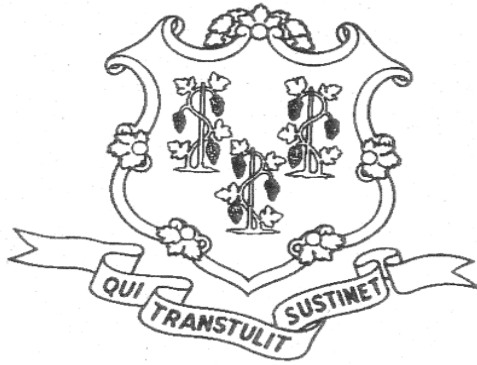


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

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

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 9/30/2020	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 The Suffield House [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) 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 10/1/2019	To 9/30/2020	
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By	Phone Number	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 860-668-6111	Report for Year Ended 9/30/2020	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 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
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
Basis for Allocation of Costs

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (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? Yes No If "No," explain fully why such allocation was not made.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2020			Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Financial Services, P.O. Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	01/20/19	51 Months	1,825	1,825	
CBS, P.O. Box 936745, Atlanta, GA 31193-6745	<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 070241, Philadelphia, PA 19176-0241	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C754e/Konica Minolta 454e	07/30/15	60 Months	6,680	6,680	
Wells Fargo Vendor Financial Services, P.O. Box 070241, Philadelphia, PA 19176-0241	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C759/Konica Minolta 458e/Konica Minolta 308e	08/04/20	60 Months	1,475	1,475	
ACPL, 4999 Aircenter Circle, Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapeutic Rehabilitation Equipment	09/22/15	12 Months	3,855	3,855	
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	7,081	7,081	
	<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 ***	21,349

* 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 9/30/2020	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 Clifton Larson Allen LLP 2 Sheptoff, Reuber & Co. PC 3 4	Address (No. & Street, City, State, Zip Code) 300 Crown Colony Drive, Suite 310, Quincy MA 02169 111 New London Tnpk, Glastonbury, CT 06033
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Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 3,040
2 Tax Preparation, Preparation of Form 8752, Town Property Tax Return	\$ 8,238
3	\$
4	\$
	Charge for Services Provided
	\$ 11,278

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 Gordon & Rees 4 Medicaid4You.Com, LLC 5 Murtha Cullina/Green & Levine LLP	Telephone Number 781-245-5353 510-463-8600 860-657-3058
--	--

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 1111 Broadway, Suite 1700, Oakland CA 94607
 4 377 Hubbard Street, Glastonbury CT 06033
 5 280 Trumbull St, 12 Floor, Hartford CT 06103/231 Farmington Ave, Farmington Ct 06032

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against facility	\$ 2,060
2 Consulting to assist Facility to develop Covid 19 Preparedness Plan & provide clinical guidance related to Covid 19 pandemic.	\$ 1,000
3 Defense of CHRO complaint against Suffield Manor Inc. dba The Suffield House	\$ 9,032
4 Assist with Medicaid Application	\$ 2,500
5 General Health Care Regulatory - \$144.00/Self Disallowed - 886.27	\$ 1,030
	Charge for Services Provided
	\$ 15,623

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 9/30/2020				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	128	128			128	128							
B. On last day of THIS report period	128	128							128	128			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	123	123			123	123							
B. As of midnight of THIS report period	103	103							103	103			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,080	7,080			5,343	5,343			1,737	1,737			
B. Medicaid (Conn.)	22,424	22,424			17,499	17,499			4,925	4,925			
C. Medicaid (other states)													
D. Private Pay	9,426	9,426			7,060	7,060			2,366	2,366			
E. State SSI for RCH													
F. Other (Specify) Managed Care	2,460	2,460			1,878	1,878			582	582			
G. Total Care Days During Period (3A thru F)	41,390	41,390			31,780	31,780			9,610	9,610			
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)	41,390	41,390			31,780	31,780			9,610	9,610			

