94	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									416	413		3	
D. Total Speech Therapy Treatments									621	524		97	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									976	735		241	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									13,128	13,128			
D. Total Occupational Therapy Treatments									14,104	13,863		241	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	113,705	1,619			32,382	461
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	461,734	15,874			131,496	4,521
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,322	1,650			16,894	470
c. Dietary Workers	460,654	28,160			131,189	8,019
6. Housekeeping Service						
a. Head Housekeeper	5,567	210			2,715	102
b. Other Housekeeping Workers	142,270	11,198			69,406	5,463
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,917	1,398			29,231	682
b. Other Maintenance Workers	100,714	5,529			49,132	2,697
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	130,035	10,271				
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	180,935	3,699			51,529	1,053
b. RN						
1. Direct Care	1,610,261	40,180			134,796	3,607
2. Administrative**	298,978	7,056			6,937	162
c. LPN						
1. Direct Care	723,278	22,513				
2. Administrative**						
d. Aides and Attendants	2,132,266	123,310			123,662	5,591
e. Physical Therapists	306,735	9,917			54,713	1,769
f. Speech Therapists	1,784	35			330	7
g. Occupational Therapists	286,803	8,342			4,986	145
h. Recreation Workers	132,016	6,345			37,597	1,807
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	123,322	4,493			35,121	1,279
n. Marketing						
o. Other (Specify)						
See Attached Schedule	81,422	3,010			71,527	3,141
A-13. Total Salary Expenditures	7,411,718	304,809			983,643	40,976

* 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
ADMISSIONS-SALARIES - ADMISSIONS SUPERVISOR	\$ 58,931	1,650			\$ 16,783	470
ADMISSIONS-SALARIES - ADMISSIONS OTHER	\$ 22,491	1,360			\$ 6,405	387
GOOD LIFE FIT -SENIOR FIT - SALARIES - DISALLOWED	\$ -	-			\$ 48,339	2,284
Total	\$ 81,422	3,010	\$ -	-	\$ 71,527	3,141

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
Jerome Home				2065C	9/30/2019				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
Jerome Home				2065C		9/30/2019			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***										
Lori Toombs	113,705		32,382	Non-discriminatory		2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2019	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	32,304	756			9,200	215
2. Dentist	8,190	149			2,332	43
3. Pharmacist	7,259	91			2,067	26
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	61,464	899			10,964	160
b. Other						
6. Social Worker						
7. Recreation Worker	8,250	99			2,350	28
8. Physicians						
a. Medical Director (entire facility)	44,832	300			12,768	85
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	34,888	481			6,458	89
b. Other						
10. Occupational Therapist						
a. Resident Care	4,830	109			84	2
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	202,017	2,884			46,223	648

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

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

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Mara Davis	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
Omni Pharmacy	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford HealthCare - Southington Care Center	Dietician, Physical, Speech & Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Hartford HealthCare Rehab Network	Physical, Speech & Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Thomas Alvord	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Louis E Ames	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Larry Batter	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
John Bussmann	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Margaret W Carchie	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Douglass Codianni	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Martha Conway	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Richard Dagenais	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
David Estabrook	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Paul Gobell	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Kathleen Gregory	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Michael Iarusso	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Linda Kozlenko	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Chris Merwin	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Mosebach	Recreation Entertainment	<input type="radio"/>	<input checked="" type="radio"/>		
Walter Olson	Recreation Entertainment	<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
Jerome Home	2065C	9/30/2019	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 128,107	113,097		15,010
2. Disability Insurance	\$ 51,325	45,311		6,014
3. Unemployment Insurance	\$ 33,429	29,513		3,916
4. Social Security (F.I.C.A.)	\$ 620,939	548,187		72,752
5. Health Insurance	\$ 1,057,936	933,982		123,954
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 157,261	138,836		18,425
8. Uniform Allowance	\$ 563	497		66
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,104	17,748		2,356
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 120,000	120,000		
d. Accounting and Auditing	\$ 56,200	43,743		12,457
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 46,023	35,609		10,414
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 16,403	12,614		3,789
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,596	12,917		3,679
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 583,995	583,995		
Subtotal	\$ 2,908,881	2,636,049		272,832

