

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield, CT 06078	
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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider 07-5347
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Medicaid Provider Numbers:	CCNH 20751	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) The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Suffield House [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Carrie Riccio			Printed Name (Owner) Celia J. Moffie		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Suffield House	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility One Canal Road, Suffield, CT 06078				
Report Prepared By Mark Tomasello	Phone Number 860-668-6111	Date 2/1/2020		
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 860-668-6111		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) The Suffield House		Address (No. & Street, City, State, Zip) One Canal Road, Suffield, CT 06078		
License Numbers:	CCNH 2075-C	RHNS (Specify)	Medicare Provider No. 07-5347	
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 Carrie Riccio		Nursing Home Administrator's License No.:	1059	
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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	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		
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield, CT 06078	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Celia J. Moffie	One Canal Road, Suffield, CT 06078	President	20	
Calvin Moffie	One Canal Road, Suffield, CT 06078	Secretary	20	
Names of Stockholders Owning at Least 10% of Shares				
Carrie Riccio	One Canal Road, Suffield, CT 06078		20	
Cathy Demio	One Canal Road, Suffield, CT 06078		20	
Clinton Moffie	One Canal Road, Suffield, CT 06078		20	

General Information and Questionnaire Related Parties*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.								
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
Selma A. Moffie	5 Schuyler Lane, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	311,418	311,418
Eagle Point	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds shares building	Page 32 Line D7	470,032	470,032
Moffie Family Holding Company LLC	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	768,636	768,636
Moffie Family Holding Company LLC	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 34 Line B3	1,380,798	1,380,798
Calvin Moffie of The Guilford House	109 West Lake Avenue, Guilford, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	2,433	2,433
Moffie Family Holding Company LLC	One Canal Road, Suffield, CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation Leasehold Improvements	Page 22 Line 8C	40,477	40,477
		<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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	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 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.				

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 The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Financial Services, P.O. Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	09/04/13	63 Months	1,814	1,814	
CBS, P.O. Box 788760, Philadelphia, PA 19178-8760	<input type="radio"/>	<input checked="" type="radio"/>	HP 40E Printer	06/30/14	39 Months	434	434	
Wells Fargo Vendor Financial Services, P.O. Box 70239, Philadelphia, PA 19176-0239	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C754e/Konica Minolta 454e	07/30/15	60 Months	8,906	8,906	
ACPL, 4999 Aircenter Circle, Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapeutic Rehabilitation Equipment	09/22/15	12 Months	12,256	12,256	
Derenzy Documents Solutions, 130 Doty Circle, West Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenance Usage Cost	10/01/09	Monthly	4,659	4,659	
	<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 ***							28,070	

* 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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Clifton Larson Allen LLP 2 Sheptoff, Reuber & Co. PC 3 4	Address (No. & Street, City, State, Zip Code) 300 Crown Colony Drive, Suite310, Quincy MA 02169 111 New London Tnpk, Glastonbury, CT 06033
--	--

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 2,750
2 Tax Preparation, Preparation of Form 8752, Town Property Tax Return	\$ 7,972
3	\$
4	\$
	Charge for Services Provided
	\$ 10,722

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 Unemployment Tax Management Corporation 2 Lori Griffin, RN, C.R.R.N. 3 Wiggins and Dana 4 Marilyn Burlenski 5	Telephone Number 781-245-5353 203-498-4400 203-272-7105
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Address (*No. & Street, City, State, Zip Code*)
 1 P.O. Box 4074, Wakefield, MA 01880-5374
 2 10350 Glastonbury Circle, Fort Myers, FL 33913
 3 One Century Tower, Box 1832, New Haven, CT 06508
 4 218 Wood Pond Road, Cheshire, CT 06410
 5

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against facility	\$ 2,060
2 Consulting to strengthen existing clinical programs & develop protocols based on new regulations	\$ 688
3 Legal advice for adding or changing nursing home beds	\$ 190
4 Provide education on Medicare changes with the new rules	\$ 750
5	\$
	Charge for Services Provided
	\$ 3,688

