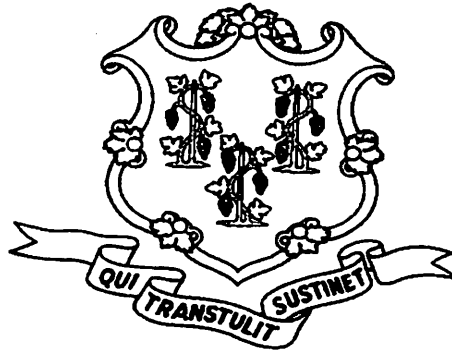


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) HANCOCK HALL	
Address (No. & Street, City, State, Zip Code) 31 STAPLES STREET, DANBURY, CT. 06810	
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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

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

Medicaid Provider Numbers:	CCNH 2185	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) HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 1	of 37
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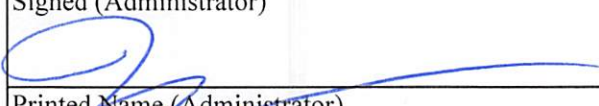
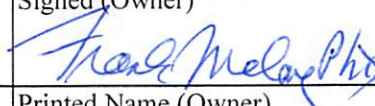
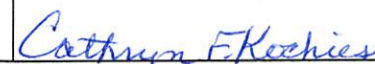
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for HANCOCK HALL [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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 2/15/21
Printed Name (Administrator) JENNIFER MALONE-SEIXAS			Printed Name (Owner) DR. FRANK MALONE, PHD		
Subscribed and Sworn to before me:	State of Connecticut	Date	Signed (Notary Public) 	Comm. Expires 03/31/2022	
Address of Notary Public 191 WESTVILLE AVE EXT DANBURY, CT 06811					



MEMORANDUM FOR THE RECORD

TO: SAC, NEW YORK (100-100000) FROM: SAC, NEW YORK (100-100000) DATE: 1/15/54

RE: [Illegible text]

[Illegible text]

[Illegible text]

[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]



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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 HANCOCK HALL		Period Covered: From 10/1/2019	To 9/30/2020
Address of Facility 31 STAPLES STREET, DANBURY, CT. 06810			
Report Prepared By		Phone Number	Date
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-794-9466		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) HANCOCK HALL		Address (No. & Street, City, State, Zip) 31 STAPLES STREET, DANBURY, CT. 06810		
License Numbers:	CCNH 2185-C	RHNS	(Specify)	Medicare Provider No. 07-5414
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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator JENNIFER MALONE-SEIXAS		Nursing Home Administrator's License No.:	00-1928	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
FILOSA CARE CENTER, INC	31 STAPLES STREET, DANBURY, CT 06810	CONNECTIC UT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000	
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250	
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	PRESIDENT	300	
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	VICE- PRESIDENT	250	
JOHN M. MALONE	22 NORTH DUTCHER STREET, IRVINGTON, NY 10533		200	
Names of Stockholders Owning at Least 10% of Shares				
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	TREASURER	2000	
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	SECRETARY	2250	

**General Information and Questionnaire
 Related Parties***

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	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	%**				
STAPLES REALTY, LLC	105 MIDDLE RIVER ROAD, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		RENTAL OF BUILDING	22/9	894,000	894,000
FILOSA CONV. HOME, INC	13 HAKIM STREET, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		SHARED EXPENSES	VARIOUS	VARIOUS	VARIOUS
SPACE PANTS, LLC	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		STORAGE RENTAL	22/9	9,720	9,720
FILOSA CONV. HOME, INC	13 HAKIM STREET, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		ADVANCED FUNDS	32/D6	81,624	81,624
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		CORPORATE OFFICER	10/A1 28/2	119,190	119,190
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		CORPORATE OFFICER	10/A1 28/2	97,610	97,610
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		ADMINISTRATOR	10/A2	91,610	91,610
		<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.

HANCOCK HALL
 COST YEAR 2020
 LICENSE NO 2185-C

ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

<u>Name of Related Individual or Company</u>	<u>Description of Goods / Services Provided</u>	<u>Indicate Where Costs are Included in Annual Report Page# / Line#</u>	<u>FCH Portion</u>	<u>HH Portion</u>
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	401K PENSION PLAN	Actual 15.1.A.7	\$7,245	\$19,057
	401K FINANCIAL STATEMENT AUDIT	* 15.1.A.9.D	\$2,800	\$4,200
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	VARIOUS INSURANCES			
	WORKMENS COMPENSATION	* 15.1.A.1	\$77,369	\$113,530
	DISABILITY	Actual 15.1A.2	\$16,005	\$21,804
	HEALTH AND DENTAL	Actual 15.1.A.5	\$315,972	\$434,584
	PROPERTY:			
	INSURANCE ON PROPERTY	* 27.14.A	\$2,974	\$4,441
	INSURANCE OF AUTOMOBILES	Actual 27.14.B	\$3,003	\$4,888
	UMBRELLA	* 27.14.C.1	\$8,398	\$12,600
	FIRE AND EXTENDED COVERAGE	* 27.14.C.2	\$31,378	\$49,794
	FIDUCIARY	Actual 27.14.C.3	\$0	\$2,037
	DIRECTORS AND OFFICER	* 27.14.C.3	\$8,352	\$11,851
CYBER LIABILITY	* 27.14.C.3	\$1,804	\$2,856	
	TOTAL PROPERTY INS		\$56,008	\$88,467
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:			
	HEAD ACCOUNTANTS	* 10.11.A	\$34,799	\$76,941
	OTHER ACCOUNTANTS (5)	*** 10.A.6.B	\$71,487	\$148,834
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$34,799	\$50,076
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$44,487	\$63,989
	FOOD SERVICE SUPERVISOR (1)	** 10.A.5.B	\$32,830	\$49,244
	RN - ADMINISTRATIVE	* 10.A.12.B.2	\$0	\$0
	LPN - ADMINISTRATIVE	*** 10.A.12.C.2	\$0	\$0
	OTHER ADMINISTRATIVE SALARIES (1)	* 10.A.4	\$29,807	\$44,410
	RECREATION WORKERS (1)	* 10.A.12.H	\$25,772	\$38,658
	RECREATION WORKERS	Actual 10.A.12.H	\$83,574	\$112,390
	TOTAL WAGES		\$357,333	\$584,543
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	TELEPHONE SYSTEM INTEREST	* 22.7.D	\$797	\$1,128
	TELEPHONE AND INTERNET	* 15.1H1	\$10,241	\$14,611
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.			
	EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	Actual 16.L.6	\$1,207	\$515

