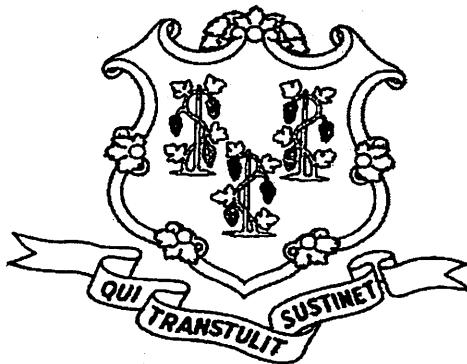


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Hancock Hall	
Address (No. & Street, City, State, Zip Code) 31 Staples Street, Danbury, CT 06810	
Type of Facility  <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)      Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

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

Medicaid Provider Numbers:	CCNH 2185	RHNS	ICF-IID
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### For Department Use Only

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

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-1 Rev.9/2002

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2022	1	37

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Hancock Hall [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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
<i>Elyse D. Dent</i>	2/15/23	<i>Frank D. Malone, PhD</i>	2/15/23
Printed Name (Administrator)		Printed Name (Owner)	
Elyse Dent		Dr. Frank Malone, PhD	
Subscribed and Sworn to before me:		Signed (Notary Public)	Comm. Expires
<i>Pamela Shepperd</i>	State of Katra CT	<i>Pamela Shepperd</i>	01/31/25
Address of Notary Public			
31 Staples Street, Danbury, CT 06810			

(Notary Seal)



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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Hancock Hall	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 31 Staples Street, Danbury, CT 06810				
Report Prepared By Benjamin Chianese, CPA	Phone Number 203-794-9466	Date 2/15/2023		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-794-9466	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Hancock Hall		Address (No. & Street, City, State, Zip) 31 Staples Street, Danbury, CT 06810	
License Numbers: CCNH 2185-C	RHNS (Specify)	Medicare Provider No. 07-5414	
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> 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.
<b>Administrator</b>			
Name of Administrator Elyse Dent		Nursing Home Administrator's License No.:	001670
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name	License No.:		

## **General Information and Questionnaire Partners/Members**

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page of 3A   37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Filosa Care Center, Inc	31 Staples Street, Danbury, CT 06810	Connecticut

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Frank D. Malone	105 Middle River Road, Danbury, CT 06811	Treasurer	2000
Barbara A. Malone	105 Middle River Road, Danbury, CT 06811	Secretary	2250
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	President	300
Michael D. Malone	197 Guinea Road, Monroe, CT 06468	Vice-President	250
John M. Malone	22 North Dutcher Street, Irvington, NY 10533		200
Names of Stockholders Owning at Least 10% of Shares			
Frank D. Malone	105 Middle River Road, Danbury, CT 06811	Treasurer	2000
Barbara A. Malone	105 Middle River Road, Danbury, CT 06811	Secretary	2250

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

## General Information and Questionnaire

### Related Parties\*

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	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	%**				
Staples Realty, LLC	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Building Rental/Depreciation/Real Estate Ta	22/9 22/7b	900,000	900,000
Filosa for Nursing and Rehabilitation	13 Hakim Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expenses	See Attached	See Attached	See Attached
Space Pants LLC	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Off Site Storgage	22/9	10,080	10,080
Michale D. Malone	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Corporation Counsel	10A1	19,587	19,587
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Officer	10A1	147,132	147,132
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		Administrator	10A1	87,133	87,133
Filosa for Nursing and Rehabilitation	13 Hakim Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds To	32/D6	256,506	256,506
Staples Realty, LLC	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds To	32/D6	22,710	22,710
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C

ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONAIRE

Name of Related Individual or Company	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	FCH Portion	HH Portion
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	401K PENSION PLAN	Actual 15.1.A.7	\$14,146	\$49,853
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	VARIOUS INSURANCES			
	WORKMENS COMPENSATION	* 15.1.A.1	\$35,825	\$53,734
	DISABILITY	Actual 15.1.A.2	\$1,688	\$16,100
	HEALTH AND DENTAL	Actual 15.1.A.5	\$306,936	\$430,014
	PROPERTY:			
	INSURANCE ON PROPERTY	Actual 27.14.A	\$1,857	\$2,946
	INSURANCE OF AUTOMOBILES	Actual 27.14.B	\$3,316	\$4,929
	UMBRELLA	* 27.14.C.1	\$12,792	\$21,558
	FIRE AND EXTENDED COVERAGE	Actual 27.14.C.2	\$53,471	\$80,207
	FIDUCIARY	Actual 27.14.C.3	\$733	\$1,006
	DIRECTORS AND OFFICER	* 27.14.C.3	\$10,382	\$14,973
	CYBER LIABILITY	* 27.14.C.3	\$2,698	\$4,048
		TOTAL PROPERTY INS	\$85,249	\$129,667
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:			
	HEAD ACCOUNTANTS	* 10.11.A	\$53,643	\$80,464
	OTHER ACCOUNTANTS (4)	*** 10.A.6.B	\$65,700	\$177,281
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$35,314	\$50,818
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$47,970	\$69,031
	FOOD SERVICE SUPERVISOR (2)	* 10.A.5.B	\$29,622	\$47,510
	RN - STAFF DEVELOPMENT (2)	* 10.A.12.B.2	\$36,118	\$52,982
	RN CLINICAL DIRECTOR	* 10.A.12.B.1	\$96,047	\$30,286
	HUMAN RESOURCES	* 10.A.4	\$49,905	\$79,762
	ADMISSIONS DIRECTOR	* 10.A.4	\$34,426	\$51,638
	RECREATION DIRECTOR (1)	10.A.12.H	\$21,073	\$31,609
	RECREATION WORKERS	10.A.12.H	\$95,320	\$88,221
		TOTAL WAGES	\$565,138	\$759,602
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	TELEPHONE AND INTERNET	15.1H1	\$4,583	\$6,250
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.			
	EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	Actual 16.L.6	\$2,072	\$1,139

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

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

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	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 expenses	Total of Direct and Allocated Costs

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

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

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.

