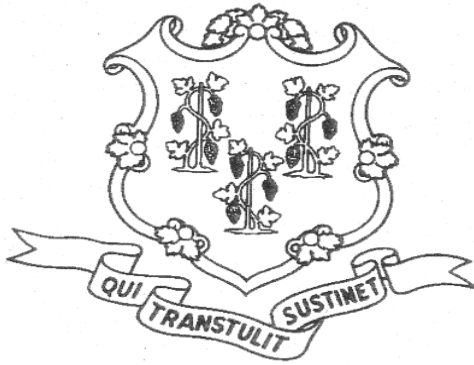


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

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 10/1/2019	Report for Year Ending 9/30/2020

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 9/30/2020	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 Jerome Home [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
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 10/1/2019	To 9/30/2020	
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 9/30/2020	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
 Individual Proprietorship**

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2020	Page 3B	of 37
If this facility is owned or operated as an individual proprietorship, provide the following information:				
Owner(s) of Facility				

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Jerome Home	License No. 2065C	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	%**				
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 9/30/2020	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 (See listing page 13)		
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 expense:		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.				
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.) <input checked="" type="radio"/> Yes <input type="radio"/> 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 9/30/2020		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							
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 9/30/2020	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 1 Crowe, LLP 2 Jordan Actuarial Services 3 4	Address (No. & Street, City, State, Zip Code) 320 E. Jefferson Blvd., South Bend, IN 46024 29440 Bertrand Dr., Agoura Hill, CA 91301
--	--

Services Provided by This Firm (*describe fully*)

1 Audit, 990 Preparation, Debt Refinancing	\$ 52,800
2 Workers Comp Study	\$ 1,855
3	\$
4	\$
	Charge for Services Provided
	\$ 54,655

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

- Yes No Page 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Metzger Lazarek & Plumb LLC 2 Michalik, Bauer, Silvia & Ciccarillo LLP 3 Robinson & Cole LLP 4 Wiggin & Dana LLP 5	Telephone Number 860-549-5026 860-225-8403 860-275-8200 203-498-4400
--	--

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

- 1 56 Arbor St., Hartford, CT 06051
 2 35 Pearl St. Suite 300, New Britain, CT 06051
 3 280 Trumbull St. Hartford, CT 06103
 4 One Century Tower, PO Box 1832, New Haven, CT 06508
 5

Services Provided by This Firm (*describe fully*)

1 Collections - disallowed	\$ 28,902
2 Collections - disallowed	\$ 1,532
3 Line of Credit - Review and revise mortgage and extension	\$ 8,746
4 CHEFA/LOC Mortgage modification and financing, title insurance, medical director consultation	\$ 6,576
5	\$
	Charge for Services Provided
	\$ 45,756

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 9/30/2020				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				
B. On last day of THIS report period	120	94		26					120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	119	93		26	119	93		26				
B. As of midnight of THIS report period	108	83		25					108	83		25
3. Total Number of Days Care Provided During Period												
A. Medicare	1,837	1,837			1,476	1,476			361	361		
B. Medicaid (Conn.)	22,042	14,573		7,469	16,575	10,826		5,749	5,467	3,747		1,720
C. Medicaid (other states)												
D. Private Pay	12,523	11,798		725	9,974	9,344		630	2,549	2,454		95
E. State SSI for RCH												
F. Other (Specify) Mgd Medicare & Mgd Care	2,477	2,477			1,923	1,923			554	554		
G. Total Care Days During Period (3A thru F)	38,879	30,685		8,194	29,948	23,569		6,379	8,931	7,116		1,815
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	478	62		416	239	31		208	239	31		208
B. Other Bed Reserve Days	156	102		54	70	46		24	86	56		30
5. Total Resident Days (3G + 4A + 4B)	39,513	30,849		8,664	30,257	23,646		6,611	9,256	7,203		2,053

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	3		42		38		3	22	
Per Diem Rate									
a. One bed rm.	PDPM		252.61		530.00		220.00	139.55	
b. Two bed rms.					505.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	2,758	1,658		1,100
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,999	10,160		839
D. Total Physical Therapy Treatments	13,757	11,818		1,939

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	385	318		67
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	551	550		1
D. Total Speech Therapy Treatments	936	868		68

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,049	889		160
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,870	8,808		62
D. Total Occupational Therapy Treatments	9,919	9,697		222