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

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
SEE ATTACHED SHEET				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2020			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
WELLS FARGO VENDOR, FINANCIAL SERVICES, LLC, PO BOX 41564, PHILADELPHIA, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	COPIER MACHINE LEASE	08/01/18	60 MONTHS	12,241	12,241	
	<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 ***							12,241	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	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 CLIFTON LARSON ALLEN, LLP	300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169
2 CLIFTON LARSON ALLEN, LLP	300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169
3	
4	

Services Provided by This Firm (describe fully)

1 FINANCIAL STATEMENT PREPARATION	\$ 7,500
2 401K FINANCIAL STATEMENT AUDIT	\$ 4,200
3	\$
4	\$
	Charge for Services Provided
	\$ 11,700

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

Yes No 15 9d

Legal Services Information

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

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

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

Services Provided by This Firm (describe fully)

1 COLLECTIONS	\$ 250
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 250

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

Yes No 15/1/E

Schedule of Resident Statistics

Name of Facility HANCOCK HALL		License No. 2185-C			Report for Year Ended 9/30/2020				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	96	96			96	96							
B. On last day of THIS report period	96	96							96	96			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	88	88			88	88							
B. As of midnight of THIS report period	71	71							71	71			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,393	2,393			1,989	1,989			404	404			
B. Medicaid (Conn.)	22,501	22,501			16,842	16,842			5,659	5,659			
C. Medicaid (other states)													
D. Private Pay	4,436	4,436			3,741	3,741			695	695			
E. State SSI for RCH													
F. Other (Specify) Managed Medicare	319	319			207	207			112	112			
G. Total Care Days During Period (3A thru F)	29,649	29,649			22,779	22,779			6,870	6,870			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	17	17			17	17							
5. Total Resident Days (3G + 4A + 4B)	29,666	29,666			22,796	22,796			6,870	6,870			

Schedule of Resident Statistics (Cont'd)

Name of Facility HANCOCK HALL			License No. 2185-C			Report for Year Ended 9/30/2020			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)	
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	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		57		7								
Per Diem Rate													
a. One bed rm.					520.00								
b. Two bed rms.	744.00		256.00		490.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,479	3,479		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										6,460	6,460		
D. Total Physical Therapy Treatments										9,939	9,939		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										422	422		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										327	327		
D. Total Speech Therapy Treatments										749	749		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,297	3,297		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										6,885	6,885		
D. Total Occupational Therapy Treatments										10,182	10,182		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
HANCOCK HALL	2185-C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	216,800					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,610	2,236				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	235,861	9,447				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,244	1,313				
c. Dietary Workers	429,973	24,738				
6. Housekeeping Service						
a. Head Housekeeper	50,076	1,232				
b. Other Housekeeping Workers	246,118	17,385				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,989	1,232				
b. Other Maintenance Workers	92,232	4,059				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	56,069	2,839				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	76,941	1,364				
b. Other Accountants	148,834	4,927				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	116,489	2,651				
b. RN						
1. Direct Care	1,039,688	27,390				
2. Administrative**	23,880	598				
c. LPN						
1. Direct Care	810,091	27,782				
2. Administrative**	134,288	3,663				
d. Aides and Attendants	1,612,352	91,146				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	158,220	6,615				
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	139,199	4,785				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	248,428					
<i>A-13. Total Salary Expenditures</i>	6,040,380	235,401				

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

Name of Facility			License No.	Report for Year Ended			Page	of		
HANCOCK HALL			2185-C	9/30/2020			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	(Specify)							
Section I - Operators/Owners										
JENNIFER MALONE-SEIXAS	97,610				PRESIDENT		A-1	FILOSA CONV. HOME 13 HAKIM ST, DANBURY, CT		
MICHAEL MALONE	119,190				VICE PRESIDENT		A-1	FILOSA CONV. HOME 13 HAKIM ST, DANBURY, CT	2,299	78,977
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.