* 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	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS - DISALLOWED	\$ 10,896		\$ 1,276	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS OUTPATIENT - DISALLOWED			\$ 170	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS	\$ 5,145		\$ 603	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS OUTPATIENT - DISALLOWED			\$ 80	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - HEALTHSOURCE TESTING TO HIRE	\$ 2,528		\$ 296	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS - HEALTHSOURCE TESTING TO HIRE OUTPATIENT - DISALLOWED			\$ 39	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS - IDENTATONICS BADGES	\$ 284		\$ 33	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS - IDENTATONICS BADGES OUTPATIENT - DISALLOWED			\$ 4	
EMP BENEFITS- OTHER	\$ (1,106)		\$ (146)	
Total	\$ 17,748	\$ -	\$ 2,356	\$ 20,104

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2019		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	2,908,881	2,636,049		272,832	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 822	640		182	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 12,227	9,517		2,710	
4. Employee Travel	\$ 3,109	1,667		1,442	
5. Education Expenses Related to Seminars and Conventions	\$ 20,387	15,868		4,519	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 7,244	5,638		1,606	
7. Other (<i>Specify</i>) See Attached Schedule	\$ 300	234		66	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,723	7,568		2,155	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,168	9,471		2,697	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,981	3,877		1,104	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,340	9,118		3,222	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 709	552		157	
9. Subscriptions	\$ 1,875	1,459		416	
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>)	\$ 131,819	102,600		29,219	
12. Administrative Management Services**	\$ 340,316			340,316	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 879,621	46,045		833,576	
C-14 Total Administrative & General Expenditures	\$ 4,346,522	2,850,303		1,496,219	

* 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
LEADING AGE CARING HANDS EVENT	\$ 234		\$ 66
Total Other Travel and Entertainment	\$ 234	\$ -	\$ 66

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
A & G- BUSINESS PROMOTION-ADVERTISING PROMOTION - DISALLOWED	\$ 9,471		\$ 2,697
Total Other Advertising	\$ 9,471	\$ -	\$ 2,697

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
NEW BRITAIN NETWORKING GROUP	\$ 58		\$ 17
ALTCFM	\$ 397		\$ 113
CT ASSOCIATION OF HEALTHCARE FACILITIES	\$ 272		\$ 78
LEADING AGE	\$ 8,320		\$ 2,369
CT ASSOCIATION OF RESIDENTIAL CARE HOMES	\$ -		\$ 625
AMAZON PRIME	\$ 71		\$ 20
Total Dues	\$ 9,118	\$ -	\$ 3,222

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
EMP BENEFITS-TUITION REIMB - DISALLOWED	\$ 3,191		\$ 909
A & G- EQUIPMENT RENTAL	\$ 11,473		\$ 3,267
A & G- BANK CHARGES - DISALLOWED	\$ 8,346		\$ 2,377
A & G-LICENSES	\$ 1,531		\$ 436
A & G- PENALTIES - DISALLOWED	\$ 602		\$ 172
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$ -		\$ 70,512
NON OPERATING - OTHER EXPENSE - DISALLOWED	\$ -		\$ 749,951
RECREATION- VOLUNTEER REL EXP - DISALLOWED	\$ 660		\$ 188
A & G-RESIDENT RELATIONS	\$ 249		\$ 71
A & G-RESIDENT RELATIONS - DISALLOWED	\$ 5,146		\$ 1,465
PLANETREE - DISALLOWED	\$ 4,266		\$ 1,215
GOOD LIFE FIT-SR FIT - PURCHASED SERVICES - DISALLOWED	\$ (1,509)		\$ (430)
MAINTENANCE-EQUIP RENTAL	\$ 5,437		\$ 1,548
TRUSTEE FEES FROM 6420-052-000 - DISALLOWED	\$ 6,653		\$ 1,895
Total Other Administrative and General	\$ 46,045	\$ -	\$ 833,576