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	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	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. of Schedule A1)						
2. Administrator(s) (Complete also Sec. II of Schedule A1)	123,420	1,655			34,663	465
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	492,209	16,854			138,238	3,583
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	63,209	1,686			17,753	474
c. Dietary Workers	525,568	29,526			147,607	8,292
6. Housekeeping Service						
a. Head Housekeeper	5,986	236			2,921	116
b. Other Housekeeping Workers	150,370	10,547			73,356	5,146
7. Repairs & Maintenance Service:						
a. Engineer or Chief of Maintenance	65,707	1,414			32,054	690
b. Other Maintenance Workers	104,486	5,360			50,974	2,614
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	158,519	11,172				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services:						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Resident						
a. Directors and Assistant Director of Nurses	163,069	3,002			45,798	844
b. RN						
1. Direct Care	1,607,807	38,652			150,037	3,945
2. Administrative**	333,327	7,237			17,586	209
c. LPN						
1. Direct Care	761,157	23,184				
2. Administrative**						
d. Aides and Attendants	2,292,163	123,007			125,127	5,807
e. Physical Therapists	309,223	9,507			55,157	1,696
f. Speech Therapists	29,429	569			5,448	105
g. Occupational Therapists	253,879	6,770			4,414	118
h. Recreation Workers	152,118	6,657			42,722	1,870
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	133,498	4,598			37,493	1,291
n. Marketing						
o. Other (Specify) See Attached Schedule	90,424	3,189			78,850	3,215
A-13. Total Salary Expenditures	7,815,568	304,822			1,060,198	40,480

* 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 & 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 of private pay residents must be removed on Page 2.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
ADMISSIONS-SALARIES - ADMISSIONS SUPERVISOR	\$ 62,883	406			\$ 17,661	114
ADMISSIONS-SALARIES - ADMISSIONS OTHER	\$ 25,378	2,783			\$ 7,127	781
COVID-19 LABOR BONUS ADMISSIONS	\$ 2,163	-			\$ 608	-
GOOD LIFE FIT -SENIOR FIT - SALARIES - DISALLOWED	\$ -				\$ 51,954	2,320
COVID-19 LABOR BONUS SENIOR FIT - DISALLOWED					\$ 1,500	
Total	\$ 90,424	3,189	\$ -	-	\$ 78,850	3,215

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		9/30/2020			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	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	9/30/2020			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	Residential Care Home							
Section III - Administrators***										
Lori Toombs	123,420		34,663	Non-discriminatory except for bonus		2,120	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	9/30/2020	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	31,519	715			8,852	201
2. Dentist	9,078	16			2,550	4
3. Pharmacist	7,207	150			2,024	42
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	43,920	650			7,834	116
b. Other						
6. Social Worker						
7. Recreation Worker	4,911	55			1,379	15
8. Physicians						
a. Medical Director (entire facility)	44,970	190			12,630	54
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	17,236	232			3,191	43
b. Other						
10. Occupational Therapist						
a. Resident Care	249	5			4	1
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	159,090	2,013			38,464	476

* 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 9/30/2020		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
Hartford HealthCare Dietician from Southington Care Center	Dietician and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>						
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Dental Group	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Omnicare	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>						
Hartford HealthCare Rehab Network	Physical Therapy, Speech Therapy, Occupation Therapy	<input checked="" type="radio"/>	<input type="radio"/>						
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Starling Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Tom Alvord	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Louis E Ames	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Larry Batter	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
John Bussmann	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Douglas Codianni	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Douglas Engwall	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Paul Gobell	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Kathleen Gregory	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Susan Hill/Black Eyed Susie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Michael Iarusso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Paul Kulas	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Chris Merwin	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Phred Mileski	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Robert Mosebach	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
New Britain Museum	Recreation Program	<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	9/30/2020		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 106,221	93,533			12,688
2. Disability Insurance	\$ 56,556	49,800			6,756
3. Unemployment Insurance	\$ 32,423	28,550			3,873
4. Social Security (F.I.C.A.)	\$ 645,920	568,766			77,154
5. Health Insurance	\$ 1,210,906	1,066,265			144,641
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 170,879	150,468			20,411
8. Uniform Allowance	\$ 500	440			60
9. Other (<i>Specify</i>) See Attached Schedule	\$ 34,848	30,686			4,162
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 125,000	125,000			
d. Accounting and Auditing	\$ 54,655	42,671			11,984
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 45,756	35,723			10,033
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 19,263	15,039			4,224
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,748	14,637			4,111
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)* LOC Refinance	\$ 1,610	1,610			
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	\$ 558,270	558,270			
Subtotal	\$ 3,081,555	2,781,458			300,097

* 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	\$ 22,370		\$ 2,673
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS OUTPATIENT - DISALLOWED			\$ 361
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS	\$ 3,277		\$ 392
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS OUTPATIENT - DISALLOWED			\$ 53
EMP BENEFITS-EMP PHYSICALS (& TESTING) - HEALTHSOURCE TESTING TO HIRE	\$ 5,039		\$ 602
EMP BENEFITS-EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS - HEALTHSOURCE TESTING TO HIRE OUTPATIENT - DISALLOWED			\$ 81
Total	\$ 30,686	\$ -	\$ 4,162