HANCOCK HALL
 COST YEAR 2020
 LICENSE NO 2185-C

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

OWNER SALARY

	HANCOCK			FILOSA			COMBINED TOTAL		FICA	
	HRS	SALARY		HRS	SALARY		HRS	SALARY	ALLOW	DISALLOW
JENNIFER MALONE-SEIXAS ADMINISTRATOR PRESIDENT	2,236	91,610	SEE BELOW	-	-		2,236	91,610	5,378	40
	-	97,610	Disallow	-	-	Disallow	-	97,610	-	5,808
	2,236	\$ 189,220		-	\$ -		2,236	\$ 189,220		
MICHAEL MALONE ADMINISTRATOR VICE-PRESIDENT	-	-		2,299	78,977		2,299	78,977		
	-	119,190	Disallow	-	-	Disallow	-	119,190	-	9,118
	-	119,190		2,299	\$ 78,977		2,299	\$ 198,167	\$ 5,378	\$ 14,966

ADMINISTRATOR ALLOWANCE

	Total		MAXIMUM ALLOWABLE						
			@60 Beds	Per Bed	#Beds	Excess	Amount Allowed	Total	
							Beds 96		
JENNIFER MALONE-SEIXAS	\$ 91,610	\$ 77,591	375		36	\$ 13,500	\$ 91,091	\$ 519	Disallow

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
HANCOCK HALL				2185-C	9/30/2020				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
JENNIFER MALONE-SEIXAS	91,610			SAMES AS OTHER EMPLOYEES	STAFF RESPONSIBLE FOR FACILITY	2,236	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
HANCOCK HALL	2185-C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	51,413	1,143				
2. Dentist	5,433	30				
3. Pharmacist	10,174	163				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	171,861	2,641				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,200	177				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	963	6				
2. Pharmaceutical Committee (Quarterly meetings)	963	6				
3. Staff Development Committee (Once annually)	750	5				
e. Other (Specify) PHYS/PSYCH ROUNDS	16,800	102				
9. Speech Therapist						
a. Resident Care	39,173	469				
b. Other						
10. Occupational Therapist						
a. Resident Care	171,658	3,340				
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	509,387	8,081				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
HANCOCK HALL	2185-C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 113,530	113,530			
2. Disability Insurance	\$ 21,804	21,804			
3. Unemployment Insurance	\$ 59,078	59,078			
4. Social Security (F.I.C.A.)	\$ 434,584	434,584			
5. Health Insurance	\$ 332,591	332,591			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,057	19,057			
8. Uniform Allowance	\$ 4,512	4,512			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,939	14,939			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 24,000	24,000			
d. Accounting and Auditing	\$ 11,700	11,700			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 250	250			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 36,880	36,880			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 10,941	10,941			
2. Cellular Phones	\$ 3,670	3,670			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 141	141			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 565,941	565,941			
Subtotal	\$ 1,653,868	1,653,868			

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

(Carry Subtotals forward to next page)

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,653,868	1,653,868		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 3,470	3,470		
2. Holiday Parties for Staff	\$ 1,266	1,266		
3. Gifts to Staff and Residents	\$ 9,672	9,672		
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 10,067	10,067		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 515	515		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 23,846	23,846		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,208	23,208		
4. Fund-Raising***	\$			
5. Medical Records	\$ 6,246	6,246		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 7,892	7,892		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,639	9,639		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 2,438	2,438		
10. Contributions*** See Attached Schedule	\$ 907	907		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 25,466	25,466		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 197,732	197,732		
C-14 Total Administrative & General Expenditures	\$ 1,976,233	1,976,233		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
PROMOTION/PUBLIC RELATIONS	\$ 23,208		
Total Other Advertising	\$ 23,208	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Inc	\$ 6,901		
AANAC	\$ 379		
ALTCFM	\$ 340		
AMERICAN HEALTH CARE ASSOCIATION	\$ 960		
APIC	\$ 205		
ASHHRA	\$ 160		
ICNC	\$ 40		
NATIONAL COUNCIL OF CERT. DEMENTIA PRACTITIONERS	\$ 125		
SHRM	\$ 219		
ACHCA	\$ 310		
Total Dues	\$ 9,639	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
ST JOSEPH CHURCH	\$ 300		
DANBURY FIRE SICKNESS & SURGICAL FU	\$ 500		
DANBURY SENIOR CENTER	\$ 57		
JOANN BROWN MASK DONATION	\$ 50		
Total Contributions	\$ 907	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LOSS ON DISPOSED ASSETS	\$ 2,021		
PAYROLL SERVICE	\$ 21,649		
COMPUTER EXPENSE - HOSTING	\$ 9,593		
COMPUTER EXPENSE - SERVICE	\$ 15,177		
BANK SERVICE CHARGES AND MERCHANT FEES	\$ 7,883		
ADMIN/OFFICE SMALL EQUIPMENT	\$ 4,935		
OFFICE EXPENSE - SOFTWARE	\$ 53,778		
OFFICE EXPENSES - INTERNET	\$ 8,260		
MISCELLANEOUS EXPENSE	\$ 1,105		
RESIDENT RELATED MISC EXPENSE	\$ 423		
EQUIPMENT RENTAL - PITNEY BOWES	\$ 7,300		
CABLE TV EXPENSE	\$ 23,034		
FACILITY LICENSE/FEES	\$ 3,882		
COVID 19- OTHER COVID RELATED COSTS	\$ 38,693		
Total Other Administrative and General	\$ 197,732	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	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 HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 237,129	237,129			
2.	Non-Food Supplies	\$ 39,664	39,664			
3.	Other (<i>Specify</i>) _____	\$				
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>) _____ DIETARY DEPT SMALL EQUIPMENT DIETARY EQUIPMENT RENTAL						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 280,145	280,145			
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*		243	243			
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No						
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	8,572	8,572		
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. \$	11,689	11,689		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) RENTAL AND SMALL EQUIPMENT		\$	12,194	12,194		
3D. Total Laundry Expenditures (3a + b + c)		\$	32,454	32,454		
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.