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Jerome Home	2065C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare Senior Services	340,316	Oversight of Management Staff	Page 16 line 1m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jerome Home		2065C	9/30/2019		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 354,511	275,930			78,581
2.	Non-Food Supplies	\$ 53,352	41,526			11,826
3.	Other (<i>Specify</i>) _____ Food for residents and for employees at staff meetings Disallow food for employees	\$ 16,224	12,628			3,596
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 424,087	330,084			94,003
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
F.	Resident Meals: Total no. of meals served per day:*	346	269			77
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		page 18 2L
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					page 18 line 2a
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		\$12,017
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					page 18 line 2a
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.		
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
Jerome Home	2065C	9/30/2019	19	37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,133	2,133	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$			
c. Other (<i>Specify</i>) Laundry Supplies	\$	11,012	11,012	
3D. Total Laundry Expenditures (3a + b + c)	\$	13,145	13,145	
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	
Jerome Home	2065C	9/30/2019	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced	72,812	48,938		23,874
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	49,692	33,398		16,294
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	72,812	48,938		23,874
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
c. Other (<i>Specify</i>)	Amt. \$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	49,692	33,398		16,294
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	213,627	213,627		
b. Medicine Cabinet Drugs	\$	69,366	53,990		15,376
c. Medical and Therapeutic Supplies	\$	11,750	9,145		2,605
d. Ambulance/Limousine***	\$	6,841	6,841		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	34,823	34,823		
f. X-rays and Related Radiological Procedures***	\$	33,133	33,133		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	19,804	19,804		
i. Recreation	\$	7,305	5,686		1,619
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	173,652	127,014		46,638
5M. Total Resident Care Expenditures (5a - 5j)	\$	570,301	504,063		66,238

* 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.

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

Name of Facility Jerome Home			License No. 2065C	Report for Year Ended 9/30/2019	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
See attached list		<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"/>							
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		<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"/>							
		<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	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2019			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 168,046	100,453			67,593	
b. Heat	\$ 100,208	67,352			32,856	
c. Light & Power	\$ 119,089	80,042			39,047	
d. Water	\$ 36,349	24,431			11,918	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 129,935	87,331			42,604	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 553,627	359,609			194,018	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 17,274	11,611			5,663	
b. Building & Building Improvements	\$ 490,870	313,968			176,902	
c. Non-Movable Equipment	\$ 72,115	48,470			23,645	
d. Movable Equipment	\$ 171,423	115,215			56,208	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 751,682	489,264			262,418	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,337	4,259			2,078	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,337	4,259			2,078	
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	\$ 43,198				43,198	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 801,217	493,523			307,694	

* 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	
MAINTENANCE-EQUIPMENT-CONTRACT SERVICES	\$ 1,330		\$ 649	1,330
MAINTENANCE-GROUNDS-CONTRACT SERVICES	\$ 26,365		\$ 12,862	26,365
MAINTENANCE-RUBBISH REMOVAL	\$ 18,603		\$ 9,075	18,603
MAINTENANCE-SECURITY-CONTRACT SERVICES	\$ 376		\$ 184	376
MAINTENANCE-BUILDING-CONTRACT SERVICES	\$ 40,238		\$ 19,630	40,238
	\$ 419		\$ 204	419
Total Other Repairs and Maintenance	\$ 87,331	\$ -	\$ 42,604	

Depreciation Schedule

Name of Facility Jerome Home		License No. 2065C			Report for Year Ended 9/30/2019			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													
1. Acquired prior to this report period		496,520		496,520	366,834			16,813					
2. Disposals (attach schedule)		(5,727)		(5,727)									
3. Acquired during this report period (attach schedule)		7,294		7,294				461					
A-4. Subtotal									17,274				
B. Building and Building Improvements													
1. Acquired prior to this report period		13,681,877		13,681,877	8,898,945		various	479,004					
2. Disposals (attach schedule)		(1,320,426)		(1,320,426)									
3. Acquired during this report period (attach schedule)		337,773		337,773				11,866					
B-4. Subtotal									490,870				
C. Non-Movable Equipment													
1. Acquired prior to this report period		1,717,439		1,717,439	1,332,818		various	70,039					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		36,651		36,651				2,076					
C-4. Subtotal									72,115				
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)		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								
a.		x		7	2000	3,000		3,000	3,000	s/1	5		
b.		x		4	2004	46,480		46,480	46,480	s/1	5		
c. Dodge Grand Caravan		x		10	2018	41,630		41,630		s.1	5	4,170	
d.													
2. Movable Equipment													
a. Acquired prior to this report period						3,921,267		3,921,267	3,467,757		various	154,655	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						154,475						12,598	
D-3. Subtotal													171,423
E. Total Depreciation													751,682