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	9/30/2020		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:		3,081,555	2,781,458		300,097
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,646	4,408		1,238
3. Gifts to Staff and Residents	\$	10,512	8,207		2,305
4. Employee Travel	\$	1,547	874		673
5. Education Expenses Related to Seminars and Conventions	\$	20,451	16,027		4,424
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	7,507	5,861		1,646
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	4,451	3,475		976
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	228	178		50
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	4,710			4,710
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	\$	6,874	5,367		1,507
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,962	10,348		2,614
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	178	139		39
9. Subscriptions	\$	1,044	815		229
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>)	\$	132,215	103,224		28,991
12. Administrative Management Services**	\$	340,316			340,316
13. Other (<i>Specify</i>) See Attached Schedule	\$	156,085	64,162		91,923
C-14 Total Administrative & General Expenditures		\$ 3,786,281	3,004,543		781,738

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
A & G- BUSINESS PROMOTION-ADVERTISING PROMOTION - DISALLOWED	\$ -		\$ 4,710
Total Other Advertising	\$ -	\$ -	\$ 4,710

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
N. B. NETWORK GROUP	\$ 78		\$ 22
AANA	\$ 97		\$ 27
AANAC	\$ 205		\$ 57
AMAZON PRIME MEMBERSHIP	\$ 93		\$ 26
CAHCF	\$ 273		\$ 77
CARCH			\$ (292)
LEADING AGE	\$ 9,201		\$ 2,584
BANK OF AMERICA VISA CARD MEMBERSHIP	\$ 105		\$ 29
INFECTION CONTROL NURSES OF CT	\$ 31		\$ 9
ALTCFM	\$ 265		\$ 75
			\$ -
Total Dues	\$ 10,348	\$ -	\$ 2,614

\$ 100
\$ 124
\$ 262
\$ 119
\$ 350
\$ (292)
\$11,785
\$ 134
\$ 40
\$ 340
\$ -
\$12,962

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	\$ 2,576		\$ 724
A & G- EQUIPMENT RENTAL	\$ 14,170		\$ 3,980
A & G- BANK CHARGES - DISALLOWED	\$ 11,227		\$ 3,153
A & G-LICENSES	\$ 2,553		\$ 717
A & G- PENALTIES - DISALLOWED	\$ 372		\$ 105
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$ -		\$ 73,902
A & G-RESIDENT RELATIONS - DISALLOWED	\$ 4,542		\$ 1,276
A & G-RESIDENT RELATIONS	\$ 3,814		\$ 1,071
PLANETREE - DISALLOWED	\$ 2,775		\$ 779
MAINTENANCE-EQUIP RENTAL	\$ 9,259		\$ 2,600
TRUSTEE FEES - DISALLOWED	\$ 12,874		\$ 3,616
Total Other Administrative and General	\$ 64,162	\$ -	\$ 91,923

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	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 #
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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 364,466	284,550			79,916
2.	Non-Food Supplies	\$ 55,907	43,648			12,259
3.	Other (<i>Specify</i>) _____ Food for employees at staff meetings - disallowed	\$ 8,133	6,350			1,783
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)		\$ 428,506	334,548			93,958
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*		319	252			67
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. \$18,914						
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. \$8,133						
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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2020		Page 19	of 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. \$	5,541	5,541		
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) LAUNDRY-SUPPLIES		\$	9,748	9,748		
3D. Total Laundry Expenditures (3a + b + c)		\$	15,289	15,289		
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	9/30/2020	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. \$	48,531	32,618		15,913
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)	\$	48,531	32,618		15,913
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	157,578	157,578		
b. Medicine Cabinet Drugs	\$	42,508	33,187		9,321
c. Medical and Therapeutic Supplies	\$	16,758	13,083		3,675
d. Ambulance/Limousine***	\$	6,458	6,458		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	23,089	23,089		
f. X-rays and Related Radiological Procedures***	\$	15,976	15,976		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	30,897	30,897		
i. Recreation	\$	5,457	4,260		1,197
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	340,537	259,362		81,175
5M. Total Resident Care Expenditures (5a - 5j)	\$	639,258	543,890		95,368