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

Name of Facility HANCOCK HALL			License No. 2185-C	Report for Year Ended 9/30/2020			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CLIFTON LARSON ALLEN LLP	DRIVE, STE 310, QUINCY MA 02169	<input type="radio"/>	<input checked="" type="radio"/>		ACCOUNTING SERVICES	11,700			15	ID
NETWORK SYNERGY	TRUMBULL, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>		SERVICES, MAINTENANCE AND	24,770			16	M13
SYMBRIA REHAB	PARKWAY, WARRENVILLE, IL	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND TREATMENT	382,692			13	Vario
SERAFIMA M. GLOUZGAL	RIDGEFIELD, CT 06877	<input type="radio"/>	<input checked="" type="radio"/>		MEDICAL DIRECTOR	27,600			13	B8a
CELTIC CONSULTING LLC	TORRINGTON, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		MDS COMPLIANCE	2,056			16	11
LAURIE A FIGLIOLA RDN	ROAD, WESTON, CT 06883	<input type="radio"/>	<input checked="" type="radio"/>		DIETARY NEEDS AND REPORTS	51,413			13	B1
ORESTES J. ARCUNI	WEST REDDING, CT 06896	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND SERVICES	16,800			13	B8c
CENTER FOR COMPREHENSIVE CARE, LLC	580 LONG HILL AVE, SHELTON, CT 06474	<input type="radio"/>	<input checked="" type="radio"/>		MEDICAL DIRECTOR	12,600			13	B8a
ONMICARE	DETROIT, MI 48278-1668	<input type="radio"/>	<input checked="" type="radio"/>		PHARMACIST	10,174			13	B3
FLYNN BARRETT CONSULTING LLC	ROAD, POUND RIDGE, NY 10576	<input type="radio"/>	<input checked="" type="radio"/>		HR CONSULTANT	11,100			16	M11
		<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 HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 112,904	112,904		
b. Heat	\$ 47,712	47,712		
c. Light & Power	\$ 78,054	78,054		
d. Water	\$ 39,080	39,080		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 12,241	12,241		
f. Other (<i>itemize</i>) See Attached Schedule	\$ 45,069	45,069		
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 335,060	335,060		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$ 26,106	26,106		
b. Building & Building Improvements	\$ 4,422	4,422		
c. Non-Movable Equipment	\$ 3,397	3,397		
d. Movable Equipment	\$ 62,021	62,021		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 95,946	95,946		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 47,175	47,175		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 47,175	47,175		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 811,837	811,837		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 91,883	91,883		
c. Personal property taxes	\$ 14,473	14,473		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,061,314	1,061,314		

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

**HANCOCK HALL
COST YEAR 2020
LICENSE NO 2185-C**

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

	<u>TOTAL</u>	<u>CCNH</u>	<u>RHNS</u>
RENTAL PAYMENT OF FACILTY BUILDING	\$ 894,000	\$ 894,000	\$ -
LESS: DEPRECIATION ON PROPERTY FROM RELATED PARTY (Does not include depreciation on addition)	<u>-</u>	<u>-</u>	<u>-</u>
	\$ 894,000	\$ 894,000	-
OTHER RENTAL PAYMENTS			
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	<u>9,720</u>	<u>9,720</u>	<u>-</u>
	<u>\$ 903,720</u>	<u>\$ 903,720</u>	<u>\$ -</u>
Less Real estate taxes paid by lessor	<u>(91,883)</u>	<u>(91,883)</u>	
	<u>811,837</u>	<u>811,837</u>	

Depreciation Schedule

Name of Facility HANCOCK HALL		License No. 2185-C			Report for Year Ended 9/30/2020			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		512,490		512,490	357,177	SL	VARIOUS	26,106					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									26,106				
B. Building and Building Improvements													
1. Acquired prior to this report period		5,155,300	7,000	5,148,300	5,115,569	SL	10	3,630					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		15,837						792					
B-4. Subtotal									4,422				
C. Non-Movable Equipment													
1. Acquired prior to this report period		173,984		173,984	106,894	SL		3,397					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									3,397				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Van Model #E350 SU		X		4	2015	62,400		62,400	62,400				
b. 2013 Hyundai Sante Fe (disallow			X	4	2016	25,396		25,396	25,396				
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,029,061		1,029,061	721,543	SL	VARIOUS	57,580	
b. Disposals (attach schedule)						(55,931)		(55,931)	52,565	SL	VARIOUS	1,345	
c. Acquired during this report period (attach schedule)						31,581		31,581		SL	VARIOUS	3,096	
D-3. Subtotal													62,021
E. Total Depreciation													
													95,946

LICENSE NO 2185-C

ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE
 PAGE 23. D. 2.C MOVABLE EQUIPMENT - ACQUIRED DURING THIS REPORT PERIOD

Category	Description	Acquired	Values		
			Sum of NetAmount	Sum of Months	Sum of YTD
computer/office related equip.	34 HP Bus Desktop Prodesk 405 G4 Computers	4/1/2020	18,983.48	60	1,898.34
	CHROME BOOKS (2)	2/1/2020	1,063.50	60	141.84
	HP LAPTOP	2/1/2020	1,082.64	60	144.32
computer/office related equip. Total			21,129.62	180	2,184.50
furniture & fixtures	DESK, OPEN HUTCH, LAMINATE DOOR,FULL	1/1/2020	1,205.30	240	45.18
furniture & fixtures Total			1,205.30	240	45.18
medical related equip.	EVAC CHAIR	12/1/2019	2,328.16	84	277.20
	MAXI 500 MANUAL DPS SCALE	1/1/2020	3,458.77	120	259.38
		2/1/2020	3,458.77	84	329.44
medical related equip. Total			9,245.70	288	866.02
Grand Total			31,580.62	708	3,095.70