See Attached Sheet

## **General Information and Questionnaire Leases (Excluding Real Property)**

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

**Is a Mileage Log Book Maintained for All Leased Vehicles ?**

Yes

◎ No

Total \*\*\*

12,241

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

\*\* Attach copies of newly acquired leases.

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

## General Information and Questionnaire

### Accounting Basis

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	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 Clifton Larson Allen, LLP 3 4	Address (No. & Street, City, State, Zip Code) 300 Crown Colony Drive, Ste 310, Quincy MA 02169 300 Crown Colony Drive, Ste 310, Quincy MA 02169
---	---

#### Services Provided by This Firm (*describe fully*)

1 Compilation Financial Statement	\$ 9,105
2 Covid Consulting And Reporting	\$ 5,525
3	\$
4	\$
	Charge for Services Provided \$ 14,630

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

Yes     No    | 15 1D, 16 M13

#### Legal Services Information

Name of Legal Firm or Independent Attorney 1 Michalik, Bauer, Silvia & Ciccarillo, LLP 2 3 4 5	Telephone Number 860-225-8403
---	----------------------------------

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

1 35 Pearl Street, Suite 300, New Britain, CT, 06051-2645 2 3 4 5
---

#### Services Provided by This Firm (*describe fully*)

1 Collections	\$ 7,133
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 7,133

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

Yes     No    | PG 15 LNE 1E

## Schedule of Resident Statistics

Name of Facility Hancock Hall			License No. 2185-C				Report for Year Ended 9/30/2022				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					96	96						
A. On last day of PREVIOUS report period	96	96										
B. On last day of THIS report period	96	96							96	96		
2. Number of Residents					78	78						
A. As of midnight of PREVIOUS report period	78	78										
B. As of midnight of THIS report period	71	71							71	71		
3. Total Number of Days Care Provided During Period					2,670	2,670			609	609		
A. Medicare	3,279	3,279										
B. Medicaid (Conn.)	15,642	15,642			11,676	11,676			3,966	3,966		
C. Medicaid (other states)												
D. Private Pay	6,699	6,699			4,761	4,761			1,938	1,938		
E. State SSI for RCH												
F. Other (Specify) Medicare Advantage	1,277	1,277			1,007	1,007			270	270		
G. Total Care Days During Period (3A thru F)	26,897	26,897			20,114	20,114			6,783	6,783		
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	29	29			20	20			9	9		
5. Total Resident Days (3G + 4A + 4B)	26,926	26,926			20,134	20,134			6,792	6,792		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Hancock Hall			License No. 2185-C			Report for Year Ended 9/30/2022			Page 9	of 37						
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:																
Date of Change	Place of Change		Change in Beds				Capacity After Change			Reason for Change						
	CCNH	RHNS	(Specify)	Lost		Gained		CCNH	RHNS		(Specify)					
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)								
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.																
Change in Resident Days							CCNH	RHNS	(Specify)							
							1st change									
							2nd change									
							3rd change									
							4th change									
6. Number of Residents and Rates on September 30 of Cost Year																
Item	Medicare		Medicaid		Self-Pay			Other State Assisted								
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR							
No. of Residents	5	40		25												
Per Diem Rate																
a. One bed rm.				535.00												
b. Two bed rms.	784.00	298.68		505.00												
c. Three or more bed rms.																
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)						
							A. Medicare - Part B							4,759	4,759	
							B. Medicaid (Exclusive of Part B)									
							1. Maintenance Treatments									
							2. Restorative Treatments							9,134	9,134	
C. Other																
							D. Total Physical Therapy Treatments							13,893	13,893	
8. Total Number of Speech Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)						
							A. Medicare - Part B							753	753	
							B. Medicaid (Exclusive of Part B)									
							1. Maintenance Treatments									
							2. Restorative Treatments									
C. Other																
							D. Total Speech Therapy Treatments							1,071	1,071	
														1,824	1,824	
9. Total Number of Occupational Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)						
							A. Medicare - Part B							6,778	6,778	
							B. Medicaid (Exclusive of Part B)									
							1. Maintenance Treatments									
							2. Restorative Treatments									
C. Other																
							D. Total Occupational Therapy Treatments							9,990	9,990	
							16,768	16,768								

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	166,719	436			
2. Administrator(s) (Complete also Sec. III of Schedule A1)	111,775	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	325,150	10,761			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	47,510	1,149			
c. Dietary Workers	465,859	22,361			
6. Housekeeping Service					
a. Head Housekeeper	50,818	1,277			
b. Other Housekeeping Workers	287,241	21,456			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	69,031	1,194			
b. Other Maintenance Workers	115,023	4,726			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	59,023	3,238			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant	80,464	1,248			
b. Other Accountants	177,281	5,781			
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	204,231	3,970			
b. RN					
1. Direct Care	955,261	21,500			
2. Administrative**	132,047	3,230			
c. LPN					
1. Direct Care	737,959	23,288			
2. Administrative**	158,352	4,192			
d. Aides and Attendants	1,572,959	78,538			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	119,831	4,599			
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	188,691	5,676			
n. Marketing					
o. Other (Specify) See Attached Schedule	273,519	1,476			
<i>A-13. Total Salary Expenditures</i>	6,298,744	222,176			

\* 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)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