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/20/2019	EAST PARKING LOT CAMERA	\$ 1,918	5	\$ 192
11/6/2018	CONCRETE BOLLARDS MAIN ENTRANCE	\$ 5,376	10	\$ 269
Total additions for Land Improvement		\$ 7,294		\$ 461 *
Deletions:				
9/30/2019	RENTAL PROPERTY LAND IMPROVEMENT SIDE WALK GORMAN	\$ (4,227)		
9/30/2019	RENTAL PROPERTY LAND IMPROVEMENT (SEE LIST OF RETIREMENTS)	\$ (1,500)		
Total deletions for Land Improvement		\$ (5,727)		\$ - **

*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:				
11/27/2018	E-1 DINING ROOM RENOVATION	\$ 24,721	15	\$ 826
10/3/2018	EAST ROOF PROJECT	\$ 159,304	20	\$ 3,991
11/14/2018	KEYSCAN DOOR ACCESS SYSTEM	\$ 9,733	8	\$ 609
10/11/2018	PROVIDE AND INSTALL PLANK AND BASE	\$ 17,424	10	\$ 873
11/6/2018	CARPET SERVICE CORRIDOR/ELEVATOR	\$ 5,843	10	\$ 293
10/26/2018	FLOORING RESIDENT ROOMS/OFFICE	\$ 6,293	10	\$ 315
3/13/2019	EAST WING CORRIDOR RENOVATION	\$ 46,942	15	\$ 1,568
2/26/2019	REPLACEMENT WINDOW #412	\$ 1,290	10	\$ 64
1/7/2019	TRANE REPLACEMENT UNIT	\$ 9,776	10	\$ 490
2/27/2019	HEALTHCARE COMM SYSTEM NORTH	\$ 47,350	10	\$ 2,372
4/26/2019	REC OFFICE REMODEL	\$ 8,547	10	\$ 428
7/31/2019	PART OF NORTH DINING ROOM RENOVATION FROM FY18 B100213	\$ 550	15	\$ 37
Total additions for Building Improvement		\$ 337,773		\$ 11,866 *
Deletions:				
9/30/2019	RETIREMENT OF ALL NON-OPERATING RENTAL PROPERTY BUILDINGS: SEE LIST OF RETIREMENTS	\$ (1,320,426)		
	26-28 HAMILTON STREET			
	30-32 HAMILTON STREET			
	38-40 HAMILTON STREET			
	116-117 BLACK ROCK AVENUE			
	123 BLACK ROCK AVENUE			
	125 BLACK ROCK AVENUE			
	129-131 BLACK ROCK AVENUE			
	130 BLACK ROCK AVENUE			
Total deletions for Building Improvement		\$ (1,320,426)		\$ - **

*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:				
3/31/2019	STEEL DOOR EMPLOYEE BACK ENTRANCE	\$ 6,128	10	\$ 307
10/12/2018	ELECTRICAL OUTLETS STAIRWELL & KITCHEN	\$ 1,854	10	\$ 93
2/27/2019	JACE REPLACEMENT EAST	9948	10	498
7/8/2019	MIXING VALVES HOT WATER STORAGE TANK	13926	10	698
8/8/2019	STEAM BUNDLE ON STORAGE TANK KITCHEN	4795	5	480

Total additions for Non-Movable Equipmen		\$ 36,651		\$ 2,076 *
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

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Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Jerome Home			2065C		9/30/2019			24	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. Bond Issue Costs	11	2007	30 years	412,492	79,221	s/l		6,337	
2.									
3.									
B-4. Subtotal									6,337
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									6,337