HANCOCK HALL
 COST YEAR 2019
 LICENSE NO 2185-C

ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE
 PAGE 23. D. 2.B DISPOSED

Category	Description	DispDate	Acquired	Values			
				Sum of YTD	Sum of TotalToDate	Sum of DispAmount	
computer/office related equip.	2 HP Desktop Computers	9/30/2020	3/17/2015	100.84	1,212.39	1,212.39	
	2 HP Elite Desk 705 G1 Desktop computers	9/30/2020	4/23/2015	120.59	1,207.07	1,207.07	
	4 20" Dell LED Monitors	9/30/2020	12/3/2015	99.96	483.14	500.00	
	HP Business Deskpro 400 G1	9/30/2020	11/24/2014	10.30	611.51	611.51	
	HP Business Desktop ProDesk 400 G1	9/30/2020	5/9/2014	-	606.19	606.19	
	HP Business Desktop Prodesk 600 G1	9/30/2020	5/9/2014	-	840.17	840.17	
	HP Deskpro Workstation and Setup	9/30/2020	10/9/2014	-	937.72	937.72	
	HP deskpro, HP Laser Pro 400	9/30/2020	3/5/2014	-	1,380.42	1,380.42	
	HP Desktop And Monitor	9/30/2020	7/5/2013	-	1,064.00	1,064.00	
	HP Desktop Elite 8300	9/30/2020	4/29/2013	-	760.00	760.00	
	HP Desktop ProDesk 400 G1	9/30/2020	8/6/2014	-	610.98	610.98	
	HP Elite 705 G1 Desktop (2)	9/30/2020	7/6/2015	162.69	1,084.77	1,084.77	
	HP EliteDesk 705 G1 Desktop computer	9/30/2020	8/20/2015	90.39	542.39	542.39	
	HP Probook #4545S Laptop With Hardware Support	9/30/2020	3/15/2013	-	824.00	824.00	
	HP ProDesk 400 and setup labor cost	9/30/2020	1/6/2015	73.33	1,464.70	1,464.70	
	HP ProDesk 400 Desktop	9/30/2020	9/24/2014	-	608.86	608.86	
	Laptop Computers	9/30/2020	3/1/2012	-	1,963.00	1,963.00	
	Phase 3 And 5 Computer Operating Upgrades	9/30/2020	9/14/2013	-	7,274.34	7,274.00	
	Phase 4 Exchange Server Upgrade/licenses	9/30/2020	4/15/2013	-	3,378.00	3,378.00	
	Phase I Network Server Upgrade-Labor	9/30/2020	2/7/2013	-	3,878.40	3,878.40	
Phase II Workstation Upgrades--Labor	9/30/2020	2/7/2013	-	2,576.00	2,576.00		
computer/office related equip. Total				658.10	33,308.05	33,324.57	16.52
furniture & fixtures	Bedspreads(10) Leaf	9/30/2020	8/18/2011	60.72	556.60	607.00	
	Bedspreads(40) Cayenne	9/30/2020	8/18/2011	242.76	2,225.30	2,428.00	
	Contemporary Lounge Chair W/ Removable Seat	9/30/2020	4/29/2013	151.56	1,136.70	1,516.00	
	Drapery Installation Labor Cost	9/30/2020	11/21/2012	-	2,057.00	2,057.00	
furniture & fixtures Total				455.04	5,975.60	6,608.00	632.40
medical related equip.	Marisa mast Assembly	9/30/2020	9/11/2016	231.96	947.17	2,319.48	
	Pat.lift-sarita Model3000	9/30/2020	11/4/2010	-	4,854.00	4,854.00	
	Patient Lift W Scale-arjo	9/30/2020	6/15/2007	-	5,083.00	5,083.00	
	Patient Lift W Scale-marisa Model	9/30/2020	6/15/2006	-	2,201.00	2,201.00	
	Wander Alarm System	9/30/2020	11/15/2005	-	1,541.00	1,541.00	
medical related equip. Total				231.96	14,626.17	15,998.48	1,372.31
Grand Total				1,345.10	53,909.82	55,931.05	2,021.23

Loss on disposal

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	SEE ATTACHED	\$ 31,581	VARIOUS	\$ 3,096
Total additions for Movable Equipment		\$ 31,581		\$ 3,096 *
Deletions:				
	SEE ATTACHED	\$ (55,931)		\$ 1,345
Total deletions for Movable Equipment		\$ (55,931)		\$ 1,345 **

*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:				
11/1/2019	COUPLING, LASER ALIGNMENT - PUMP MOTOR	\$ 8,348	10	\$ 765
3/1/2020	WANDERER ALARM SYSTEM	\$ 4,255	10	\$ 248
Total additions for Leasehold Improver		\$ 12,603		\$ 1,013 *
Deletions:				
	SEE ATTACHED	\$ (1,620)		\$ -
Total deletions for Leasehold Improver		\$ (1,620)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

HANCOCK HALL
 COST YEAR 2019
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ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

PAGE 24. C. 3.