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

Name of Facility Hancock Hall				License No. 2185-C		Report for Year Ended 9/30/2022			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)							
<b>Section I - Operators/Owners</b>										
Jennifer Malone-Seixas	147,132					400				
Michael Malone	19,587					36			21	10,234
<b>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).</b>										

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

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

HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONAIRE

OWNER SALARY

	HANCOCK		FILOSA		COMBINED TOTAL		FICA	
	<u>HRS</u>	<u>SALARY</u>	<u>HRS</u>	<u>SALARY</u>	<u>HRS</u>	<u>SALARY</u>	<u>ALLOW</u>	<u>DISALLOW</u>
JENNIFER MALONE-SEIXAS ADMINISTRATOR PRESIDENT	1,680	87,133 SEE BELOW	-	-	1,680	87,133	6,666	
	400	147,132 SEE BELOW	-	-	400	147,132	585	3,995
	2,080	\$ 234,265	-	\$ -	2,080	\$ 234,265		
MICHAEL MALONE Corp Counsel VICE-PRESIDENT	36	19,587 Disallow SEE BELOW	6	10,234 Disallow -	42	29,821		1,498
	-		6	\$ 10,234	-			
	36.00	19,587	6	\$ 10,234	42	\$ 29,821	\$ 7,251	\$ 5,494

ADMINISTRATOR ALLOWANCE

	<u>Total</u>	MAXIMUM ALLOWABLE					<u>Amount Allowed</u>	<u>Total Beds</u>
		<u>@60 Beds</u>	<u>Per Bed</u>	<u>#Beds</u>	<u>Excess</u>	<u>96</u>		
JENNIFER MALONE-SEIXAS	\$ 87,133	\$ 80,584	371	36	\$ 13,356	\$ 93,940	\$ 17,835	Disallow
ELYSE DENT	\$ 24,642							\$ 1,885
	111,775							\$ 7,379

ALL OTHER PROFESSIONAL / TECHNICAL PERSONNEL WHO ARE RELATED TO THE OWNER(S):

	<u>Total</u>	<u>Max Allowed</u>	<u>Hrs wk</u>	<u>Max Hrs</u>	<u>Allowed</u>	<u>Disallow</u>
JENNIFER MALONE-SEIXAS	\$ 147,132	39,756	400	2080	\$ 7,645	\$ 139,487

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

**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 9/30/2022			Page 12	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)							
<b>Section III - Administrators***</b>										
Jennifer Malone-Seixas	87,133					1,680				
Elyse Dent	24,642					400				
<b>Section IV - Assistant Administrators</b>										

\*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
	2185-C	9/30/2022		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	57,915	1,287			
2. Dentist	8,286				
3. Pharmacist	16,488	160			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	268,529	4,189			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	19,800	144			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)	638	4			
2. Pharmaceutical Committee (Quarterly meetings)	637	4			
3. Staff Development Committee (Once annually)	350	2			
e. Other (Specify) Psychiatric Evaluations And Services	10,400	48			
9. Speech Therapist					
a. Resident Care	103,542	1,404			
b. Other					
10. Occupational Therapist					
a. Resident Care	320,915	5,830			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care	945	16			
2. Administrative***					
c. Aides	12,540	268			
d. Other					
12. Other (Specify) See Attached Schedule					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>820,985</b>	<b>13,355</b>			

\* 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

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 53,734	53,734		
2. Disability Insurance	\$ 16,100	16,100		
3. Unemployment Insurance	\$ 47,514	47,514		
4. Social Security (F.I.C.A.)	\$ 465,596	465,596		
5. Health Insurance	\$ 430,014	430,014		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 49,853	49,853		
8. Uniform Allowance	\$ 6,697	6,697		
9. Other (Specify) See Attached Schedule	\$ 14,144	14,144		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 24,000	24,000		
d. Accounting and Auditing	\$ 9,105	9,105		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 7,133	7,133		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 39,977	39,977		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,027	4,027		
2. Cellular Phones	\$ 2,223	2,223		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 9,999	9,999		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 470,217	470,217		
<b>Subtotal</b>	\$ 1,650,333	1,650,333		

\* 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**

Attachment Page 15

### **Schedule of Other Employee Benefits**

### Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2185-C	9/30/2022		16	37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	1,650,333	1,650,333		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 3,925	3,925			
2. Holiday Parties for Staff	\$ 1,279	1,279			
3. Gifts to Staff and Residents	\$ 13,202	13,202			
4. Employee Travel	\$ 138	138			
5. Education Expenses Related to Seminars and Conventions	\$ 6,353	6,353			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,139	1,139			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 35,570	35,570			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 28,855	28,855			
4. Fund-Raising***	\$				
5. Medical Records	\$ 8,342	8,342			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 8,403	8,403			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,602	7,602			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,943	1,943			
10. Contributions*** See Attached Schedule	\$ 2,095	2,095			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 4,949	4,949			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 225,031	225,031			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,999,159	1,999,159			

\* 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)
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotions and Web Site Costs	\$ 28,855		
<b>Total Other Advertising</b>	<b>\$ 28,855</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
AAPACN	\$ 236		
ALTCFM	\$ 295		
APRN/RN	\$ 240		
COSTCO MEM	\$ 120		
Medical Staff Dues	\$ 275		
NCCDP	\$ 81		
CT Assoc Of Health Care Facilities	\$ 6,355		
<b>Total Dues</b>	<b>\$ 7,602</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
UCONN	\$ 500		
CT Homecare	\$ 50		
RVNA Health	\$ 750		
Henry Abbott Tech High School	\$ 750		
WCSU Foundation	\$ 45		
<b>Total Contributions</b>	<b>\$ 2,095</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Computer Related Expenses And Software	\$ 99,627		
Internet Fees	\$ 8,897		
Loss On Disposed Assets	\$ 14,333		
Bank Service Charges And Merchant Fees	\$ 8,446		
Miscellaneous Expense	\$ 4,585		
Cable TV	\$ 24,091		
Payroll Service	\$ 22,214		
Admin/Office Small Equipment	\$ 5,235		
Resident Related Misc Expense	\$ 526		
Other Covid Related Costs	\$ 29,913		
Equipment Rental - Short-Term	\$ 3,985		
Facility License/Fees	\$ 3,179		
<b>Total Other Administrative and General</b>	<b>\$ 225,031</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-17 Rev. 10/97