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	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		1923		
2. Date Structure Completed		1923		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		Mid 1970's		
5. Total Licensed Bed Capacity		120		
6. Square Footage		72,812		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		4th Mortgage		
a. Type of Financing (e.g., fixed, variable)		CHEFA variable		
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year		varies		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		11,895,000		
f. Principal balance outstanding as of 9/30/19		8,820,000		
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
Jerome Home		2065C	9/30/2019			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		\$	11,895,000				
2. Loan Origination Date			03/29/07				
3. Interest Rate %			varies				
4. Term			30 years				
5. CHEFA Interest Expense			135,398	91,003		44,395	
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$	135,398	91,003		44,395	

(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
Jerome Home	2065C	9/30/2019			27	37
Item	Total	CCNH	RHNS	Residential Care Home		
Subtotals Brought Forward:	135,398	91,003		44,395		
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)	\$	135,398	91,003		44,395	
14. Insurance						
a. Insurance on Property (buildings only)	\$	33,712	20,628		13,084	
b. Insurance on Automobiles	\$	4,602	3,582		1,020	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	63,649	49,541		14,108	
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	101,963	73,751		28,212	
15. Total All Expenditures (A-13 thru C-14)	\$	15,639,553	12,362,614		3,276,939	

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2019	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.	10		Outpatient Service Costs	\$			
2.	10		Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 291,789	286,803		4,986
4.			Other - See attached Schedule	\$ 157,242			157,242
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 4,914	4,830		84
7.			Other - See attached Schedule	\$ 124,296	104,542		19,754
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 120,000	120,000		
10.			Accounting	\$			
10a.			Legal	\$ 22,577	17,360		5,217
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,100	3,191		909
16.	16	1L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 399	311		88
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 12,168	9,471		2,697
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 340,316			340,316
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,030,692	147,138		883,555
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 15,842	12,331		3,511
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)				\$ 2,124,336	705,976		1,418,359

* 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.

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 2,124,336	705,976		1,418,359
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 213,627	213,627		
28.	20	5d	Ambulance/Limousine	\$ 6,841	6,841		
29.	20	5f	X-rays, etc	\$ 33,133	33,133		
30.	20	5h	Laboratory	\$ 19,804	19,804		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 34,823	34,823		
33.	20	5L	Occupational Therapy	\$ 1,032	1,014		18
34.			Other - See Attached Schedule	\$ 34,012	17,508		16,504
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,694			2,694
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 43,198			43,198
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 27,365			27,365
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 3,503			3,503
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	\$ 304,182	81,857		222,325
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 32,208			32,208
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,880,758	1,114,583		1,766,174

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5L	NURSING - EQUIPMENT RENTAL	\$ 9,234		
20	5L	PT - SUPPLIES	\$ 2,270		\$ 405
20	5L	ANCILLARY - OTHER MEDICARE ANCILLARY (MEDICARE A)	\$ 6,004		\$ 1,710
20	5L	GOOD LIFE FIT - SENIOR FIT - SUPPLIES			\$ 409
20	5L	PT OPTIMA SOFTWARE FEES			\$ 4,199
20	5L	HHC REHAB NETWORK MANAGEMENT FEES			\$ 9,000
20	4A1	HOUSEKEEPING SUPPLIES OUTPATIENT PORTION			\$ 781
Total Other Ancillary Costs			\$ 17,508	\$ -	\$ 16,504

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7D	DEPRECIATION - COMPUTERS RELATED TO OUTPATIENT			\$ 613
22	7D	DEPRECIATION - FURNITURE/EQUIPMENT RELATED TO OUTPATIENT			\$ 2,015
22	7D	DEPRECIATION - AUTO RELATED TO OUTPATIENT			\$ 66
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,694

