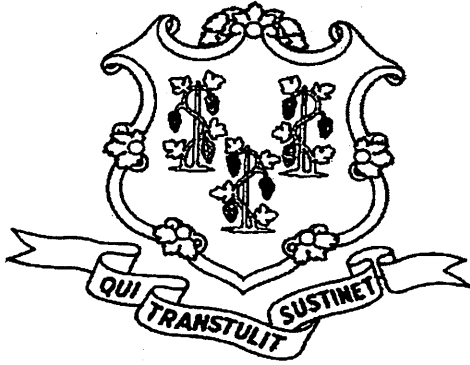


State of Connecticut



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 Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing 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

General Information

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

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

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

(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 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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-794-9466		Report for Year Ended 9/30/2022		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 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 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
 Corporate Owners**

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Filosa Care Center, Inc	31 Staples Street, Danbury, CT 06810	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 Related Parties*

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Staples Realty, LLC	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Building Rental/Depreciation/Real Estate Tax	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
	VARIOUS INSURANCES					
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	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 ACCOUNTANT'S	*	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	Actual	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
	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.					
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	Actual	16.L.6		\$2,072	\$1,139

.located 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 <i>(See listing page 13)</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

1. In the preparation of this Report, were all costs allocated as required? 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.

Name of Facility			License No.	Report for Year Ended			Page	of	
Hancock Hall			2185-C	9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Wells Fargo/Ricoh Usa , PO Box 41554, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier Machine	08/01/18	60 Month Lease	12,241		12,241	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	12,241

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

General Information and Questionnaire
Accounting Basis

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

Services Provided by This Firm (*describe fully*)

1	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	Telephone Number
1 Michalik, Bauer, Silvia & Ciccarillo, Llp	860-225-8403
2	
3	
4	
5	

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

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

Services Provided by This Firm (*describe fully*)

1	Collections	\$	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													
A. On last day of PREVIOUS report period	96	96			96	96							
B. On last day of THIS report period	96	96							96	96			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	78	78			78	78							
B. As of midnight of THIS report period	71	71							71	71			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,279	3,279			2,670	2,670			609	609			
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	RHNS	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													
A. Medicare - Part B							753	753					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							1,071	1,071					
D. Total Speech Therapy Treatments							1,824	1,824					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							6,778	6,778					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							9,990	9,990					
D. Total Occupational Therapy Treatments							16,768	16,768					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Hancock Hall	2185-C	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>	<i>6,298,744</i>	<i>222,176</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Covid Related Bonus, Incentives and Shift Coach	\$ 273,519	1,476				
Total	\$ 273,519	1,476	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Hancock Hall				2185-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Jennifer Malone-Seixas	147,132					400				
Michael Malone	19,587					36			21	10,234
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

HANCOCK HALL
 COST YEAR 2022
 LICENSE NO 2185-C

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

OWNER SALARY

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

ADMINISTRATOR ALLOWANCE

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

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Hancock Hall				2185-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jennifer Malone-Seixas	87,133					1,680				
Elyse Dent	24,642					400				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Hancock Hall	2185-C	9/30/2022	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	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-13 Total Fees Paid in Lieu of Salaries	820,985	13,355				

* 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 Hancock Hall		License No. 2185-C	Report for Year Ended 9/30/2022	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, 100 Crossing Boulevard, Suite 300, Framingham, MA 01702-	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
Symbria Rehab, 28100 Torch Parkway, Warrenville, IL 60555	PT, OT And Speech Evaluations And Treatment	<input type="radio"/>	<input checked="" type="radio"/>		
Orestes J. Arcuni, 4 Bartram Drive, West Redding, CT 06896	Psychiatric Evaluations And Services	<input type="radio"/>	<input checked="" type="radio"/>		
SincereOne Nursing Care, LLC, 487 Federal Road #C3, Brookfield, CT 06804	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Members Of Organized Medical Staff (Robert Ruxin, Md/ Jeanine Famiglietti, Md/Frederick	Infection Control Review, Pharmaceutical Review, Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Laurie A. Figliola RDN, 12 Grays Farm Road, Weston, CT 06883	Dietitian	<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"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2022	15	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 (<i>Specify</i>) 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 (<i>Specify</i>)*	\$			
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 (<i>Specify purpose and attach copy</i>)*	\$			
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 (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 470,217	470,217		
Subtotal	\$ 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Pre-Employment Expenses	\$ 14,144		
Total	\$ 14,144	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Hancock Hall	2185-C	9/30/2022	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,650,333	1,650,333		
i. Travel and Entertainment					
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	\$				
m. Other Administrative and General Expenses					
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		
C-14 Total Administrative & General Expenditures		\$ 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