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Hancock Hall	2185-C	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2185-C	9/30/2022		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 246,217	246,217		
2. Non-Food Supplies	\$ 34,347	34,347		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____	\$ 6,021	6,021		
Dietary Small Equipment				
Dietary Equipment Rental				
2D. <i>Total Dietary Expenditures</i> (2a + b + c + d)	\$ 286,585	286,585		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	9,712	9,712		
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. \$	14,394	14,394		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
c. Other ( <i>Specify</i> )	\$	9,828	9,828		
Laundry Equipment Rental and Small Equipment					
3D. <b>Total Laundry Expenditures</b> (3a + b + c)	\$	33,934	33,934		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care**  
**Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended		Page	of
Hancock Hall	2185-C	9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel	59,633	59,633		
a. In-House Care	Amt. \$	48,834	48,834		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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> )	\$	3,480	3,480		
Housekeeping Small Equipment					
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>52,314</b>	<b>52,314</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	107,660	107,660		
Omnicare					
b. Medicine Cabinet Drugs	\$	418	418		
c. Medical and Therapeutic Supplies	\$	201,062	201,062		
d. Ambulance/Limousine***	\$	3,009	3,009		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	15,914	15,914		
f. X-rays and Related Radiological					
Procedures***	\$	7,134	7,134		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	4,999	4,999		
i. Recreation	\$	4,745	4,745		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )****	\$	10,137	10,137		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>355,078</b>	<b>355,078</b>		

\* 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**

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

Name of Facility Hancock Hall				License No. 2185-C	Report for Year Ended 9/30/2022				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
Orestes J. Arcuni	4 Bartram Drive, West Redding, Ct 06896	<input type="radio"/>	<input checked="" type="radio"/>		Psychiatric Evaluations And Services	10,400			13	B8DE
Laurie A Figliola Rdn	12 Grays Farm Road, Weston, Ct 06883	<input type="radio"/>	<input checked="" type="radio"/>		Dietician - Dietary Needs And Reports	57,915			13	B1
Symbria Rehab	28100 Torch Parkway, Warrenville, IL 60555	<input type="radio"/>	<input checked="" type="radio"/>		Evaluations And Treatment	692,986			13	Vario
Center For Comprehensive Care, LLC	580 Long Hill Ave, Shelton, Ct 06474	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director	19,800			13	B8A
Clifton Larson Allen LLP	Drive, Ste 310, Quincy Ma 02169	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services	14,630			15	16   1D, M
Onmicare	Po Box 78000, Detroit, Mi 48278-1668	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacist	16,488			13	B3
SincereOne Nursing Care, LLC	487 Federal Road #C3, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>		Nursing Employment Agency	13,485			13	Vario
HealthDrive Dental Group	Suite 300, Framingham, MA 01702-5555	<input type="radio"/>	<input checked="" type="radio"/>		Dental Services	8,286			13	B2
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

**C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property**

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2022		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 117,039	117,039		
b. Heat	\$ 56,406	56,406		
c. Light & Power	\$ 88,031	88,031		
d. Water	\$ 40,444	40,444		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 12,241	12,241		
f. Other ( <i>itemize</i> )	\$ 71,827	71,827		
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 385,988</b>	<b>385,988</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 9,855	9,855		
b. Building & Building Improvements	\$ 4,422	4,422		
c. Non-Movable Equipment	\$ 3,397	3,397		
d. Movable Equipment	\$ 52,265	52,265		
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 69,939</b>	<b>69,939</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 52,946	52,946		
d. Other ( <i>Specify</i> )	\$			
*8e. <b>Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 52,946</b>	<b>52,946</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 817,681	817,681		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 92,399	92,399		
c. Personal property taxes	\$ 12,043	12,043		
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,045,008</b>	<b>1,045,008</b>		

\* 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**

HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C

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

	<u>TOTAL</u>	<u>CCNH</u>	<u>RHNS</u>
RENTAL PAYMENT OF FACILTY BUILDING	\$ 900,000	\$ 900,000	\$ -
LESS: DEPRECIATION ON PROPERTY FROM RELATED PARTY (Does not include depreciation on addition)	\$ 900,000	\$ 900,000	\$ -
OTHER RENTAL PAYMENTS			
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	10,080	10,080	-
	<u>\$ 910,080</u>	<u>\$ 910,080</u>	<u>\$ -</u>
Less Real estate taxes paid by lessor	(92,399)	(92,399)	
	817,681	817,681	