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6A	REPAIR & MAINTENANCE RELATED TO OUTPATIENT			\$ 2,348
22	6A	NON-OPERATING RENTAL EXPENSES			\$ 18,588
22	6B	HEAT RELATED TO OUTPATIENT			\$ 1,574
22	6C	LIGHT & POWER RELATED TO OUTPATIENT			\$ 1,871
22	6D	WATER & SEWER RELATED TO OUTPATIENT			\$ 571
22	6F	MAINTENANCE EQUIPMENT RELATED TO OUTPATIENT			\$ 31
22	6F	MAINTENANCE - GROUNDS CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 616
22	6F	MAINTENANCE - RUBBISH REMOVAL RELATED TO OUTPATIENT			\$ 435
22	6F	MAINTENANCE - SECURITY CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 9
22	6F	MAINTENANCE - BUILDING CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 941
22	6F	EAGLE LEASING STORAGE CONTAINER RELATED TO OUTPATIENT			\$ 10
22	7A	DEPRECIATION - LAND IMPROVEMENTS RELATED TO OUTPATIENT			\$ 271
22	8B	AMORTIZATION - BOND ISSUE COST RELATED TO OUTPATIENT			\$ 54
22	8B	AMORTIZATION - LOC RENEWAL FEES 2012 RELATED TO OUTPATIENT			\$ 46

Total Other Property Adjustments	\$ -	\$ -	\$ 27,365
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Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	II6B	APRN REVENUE NET OF CONTRA ALLOWANCE	\$ 60,393		
30	IV8	ALLOWANCE			\$ 19,903
30	IV8	TRANSPORTATION - VAN FEE INCOME	\$ 11,107		\$ 3,163
30	IV8	MISCELLANEOUS INCOME - SEE MISC. INCOME SCHEDULE	\$ 10,357		\$ 2,949
30	IV8	NON-OPERATING - RENTAL INCOME			\$ 32,869
30	IV8	UNREALIZED GAIN (LOSS)			\$ (1,136,602)
30	IV8	GAIN ON SALE			\$ 1,300,043
Total Other Adjustments			\$ 81,857	\$ -	\$ 222,325

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7B	DEPRECIATION - BUILDING RELATED TO OUTPATIENT			\$ 1,608
		DEPRECIATION - BUILDING IMPROVEMENTS RELATED TO OUTPATIENT			\$ 5,731
22	7B	NON-OPERATING DEPRECIATION - RENTAL BUILDING			\$ 23,736
22	7C	DEPRECIATION - FIXED EQUIPMENT RELATED TO OUTPATIENT			\$ 1,133
Total Unallowable Building Interest			\$ -	\$ -	\$ 32,208

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2019			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,389,721	7,252,611		1,137,110		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,666,624)	(3,645,466)		(21,158)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,216,262	1,216,262				
b. Medicare Room and Board Contractual Allowance **	\$ 110,871	110,871				
4. a. Private-Pay Residents and Other	\$ 8,172,104	8,007,264		164,840		
b. Private-Pay Room and Board Contractual Allowance **	\$ 86,595	86,595				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 87,762	87,762				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (87,762)	(87,762)				
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	\$ 408,350	295,362		112,988		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (269,621)	(261,523)		(8,098)		
c. Physical Therapy - Non-Medicare	\$ (335)	(335)				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 31,774	31,774				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (20,858)	(20,858)				
c. Speech Therapy - Non-Medicare	\$ (931)	(931)				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 278,530	278,530				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (247,502)	(247,653)		151		
c. Occupational Therapy - Non-Medicare	\$ (1,312)	(665)		(647)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (461)	(461)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 60,393	60,393				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,546,956	13,161,770		1,385,186		
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>)	\$ 662,251	515,456		146,795		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 301,463	66,354		235,109		
V. Total Other Revenue (1 thru 8)	\$ 963,714	581,810		381,904		
VI. Total All Revenue (III +V)	\$ 15,510,670	13,743,580		1,767,090		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6A	MEDICARE A - X-RAY	\$ 9,416		
30 II 6A	MEDICARE A - LAB	\$ 8,903		
30 II 6A	LAB - MEDICARE B	\$ 1,920		
30 II 6A	CONTR ALLOW - X RAY MED A	\$ (9,416)		
30 II 6A	CONTR ALLOW - LAB MED A	\$ (9,205)		
30 II 6A	MEDICARE B MPPR	\$ (2,079)		
Total Other Resident Revenue - Medicare		\$ (461)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6B	APRN - DISALLOWED	\$ 61,988		
30 II 6B	CONTR.ALLOW - OTHER ANCILLARY APRN - DISALLOWED	\$ (1,595)		
Total Other Resident Revenue		\$ 60,393	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV 5	INTEREST INCOME		\$ 509,304		\$ 145,043
30 IV 5	GALAXY FUND INT. INCOME		\$ 2,888		\$ 822
30 IV 5	INTEREST INCOME - EARNINGS FUND		\$ 3,264		\$ 930
Total Interest Income			\$ 515,456	\$ -	\$ 146,795