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House	License No. 2075-C	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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	15	59		29				
Per Diem Rate								
a. One bed rm.		239.16		485.00				
b. Two bed rms.		239.16		460.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,149	3,149		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	83	83		
2. Restorative Treatments				
C. Other	19,833	19,833		
D. Total Physical Therapy Treatments	23,065	23,065		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	302	302		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	542	542		
D. Total Speech Therapy Treatments	844	844		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,842	2,842		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	82	82		
2. Restorative Treatments				
C. Other	19,119	19,119		
D. Total Occupational Therapy Treatments	22,043	22,043		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Suffield House	2075-C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. of Schedule A1)						
2. Administrator(s) (Complete also Sec. II of Schedule A1)	238,890	2,080				
3. Assistant Administrator (Complete also Sec. I ^v of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	900,145	21,956				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	86,570	2,080				
c. Dietary Workers	685,389	34,369				
6. Housekeeping Service						
a. Head Housekeeper	95,546	2,080				
b. Other Housekeeping Workers	284,621	15,854				
7. Repairs & Maintenance Service:						
a. Engineer or Chief of Maintenance	137,731	2,289				
b. Other Maintenance Workers	132,652	6,669				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	273,843	13,784				
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	120,196	2,080				
b. RN						
1. Direct Care	498,150	12,342				
2. Administrative**	882,608	20,186				
c. LPN						
1. Direct Care	1,481,188	43,566				
2. Administrative**						
d. Aides and Attendants	2,397,807	112,714				
e. Physical Therapists	528,633	11,695				
f. Speech Therapists	33,842	631				
g. Occupational Therapists	423,629	9,460				
h. Recreation Workers	263,657	6,966				
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	242,412	6,008				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	9,707,508	326,808				

* 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 28

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

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2020				Page 11	of 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	132,911			Standard	Recreation/Social Worker	1,572	A12h/A12m			
Clinton Moffie	155,562			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	84,775			Standard	Director of Admissions	2,080	A12m			
Michael Demio	1,503			None	Maintennace	121	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		9/30/2020			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carrie Riccio	238,890			Standard	Oversees 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	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,172	78				
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	155				
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	13,998	121				
2. Administrative***						
b. LPN						
1. Direct Care	7,888	125				
2. Administrative***						
c. Aides	21,437	561				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	72,495	1,039				

* 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 9/30/2020	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"/>			
Preferred Pharmacy Solutions	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dushyant B. Parikh	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC Pharmacy of CT, LLC	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Caring Nurses, Inc.	Health Information Management Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Prosperity Funding, Inc.	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
All American Healthcare Services	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Brightstar Care	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			

* 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	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 147,889	147,889			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 66,372	66,372			
4. Social Security (F.I.C.A.)	\$ 718,211	718,211			
5. Health Insurance	\$ 754,529	754,529			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 29,691	29,691			
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*	\$ 92,316	92,316			
d. Accounting and Auditing	\$ 11,278	11,278			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 15,623	15,623			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 28,048	28,048			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 23,955	23,955			
2. Cellular Phones	\$ 3,121	3,121			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 35,456	35,456			
3. Resident Day User Fee	\$ 673,523	673,523			
Subtotal	\$ 2,600,261	2,600,261			

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

(Carry Subtotals forward to next page)

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

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2020	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,600,261	2,600,261	
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	32,153	32,153	
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	180	180	
5. Education Expenses Related to Seminars and Conventions	\$	6,089	6,089	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,666	4,666	
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	5,606	5,606	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	3,726	3,726	
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	\$	6,132	6,132	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	13,579	13,579	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	110	110	
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$	750	750	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	98,339	98,339	
12. Administrative Management Services**	\$	310,382	310,382	
13. Other (<i>Specify</i>) See Attached Schedule	\$	8,139	8,139	
C-14 Total Administrative & General Expenditures	\$	3,090,110	3,090,110	