## Depreciation Schedule

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

\*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	Pick One	Useful Life		
		Movable Category	Cost	15	Depreciation
Additions:					
8/1/2022	Storage Container	Administrative	\$ 6,381	10	\$ 53
8/1/2022	Window Shades And Valances Window Shades And Valances Window Shades And Valanc	Standard Resident	\$ 35,941	15	\$ 399
8/1/2022	Resident Room Furniture	Standard Resident	\$ 120,760	15	\$ 1,342
8/1/2022	Resident Bed Room Furniture	Standard Resident	\$ 124,636	15	\$ 1,385
8/1/2022	Resident Room Lights	Standard Resident	\$ 10,284	15	\$ 171
4/18/2022	Laptop	Administrative	\$ 1,005	3	\$ 140
8/1/2022	HP Probooks (2)	Administrative	\$ 2,021	3	\$ 112
<b>Total additions for Movable Equipment</b>			<b>\$ 301,028</b>		<b>\$ 3,602</b>
Deletions:					
	See Attached		\$ 279,078	Various	\$ 654
<b>Total deletions for Movable Equipment</b>			<b>\$ 279,078</b>		<b>\$ 654</b>

\*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	Depreciation
			Life	
Additions:				
8/1/2022	Replace Resident Sliding Doors and Ceilings	\$ 34,325	15	\$ 494
8/1/2022	Resident Room Floor	\$ 122,175	10	\$ 2,036
8/1/2022	Painting Stairwell, Resident Room	\$ 221,245	5	\$ 7,375
8/1/2022	Ceiling Tiles	\$ 29,063	8	\$ 605
<b>Total additions for Leasehold Improvement</b>		<b>\$ 406,808</b>		<b>\$ 10,510</b>
Deletions:				
5/28/1998	Wallcovering	\$ 17,377		\$ -
12/31/1998	Wall Lamps	\$ 1,167		\$ -
12/31/1998	Overbed Lights	\$ 4,240		\$ -
5/28/1999	Overbed Lights	\$ 1,805		\$ -
5/4/2010	Voltage Regulator	\$ 3,216		\$ 161
<b>Total deletions for Leasehold Improvement</b>		<b>\$ 27,805</b>		<b>\$ 161</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C

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

Asset Code	FA Description	Class Code	Acquired Date	Date Retired	Retire Reason	Cost Amount	Beginning Bal Depr	Current Depreciation	Disposal Amount	Accumulated Depreciation
203	WALL LAMPS	F&F	3/23/1999	9/30/2022	DIS	842.00	842.00	-	-	842.00
270	FURNITURE	F&F	3/31/2000	9/30/2022	DIS	42,223.00	42,223.00	-	-	42,223.00
342	CHAIRS	F&F	2/28/2002	9/30/2022	DIS	19,303.00	19,303.00	-	-	19,303.00
344	CHAIRS	F&F	2/28/2002	9/30/2022	DIS	2,491.00	2,491.00	-	-	2,491.00
417	DINING TABLES & CHAIRS	F&F	5/31/2004	9/30/2022	DIS	7,417.00	7,417.00	-	-	7,417.00
463	OUTDOOR FURNITURE	F&F	6/15/2005	9/30/2022	DIS	412.00	412.00	-	-	412.00
464	CHAIRS-HIGHBACK(82) & SMALL WOODEN DESK(49)	F&F	8/15/2005	9/30/2022	DIS	23,864.00	23,864.00	-	-	23,864.00
465	MIRRORS(49)	F&F	8/15/2005	9/30/2022	DIS	4,778.00	4,778.00	-	-	4,778.00
468	TV STANDS W SHELF(18)	F&F	9/15/2005	9/30/2022	DIS	5,190.00	5,190.00	-	-	5,190.00
470	HUTCHS(82),3-DRAWER CHESTS(82),4-DRAWER CHESTS(18)	F&F	9/15/2005	9/30/2022	DIS	66,476.00	66,476.00	-	-	66,476.00
509	ARMOIRE	F&F	12/5/2005	9/30/2022	DIS	1,543.00	1,543.00	-	-	1,543.00
585	ARMOIRES(4)	F&F	8/1/2008	9/30/2022	DIS	1,844.00	1,617.92	122.88	-	1,740.80
589	HIGH BACK CHAIRS(4)	F&F	8/1/2008	9/30/2022	DIS	1,136.00	996.98	75.72	-	1,072.70
670	DRAPES(17)	F&F	9/25/2010	9/30/2022	DIS	11,572.00	11,572.00	-	-	11,572.00
672	VALANCES(17)	F&F	9/25/2010	9/30/2022	DIS	3,979.00	3,979.00	-	-	3,979.00
732	DRAPES INCL. INSTALLATION(17) PAIRS	F&F	9/8/2011	9/30/2022	DIS	12,003.00	12,003.00	-	-	12,003.00
733	VALANCES INCL. INSTALLATION (17) PAIRS	F&F	9/8/2011	9/30/2022	DIS	4,470.00	4,470.00	-	-	4,470.00
734	MATERIALS-STOCK	F&F	7/26/2011	9/30/2022	DIS	5,632.00	-	-	-	-
13015	LINED ROLLPLEAT DRAPERIES W/POCKET VALANCE	F&F	11/15/2012	9/30/2022	DIS	5,682.00	-	-	-	-
13016	HARDWARE FOR DRAPERIES	F&F	10/8/2012	9/30/2022	DIS	607.00	607.00	-	-	607.00
13018	MADE TO MEASURE RODS FOR DRAPERY INSTALLATION	F&F	10/12/2012	9/30/2022	DIS	1,644.00	1,644.00	-	-	1,644.00
15043	RE-UPHOLSTER SETTEE AND CHAIRS	F&F	10/26/2014	9/30/2022	DIS	2,180.64	2,180.64	-	-	2,180.64
634	TRAY TRUCKS ENCLOSED(5)	HSKEQ	10/1/2000	9/30/2022	DIS	7,222.00	7,222.00	-	-	7,222.00
706	RACK FOR STORAGE OF HOD'S	HSKEQ	3/2/2011	9/30/2022	DIS	1,240.00	1,240.00	-	-	1,240.00
405	PATIENT LIFT W SCALE-MARISA MODEL	MEDEQ	7/1/2004	8/1/2022	DIS	4,354.00	4,354.00	-	-	4,354.00
16010	DIGITAL WHEELCHAIR SCALE	MEDEQ	5/3/2016	9/30/2022	DIS	1,623.36	879.45	162.36	-	1,041.81
16011	MARISA PATIENT LIFT-COMPLETE	MEDEQ	5/11/2016	9/30/2022	DIS	2,933.17	1,588.60	293.28	-	1,881.88
577	MDI SOFTWARE LICENSES(CAPITAL LEASE)	OF&CPE	8/1/2008	9/30/2022	DIS	22,524.00	22,524.00	-	-	22,524.00
13008	HP DESKTOP ELITE ALL-IN-ONE/LASERJET PRO 200	OF&CPE	1/7/2013	9/3/2022	DIS	1,857.00	1,857.00	-	-	1,857.00
14004	REBUILD FILOSA WEBSITE	OF&CPE	3/11/2014	9/30/2022	DIS	1,612.50	1,612.50	-	-	1,612.50
14006	HP PROLIANT SERVER/STANDARD LICENSE/INTERNAL HARD DRIVE	OF&CPE	3/14/2014	9/30/2022	DIS	2,510.92	2,510.92	-	-	2,510.92
14009	SET UP COST FOR DOMAIN SERVER	OF&CPE	4/8/2014	9/30/2022	DIS	515.10	515.10	-	-	515.10
14014	REBUILD WEBSITE--2ND INSTALLMENT	OF&CPE	5/27/2014	9/30/2022	DIS	2,418.75	2,418.75	-	-	2,418.75
15011	3 HP ELITE DESKTOP COMPUTERS	OF&CPE	4/8/2015	9/30/2022	DIS	1,653.74	1,653.74	-	-	1,653.74
15019	EMPLOYEE BADGE SYSTEM	OF&CPE	6/24/2015	9/30/2022	DIS	905.81	905.81	-	-	905.81
15040	WEBSITE DESIGN-FINAL	OF&CPE	10/3/2014	9/30/2022	DIS	2,418.75	2,418.75	-	-	2,418.75
						279,077.74	265,310.16	654.24	-	265,964.40