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
NURSING-EQUIPMENT RENTAL FOR INDIVIDUALS - DISALLOWED	\$ 13,048		
NURSING-MEDICAL SUPPLIES	\$ 105,559		\$ 29,647
NURSING-PERSONAL CARE	\$ 7,863		\$ 2,208
PT-SUPPLIES - DISALLOWED	\$ 2,307		\$ 412
PT-EQUIPMENT RENTAL - DISALLOWED	\$ 2,211		\$ 394
OT-SUPPLIES - DISALLOWED	\$ 1,131		\$ 20
OT-EQUIPMENT RENTAL - DISALLOWED	\$ 3,514		\$ 61
COVID-19 SUPPLIES/OTHER	\$ 117,384		\$ 32,968
ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 6,192		\$ 1,739
GOOD LIFE FIT -SENIOR FIT - SUPPLIES - DISALLOWED	\$ -		\$ 484
NURSING SUPPLIES	\$ 153		\$ 43
OPTIMA SOFTWARE FEES - DISALLOWED			\$ 9,000
HHCNRN PT MANAMGENT FEES - DISALLOWED			\$ 4,199
Total Other Resident Care	\$ 259,362	\$ -	\$ 81,175

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 9/30/2020			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	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"/>							
		<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"/>							
		<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	9/30/2020			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 113,895	78,317			35,578	
b. Heat	\$ 94,254	63,349			30,905	
c. Light & Power	\$ 133,557	89,766			43,791	
d. Water	\$ 38,699	26,010			12,689	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 151,090	101,551			49,539	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 531,495	358,993			172,502	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 16,077	10,805			5,272	
b. Building & Building Improvements	\$ 481,837	323,851			157,986	
c. Non-Movable Equipment	\$ 69,086	46,434			22,652	
d. Movable Equipment	\$ 156,464	105,162			51,302	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 723,464	486,252			237,212	
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	\$ 32,398				32,398	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 762,199	490,511			271,688	

* 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	\$ 266		\$ 130
MAINTENANCE-GROUNDS-CONTRACT SERVICES	\$ 29,383		\$ 14,334
MAINTENANCE-RUBBISH REMOVAL	\$ 19,696		\$ 9,608
MAINTENANCE-SECURITY-CONTRACT SERVICES	\$ 905		\$ 441
MAINTENANCE-BUILDING-CONTRACT SERVICES	\$ 51,301		\$ 25,026
Total Other Repairs and Maintenance	\$ 101,551	\$ -	\$ 49,539

Schedule of Land Improvements Acquired during this report period

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

*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:				
10/3/2019	Replacement Windows East Wing	\$ 90,860	15	\$ 3,035
2/11/2020	Resident Room Flooring	\$ 8,945	10	\$ 448
10/16/2019	Walk in Cooler/Freezer	\$ 108,712	15	\$ 3,632
11/11/2019	Wall Repairs and Painting	\$ 19,595	5	\$ 1,964
10/27/2019	North Equip Room Doors	\$ 2,435	5	\$ 244
3/19/2020	Bathroom Renovation #431	\$ 4,117	10	\$ 206
11/13/2019	Backflow Preventers	\$ 5,500	5	\$ 551
3/10/2020	Fire Door Delivery Area	\$ 2,105	5	\$ 211
Total additions for Building Improvement		\$ 242,269		\$ 10,291 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
1/16/2020	Inducer Fan Motor	\$ 11,181		\$ 560
4/3/2020	Steam Bundle on Hot Water Storage	\$ 6,008		\$ 301
11/29/2019	Air Compressor	2235		224
11/19/2019	Replace Heat Exchanger	2034		204
2/28/2020	Mixing Valves	3165		317
5/29/2020	Clr Fixed Asset	100		
Total additions for Non-Movable Equipment		\$ 24,723		\$ 1,606 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/13/2019	Software for Portable Vital Machines	\$ 6,150	3	\$ 1,028
5/26/2020	SARA WIRELESS SIGNALING SYSTEM	\$ 5,797	3	\$ 969
3/27/2020	NEW ELITE TIME CLOCK	\$ 2,265	3	\$ 378
2/19/2020	Linens	\$ 2,439	3	\$ 408
12/17/2019	Dining Worktables	\$ 3,557	5	\$ 356
11/7/2019	Food Processor	\$ 2,651	3	\$ 443
2/14/2020	Dining Replacements Dishes, Pans	\$ 6,378	3	\$ 1,066
12/26/2019	WOUND SURFACE MATTRESS(S)	\$ 7,297	5	\$ 731
4/30/2020	BLADDERSCAN	\$ 11,400	5	\$ 1,143
5/14/2020	Oversized Stretcher	\$ 1,738	3	\$ 290
5/8/2020	Furniture and Window Treatments	\$ 171,800	10	\$ 8,609
9/9/2020	MAXI MOVE SCALE	\$ 6,634	5	\$ 665
Total additions for Movable Equipmen		\$ 228,105		\$ 16,086 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Jerome Home			License No. 2065C		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. Bond Issue Costs	11	2007	30 years	412,492	85,558	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 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input 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	4th Mortgage
1. Financing					
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 9/30/20	8,455,000				
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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2020		Page 26	of 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			52,258	35,123		17,135
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 52,258	35,123		17,135