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 The Suffield House		License No. 2075-C			Report for Year Ended 9/30/2019				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	128	128			128	128			128	128		
B. On last day of THIS report period	128	128			128	128			128	128		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			125	125		
B. As of midnight of THIS report period	123	123			125	125			123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,808	6,808			5,208	5,208			1,600	1,600		
B. Medicaid (Conn.)	26,792	26,792			20,110	20,110			6,682	6,682		
C. Medicaid (other states)												
D. Private Pay	9,592	9,592			7,046	7,046			2,546	2,546		
E. State SSI for RCH												
F. Other (Specify) Managed Medicare	2,130	2,130			1,512	1,512			618	618		
G. Total Care Days During Period (3A thru F)	45,322	45,322			33,876	33,876			11,446	11,446		
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												
5. Total Resident Days (3G + 4A + 4B)	45,322	45,322			33,876	33,876			11,446	11,446		

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Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	18		76			29							
Per Diem Rate													
a. One bed rm.			239.09			475.00							
b. Two bed rms.			239.09			450.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B						TOTAL	CCNH	RHNS	(Specify)				
B. Medicaid (Exclusive of Part B)						3,336	3,336						
1. Maintenance Treatments						34	34						
2. Restorative Treatments													
C. Other						26,780	26,780						
D. Total Physical Therapy Treatments						30,150	30,150						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						280	280						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						677	677						
D. Total Speech Therapy Treatments						957	957						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						2,607	2,607						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						16	16						
2. Restorative Treatments													
C. Other						24,412	24,412						
D. Total Occupational Therapy Treatments						27,035	27,035						

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	214,738	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	761,045	22,647				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	80,151	2,091				
c. Dietary Workers	572,432	34,267				
6. Housekeeping Service						
a. Head Housekeeper	88,780	2,097				
b. Other Housekeeping Workers	256,304	17,305				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	81,365	2,099				
b. Other Maintenance Workers	108,164	6,710				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	215,602	13,377				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	111,141	2,080				
b. RN						
1. Direct Care	610,963	17,508				
2. Administrative**	858,336	21,124				
c. LPN						
1. Direct Care	1,159,804	37,743				
2. Administrative**						
d. Aides and Attendants	2,072,617	114,359				
e. Physical Therapists	593,929	14,109				
f. Speech Therapists	37,549	702				
g. Occupational Therapists	459,834	10,974				
h. Recreation Workers	285,338	7,199				
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	213,883	6,256				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,781,975	334,725				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	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
The Suffield House				2075-C		9/30/2019			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Cathy Demio	126,956			Standard	Recreation	1,566	A12h			
Clinton Moffie	153,962			Standard	Administrative(Self Disallowed)	2,080	A4			
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).										
John Riccio	77,317			Standard	Director of Admissions	2,098	A12m			
Carly Radin	4,751			None	Administrative	333	A4			
Michael Demio	1,204			None	Maintenance	109	A7B			

* 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	
The Suffield House				2075-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carrie Riccio	214,738			Standard	Oversee operations of facility	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Suffield House	2075-C	9/30/2019	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						
2. Dentist	10,301	134				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	142				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	28,301	277				

* 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 The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthDrive Dental Group	Dental services	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Pharmacy Solutions	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dushyant B. Parikh	Medical Director	<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"/>			

* 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
The Suffield House	2075-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 155,584	155,584		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 67,784	67,784		
4. Social Security (F.I.C.A.)	\$ 651,565	651,565		
5. Health Insurance	\$ 613,263	613,263		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,065	28,065		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 85,793	85,793		
d. Accounting and Auditing	\$ 10,722	10,722		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,688	3,688		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 35,099	35,099		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,929	22,929		
2. Cellular Phones	\$ 2,246	2,246		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 89,740	89,740		
3. Resident Day User Fee	\$ 769,521	769,521		
Subtotal	\$ 2,535,997	2,535,997		

* 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	(Specify)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Pass-Through Entity Tax	\$ 89,740		
Total	\$ 89,740	\$ -	\$ -

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019		Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,535,997	2,535,997			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 29,718	29,718			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 833	833			
5. Education Expenses Related to Seminars and Conventions	\$ 11,210	11,210			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,593	6,593			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,229	5,229			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,795	5,795			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,890	4,890			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,585	12,585			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 110	110			
9. Subscriptions	\$ 1,008	1,008			
10. Contributions*** See Attached Schedule	\$ 370	370			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 93,259	93,259			
12. Administrative Management Services**	\$ 311,418	311,418			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 24,836	24,836			
C-14 Total Administrative & General Expenditures	\$ 3,043,851	3,043,851			