## Amortization Schedule\*

Name of Facility Hancock Hall			License No. 2185-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,112,241	799,402	1,112,241	Various	42,275	
2. Disposals (attach schedule)				27,805	26,587			161	
3. Acquired during this report period (attach schedule)				406,808		406,808	Various	10,510	
C-4. Subtotal									52,946
D. Total Amortization									52,946

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 25	of 37																				
11. Property Questionnaire																								
<b>Part A</b> Is the property either owned by the Facility <input type="radio"/> Yes <input checked="" type="radio"/> No or leased from a Related Party?* <small>*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.</small>																								
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td>03/09/84</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>03/09/84</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>96</td> </tr> <tr> <td>6. Square Footage</td> <td>59,633</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td>    a. Land</td> <td>170,000</td> </tr> <tr> <td>    b. Building</td> <td>4,551,697</td> </tr> </tbody> </table>		Description	Total	1. Date Land Purchased		2. Date Structure Completed	03/09/84	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure	03/09/84	5. Total Licensed Bed Capacity	96	6. Square Footage	59,633	7. Acquisition Cost		a. Land	170,000	b. Building	4,551,697			
Description	Total																							
1. Date Land Purchased																								
2. Date Structure Completed	03/09/84																							
3. If NOT Original Owner, Date of Purchase																								
4. Date of Initial Licensure	03/09/84																							
5. Total Licensed Bed Capacity	96																							
6. Square Footage	59,633																							
7. Acquisition Cost																								
a. Land	170,000																							
b. Building	4,551,697																							
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																			
1. Financing a. Type of Financing (e.g., fixed, variable)		FIXED																						
b. Date Mortgage Obtained		11/22/16																						
c. Interest Rate for the Cost Year		3.31%																						
d. Term of Mortgage (number of years)		10																						
e. Amount of Principal Borrowed		3,120,000																						
f. Principal balance outstanding as of 9/30/2022		1,095,140																						
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>																								
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																								
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>																								
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 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$	15770	15,770			
Name of Lender	Rate					
Union Savings Bank (LOC)	3.25%					
Address of Lender						
225 Main Street Danbury, CT 06810						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <i>Total Building Interest Expense (A1 - A4 + B5)</i>	\$	15,770	15,770			

(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 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			15,770	15,770		
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$	215	215	
A. Item	Rate	Amount				
Phone System	5.00%	55				
Lender						
Carousel Industries						
Address of Lender						
P.O. Box 650032 Dallas, Tx 75265						
B. Item	Rate	Amount				
Energy Efficient Lighting Upg	5.00%	160				
Lender						
Eversource						
Address of Lender						
P.O. Box 650032 Dallas, Tx 75265						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$	215	215	
12. D. Other Interest Expense (Specify)			\$	2,685	2,685	
See Attached						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	18,670	18,670	
14. Insurance						
a. Insurance on Property (buildings only)			\$	2,946	2,946	
b. Insurance on Automobiles			\$	4,929	4,929	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	21,558	21,558	
2. Fire and Extended Coverage			\$	80,207	80,207	
3. Other (Specify)			\$	23,340	23,340	
See Attached						
14d. Total Insurance Expenditures (14a + b + c)			\$	132,980	132,980	
15. Total All Expenditures (A-13 thru C-14)			\$	11,429,445	11,429,445	

**HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C**

**ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE**

**INSURANCE PAID**

Fiduciary	\$ 1,006	
Directors And Officer	12,988	Disallow
Employment	1,985	
Professional Liability	1,229	
Cyber Liability	4,048	
	<u>2,084</u>	Disallow
<b>TOTAL</b>	<b>23,340</b>	<b>14.C.3</b>