LEASEHOLD IMPROVEMENTS AND OTHER - ACQUIRED DURING THIS REPORT PERIOD

Category	Description	Acquired	Values		
			Sum of NetAmount	Sum of Months	Sum of YTD
leasehold improvements	COUPLING, LASER ALIGNMENT - PUMP MOTOR	11/1/2019	8,348.48	120	765.27
	Wanderer Alarm System	3/1/2020	4,255.07	120	248.22
leasehold improvements Total			12,603.55	240	1,013.49

HANCOCK HALL
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ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

PAGE 24. C. 3.

LEASEHOLD IMPROVEMENTS AND OTHER - ACQUIRED DURING THIS REPORT PERIOD

Category	Description	Acquired	Values		
			Sum of NetAmount	Sum of Months	Sum of YTD
leasehold improvements	COUPLING, LASER ALIGNMENT - PUMP MOTOR	11/1/2019	8,348.48	120	765.27
	Wanderer Alarm System	3/1/2020	4,255.07	120	248.22
leasehold improvements Total			12,603.55	240	1,013.49

Amortization Schedule*

Name of Facility HANCOCK HALL			License No. 2185-C		Report for Year Ended 9/30/2020			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. Loan related to parking lot improvement	5	2010	10	15,824	15,824				
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			VARIOUS	1,139,695	760,522			46,162	
2. Disposals (attach schedule)				(1,620)	1,620				
3. Acquired during this report period (attach schedule)				12,603				1,013	
C-4. Subtotal									47,175
D. Total Amortization									47,175

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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				
2. Date Structure Completed	03/09/84			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	03/09/84			
5. Total Licensed Bed Capacity	96			
6. Square Footage	56,300			
7. Acquisition Cost				
a. Land	170,000			
b. Building	4,551,697			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED			
b. Date Mortgage Obtained	11/22/16			
c. Interest Rate for the Cost Year	3.31%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	3,120,000			
f. Principal balance outstanding as of 9/30/2020	1,843,224			
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
HANCOCK HALL		2185-C	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 378	378				
Name of Lender		Rate					
UNION SAVINGS BANK		4.35%					
Address of Lender							
225 MAIN STREET DANBURY, CT 06810							
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)		\$ 378	378				

(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	
HANCOCK HALL	2185-C	9/30/2020	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		378	378		
12. C. Movable Equipment					
1. Automotive Equipment		\$			
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify)		\$	2,223	2,223	
A. Item	Rate	Amount			
PHONE SYSTEM	5.00%	1,128			
Lender					
CAROUSEL INDUSTRIES					
Address of Lender					
PO BOX 790448ST LOUIS, MO 63179					
B. Item	Rate	Amount			
ENERGY EFFICIENT LIGHT	4.75%	1,095			
Lender					
EVERSOURCE					
Address of Lender					
P.O. BOX 650032DALLAS, TX 75265					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$	2,223	2,223	
12. D. Other Interest Expense (Specify)		\$	7,492	7,492	
SEE ATTACHED					
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	10,093	10,093	
14. Insurance					
a. Insurance on Property (buildings only)		\$	4,441	4,441	
b. Insurance on Automobiles		\$	4,888	4,888	
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)		\$	12,600	12,600	
2. Fire and Extended Coverage		\$	49,794	49,794	
3. Other (Specify)		\$	17,838	17,838	
SEE ATTACHED					
14d. Total Insurance Expenditures (14a + b + c)		\$	89,561	89,561	
15. Total All Expenditures (A-13 thru C-14)		\$	10,677,388	10,677,388	

**HANCOCK HALL
COST YEAR 2020
LICENSE NO 2185-C**

ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

INSURANCE PAID

	FIDUCIARY	\$ 2,037	
	DIRECTORS AND OFFICER	11,851	DISALLOW
	PROFESSIONAL LIABILITY	1,094	
	CYBER LIABILITY	2,856	
PRIOR YEAR INSURANCE RELATED ADJUSTMENT		-	DISALLOW
	TOTAL	17,838	14.C.3
Santa Fe		1,230	DISALLOW

INTEREST EXPENSE

12C2D

	UNION SAVINGS BANK		
	LINE OF CREDIT		
	5.75%	\$ 5,905	
	NAVITAS CREDIT CORP		
	COMPUTER LOAN		
	9.68%	\$ 959	
	FINANCIAL CHARGES		
	VARIOUS	628	DISALLOW
		\$ 7,492	12.C.2.D

D. Adjustments to Statement of Expenditures

Name of Facility HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2020	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	A1	Salaries not related to Resident Care	\$ 216,800	216,800		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 519	519		
Page 13 - Professional Fees							
5.	13	B8a	Resident Care Physicians **	\$ 9,225	9,225		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 4,302	4,302		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 24,000	24,000		
10.	15	9d	Accounting	\$ 250	250		
10a.			Legal	\$ 250	250		
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 2,230	2,230		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 5,897	5,897		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 8,835	8,835		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 23,208	23,208		
19.	15	K1	Income Tax / Corporate Business Tax	\$ 141	141		
20.	16	M10	Fund Raising / Contributions	\$ 907	907		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 25,975	25,975		
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)				\$ 322,540	322,540		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A2	EXCESS ADMINISTRATOR	\$ 519		
Total Other Salaries Adjustment			\$ 519	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M11	DENISE GIANNA DESIGNS	\$ 3,784		
16	M11	WAGNER WEB DESIGNS INC.	\$ 518		
Total Other Fees Adjustments			\$ 4,302	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a4	DISALLOWED FICA	\$ 14,966		
16	1m13	LOSS ON DISPOSED ASSETS	\$ 2,021		
16	1m13	BANK SERVICE CHARGES AND MERCHANT FEES	\$ 7,883		
16	1m13	MISCELLANEOUS EXPENSE	\$ 1,105		
Total Other A&G Adjustments			\$ 25,975	\$ -	\$ -