* 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)
Business Promotion	\$ 5,795		
Total Other Advertising	\$ 5,795	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Healthcare Facilities	\$ 9,068		
ICNC	\$ 65		
American Express	\$ 119		
Allscript	\$ 3,333		
Total Dues	\$ 12,585	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Dana Farber Cancer Institute	\$ 100		
We Get by with Palo Alto	\$ 200		
Enfield Gridiron Club	\$ 50		
Go Fund Me	\$ 20		
Total Contributions	\$ 370	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CT Back Ground Check Fee	\$ 4,454		
Fees & Registration	\$ 365		
License & Permits	\$ 1,085		
Sales Tax	\$ 764		
Late Fees	\$ 53		
Miscellaneous Administration	\$ 16,667		
Bank Fees	\$ 71		
Loss on Disposal of Assets	\$ 1,378		
Total Other Administrative and General	\$ 24,836	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	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 #
Selma A. Moffie, 5 Schuyler Lane, Bloomfield, CT 06002	311,418	Management Fee (Self Disallowed)	Page 16 Line 1m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Suffield House		2075-C	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 297,669	297,669			
2.	Non-Food Supplies	\$ 35,410	35,410			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 333,079	333,079			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	373	373			
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.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	Page 30 Line IV1				
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.		\$21,309
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$15,849
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	Page 30 Line IV1				
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	License No.	Report for Year Ended		Page	of
The Suffield House	2075-C	9/30/2019		19	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. \$	17,783	17,783		
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. \$	19,935	19,935		
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>)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	37,718	37,718		
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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2019		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	44,228	44,228		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	44,228	44,228		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Outside Pharmacy	\$	310,226	310,226		
b.	Medicine Cabinet Drugs	\$	41,153	41,153		
c.	Medical and Therapeutic Supplies	\$	225,296	225,296		
d.	Ambulance/Limousine***	\$	6,562	6,562		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	53,595	53,595		
f.	X-rays and Related Radiological Procedures***	\$	18,805	18,805		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	82,371	82,371		
i.	Recreation	\$	20,748	20,748		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	29,568	29,568		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	788,325	788,325		

* 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	(Specify)
Resident Specific Supplies	\$ 29,568		
Total Other Resident Care	\$ 29,568	\$ -	\$ -

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

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2019				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Cox Communication		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	13,828			22	6F
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Record Storage & Shredding	16,556			22	6F
Johnson Controls/Simple Grinnell		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	20,235			22	6A/6F
USA Waste & Recycle		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	33,894			22	6F
Precision Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	14,450			22	6A
Russo Lawn & Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	17,680			22	6F
Beebe Landscaping Services LLC		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	25,425			22	6F
ADP LLC		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	44,685			16	1M11
Point Click Care Technologies, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	36,334			16	1M11
		<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
The Suffield House	2075-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 107,486	107,486				
b. Heat	\$ 31,251	31,251				
c. Light & Power	\$ 135,235	135,235				
d. Water	\$ 64,148	64,148				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 28,070	28,070				
f. Other (<i>itemize</i>)	\$ 187,911	187,911				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 554,101	554,101				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 79,522	79,522				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 79,522	79,522				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 126,181	126,181				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 126,181	126,181				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 768,636	768,636				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 132,090	132,090				
c. Personal property taxes	\$ 18,288	18,288				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,124,717	1,124,717				

* 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	(Specify)
Maintenance Service Contracts	\$ 102,236		
Sewer Usage Assessment	\$ 45,764		
Yard Maintenance	\$ 39,911		
Total Other Repairs and Maintenance	\$ 187,911	\$ -	\$ -

Depreciation Schedule

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2019			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	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. 2008 Ford F350												
	x		8	2010	40,763		40,763	40,763	S/L	5		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					1,955,233		1,955,233	1,699,390	S/L	Various	74,336	
b. Disposals (attach schedule)												
					(13,636)			(12,258)				
c. Acquired during this report period (attach schedule)												
					49,846						5,186	
D-3. Subtotal												
											79,522	
E. Total Depreciation												
											79,522	

