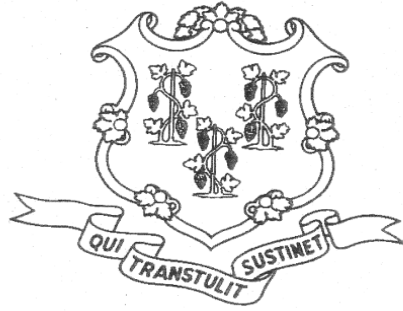


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Hancock Hall	
Address (No. & Street, City, State, Zip Code) 31 Staples Street	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2185-C	(Specify)	(Specify)	Medicare Provider 07-5414
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Medicaid Provider Numbers:	CCNH / RHNS 2185	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 1	of 37
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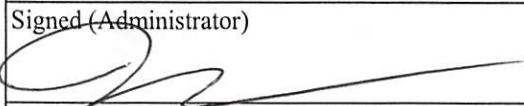

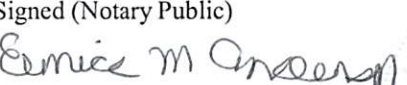
Administrator's/Owner's Certification

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, 2022 and ending September 30, 2023, 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 2/29/24	Signed (Owner) 		Date 2/28/24
Printed Name (Administrator) Jennifer Malone-Seixas			Printed Name (Owner) Dr. Frank Malone, PHD		
Subscribed and Sworn to before me:	State of CT	Date 2/29/24	Signed (Notary Public) 		Comm. Expires 07/31/2025
Address of Notary Public 16 Briar Cliff Manor Bethel CT 06801					

(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 10/1/2022	To 9/30/2023	
Address of Facility 31 Staples Street				
Report Prepared By Benjamin Chianese, CPA	Phone Number 203-241-5223	Date 2/20/2024		
Item	Total	CCNH / RHNS	(Specify)	(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 203-241-5223	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Hancock Hall		Address (No. & Street, City, State, Zip) 31 Staples Street			
License Numbers:	CCNH / RHNS 2185-C	(Specify)	(Specify)	Medicare Provider No. 07-5414	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)					
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> 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 9/12/2023	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.					
Facility was sold to Hancock OPCO d/b/a HavenCare@ Hancock Hall, 119 Melville Avenue Lakewood NJ 08701					
Administrator					
Name of Administrator Sobha Lamontagne			Nursing Home Administrator's License No.:	1688	
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 9/30/2023	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	105 Middle River Road, Danbury, CT 06811	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 9/30/2023	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	851,968	851,968
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
Michael D. Malone	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Corporation Counsel/Officer	10A1	173,810	173,810
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Officer	10A1	534,544	534,544
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	<input type="radio"/>	<input checked="" type="radio"/>		Administrator	10A1	22,168	22,168
Filosa for Nursing and Rehabilitation	13 Hakim Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	34/B3	12,764	12,764
Staples Realty, LLC	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	34/B3	(286,286)	(286,286)
Space Pants LLC	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Off Site Storage	22/9	10,080	10,080
		<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 2023
LICENSE NO 2185-C**

ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

<u>Name of Related Individual or Company</u>	<u>Description of Goods / Services Provided</u>	<u>Indicate Where Costs are Included in Annual Report Page# / Line#</u>	<u>FCH Portion</u>	<u>HH Portion</u>
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	401K PENSION PLAN	Actual 15.1.A.7	\$27,922	\$77,450
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	VARIOUS INSURANCES			
	WORKMENS COMPENSATION	* 15.1.A.1	\$78,758	\$118,139
	DISABILITY	Actual 15.1A.2	\$2,106	\$4,705
	HEALTH AND DENTAL	Actual 15.1.A.5	\$313,917	\$467,708
	PROPERTY:			
	INSURANCE ON PROPERTY	Actual 27.14.A	\$3,310	\$6,642
	INSURANCE OF AUTOMOBILES	Actual 27.14.B	\$3,632	\$4,811
	UMBRELLA	* 27.14.C.1	\$14,134	\$21,200
	FIRE AND EXTENDED COVERAGE	Actual 27.14.C.2	\$54,220	\$75,862
	FIDUCIARY	Actual 27.14.C.3	\$908	\$1,361
	DIRECTORS ,OFFICER, EMPLOYMENT, CYBER	* 27.14.C.3	\$14,293	\$21,439
	TOTAL PROPERTY INS		\$90,497	\$131,315
FILOSA FOR NURSING AND REHABILITATION 13 HAKIM STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:			
	HEAD ACCOUNTANT'S	* 10.11.A	\$70,589	\$105,883
	OTHER ACCOUNTANTS (4)	*** 10.A.6.B	\$67,703	\$139,817
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$26,569	\$41,009
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$57,064	\$82,117
	FOOD SERVICE SUPERVISOR (2)	* 10.A.5.B	\$30,512	\$47,949
	RN - STAFF DEVELOPMENT/INFECTION CONTROL	* 10.A.12.B.2	\$48,122	\$72,183
	RN CLINICAL DIRECTOR	* 10.A.12.B.1	\$844	\$1,265
	HUMAN RESOURCES	* 10.A.4	\$40,381	\$62,081
	ADMISSIONS DIRECTOR	* 10.A.4	\$40,940	\$61,410
	RECREATION DIRECTOR (1)	* 10.A.12.H	\$22,359	\$34,317
	RECREATION WORKERS	Actual 10.A.12.H	\$105,199	\$105,978
	TOTAL WAGES		\$510,282	\$754,009
FILOSA FOR NURSING AND REHABILITATION, 13 HAKIM STREET, DANBURY, CT 06810	TELEPHONE	* 15.1H1	\$2,738	\$5,005
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	\$3,745	\$654