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV8	GLF REVENUE - DISALLOWED	\$ -		\$ 19,903
30 IV8	TRANSPORTATION - VAN FEE INCOME - DISALLOWED	\$ 11,107		\$ 3,163
30 IV8	UNRESTRICTED DONATIONS	\$ 9,263		\$ 2,638
30 IV8	MISCELLANEOUS INCOME - DISALLOWED	\$ 10,357		\$ 2,949
30 IV8	TEMP NET ASSET RELEASED FROM RESTR-OPERATIONS	\$ 35,627		\$ 10,146
30 IV8	NON OPERATING-RENTAL INCOME - DISALLOWED	\$ -		\$ 32,869
30 IV8	UNREALIZED GAIN / (LOSS) - DISALLOWED	\$ -		\$ (1,136,602)
30 IV8	GAIN ON SALE - DISALLOWED	\$ -		\$ 1,300,043
Total Other Revenue		\$ 66,354	\$ -	\$ 235,109

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,152,094
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	945,771
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	133,033
a. _____				
b. _____				
c. _____				
d. See Schedule		133,033		
6. Interest Receivable			\$	13
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	237,005

See Schedule		237,005		
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,467,916
B. Fixed Assets				
1. Land			\$	719,914
2. Land Improvements	*Historical Cost	498,087	\$	113,979
	Accum. Depreciation	384,108		Net
3. Buildings	*Historical Cost	12,699,224	\$	3,309,409
	Accum. Depreciation	9,389,815		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	1,754,090	\$	349,157
	Accum. Depreciation	1,404,933		Net
6. Movable Equipment	*Historical Cost	4,075,742	\$	440,732
	Accum. Depreciation	3,635,010		Net
7. Motor Vehicles	*Historical Cost	91,110	\$	37,460
	Accum. Depreciation	53,650		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	9,190,664

See Schedule		9,190,664		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	14,161,315

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	18,629,231
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>)			\$	24,945,685

See Schedule				24,945,685
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	24,945,685
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	43,574,916

* 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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	338,171
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>)				\$	536,998
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>)				\$	365,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	5,909
11. Accrued Income Taxes*				\$	15,900
12. Other Current Liabilities (<i>itemize</i>)				\$	1,158,669

See Schedule				1,158,669	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,420,647

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				2,420,647
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 8,455,000
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>)				\$ 295,795
See Schedule				295,795
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 8,750,795
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,171,442

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2019	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			\$	32,421,881
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	110,476
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	(128,883)
7. Total Net Worth			\$	32,403,474
C. Total Reserves and Net Worth			\$	32,403,474
D. Total Liabilities, Reserves, and Net Worth			\$	43,574,916

H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	32,421,881		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,510,670		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,639,553		
D. Net Income or Deficit			\$	(128,883)		
E. Balance			\$	32,292,998		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Temp Restricted	(26,697)					
2. Other <i>(itemize)</i>						
Arbor Rose Net Income	146,549					
Change in Perm Restricted Net Assets	(9,378)					
Rounding	2					
F-3. Total Additions					\$	110,476
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			\$	32,403,474		

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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				
Dorothy Robinson				
Address Address			Phone Number	
Hartford HealthCare Senior Services, Curtis Bldg., 181 Patricia M Genova Dr 5th Fl., Newing			860-696-6438	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Dorothy Robinson			860-696-6438	
Contact Email Address				
Dorothy.Robinson@hhchealth.org				