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:				
Total additions for Building Improvement		\$ -		\$ - *
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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
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:				
10/10/2018	5 Mattresses Bari, Alt Press	\$ 7,865	7	\$ 1,124
10/1/2018	Whynter 44 lb. Ice maker, Freestanding, Stainless Steel	\$ 530	5	\$ 106
10/2/2018	Whynter 44 lb. Ice maker, Freestanding, Stainless Steel	\$ 530	5	\$ 106
11/2/2018	Dell XPS 18" 1810 Intel I-5-3337U Computer	\$ 450	5	\$ 83
11/1/2018	Dell XPS 18" 1810 Intel I-5-4210U AIO Tablet	\$ 400	5	\$ 73
11/15/2018	32" Flat screen Color LED TV	\$ 266	5	\$ 53
11/13/2018	10 Mattresses air Defined covers, nylon	\$ 2,967	7	\$ 389
11/14/2018	2 Anti Wander One Door System	\$ 836	5	\$ 153
12/24/2018	2 Mattresses Advantage Bari	\$ 630	7	\$ 68
12/29/2018	1 Altrerra Max Universal Bed with rails, head & Foot board	\$ 1,754	7	\$ 188
12/10/2018	Dell XPS 18" 1810 Intel I-5-4210U Computer	\$ 396	5	\$ 66
1/17/2019	10 Gal Wet Dry Vac 2.5 HP	\$ 619	5	\$ 83
1/23/2019	Denture Identification Kit	\$ 340	5	\$ 45
1/22/2019	Aluminum Convertible Hand Truck with 10" Tire	\$ 387	5	\$ 52
1/15/2019	1 Mattresses Advantage Bari	\$ 315	7	\$ 34
2/6/2019	Carpet Extractor, Deep Cleaning, Commercial	\$ 548	5	\$ 73
1/9/2019	Dell XPS 18" 1810 Intel I-5- Computer	\$ 380	5	\$ 57
2/18/2019	Hot Plate Machine - Activator	\$ 4,380	5	\$ 511
2/22/2019	Mobile Sink Soak with 2.5" Deep Basket Scrap	\$ 906	5	\$ 106
2/25/2019	GE 1.1 Cu Ft Countertop Microwave	\$ 307	5	\$ 36
2/25/2019	2 Shower Chair, Vac Seat, Drop Arm with 10Qt Bucket	\$ 708	7	\$ 59
2/25/2019	3 Isolation carts, 3 drawer with double hamper 28 Gal cap	\$ 1,872	5	\$ 218
2/25/2019	Shower Gurney, Bariatric 600 lbs cap	\$ 960	5	\$ 112
3/1/2019	Robot Coupe 3 qrt Processor with Bowl	\$ 1,488	5	\$ 174
3/14/2019	Rubbermaid Tilt Truck Black	\$ 860	5	\$ 100
3/1/2019	Trident Carpet Cleaning Machine	\$ 2,652	5	\$ 309
3/12/2019	Rubbermaid Tilt Truck Black	\$ 860	5	\$ 100
3/8/2019	HP Laser Pro M281fdw	\$ 319	5	\$ 32
5/27/2019	BLS Maniken Set	\$ 2,021	5	\$ 135
6/21/2019	Rolling Chair Scale	\$ 2,400	5	\$ 120
7/12/2019	2 Anti Wander One Door System	\$ 836	5	\$ 42
7/26/2019	Meraki Switch, AccessPt & Adv Security Licenses 3YR	\$ 5,627	5	\$ 188
7/16/2019	HP Laser Pro M281fdw	\$ 318	5	\$ 16
2/22/2019	1 Mattress - Advantage Bariatric	\$ 591	7	\$ 49
7/4/2019	2 Margot II Loveseats	\$ 3,528		\$ 126
Total additions for Movable Equipmen		\$ 49,846		\$ 5,186 *
Deletions:				
10/1/2018	Automatic Ice Maker	\$ (880)		
10/2/2018	110 lb Freestanding Ice Maker	\$ (794)		
9/5/2018	JVC 20 TV (2)	\$ (223)		
2/25/2019	2 microwaves/toster	\$ (138)		
12/24/2018	2 Mattresses	\$ (479)		
12/29/2018	Furniture & Fixtures (1 Bed)	\$ (800)		
1/15/2019	1 Mattress	\$ (240)		
4/26/2018	Furniture & Fixtures (1 Bed)	\$ (800)		
2/22/2019	1 Mattress	\$ (240)		
9/30/2019	Color printer	\$ (424)		
9/30/2019	Laserjet printer	\$ (351)		
9/30/2019	File server setup	\$ (1,013)		
9/30/2019	Printer	\$ (212)		
9/30/2019	Printer	\$ (251)		
9/30/2019	Printer	\$ (434)		
9/30/2019	HP 1220 Printer	\$ (537)		
9/30/2019	Officemax Laserjet printer	\$ (424)		
9/30/2019	HP Deskjet 5550 printer	\$ (200)		
9/30/2019	HP laserjet 1300 printer	\$ (649)		
9/30/2019	Burns computer	\$ (1,513)		
9/30/2019	Burns printer	\$ (559)		
9/30/2019	Canon Laser Printer	\$ (286)		
11/14/2018	Wander guard lock	\$ (1,259)		
7/4/2019	5 wing chairs	\$ (930)		
Total deletions for Movable Equipmen		\$ (13,636)		\$ - **

*Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2019	New Underground Electrical Conduit	\$ 21,473	20	\$ 268
8/2/2019	Kitchen Renovations	\$ 28,343	40	\$ 59
Total additions for Leasehold Improvements		\$ 49,816		\$ 327 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

The Suffield House
 Related Party Leasehold Improvements Depreciation Schedule
 9-30-2019

Date	Description	Method	Life	9/30/2019	12%	Total to	9/30/2018	9/30/2018	9/30/2018	9/30/2019	9/1/3019
				Amount	Eagle Point Allocation		Depreciate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	Current Depreciation
10/21/2015	12 Parking Lot Pole Fixtures	S/L	20	29,725.00	3,567.00	26,158.00	2,506.81	1,307.90	3,814.71	1,307.90	5,122.61
5/16/2016	12 Parking Lot Replacement Driveway	S/L	20	377,884.28	45,346.11	332,538.17	22,169.22	16,626.91	38,796.13	16,626.91	55,423.04
6/30/2019	New underground Electrical Conduit	S/L	20	24,400.63	2,928.08	21,472.55	0.00	0.00	0.00	268.41	268.41
				432,009.91	51,841.19	380,168.72	24,676.03	17,934.81	42,610.84	18,203.22	60,814.06
2/12/2016	Vinal Wall Covering	S/L	40	70,000.00		70,000.00	2,770.83	1,750.00	4,520.83	1,750.00	6,270.83
1/14/2016	insinkerator	S/L	10	4,579.38		4,579.38	763.23	457.93	1,221.16	457.94	1,679.10
1/14/2016	Cabinets & Vanities	S/L	10	16,800.00		16,800.00	2,800.00	1,680.00	4,480.00	1,680.00	6,160.00
1/14/2016	Sink	S/L	40	1,040.10		1,040.10	43.34	26.00	69.34	26.00	95.34
1/14/2016	Wiring	S/L	40	8,697.82		8,697.82	362.41	217.45	579.86	217.45	797.31
5/25/2016	Residence Room Carpet	S/L	10	36,690.75		36,690.75	4,892.11	3,669.08	8,561.19	3,669.08	12,230.27
5/17/2016	Panel	S/L	40	13,983.96		13,983.96	466.13	349.60	815.73	349.60	1,165.33
3/10/2016	HVAC Replacement Heat Pumps	S/L	40	529,461.73	63,535.41	465,926.32	17,472.24	11,648.16	29,120.40	11,648.16	40,768.56
1/14/2016	Tile & Trim	S/L	40	27,450.00		27,450.00	1,143.75	686.25	1,830.00	686.25	2,516.25
6/16/2016	Exterior Trim & Decks	S/L	40	49,190.00		49,190.00	1,537.19	1,229.75	2,766.94	1,229.75	3,996.69
4/2/2018	HVAC Replacement Heat Pumps	S/L	40	22,731.84	2,728.00	20,003.84	0.00	250.05	250.05	500.10	750.15
8/2/2019	kitchen Renovation	S/L	40	28,343.23		28,343.23	0.00	0.00	0.00	59.05	59.05
				808,968.81	66,263.41	742,705.40	32,251.23	21,964.27	54,215.50	22,273.36	76,488.86
				1,240,978.72		1,122,874.12	56,927.26	39,899.08	96,826.34	40,476.58	137,302.92