(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		9/30/2020			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				52,258	35,123		17,135	
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)				\$ 52,258	35,123		17,135	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 31,694	21,302		10,392	
b. Insurance on Automobiles				\$ 7,892	6,162		1,730	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 64,944	50,704		14,240	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 104,530	78,168		26,362	
15. Total All Expenditures (A-13 thru C-14)				\$ 15,441,667	12,868,341		2,573,326	

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home				License No. 2065C	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	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 258,293	253,879		4,414
4.			Other - See attached Schedule	\$ 176,156			176,156
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 253	249		4
7.			Other - See attached Schedule	\$ 83,809	70,234		13,575
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 125,000	125,000		
10.			Accounting	\$			
10a.			Legal	\$ 30,434	23,761		6,673
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	\$ 3,300	2,576		724
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	1m3	Unallowable Advertising *	\$ 4,938	178		4,760
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	\$ 294,406	153,557		140,848
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 8,133	6,350		1,783
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,325,037	635,784		689,253

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A6a	Outpatient portion Head Housekeeper Wages			\$ 140
10	A6b	Outpatient portion Housekeeper Wages			\$ 3,515
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,536
10	A7b	Outpatient portion Maintenance Wages			\$ 3,515
10	A12b1	To adjust wages - APRN wages in excess of Aides			\$ 2,412
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 50,979
10	A12o	Good Life Fitness Wages			\$ 51,954
10	A12o	Good Life Fitness Covid-19 Bonus			\$ 1,500
10	A12e	Outpatient - Physical Therapy Wages			\$ 55,157
10	A12f	Outpatient - Speech Therapy Wages			\$ 5,448
Total Other Salaries Adjustment			\$ -	\$ -	\$ 176,156

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
13	B2	Dental Purchased Services	\$ 9,078		\$ 2,550
13	B5	Purchased Services - Physical Therapist	\$ 43,920		\$ 7,834
13	B9	Purchased Services - Speech Therapist	\$ 17,236		\$ 3,191
Total Other Fees Adjustments			\$ 70,234	\$ -	\$ 13,575

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
15	1a	Employee Benefits related to APRN RCH wages			\$ 593
15	1a	Employee Benefits related to RN Supervisor RCH wages			\$ 12,541
15	1a	Employee Benefits related to Occupational Therapists SNF portion (the outpatient portion is included below)	\$ 64,594		
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 1,509
15	1a2	Benefits related to Outpatient Therapy - Disability			\$ 804
15	1a3	Benefits related to Outpatient Therapy - Unemployment			\$ 461
15	1a4	Benefits related to Outpatient Therapy - FICA			\$ 9,177
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 17,205
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 2,428
15	1a8	Benefits related to Outpatient Therapy - Uniform Allowance			\$ 7
15	1a9	Benefits related to Outpatient Therapy - Other Benefits			\$ 495
15	1a9	Employee Benefits Preplacement Physicals for SNF & RCH. Note that outpatient portions of physicals is included on the line above in Outpatient Therapy Other Benefits above)	\$ 22,370		\$ 2,673
16	1L3	Disallow gifts to employees that are discriminatory or in excess of \$25 each	\$ 4,174		\$ 1,172
16	1L4	Mileage reimbursement for Good Life Fitness Staff			\$ 428
16	1L5	Seminars - PT & OT	\$ 420		\$ 40
16	1m8a	Dues - Lions Club	\$ 139		\$ 39
16	1m11	A&G Maintenance Agreements - Allscripts	\$ 2,625		\$ 737
16	1m11	A&G Consulting Fees Celtic Consulting	\$ 13,129		\$ 3,687
16	1m13a	A&G Bank Charges	\$ 11,227		\$ 3,153
16	1m13a	A&G Penalties	\$ 372		\$ 105
16	1m13a	Non-Operating BHC Bank Fees	\$ -		\$ 73,902
16	1m13a	A&G Resident Relations - replacement of resident belongings and reimbursement of resident bills	\$ 4,542		\$ 1,276
16	1m13a	Planetree	\$ 2,775		\$ 779
16	1m13a	Cable TV Expense net of \$3,600 allowance	\$ 14,317		\$ 4,020
16	1m13a	A&G Management Fees - Trustee Fees	\$ 12,874		\$ 3,616
Total Other A&G Adjustments			\$ 153,557	\$ -	\$ 140,848