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		
Total Dues	\$ 7,602	\$ -	\$ -

Schedule of Contributions

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

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		
Total Other Administrative and General	\$ 225,031	\$ -	\$ -

Schedule C-1 - Management Services*

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Dietary Small Equipment Dietary Equipment Rental	\$ 6,021	6,021		
2D. Total Dietary Expenditures (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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Laundry Equipment Rental and Small Equipment		\$ 9,828	9,828		
3D. Total Laundry Expenditures (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 Hancock Hall		License No. 2185-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced	59,633	59,633		
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	48,834	48,834		
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$	3,480	3,480		
	Housekeeping Small Equipment					
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	52,314	52,314		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	107,660	107,660		
	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 (Specify)**** See Attached Schedule	\$	10,137	10,137		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	355,078	355,078		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Dept Small Equipment	\$ 2,552		
Podiatry Chrgs Med A	\$ 503		
Resident Aids, Supplies And Other Small Equipment	\$ 7,082		
Total Other Resident Care	\$ 10,137	\$ -	\$ -

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 Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022			Page 22	of 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>) See Attached Schedule	\$ 71,827	71,827				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 385,988	385,988				
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. Total Depreciation Costs (7a + b + c + d)	\$ 69,939	69,939				
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. Total Amortization Costs (8a + b + c + d)	\$ 52,946	52,946				
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. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,045,008	1,045,008				

* 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)
Refuse Removal	\$ 36,801		
Exterminating	\$ 3,596		
Renovation Project Expenses	\$ 20,540		
Interior Decor-Maint & Supply	\$ 6,826		
Maint Supplies-Small Equip	\$ 4,064		
Total Other Repairs and Maintenance	\$ 71,827	\$ -	\$ -

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)	<u>-</u>	<u>-</u>	<u>-</u>
	\$ 900,000	\$ 900,000	-
OTHER RENTAL PAYMENTS			
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	<u>10,080</u>	<u>10,080</u>	<u>-</u>
	<u>\$ 910,080</u>	<u>\$ 910,080</u>	<u>\$ -</u>
Less Real estate taxes paid by lessor	<u>(92,399)</u>	<u>(92,399)</u>	
	<u>817,681</u>	<u>817,681</u>	

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of					
Hancock Hall		2185-C		9/30/2022			23	37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		512,490		512,490	393,485	SL	Various	9,855					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									9,855				
B. Building and Building Improvements													
1. Acquired prior to this report period		5,173,137	7,000	5,166,137	5,124,413	SL	Various	4,422					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal									4,422				
C. Non-Movable Equipment													
1. Acquired prior to this report period		173,984		173,984	113,688	SL	Various	3,397					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									3,397				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Van Model #E350 SU		x		4	2015	62,400		62,400	62,400				
b. 2013 Hyundai Sante Fe (Disallow)			x	4	2016	25,396		25,396	25,396				
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,030,434		1,030,434	821,766	SL		48,009	
b. Disposals (attach schedule)						279,078			265,964			654	
Acquired during this report period (attach schedule):													
c. Administrative						9,407						305	
d. Standard Resident						291,621						3,297	
e. Specialized Resident													
Total Acquired during this report period						301,028						3,602	
D-3. Subtotal													52,265
E. Total Depreciation													69,939