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

Name of Facility HANCOCK HALL				License No. 2185-C	Report for Year Ended 9/30/2020	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 322,540	322,540		
Page 20 - Resident Care Supplies***							
27.	20	5.A.2	Prescription Drugs	\$ 71,872	71,872		
28.			Ambulance/Limousine	\$			
29.	20	5.D	X-rays, etc	\$ 5,900	5,900		
30.	20	5.H	Laboratory	\$ 1,928	1,928		
31.	20	5.C	Medical Supplies	\$ 10,218	10,218		
32.	20	5.E.2	Oxygen (non emergency)	\$ 15,748	15,748		
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.	22	10c	Unallowable Property and Real Estate Taxes	\$ 238	238		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14c3	Property Insurance	\$ 13,081	13,081		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 783	783		
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)				\$ 442,307	442,307		

*** 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	(Specify)
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	VENDOR FINANCE CHARGES	\$ 628		
16	M11	AUTOMOBILE REGISTRATION - SANTA FE	\$ 155		
Total Other Adjustments			\$ 783	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents <i>(CT only)</i>	\$ 10,912,063	10,912,063			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,159,901)	(5,159,901)			
2. a. Medicaid <i>(All other states)</i>	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 1,218,520	1,218,520			
b. Medicare Room and Board Contractual Allowance **	\$ 452,020	452,020			
4. a. Private-Pay Residents and Other	\$ 2,438,892	2,438,892			
b. Private-Pay Room and Board Contractual Allowance **	\$ (51,153)	(51,153)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 171,582	171,582			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (166,692)	(166,692)			
c. Prescription Drugs - Non-Medicare	\$ 18,569	18,569			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (18,569)	(18,569)			
2. a. Medical Supplies - Medicare	\$ 15,856	15,856			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (15,856)	(15,856)			
c. Medical Supplies - Non-Medicare	\$ 2,285	2,285			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,285)	(2,285)			
3. a. Physical Therapy - Medicare	\$ 325,977	325,977			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (233,875)	(233,875)			
c. Physical Therapy - Non-Medicare	\$ 29,622	29,622			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (29,622)	(29,622)			
4. a. Speech Therapy - Medicare	\$ 65,778	65,778			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (30,271)	(30,271)			
c. Speech Therapy - Non-Medicare	\$ 3,519	3,519			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,519)	(3,519)			
5. a. Occupational Therapy - Medicare	\$ 372,806	372,806			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (276,179)	(276,179)			
c. Occupational Therapy - Non-Medicare	\$ 33,328	33,328			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (33,328)	(33,328)			
6. a. Other <i>(Specify)</i> - Medicare	\$ (12,715)	(12,715)			
b. Other <i>(Specify)</i> - Non-Medicare	\$ (23,723)	(23,723)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,003,130	10,003,130			
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>	\$ 621	621			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other <i>(Specify)</i>	\$ 829,006	829,006			
V. Total Other Revenue (1 thru 8)	\$ 829,627	829,627			
VI. Total All Revenue (III +V)	\$ 10,832,757	10,832,757			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	PRIOR YEAR - MEDICARE B	\$ (963)		
	SEQUESTER REDUCTION - MEDICARE B	\$ (2,059)		
	ADJUSTMENTS - MEDICARE	\$ (9,692)		
	Total Other Resident Revenue - Medicare	\$ (12,715)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	PRIOR YEAR - PRIVATE	\$ (14,143)		
	PRIOR YEAR - MEDICIAD	\$ (18,779)		
	PRIOR YEAR - MANAGED CARE	\$ 6,565		
	NON EMERGENCY FACILITY VAN TRANSPORT	\$ 2,635		
	Total Other Resident Revenue	\$ (23,723)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31/A1	UNION SAVINGS BANK	1,659,215	\$ 621		
	Total Interest Income		\$ 621	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
VARIOUS	HHS CARES ACT GRANT	\$ 558,177		
VARIOUS	MEDICAID RATE RELIEF	\$ 260,074		
15/1a5	CARES ACT SICK PAY TAX CREDIT, NET	\$ 2,747		
Prior Yr	LEGAL FEE REIMBURSEMENT RELATED TO PRIOR YEAR	\$ 6,687		
15/1g	MEDICAL RECORD RETRIEVAL AND COPIES	\$ 1,320		
	Total Other Revenue	\$ 829,006	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	1,664,803
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	694,829
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	2,590
4 Inventories			\$	
5. Prepaid Expenses			\$	258,940
a. 401k-FORFEITURE ONE ACCT	732			
b. INSURANCE	220,166			
c.				
d. See Schedule	38,042			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	28,529
REQUIRED PAYMENT - FORM 8752	23,731			
CT CORPORATE TAX	4,798			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,649,691
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	512,490	\$	129,207
	Accum. Depreciation	383,283		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	1,150,678	\$	342,981
	Accum. Depreciation	807,697		Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	1,004,711	\$	222,492
	Accum. Depreciation	782,219		Net
7. Motor Vehicles	*Historical Cost	87,796	\$	
	Accum. Depreciation	87,796		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	694,680

* 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	
		HEALTH INSURANCE	\$ 14,648
		REFUSE	\$ 1,006
		MAINTENANCE CONTRACTS	\$ 4,501
		SOFTWARE LICENSES	\$ 6,657
		WCSU - PLEDGE	\$ 10,000
			\$ 1,230
Total Prepaid Expenses			\$ 38,042