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,325,037	635,784		689,253
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 157,578	157,578		
28.	20	5d	Ambulance/Limousine	\$ 6,458	6,458		
29.	20	5f	X-rays, etc	\$ 15,976	15,976		
30.	20	5h	Laboratory	\$ 30,897	30,897		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 23,089	23,089		
33.	20	5L	Occupational Therapy	\$ 4,726	4,645		81
34.			Other - See Attached Schedule	\$ 40,749	23,758		16,991
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,458			2,458
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 32,398			32,398
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,117			6,117
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 498			498
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	\$ 2,786,691	749,977		2,036,714
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 8,655			8,655
49. Total Amount of Decrease (Items 1 - 48)				\$ 4,441,327	1,648,162		2,793,165

*** 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	\$ 13,048		
20	5L	PT - SUPPLIES	\$ 2,307		\$ 412
20	5L	PT-EQUIPMENT RENTAL	\$ 2,211		\$ 394
20	5L	ANCILLARY - OTHER MEDICARE ANCILLARY (MEDICARE A)	\$ 6,192		\$ 1,739
20	5L	GOOD LIFE FIT - SENIOR FIT - SUPPLIES			\$ 484
20	5L	PT OPTIMA SOFTWARE FEES			\$ 4,199
20	5L	HHC REHAB NETWORK MANAGEMENT FEES			\$ 9,000
20	4A1	HOUSEKEEPING SUPPLIES OUTPATIENT PORTION			\$ 763
Total Other Ancillary Costs			\$ 23,758	\$ -	\$ 16,991

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7D	DEPRECIATION - COMPUTERS RELATED TO OUTPATIENT			\$ 279
22	7D	DEPRECIATION - FURNITURE/EQUIPMENT RELATED TO OUTPATIENT			\$ 2,048
22	7D	DEPRECIATION - AUTO RELATED TO OUTPATIENT			\$ 131
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,458

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6A	REPAIR & MAINTENANCE RELATED TO OUTPATIENT			\$ 1,830
22	6A	NON-OPERATING RENTAL EXPENSES			\$ (2,626)
22	6B	HEAT RELATED TO OUTPATIENT			\$ 1,481
22	6C	LIGHT & POWER RELATED TO OUTPATIENT			\$ 2,098
22	6D	WATER & SEWER RELATED TO OUTPATIENT			\$ 608
22	6F	MAINTENANCE EQUIPMENT RELATED TO OUTPATIENT			\$ 6
22	6F	MAINTENANCE - GROUNDS CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 687
22	6F	MAINTENANCE - RUBBISH REMOVAL RELATED TO OUTPATIENT			\$ 460
22	6F	MAINTENANCE - SECURITY CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 21
22	6F	MAINTENANCE - BUILDING CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 1,199
22	7A	DEPRECIATION - LAND IMPROVEMENTS RELATED TO OUTPATIENT			\$ 253
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			\$ -	\$ -	\$ 6,117

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			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	II6B	APRN REVENUE NET OF CONTRA ALLOWANCE	\$ 75,155		
30	IV8	GLF REVENUE - SENIOR FIT PROGRAM NET OF CONTRA ALLOWANCE			\$ 15,764
30	IV8	TRANSPORTATION - VAN FEE INCOME	\$ 11,406		\$ 3,204
30	IV8	MISCELLANEOUS INCOME - SEE MISC. INCOME SCHEDULE	\$ 663,416		\$ 186,321
30	IV8	UNREALIZED GAIN (LOSS)			\$ 1,366,570
30	IV8	GAIN ON SALE			\$ 464,855
Total Other Adjustments			\$ 749,977	\$ -	\$ 2,036,714

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7B	DEPRECIATION - BUILDING RELATED TO OUTPATIENT			\$ 1,608
22	7B	DEPRECIATION - BUILDING IMPROVEMENTS RELATED TO OUTPATIENT			\$ 5,962
22	7C	DEPRECIATION - FIXED EQUIPMENT RELATED TO OUTPATIENT			\$ 1,085
Total Unallowable Building Interest			\$ -	\$ -	\$ 8,655

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2020			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,584,498	7,531,699		1,052,799		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,787,021)	(3,829,526)		42,505		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 971,520	971,520				
b. Medicare Room and Board Contractual Allowance **	\$ 217,027	217,027				
4. a. Private-Pay Residents and Other	\$ 7,646,351	7,475,761		170,590		
b. Private-Pay Room and Board Contractual Allowance **	\$ 166,752	166,752				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 74,004	74,004				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (74,004)	(74,004)				
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	\$ 337,992	247,856		90,136		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (166,348)	(165,958)		(390)		
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 59,693	59,693				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (15,725)	(15,725)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 183,880	183,880				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (148,607)	(148,841)		234		
c. Occupational Therapy - Non-Medicare	\$ (891)			(891)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (915)	(915)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 75,155	75,155				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,123,361	12,768,378		1,354,983		
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>)	\$ 481,007	375,536		105,471		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,771,988	722,018		2,049,970		
V. Total Other Revenue (1 thru 8)	\$ 3,252,995	1,097,554		2,155,441		
VI. Total All Revenue (III +V)	\$ 17,376,356	13,865,932		3,510,424		