Schedule of Land Improvements Acquired during this report period

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

*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 Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
8/17/2022	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
Total additions for Movable Equipment			\$ 301,028		\$ 3,602 *
Deletions:					
	See Attached		\$ 279,078	Various	\$ 654
Total deletions for Movable Equipment			\$ 279,078		\$ 654 **

*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:				
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
Total additions for Leasehold Improvement		\$ 406,808		\$ 10,510 *
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
Total deletions for Leasehold Improvement		\$ 27,805		\$ 161 **

*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 INCLINSTALLATIO (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 DRAPERLIES 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-UPLHOLSTER 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-COMLETE	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 BADE 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
						<u>279,077.74</u>	<u>265,310.16</u>	<u>654.24</u>	<u>-</u>	<u>265,964.40</u>

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					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
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				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	FIXED				
b. Date Mortgage Obtained	11/22/16				
c. Interest Rate for the Cost Year	3.31%				
d. Term of Mortgage (number of years)	10				
e. Amount of Principal Borrowed	3,120,000				
f. Principal balance outstanding as of 9/30/2022	1,095,140				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hancock Hall		2185-C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 15,770	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. Total Building Interest Expense (A1 - A4 + B5)			\$ 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		Page	of
Hancock Hall		2185-C		9/30/2022		27	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 650032Dallas, Tx 75265							
B. Item		Rate	Amount				
Energy Efficient Lighting Upg		5.00%	160				
Lender							
Eversource							
Address of Lender							
P.O. Box 650032Dallas, 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	
PRIOR YEAR INSURANCE RELATED ADJUSTMENT		2,084	Disallow
	TOTAL	23,340	14.C.3

Santa Fe 1,407 Disallow

INTEREST EXPENSE

12C2D

Union Savings Bank Line Of Credit 5.75%	\$ 23	
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				License No.	Report for Year Ended	Page	of
Hancock Hall				2185-C	9/30/2022	28	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 176,909	176,909		
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	I.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	L6	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		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A1	Disallowed Officer Salary	\$ 159,074		
10	A2	Disallowed Administrator	\$ 17,835		
Total Other Salaries Adjustment			\$ 176,909	\$ -	\$ -

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)
15	1A4	Excess Fica on Excuded 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		
Total Other A&G Adjustments			\$ 34,743	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Hancock Hall			2185-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 298,599	298,599		
Page 20 - Resident Care Supplies***							
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		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 265	265		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14.C.	Property Insurance	\$ 15,072	15,072		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,000	2,000		
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)				\$ 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	CCNH	RHNS	(Specify)
20	5J	Podiatry Chgs - Part A	\$ 503		
Total Other Ancillary Costs			\$ 503	\$ -	\$ -

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)
27	12D		\$ 2,000		
Total Other Adjustments			\$ 2,000	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
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		
II. Other Resident Revenue				
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		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,428,035	11,428,035		
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$			
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$			
5. Interest Income (<i>Specify</i>)	\$ 156	156		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 376,115	376,115		
V. Total Other Revenue (1 thru 8)	\$ 376,271	376,271		
VI. Total All Revenue (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		
	Total Other Resident Revenue - Medicare	\$ (8,111)	\$ -	\$ -

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)		
	Total Other Resident Revenue	\$ 8,801	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2022	31	37
Account			Amount	
Assets				
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				
A-9. Total Current Assets (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-10. Total Fixed Assets (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
Total Prepaid Expenses			\$ 35,118

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2022	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			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	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				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	383,485
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	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
Hancock Hall		2185-C	9/30/2022	33	37
Account				Amount	
Liabilities					
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. Total Current Liabilities (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)

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

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	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (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	
A. Reserves				
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. Net Worth				
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
C. Total Reserves and Net Worth			\$	2,191,831
D. Total Liabilities, Reserves, and Net Worth			\$	4,209,455

H. Changes in Total Net Worth

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2022	Page 36	of 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 (<i>No., City, State, Zip</i>)		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
				09/30/22

HANCOCK HALL
COST YEAR 2022
LICENSE NO 2185-C

ATTACHMENT TO PAGE 36 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE 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>

\$ 167,000

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				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/15/23		
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				