* 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	\$ 3,726		
Total Other Advertising	\$ 3,726	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Ct Assoc of Healthcare Facilities	\$ 8,807		
Allscripts	\$ 3,333		
ICNC	\$ 40		
American Healthcare Association	\$ 1,280		
American Express	\$ 119		
Total Dues	\$ 13,579	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Enfield Gridiron Club	\$ 50		
Masks for CT/Jewish Federation of Greater New Haven	\$ 700		
Total Contributions	\$ 750	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CT Background Check Fees	\$ 1,808		
Fees & Registration	\$ 516		
Licenses & Permits	\$ 2,790		
Sales Tax	\$ 863		
Late Fees	\$ 70		
Miscellaneous Administration	\$ 975		
Bank Charges	\$ 20		
Loss on Disposal of Assets	\$ 1,098		
Total Other Administrative and General	\$ 8,139	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Selma A. Moffie, 5 Schuyler Lane, Bloomfield, CT 06002	310,382	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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 282,601	282,601			
2.	Non-Food Supplies	\$ 45,851	45,851			
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)		\$ 328,452	328,452			
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	339	339			
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. \$26,342		
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt. \$7,381		
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	9/30/2020	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. \$	22,159	22,159	
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. \$	12,240	12,240	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	34,399	34,399	
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 9/30/2020		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. \$	45,542	45,542		
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)	\$	45,542	45,542		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Outside Pharmacy	\$	280,831	280,831		
b.	Medicine Cabinet Drugs	\$	33,541	33,541		
c.	Medical and Therapeutic Supplies	\$	370,577	370,577		
d.	Ambulance/Limousine***	\$	4,019	4,019		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	62,398	62,398		
f.	X-rays and Related Radiological Procedures***	\$	19,497	19,497		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	126,096	126,096		
i.	Recreation	\$	12,919	12,919		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	42,882	42,882		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	952,762	952,762		

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

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

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

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

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

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Cox Communication		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	14,376			22	6F
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Record Storage & Shredding	19,419			22	6F
Johnson Controls		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	23,221			22	6A/6
USA Waste & Recycle		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	37,796			22	6F
Precision Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	19,240			22	6A
		<input type="radio"/>	<input checked="" type="radio"/>							
Beebe Landscaping Services LLC		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	38,764			22	6F
ADP LLC		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	43,520			16	1M1
Point Click Care Technologies, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	44,831			16	1M1
Hartford Provision Company		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repair	13,485			22	6A
		<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	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 113,874	113,874				
b. Heat	\$ 24,894	24,894				
c. Light & Power	\$ 133,141	133,141				
d. Water	\$ 71,920	71,920				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 21,349	21,349				
f. Other (<i>itemize</i>)	\$ 199,937	199,937				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 565,115	565,115				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 85,399	85,399				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 85,399	85,399				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 131,134	131,134				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 131,134	131,134				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 764,068	764,068				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 131,722	131,722				
c. Personal property taxes	\$ 17,985	17,985				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,130,309	1,130,309				

* 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	\$ 107,537		
Sewer Usage Assessment	\$ 47,994		
Yard Maintenance	\$ 44,406		
Total Other Repairs and Maintenance	\$ 199,937	\$ -	\$ -

Depreciation Schedule

Name of Facility The Suffield House		License No. 2075-C			Report for Year Ended 9/30/2020			Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
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	S/L	5		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period						1,991,443		1,991,443	S/L	Various	77,375	
b. Disposals (attach schedule)						(51,200)		(49,783)			19	
c. Acquired during this report period (attach schedule)						74,797					8,005	
D-3. Subtotal												85,399
E. Total Depreciation												85,399