* 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	\$ 5,099		
30 II 6a	MEDICARE A - LAB	\$ 5,608		
30 II 6a	LAB - MEDICARE B	\$ 2,046		
30 II 6a	CONTR ALLOW - X RAY MED A	\$ (5,099)		
30 II 6a	CONTR ALLOW - LAB MED A	\$ (5,890)		
30 II 6a	MEDICARE B MPPR	\$ (2,679)		
Total Other Resident Revenue - Medicare		\$ (915)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6b	APRN - DISALLOWED	\$ 77,213		
30 II 6b	CONTR.ALLOW - OTHER ANCILLARY APRN - DISALLOWED	\$ (2,058)		
Total Other Resident Revenue		\$ 75,155	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV 5	INTEREST INCOME	477,653	\$ 372,918		\$ 104,735
30 IV 5	GALAXY FUND INT. INCOME	1,713	\$ 1,337		\$ 376
30 IV 5	INTEREST INCOME - EARNINGS FUND	1,641	\$ 1,281		\$ 360
Total Interest Income			\$ 375,536	\$ -	\$ 105,471

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV 8	GLF REVENUE - DISALLOWED	\$ -		\$ 15,764
30 IV 8	TRANSPORTATION - VAN FEE INCOME - DISALLOWED	\$ 11,406		\$ 3,204
30 IV 8	UNRESTRICTED DONATIONS	\$ 13,301		\$ 3,736
30 IV 8	MISCELLANEOUS INCOME - DISALLOWED	\$ 663,416		\$ 186,321
30 IV 8	TEMP NET ASSET RELEASED FROM RESTR-OPERATIONS	\$ 33,895		\$ 9,520
30 IV 8	UNREALIZED GAIN / (LOSS) - DISALLOWED	\$ -		\$ 1,366,570
30 IV 8	GAIN ON SALE - DISALLOWED	\$ -		\$ 464,855
Total Other Revenue		\$ 722,018	\$ -	\$ 2,049,970

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,422,594
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,208,475
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	60,981
a. _____				
b. _____				
c. _____				
d. See Schedule		60,981		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	208,713

See Schedule		208,713		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,900,763
B. Fixed Assets				
1. Land			\$	719,914
2. Land Improvements	*Historical Cost	498,087	\$	97,902
	Accum. Depreciation	400,185		
	Net			
3. Buildings	*Historical Cost	12,941,493	\$	3,069,841
	Accum. Depreciation	9,871,652		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	1,778,813	\$	304,794
	Accum. Depreciation	1,474,019		
	Net			
6. Movable Equipment	*Historical Cost	4,303,847	\$	520,714
	Accum. Depreciation	3,783,133		
	Net			
7. Motor Vehicles	*Historical Cost	91,110	\$	29,121
	Accum. Depreciation	61,989		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	9,382,892

See Schedule		9,382,892		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	14,125,178

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	PREPAID-OTHER - SEE ADDITIONAL SCHEDULE	\$ 62,282
31	A5	MISCELLANEOUS RECEIVABLE	\$ (226)
31	A5	A/R-GLF	\$ (1,075)
Total Prepaid Expenses			\$ 60,981

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

Page Ref	Line Ref	Description	
31	A8	PATIENT REFUND ARBOR ROSE	\$ 31,685
31	A8	A/R PRIVATE RENT ARBOR ROSE	\$ 60,939
31	A8	A/R PROVISION (RESERVE) FOR BAD DEBT	\$ (2,327)
31	A8	PREPAID OTHER ARBOR ROSE	\$ 20,124
31	A8	DEBT SERVICE PRINCIPAL	\$ 98,291
31	A8	DEBT SERVICE FUND 2007 - INTEREST	\$ 1
Total Other Current Assets (Itemize)			\$ 208,713