Santa Fe 1,407 Disallow

## INTEREST EXPENSE

12C2D

**Union Savings Bank  
Line Of Credit**

Navitas Credit Corp  
Computer Loan  
9.68% \$ 662

Financial Charges  
Various 2,000 Disallow  
\$ 2,685 12.C.2.D

## **D. Adjustments to Statement of Expenditures**

Name of Facility Hancock Hall			License No. 2185-C	Report for Year Ended 9/30/2022		Page of 28   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 176,909	176,909		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1.C	Bad Debts	\$ 24,000	24,000		
10.			Accounting	\$			
10a.			Legal	\$ 7,133	7,133		
11.			Telephone	\$			
12.	15	H.2	Cellular Telephone	\$ 783	783		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L.3	Gifts, flowers and coffee shops	\$ 9,702	9,702		
15.	16	L.5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,893	3,893		
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	L.6	Automobile Expense (e.g. personal use)	\$ 487	487		
18.	16	M.3	Unallowable Advertising *	\$ 28,855	28,855		
19.	15	9j	Income Tax / Corporate Business Tax	\$ 9,999	9,999		
20.	16	M.10	Fund Raising / Contributions	\$ 2,095	2,095		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 34,743	34,743		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 298,599	298,599			

\* 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

### Schedule of Fees Adjustments

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1A4	Excess Fica on Excluded Wages	\$ 7,379		
16	M13	Loss On Disposed Assets	\$ 14,333		
16	M13	Bank Service Charges And Merchant Fees	\$ 8,446		
16	M13	Miscellaneous Expense	\$ 4,585		
<b>Total Other A&amp;G Adjustments</b>			\$ 34,743	\$ -	\$ -

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-29 Rev. 9/2018

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

Name of Facility Hancock Hall			License No. 2185-C	Report for Year Ended 9/30/2022		Page of 29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 298,599	298,599		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5.A.2	Prescription Drugs	\$ 107,660	107,660		
28.	20	5.D	Ambulance/Limousine	\$ 3,009	3,009		
29.	20	5.F	X-rays, etc	\$ 7,134	7,134		
30.	20	5.H	Laboratory	\$ 4,999	4,999		
31.	20	5.C	Medical Supplies	\$ 17,988	17,988		
32.	20	5.E.2	Oxygen (non emergency)	\$ 15,914	15,914		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 503	503		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 265	265		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14.C.	Property Insurance	\$ 15,072	15,072		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,000	2,000		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>			\$ 473,143	\$ 473,143			

\*\*\* 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**

### Schedule of Excess Movable Equipment Depreciation

**Page Ref Line Ref Description**

### Schedule of Other Property Adjustments

**Page Ref Line Ref Description**

### Schedule of Other - Indirect Adjustments

Attachment Page 29

### Schedule of Other - Miscellaneous Administrative Adjustments

### Schedule of Other - Direct Adjustments

### **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )		\$ 7,872,270	7,872,270			
b. Medicaid Room and Board Contractual Allowance **		\$ (3,234,406)	(3,234,406)			
2. a. Medicaid ( <i>All other states</i> )		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents ( <i>all inclusive</i> )		\$ 1,695,809	1,695,809			
b. Medicare Room and Board Contractual Allowance **		\$ 567,667	567,667			
4. a. Private-Pay Residents and Other		\$ 4,132,660	4,132,660			
b. Private-Pay Room and Board Contractual Allowance **		\$ 13,885	13,885			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare		\$ 197,887	197,887			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (189,675)	(189,675)			
c. Prescription Drugs - Non-Medicare		\$ 115,714	115,714			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (115,714)	(115,714)			
2. a. Medical Supplies - Medicare		\$ 20,567	20,567			
b. Medical Supplies - Medicare Contractual Allowance **		\$ (20,567)	(20,567)			
c. Medical Supplies - Non-Medicare		\$ 11,802	11,802			
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$ (11,802)	(11,802)			
3. a. Physical Therapy - Medicare		\$ 390,927	390,927			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (269,542)	(269,542)			
c. Physical Therapy - Non-Medicare		\$ 99,515	99,515			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (99,515)	(99,515)			
4. a. Speech Therapy - Medicare		\$ 136,314	136,314			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (74,185)	(74,185)			
c. Speech Therapy - Non-Medicare		\$ 33,904	33,904			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (33,904)	(33,904)			
5. a. Occupational Therapy - Medicare		\$ 527,346	527,346			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (339,612)	(339,612)			
c. Occupational Therapy - Non-Medicare		\$ 115,595	115,595			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (115,595)	(115,595)			
6. a. Other ( <i>Specify</i> ) - Medicare		\$ (8,111)	(8,111)			
b. Other ( <i>Specify</i> ) - Non-Medicare		\$ 8,801	8,801			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 11,428,035	11,428,035			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others		\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income ( <i>Specify</i> )		\$ 156	156			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other ( <i>Specify</i> )		\$ 376,115	376,115			
<b>V. Total Other Revenue</b> (1 thru 8)		\$ 376,271	376,271			
<b>VI. Total All Revenue</b> (III +V)		\$ 11,804,306	11,804,306			