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:				
10/1/2019	Sweeper Battery Powered Walk Behind (TNT1071366)	\$ 4,206	5	\$ 841
11/5/2019	2 Snowblowers - Deluxe 28SHO & Paddle Snowblower	\$ 2,104	5	\$ 386
12/31/2019	Electrotherapy CX4 Combo W/Cart (Therapy Equip)	\$ 3,616	5	\$ 542
12/31/2019	Diathermy Shortwave RM (Therapy Equip)	\$ 6,955	5	\$ 1,043
12/31/2019	3 Chairs	\$ 638	7	\$ 68
1/23/2020	2 Shelving Units with Pan Insert Rack	\$ 902	7	\$ 86
1/14/2020	30 Mattresses ADV Graphite 36X80X6	\$ 6,381	7	\$ 684
1/17/2020	30 Mattresses ADV Graphite 36X80X6	\$ 6,381	7	\$ 608
1/21/2020	30 Mattresses ADV Graphite 36X80X6	\$ 6,381	7	\$ 608
1/9/2020	Therapy Trainer Active Passive Kinevia Duo	\$ 8,208	5	\$ 1,231
2/11/2020	3 Shelving Units	\$ 1,283	7	\$ 122
2/6/2020	Unit Heater-Horizontal/Downflow-QMA MUH074 7.5KW@480V	\$ 753	5	\$ 100
5/4/2020	Larkin Cooler & Freezer Condensing Units, Installation & Wire	\$ 16,140	5	\$ 1,345
7/1/2020	Frigidaire Refrigerator - FFTR1821TW	\$ 638	5	\$ 32
6/12/2020	4 Toshiba TV's TF-32a710U21 32Inch Smart HD	\$ 596	5	\$ 40
7/17/2020	Chrome Transporter Bell Cart Gry	\$ 919	5	\$ 31
7/7/2020	Dell XPS 1820 18" Touchscreen Computer	\$ 450	5	\$ 22
7/15/2020	Dell XPS 1820 18" Touchscreen Computer	\$ 402	5	\$ 20
8/28/2020	ThinkCentre M720 Tower - Lenovo	\$ 843	5	\$ 14
8/28/2020	ThinkBook 15 - Mineral Grey - Lenovo	\$ 1,505	5	\$ 25
9/10/2020	Veritor System Influenza A & B Point of Care Kit	\$ 427	5	\$ 7
9/11/2020	Veritor InfoScan Module for Veritor Plus analyzer	\$ 467	5	\$ 8
7/2/2020	5 Power Lift Recliner Chair with Remote - Gray	\$ 2,653	7	\$ 95
8/7/2020	1 Bed - Alterra Maxx Universal	\$ 1,949	7	\$ 46
Total additions for Movable Equipmen		\$ 74,797		\$ 8,005 *
Deletions:				
4/12/2016	Sweeper S9 Battery Powered Walk	\$ (3,900)	5	\$ -
11/14/1994	SnowBlower	\$ (1,906)	7	\$ -
8/22/2000	16 Mattresses	\$ (3,834)	7	\$ -
5/25/2000	11 Mattresses	\$ (2,618)	7	\$ -
1/10/2001	3 Mattresses	\$ (706)	7	\$ -
1/10/2001	30 Mattresses	\$ (7,059)	7	\$ -
1/10/2001	30 Mattresses	\$ (7,059)	7	\$ -
7/7/1998	2 microwaves/toster	\$ (138)	5	\$ -
7/8/2004	Pentium 4 File server	\$ (6,346)	5	\$ -
9/21/2009	Accumed clinical software	\$ (12,720)	5	\$ -
8/17/1996	Bed	\$ (1,644)	7	\$ -
4/12/2002	JVC 20 TV (2)	\$ (223)	5	\$ -
6/18/2088	3 of 22 Tv's (16)	\$ (879)	5	\$ -
3/11/1998	Wall Heater	\$ (454)	7	\$ -
7/17/2018	1 Chair	\$ (319)	7	\$ 19
7/23/1998	5 Wing Chairs	\$ (1,396)	7	\$ -
Total deletions for Movable Equipmen		\$ (51,200)		\$ 19 **

*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:				
4/27/2020	Oil Tank Upgrade	\$ 23,894	20	\$ 498
1/23/2020	Lochinvar Armor Water Heater	\$ 19,602	40	\$ 327
3/4/2020	B Wing Nursing Station Flooring	\$ 17,390	40	\$ 254
3/4/2020	A Wing Nursing Station Flooring	\$ 17,390	40	\$ 254
3/5/2020	Heat Pumps Nursing Home	\$ 28,066	40	\$ 409
3/22/2020	Loading Dock Doors	\$ 2,825	40	\$ 35
7/1/2020	Roofing Upgrades	\$ 195,806	40	\$ 1,224
7/1/2020	Roofing Upgrades	\$ 41,962	40	\$ 262
Total additions for Leasehold Improvermen		\$ 346,935		\$ 3,262 *