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

Page Ref	Line Ref	Description	
31	B9	FIXED ASSET CLEARING ACCOUNT ARBOR ROSE	\$ 112,520
31	B9	FIXED ASSET CLEARING ACCOUNT JEROME HOME	\$ 1,141,984
31	B9	FIXED ASSET-LAND IMPROVEMENTS	\$ 96,279
31	B9	FIXED ASSET-BUILDING	\$ 13,381,598
31	B9	FIXED ASSET-BUILDING IMPROVEMENTS Arbor Rose	\$ 702,470
31	B9	FIXED ASSET-FIXED EQUIPMENT	\$ 331,494
31	B9	FIXED ASSET-FURNITURE & EQUIPMENT	\$ 851,075
31	B9	FIXED ASSET - COMPUTERS (MOVEABLE)	\$ 194,676
31	B9	FIXED ASSET-AUTO	\$ 150,765
31	B9	ACCUM DPRN-ACCUM DEPRN - LAND IMPROVEMENT	\$ (55,590)
31	B9	ACCUM DPRN-ACCUM DEPRN - BUILDING	\$ (5,902,013)
31	B9	ACCUM DPRN-ACCUM DEPRN - BUILDING IMPROVE	\$ (358,939)
31	B9	ACCUM DPRN-ACCUM DEPRN - FIXED EQUIPMENT	\$ (213,306)
31	B9	ACCUM DPRN-ACCUM DEPN - FURNITURE & EQUIPM	\$ (724,326)
31	B9	ACCUMULATED DEPRECIATION - COMPUTERS	\$ (186,418)
31	B9	ACCUM DPRN-ACCUM DEPRECIATION - AUTO	\$ (139,377)
Total Other Fixed Assets (Itemize)			\$ 9,382,892

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	CASH INVESTMENTS COMMONWEALTH FINANCIAL	\$ 26,455,083
32	D7	BOND ISSURANCE COST 2007	\$ 419,534
32	D7	CAPITALIZED INTEREST 2007	\$ 234,897
32	D7	DEFERRED FINANCE FEES	\$ 113,637
32	D7	BOND ISSUE COST 2007-ACCUMULATED AMORTIZATION	\$ (191,591)
32	D7	CAPITALIZED INTEREST 2007 - ACCUMULATED AMORTIZATION	\$ (97,874)
32	D7	LOC RENEWAL FEES-AMORTIZATION	\$ (113,637)
32	D7	PERMANENT RESTRICTED NET ASSET HELD IN TRUST	\$ 344,086
Total Other Assets			\$ 27,164,135

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	
33	A12	SECURITY DEPOSITS PAYABLE ARBOR ROSE	\$ 13,360
33	A12	SECURITY DEPOSIT-LAST MONTH ARBOR ROSE	\$ 271,708
33	A12	DEFERRED REVENUE	\$ 80,671
33	A12	DEFERRED REVENUE ARBOR ROSE	2,482
33	A12	ACCRUED VACATION/SICK/HOLIDAY	313,694
33	A12	ACCRUED VACATION/SICK/HOLIDAY ARBOR ROSE	49,096
33	A12	ACCRUED EXPENSES OTHER	748,636
33	A12	ACCRUED EXPENSES OTHER ARBOR ROSE	109,501
33	A12	DUE TO THIRD PARTIES	22,828
33	A12	ACCRUED PENSION PAYABLE	30,048
33	A12	ACCRUED PENSION PAYABLE - ARBOR ROSE	2,880
33	A12	ACCRUED WORKERS COMP ARBOR ROSE	12,261
33	A12	DUE TO CT - PROVIDER TAX	133,327
Total Other Current Liabilities (Itemize)			\$ 1,790,492

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

Page Ref	Line Ref	Description	
34	B4	ACCRUED WORKERS COMP	\$ 304,469
Total Other Current Liabilities (Itemize)			\$ 304,469

G. Balance Sheet (cont'd)

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 18,025,941	
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>)				
			\$ 27,164,135	
See Schedule			27,164,135	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
			\$ 27,164,135	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
			\$ 45,190,076	

* 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 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	216,243
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>)				\$	188,122
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>)				\$	8,455,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	5,503
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,790,492

See Schedule					1,790,492
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	10,655,360

* 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 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				10,655,360
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 304,469
See Schedule		304,469		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 304,469
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,959,829

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2020	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			\$	32,403,473
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(107,915)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	1,934,689
7. Total Net Worth			\$	34,230,247
C. Total Reserves and Net Worth			\$	34,230,247
D. Total Liabilities, Reserves, and Net Worth			\$	45,190,076

H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	32,403,474
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,376,356
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,441,667
D. Net Income or Deficit			\$	1,934,689
E. Balance			\$	34,338,163
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
TEMP RESTRICTED			(31,404)	
2. Other <i>(itemize)</i>				
ARBOR ROSE NET INCOME			(91,663)	
CHANGE IN PERM RESTRICTED NET ASSE'			15,152	
ROUNDING			(1)	
F-3. Total Additions			\$	(107,916)
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			\$	34,230,247
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	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 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., New			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				