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2019			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. Bed Rights	4	98	180 months	561,752	70,114				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				3,652,688	901,532			125,854	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				49,816				327	
C-4. Subtotal									126,181
D. Total Amortization									126,181

* 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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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		05/09/90		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/09/90		
5. Total Licensed Bed Capacity		128		
6. Square Footage		58,478		
7. Acquisition Cost				
a. Land		363,400		
b. Building		9,437,089		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/25/15		
c. Interest Rate for the Cost Year		"3.58%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		11,300,344		
f. Principal balance outstanding as of 9/30/2019		10,634,995		
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
The Suffield House		2075-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	96,675	96,675	
b. Insurance on Automobiles	\$	3,367	3,367	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	100,042	100,042	
15. Total All Expenditures (A-13 thru C-14)	\$	14,836,336	14,836,336	

D. Adjustments to Statement of Expenditures

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2019	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12C	Occupational Therapy	\$ 459,834	459,834		
4.			Other - See attached Schedule	\$ 153,962	153,962		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-C	Bad Debts	\$ 85,793	85,793		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1-L-2	Gifts, flowers and coffee shops	\$ 14,906	14,906		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1-L-6	Automobile Expense (e.g. personal use)	\$ 4,295	4,295		
18.	16	1M3	Unallowable Advertising *	\$ 5,795	5,795		
19.	15	1-K-2	Income Tax / Corporate Business Tax	\$ 89,740	89,740		
20.	16	1M10	Fund Raising / Contributions	\$ 370	370		
21.	16	1m12	Unallowable Management Fees	\$ 311,418	311,418		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 43,464	43,464		
Page 18 - Dietary Expenditures							
24.	18	2-A-1	Meals to employees, guests and others who are not residents	\$ 21,309	21,309		
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)				\$ 1,190,886	1,190,886		

* 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	A-4	Clinton Moffie	\$ 153,962		
Total Other Salaries Adjustment			\$ 153,962	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1-M-13	Miscellaneous Administration	\$ 16,667		
16	1-M-13	Late Fees	\$ 53		
16	1-M-8-A	Suffield Chamber of Commerce	\$ 110		
15	1-A-1	Workers Comp - Clinton Moffie	\$ 2,771		
15	1-A-3	Unemployment Insurance - Clinton Moffie	\$ 1,232		
15	1-A-4	Social Security - Clinton Moffie	\$ 11,393		
15	1-A-5	Health Insurance - Clinton Moffie	\$ 10,777		
15	1-A-7	Pension - Clinton Moffie	\$ 462		
Total Other A&G Adjustments			\$ 43,464	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Suffield House				2075-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,190,886	1,190,886		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 310,226	310,226		
28.			Ambulance/Limousine	\$ 6,562	6,562		
29.			X-rays, etc	\$ 18,805	18,805		
30.			Laboratory	\$ 78,978	78,978		
31.			Medical Supplies	\$ 4,659	4,659		
32.			Oxygen (non emergency)	\$ 53,595	53,595		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,568	29,568		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14B	Property Insurance	\$ 1,779	1,779		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,695,058	1,695,058		

*** 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.

Total Other Adjustments			\$	-	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other 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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,816,750	11,816,750			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,515,875)	(5,515,875)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,058,575	3,058,575			
b. Medicare Room and Board Contractual Allowance **	\$ 970,284	970,284			
4. a. Private-Pay Residents and Other	\$ 5,283,176	5,283,176			
b. Private-Pay Room and Board Contractual Allowance **	\$ 100,899	100,899			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 264,572	264,572			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (264,572)	(264,572)			
c. Prescription Drugs - Non-Medicare	\$ 85,822	85,822			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (85,822)	(85,822)			
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	\$ 1,573,285	1,573,285			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,476,350)	(1,476,350)			
c. Physical Therapy - Non-Medicare	\$ 428,254	428,254			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (412,227)	(412,227)			
4. a. Speech Therapy - Medicare	\$ 138,750	138,750			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (120,355)	(120,355)			
c. Speech Therapy - Non-Medicare	\$ 25,450	25,450			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (24,516)	(24,516)			
5. a. Occupational Therapy - Medicare	\$ 1,392,528	1,392,528			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,321,275)	(1,321,275)			
c. Occupational Therapy - Non-Medicare	\$ 397,131	397,131			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (382,267)	(382,267)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 0	0			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,932,216	15,932,216			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 15,849	15,849			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 76	76			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 600	600			
V. Total Other Revenue (1 thru 8)	\$ 16,525	16,525			
VI. Total All Revenue (III +V)	\$ 15,948,741	15,948,741			