Deletions:					
5/18/2006	Protech Kitchen Disposal	\$ (2,600)	7	\$ -	
Total deletions for Leasehold Improvemen		\$ (2,600)		\$ -	**

*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 The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. 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				3,702,504	1,027,713			127,872	
2. Disposals (attach schedule)				(2,600)	(2,600)				
3. Acquired during this report period (attach schedule)				346,935				3,262	
C-4. Subtotal									131,134
D. Total Amortization									131,134

* 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 9/30/2020	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes 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	4th 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 9/30/2020	10,445,902			
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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2020		Page 26	of 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	9/30/2020	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) \$ 102,586 102,586						
b. Insurance on Automobiles \$ 3,235 3,235						
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) \$ 105,821 105,821						
15. Total All Expenditures (A-13 thru C-14) \$ 16,032,513 16,032,513						

D. Adjustments to Statement of Expenditures

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2020	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12C	Occupational Therapy	\$ 423,629	423,629		
4.			Other - See attached Schedule	\$ 155,562	155,562		
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	\$ 92,316	92,316		
10.			Accounting	\$			
10a.			Legal	\$ 886	886		
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	\$ 17,163	17,163		
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)	\$ 1,281	1,281		
18.	16	1M3	Unallowable Advertising *	\$ 3,726	3,726		
19.	15	1J/1-F	Income Tax / Corporate Business Tax	\$ 35,706	35,706		
20.	16	1M10	Fund Raising / Contributions	\$ 750	750		
21.	16	1M12	Unallowable Management Fees	\$ 310,382	310,382		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 28,689	28,689		
Page 18 - Dietary Expenditures							
24.	18	2-A-1	Meals to employees, guests and others who are not residents	\$ 26,342	26,342		
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)				\$ 1,096,432	1,096,432		

* 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	155,562		
Total Other Salaries Adjustment			\$ 155,562	\$ -	\$ -

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	\$ 975		
16	1-M-13	Late Fees	\$ 70		
16	1-M-8-A	Suffield Chamber of Commerce	\$ 110		
15	1-A-1	Workers Comp - Clinton Moffie	\$ 2,333		
15	1-A-3	Unemployment Insurance - Clinton Moffie	\$ 1,089		
15	1-A-4	Social Security - Clinton Moffie	\$ 11,512		
15	1-A-5	Health Insurance - Clinton Moffie	\$ 12,134		
15	1-A-7	Pension - Clinton Moffie	\$ 467		
Total Other A&G Adjustments			\$ 28,689	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Suffield House				2075-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,096,432	1,096,432		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 280,831	280,831		
28.	20	5d	Ambulance/Limousine	\$ 4,019	4,019		
29.	20	5f	X-rays, etc	\$ 19,497	19,497		
30.	20	5h	Laboratory	\$ 126,096	126,096		
31.	20	5c	Medical Supplies	\$ 4,662	4,662		
32.	20	5e	Oxygen (non emergency)	\$ 62,398	62,398		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 42,882	42,882		
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	\$ 1,495	1,495		
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)				\$ 1,638,312	1,638,312		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-L	Resident Specific Supplies	\$ 42,882		
Total Other Ancillary Costs			\$ 42,882	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Suffield House	2075-C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,123,490	10,123,490				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,675,647)	(4,675,647)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 3,270,010	3,270,010				
b. Medicare Room and Board Contractual Allowance **	\$ 916,043	916,043				
4. a. Private-Pay Residents and Other	\$ 5,441,525	5,441,525				
b. Private-Pay Room and Board Contractual Allowance **	\$ 180,264	180,264				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 247,193	247,193				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (247,193)	(247,193)				
c. Prescription Drugs - Non-Medicare	\$ 83,093	83,093				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (82,343)	(82,343)				
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	\$ 1,101,980	1,101,980				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,031,509)	(1,031,509)				
c. Physical Therapy - Non-Medicare	\$ 430,605	430,605				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (401,364)	(401,364)				
4. a. Speech Therapy - Medicare	\$ 93,300	93,300				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (77,350)	(77,350)				
c. Speech Therapy - Non-Medicare	\$ 48,700	48,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,325)	(45,325)				
5. a. Occupational Therapy - Medicare	\$ 1,052,265	1,052,265				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (988,339)	(988,339)				
c. Occupational Therapy - Non-Medicare	\$ 412,974	412,974				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (385,032)	(385,032)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (0)	(0)				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,467,340	15,467,340				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 7,381	7,381				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 56	56				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 885,271	885,271				
V. Total Other Revenue (1 thru 8)	\$ 892,708	892,708				
VI. Total All Revenue (III +V)	\$ 16,360,048	16,360,048				