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
HANCOCK HALL		2185-C	9/30/2020	32	37
Account				Amount	
Total Brought Forward:				\$	3,344,371
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	170,000
2. Land Improvements		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3. Buildings				\$	51,146
		*Historical Cost 5,171,137	Net		
		Accum. Depreciation 5,119,991			
4. Non-Movable Equipment				\$	63,693
		*Historical Cost 173,984	Net		
		Accum. Depreciation 110,291			
5. Movable Equipment				\$	
		*Historical Cost _____	Net		
		Accum. Depreciation _____			
6. Motor Vehicles				\$	
		*Historical Cost _____	Net		
		Accum. Depreciation _____			
7. Minor Equipment-Not Depreciable				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	284,839
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4. Goodwill (Purchased Only)				\$	
5. Investments Related to Resident Care (<i>itemize</i>)				\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)				\$	81,624
Name and Address		Amount	Loan Date		
FILOSA FOR NURSING		81,624			
7. Other Assets (<i>itemize</i>)				\$	88,000
BED LICENSE		88,000			
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	169,624
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	3,798,834

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	399,576
2. Notes Payable (<i>itemize</i>)			\$	1,366,800
SBA - PAYROLL PROTECTION PROGRAM				1,366,800
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	28,557
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED		28,557		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	261,515
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	9,327
6. Accrued Payroll Taxes Payable			\$	20,569
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>)			\$	913,131
ACCRUED EXPENSES				46,038
MEDICARE ADVANCE BILLING				530,906
HHS CARES ACT GRANT				336,187
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,999,475

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility HANCOCK HALL		License No. 2185-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,999,475	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 22,342	
Name of Lender	Purpose	Amount	Date Due		
SEE ATTACHED		22,342			
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)				\$ 22,342	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,021,817	

HANCOCK HALL
 COST YEAR 2020
 LICENSE NO 2185-C

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

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

		<u>PAGE 33.A.3</u>	<u>PAGE 34.B.1</u>	<u>TOTAL</u>
NAME OF LENDER	<u>CAROUSEL INDUSTRIES</u>			
PURPOSE	<u>TELEPHONE SYSTEM</u>			
AMOUNT	<u>\$56,834</u>	\$ 12,217.00	\$ 5,262.00	\$ 17,479.00
DATE DUE	<u>2/2/2022</u>			
NAME OF LENDER	<u>EVERSOURCE</u>			
PURPOSE	<u>INTERIOR LIGHTING</u>			
AMOUNT	<u>\$39,738</u>	\$ 10,280.00	\$ 8,036.00	\$ 18,316.00
DATE DUE	<u>6/15/2022</u>			
NAME OF LENDER	<u>NAVITAS CREDIT CORP</u>			
PURPOSE	<u>COMPUTERS</u>			
AMOUNT	<u>\$18,983</u>	\$ 6,060.00	\$ 9,044.00	\$ 15,104.00
DATE DUE	<u>2/3/2023</u>			
Total		\$ 28,557.00	\$ 22,342.00	\$ 35,795.00

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

Name of Facility	License No.	Report for Year Ended	Page	of	
HANCOCK HALL	2185-C	9/30/2020	35	37	
Account			Amount		
A. Reserves					
1. Reserve for value of leased land			\$	170,000	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	126,532	
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			\$	296,532	
B. Net Worth					
1. Owner's Capital			\$		
2. Capital Stock			\$	1,000	
3. Paid-in Surplus			\$	257,500	
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	66,615	
6. Gain or Loss for Period					
	10/1/2019	thru	9/30/2020	\$	155,369
7. Total Net Worth			\$	480,484	
C. Total Reserves and Net Worth			\$	777,017	
D. Total Liabilities, Reserves, and Net Worth			\$	3,798,834	

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
HANCOCK HALL	2185-C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	649,449
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,832,757
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,677,388
D. Net Income or Deficit			\$	155,369
E. Balance			\$	804,818
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>			\$	324,334
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
SEE ATTACHED			324,334	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	324,334
H. Balance at End of Period			\$	480,484
09/30/20				

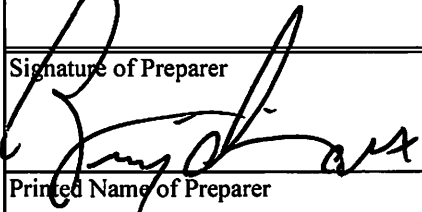
HANCOCK HALL
COST YEAR 2020
LICENSE NO 2185-C

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

DISTRIBUTIONS

NAME	TITLE	AMOUNT
FRANK D. MALONE	TREASURER	\$ 133,787
BARBARA D. MALONE	SECRETARY	\$ 157,938
MICHAEL D. MALONE	VICE-PRESIDENT	\$ 10,870
JOHN M. MALONE	SHAREHOLDER	\$ 8,696
JENNIFER MALONE-SEIXAS	PRESIDENT	\$ <u>13,044</u>
		\$ 324,335

I. Preparer's/Reviewer's Certification

Name of Facility HANCOCK HALL	License No. 2185-C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<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 CFO	Date Signed 2/15/21		
Printed Name of Preparer BENJAMIN CHIANESE, CPA				
Address Address 31 STAPLES STREET		Phone Number		
Contacted Person Regarding Additional Information Needed Regarding This Report BENJAMIN CHIANESE, CPA		Phone Number 203-794-9466		
Contact Email Address BCHIANESE@FILOSA.COM				