* 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)
	Lab - Medicare A	\$ 24,051		
	Radiology - Medicare A	\$ 6,839		
	C/A Lab - Medicare A	\$ (24,051)		
	C/A Radiology - Medicare A	\$ (6,839)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab - Medicaid	\$ 366		
	Lab - Other	\$ 6,922		
	Radiology - Medicaid	\$ 427		
	Radiology - Other	\$ 1,686		
	Pharmacy - Medicaid	\$ 3,647		
	C/A Lab - Medicaid	\$ (366)		
	C/A Radiology - Medicaid	\$ (427)		
	C/A Pharmacy - Medicaid	\$ (3,647)		
	C/A Lab - Other	\$ (6,922)		
	C/A Radiology - Other	\$ (1,686)		
Total Other Resident Revenue		\$ 0	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 76		
Total Interest Income			\$ 76	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 600		
Total Other Revenue		\$ 600	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	983,610
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,550,994
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	33,756
5. Prepaid Expenses			\$	122,469
a. S Corp Tax Deposit	80,597			
b. Sewer Assessment	40,257			
c. Pitney Bowes(456.24) E-solutions(1,159.50)	1,615			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,690,829
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
4. Leasehold Improvements	*Historical Cost <u>3,702,504</u>		\$	2,674,791
	Accum. Depreciation <u>1,027,713</u> Net			
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
6. Movable Equipment	*Historical Cost <u>1,991,443</u>		\$	224,789
	Accum. Depreciation <u>1,766,654</u> Net			
7. Motor Vehicles	*Historical Cost <u>40,763</u>		\$	
	Accum. Depreciation <u>40,763</u> Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,899,580

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	5,590,409
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	561,752		
	Accum. Depreciation	70,114	Net	\$ 491,638
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>)			\$	472,465
	Due from Guilford House	2,433		
	Due from Eagle Point	470,032		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	964,103
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,554,512

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
The Suffield House		2075-C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	171,050
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>)				\$	392,782
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	29,159
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>)				\$	575,513
Accrued Pass Through Entity Tax		20,740	Accrued Expense Operat	245,433	
Accrued Provider Tax		194,120			
Accrued Property Tax		9,258			
Accrued Insurance Expense		105,962	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,168,504

* 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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,168,504	
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>)				\$ 1,380,798	
Name and Address of Lender	Amount	Loan Date			
Moffie Family Holding Company, LLC One Canal Road, Suffield, CT	1,380,798	9/30/19			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,380,798	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,549,302	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	985,571
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			\$	985,571
B. Net Worth				
1. Owner's Capital			\$	(960,418)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,826,175
6. Gain or Loss for Period			\$	1,152,882
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	3,019,639
C. Total Reserves and Net Worth			\$	4,005,210
D. Total Liabilities, Reserves, and Net Worth			\$	6,554,512

H. Changes in Total Net Worth

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	2,827,175
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,948,741
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,795,859
D. Net Income or Deficit			\$	1,152,882
E. Balance			\$	3,980,057
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Expense per page 27	14,836,336			
(Less) F/S vs C/R Depreciation	(40,477)			
Total Expense per F/S	14,795,859			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	960,418
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
	Owners	960,418		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	960,418
H. Balance at End of Period			\$	3,019,639

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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		Date Signed
Printed Name of Preparer				
Mark Tomasello				
Address Address			Phone Number	
One Canal Road, Suffield, CT 06078			860-668-6111	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Mark Tomasello			860-668-6111	
Contact Email Address				
Mark@tsh.necoxmail.com				