* 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	\$ 28,779		
	Radiology - Medicare A	\$ 7,378		
	C/A Lab - Medicare A	\$ (28,779)		
	C/A Radiology - Medicare A	\$ (7,378)		
	Total Other Resident Revenue - Medicare	\$ (0)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab - Other	\$ 8,798		
	Radiology - Other	\$ 2,836		
	C/A Lab - Other	\$ (8,798)		
	C/A Radiology - Other	\$ (2,836)		
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 56		
	Total Interest Income		\$ 56	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 1,021		
	HHS Cares Act Provider Relief Funds	\$ 884,250		
	Total Other Revenue	\$ 885,271	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,133,789
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,277,131
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	94,994
5. Prepaid Expenses			\$	566,881
a. S Corp Tax Deposit	109,616			
b. Prepaid Insurance	2,091			
c. RX Claim Reserve Deposit	20,392			
d. See Schedule	434,782			
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)			\$	4,072,796
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>4,046,839</u>		\$	2,890,592
	Accum. Depreciation <u>1,156,247</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>2,015,040</u>		\$	212,770
	Accum. Depreciation <u>1,802,270</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)			\$	3,103,362

* 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	
		Prepaid Other	\$ 402,738
		Accrued Pass Through Entity Tax	\$ 32,044
		Total Prepaid Expenses	\$ 434,782

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 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	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$ 7,176,158	
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>)				
Due from Guilford House		5,500		
Due from Eagle Point		653,808		
See Schedule				
\$			659,308	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$			1,150,946	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$			8,327,105	

* 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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	195,580
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>)				\$	421,613
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	31,060
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>)				\$	641,428
				Accrued Expense Operat	256,500
Accrued Provider Tax		154,539	Due to Medicaid	101,000	
Accrued Property Tax		8,422			
Accrued Insurance Expense		120,967	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,289,681

* 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 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,289,681	
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	9/30/20			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,959,300	
SBA Paycheck Protection Program Loan		1,959,300			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,340,098	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,629,779	

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	9/30/2020	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>)			\$	1,287,076
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			\$	1,287,076
B. Net Worth				
1. Owner's Capital			\$	(982,354)
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,018,639
6. Gain or Loss for Period			\$	372,965
	10/1/2019	thru	9/30/2020	
7. Total Net Worth			\$	2,410,250
C. Total Reserves and Net Worth			\$	3,697,326
D. Total Liabilities, Reserves, and Net Worth			\$	8,327,105

H. Changes in Total Net Worth

Name of Facility The Suffield House	License No. 2075-C	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			\$	3,019,639
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,360,048
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,987,083
D. Net Income or Deficit			\$	372,965
E. Balance			\$	3,392,604
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Expense per page 27	16,032,513			
(Less) F/S vs C/R Depreciation	(45,430)			
Total Expense per F/S	15,987,083			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	982,354
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
	Owners	982,354		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	982,354
H. Balance at End of Period			\$	2,410,250
	09/30/20			

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Mark Tomasello				
Address Address			Phone Number	
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