\* 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)
	Sequester Reduction Part B	\$ (8,401)		
	Prior Year Related Adjustments	\$ 290		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (8,111)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Prior Year Related Adjustments	\$ 11,356		
	Current Year Related Adjustments	\$ (2,555)		
	<b>Total Other Resident Revenue</b>	<b>\$ 8,801</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31/A2	Operating Account	376,920	\$ 156		
	<b>Total Interest Income</b>	<b>\$ 156</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Medicaid Stimulus Payments	\$ 34,409		
	HHS Cares Act Grant	\$ 341,706		
	<b>Total Other Revenue</b>	<b>\$ 376,115</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,335,121
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	752,289
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	365
4. Inventories			\$	
5. Prepaid Expenses			\$	248,044
a. Insurance		204,189		
b. Required Payment to IRS		8,737		
c.				
d. See Schedule		35,118		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,335,819
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	512,490	\$	109,150
	Accum. Depreciation	403,340	Net	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	1,491,244	\$	665,483
	Accum. Depreciation	825,761	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	1,052,384	\$	444,317
	Accum. Depreciation	608,067	Net	
7. Motor Vehicles	*Historical Cost	87,796	\$	
	Accum. Depreciation	87,796	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,218,950

\* 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	
16	M13	Software	\$ 6,888
22	10C	Property Tax	\$ 5,391
22	6A	Maintenance	\$ 3,528
22	6A	Emergency Water	\$ 937
16	M13	Postage Rental	\$ 313
16	M13	Computer Expense	\$ 1,270
33	A3	Computer Lease Final Payment	\$ 605
15	1A5	Health Insurance	\$ 13,602
31	B4	Improvement Downpayment	\$ 2,584
<b>Total Prepaid Expenses</b>			<b>\$ 35,118</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 3,554,769
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$ 170,000
2. Land Improvements	*Historical Cost			
	Accum. Depreciation	Net		\$
3. Buildings	*Historical Cost	5,173,137		
	Accum. Depreciation	5,128,835	Net	\$ 44,302
4. Non-Movable Equipment	*Historical Cost	173,984		
	Accum. Depreciation	117,085	Net	\$ 56,899
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net		\$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation	Net		\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$ 271,201
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$ 279,216
Name and Address	Amount	Loan Date		
Filosa for Nursing/Staples Realty	279,216	Various		
7. Other Assets ( <i>itemize</i> )				\$ 104,269
Bed Licenses	88,000			
Financing/Closing Cost Loan	16,269			
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 383,485
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 4,209,455

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

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 607,095
2. Notes Payable ( <i>itemize</i> )				\$ 691,472
USB Line of Credit				691,472
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$ 2,371
Name of Lender	Purpose	Amount	Date Due	
Navitas	Computers	2,371	02/03/23	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 345,880
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$ 10,428
6. Accrued Payroll Taxes Payable				\$ 25,818
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> )				\$ 334,560
Accrued Expenses				34,035
HHS Cares Act Grant Payable				300,525
See Schedule				
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$ 2,017,624

\* 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 Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				2,017,624
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,017,624

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

Name of Facility	License No.	Report for Year Ended	Page of
Hancock Hall	2185-C	9/30/2022	35   37
Account			Amount
<b>A. Reserves</b>			
1. Reserve for value of leased land			\$ 170,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$ 109,020
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$
4. Reserve for leasehold real properties on which fair rental value is based			\$
5. Reserve for funds set aside as donor restricted			\$
6. Total Reserves			\$ 279,020
<b>B. Net Worth</b>			
1. Owner's Capital			\$
2. Capital Stock			\$ 1,000
3. Paid-in Surplus			\$ 257,500
4. Treasury Stock			\$
5. Cumulated Earnings			\$ 1,279,450
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022			\$ 374,861
7. Total Net Worth			\$ 1,912,811
<b>C. Total Reserves and Net Worth</b>			\$ 2,191,831
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$ 4,209,455

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**H. Changes in Total Net Worth**

Name of Facility	License No.	Report for Year Ended	Page of
Hancock Hall	2185-C	9/30/2022	36   37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$ 1,705,326
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$ 11,804,306
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$ 11,429,445
D. Net Income or Deficit			\$ 374,861
E. Balance			\$ 2,080,187
F. Additions			
1. Additional Capital Contributed ( <i>itemize</i> )			
2. Other ( <i>itemize</i> )			
Staples Realty Depreciation			(376)
F-3. Total Additions			\$ (376)
G. Deductions			
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$ 167,000
Name and Address (No., City, State, Zip)		Title	Amount
See Attached			167,000
2. Other Withdrawings ( <i>Specify</i> )			\$
Purpose		Amount	
3. Total Deductions			\$ 167,000
H. Balance at End of Period			\$ 1,912,811

HANCOCK HALL  
COST YEAR 2022  
LICENSE NO 2185-C

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

DISTRIBUTIONS

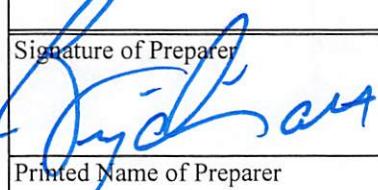
NAME	TITLE	AMOUNT
FRANK D. MALONE	TREASURER	\$ 64,471
BARBARA D. MALONE	SECRETARY	\$ 72,529
MICHAEL D. MALONE	VICE-PRESIDENT	\$ 10,000
JOHN M. MALONE	SHAREHOLDER	\$ 8,000
JENNIFER MALONE-SEIXAS	PRESIDENT	\$ <u>12,000</u>
		\$ <u>167,000</u>

## I. Preparer's/Reviewer's Certification

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	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

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.

Signature of Preparer 	Title CFO	Date Signed 2/15/23
Printed Name of Preparer Benjamin Chianese, CPA		
Address Address 31 Staples Street, Danbury, CT 06810		Phone Number 203-794-9466
Contacted Person Regarding Additional Information Needed Regarding This Report Benjamin Chianese, CPA		Phone Number 203-794-9466
Contact Email Address Bchianese@filosa.com		