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 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Other Lines of Business

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		56,300		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Hancock Hall			License No. 2185-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(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	71	71			71	71						
B. As of midnight of THIS report period	88	88							88	88		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,053	4,053			3,373	3,373			680	680		
B. Medicaid (Conn.)	16,716	16,716			12,808	12,808			3,908	3,908		
C. Medicaid (other states)												
D. Private Pay	7,241	7,241			5,687	5,687			1,554	1,554		
E. State SSI for RCH												
F. Other (Specify) Medicare Advanatge Plans	1,106	1,106			866	866			240	240		
G. Total Care Days During Period (3A thru F)	29,116	29,116			22,734	22,734			6,382	6,382		
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	15	15			15	15						
5. Total Resident Days (3G + 4A + 4B)	29,131	29,131			22,749	22,749			6,382	6,382		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		

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)	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay		Other State Assisted		
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	52		23				
Per Diem Rate								
a. One bed rm.	650.08			550.00				
b. Two bed rms.	740.00	#####		535.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	3,354	3,354			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	10,530	10,530			
D. Total Physical Therapy Treatments	13,884	13,884			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	419	419			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	885	885			
D. Total Speech Therapy Treatments	1,304	1,304			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,247	4,247			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	10,627	10,627			
D. Total Occupational Therapy Treatments	14,874	14,874			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of				
Hancock Hall	2185-C	9/30/2023		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 / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	708,354	(660,709)	2,373						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,762	(40,564)	2,048						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	14,424	(14,424)	240						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	369,882		11,683						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	47,949		1,229						
c. Dietary Workers	482,521		24,517						
6. Housekeeping Service									
a. Head Housekeeper	41,009		1,209						
b. Other Housekeeping Workers	320,446		19,927						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	82,117	(11,800)	1,208						
b. Other Maintenance Workers	97,179		4,147						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	60,453		3,320						
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant	105,883	(12,000)	1,229						
b. Other Accountants	139,817		5,160						
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	193,222		3,004						
b. RN									
1. Direct Care	919,133		21,083						
2. Administrative**	261,330		3,869						
c. LPN									
1. Direct Care	828,829		24,408						
2. Administrative**	158,167		4,401						
d. Aides and Attendants	1,745,093		76,251						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	140,295		5,477						
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	192,786		6,289						
n. Marketing									
o. Other (Specify) See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	7,044,651	(739,497)	223,072						

* 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 in the Adjustment column.

**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		9/30/2023			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)	(Specify)							
Section I - Operators/Owners										
Jennifer Malone-Seixas	534,544				President	1,728	A1	Filosa for Nusing and Rehab, 13 Hakim St, Danbury, CT 06810		
Michael Malone	173,810				Vice-President	645	A1	Filosa for Nusing and Rehab, 13 Hakim St, Danbury, CT 06810	430	115,873
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Hancock Hall				2185-C		9/30/2023			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)	(Specify)							
Section III - Administrators***										
Jennifer Malone-Seixas	22,168				Administrative Staff Responsible For Facility Management	320	A2			
Elyse Dent	55,357			Same as Other Employees	Administrative Staff Responsible For Facility Management	960	A2			
Sobha Lamontagne	58,237			Same as Other Employees	Administrative Staff Responsible For Facility Management	768	A2			
Section IV - Assistant Administrators										
Sobha Lamontagne	14,424					240	A3			

*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	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	57,870		1,286						
2. Dentist	7,405		65						
3. Pharmacist	18,477		172						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	277,718		4,019						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	17,105		99						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)	525		3						
2. Pharmaceutical Committee (Quarterly meetings)	350		2						
3. Staff Development Committee (Once annually)	400		2						
e. Other (Specify) Psychiatric Evaluations And Services	15,200		76						
9. Speech Therapist									
a. Resident Care	94,469		1,047						
b. Other									
10. Occupational Therapist									
a. Resident Care	324,191		3,134						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	49,249		606						
2. Administrative***									
b. LPN									
1. Direct Care	209,963		3,769						
2. Administrative***									
c. Aides	434,642		11,124						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	1,507,564		25,404						

* 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 in the Adjustment column.

*** 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 9/30/2023	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"/>		
Bell Medical Staffing, 14 Fairfield Dr, Brookfield, CT 06804	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Rightpro Staffing, LLC 100 Reserve Rd #CC210, Danbury, CT 06810	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Hancock Hall	2185-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 118,139	118,139						
2. Disability Insurance	\$ 4,705	4,705						
3. Unemployment Insurance	\$ 45,252	45,252						
4. Social Security (F.I.C.A.)	\$ 446,016	479,163	(33,147)					
5. Health Insurance	\$ 467,708	467,708						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 77,450	77,450						
8. Uniform Allowance	\$ 7,701	7,701						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,405	4,405						
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	\$ 11,288	11,288						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 230	5,742	(5,512)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 46,219	46,219						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 5,005	5,005						
2. Cellular Phones	\$ 1,440	2,965	(1,525)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	112,717	(112,467)					
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	\$ 503,891	503,891						
Subtotal	\$ 1,763,699	1,916,350	(152,651)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Pre-Employment Expenses	\$ 4,405					
Total	\$ 4,405	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 15b	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	\$	11,288
2	Consulting	\$	6,930
3		\$	
4		\$	
			Charge for Services Provided
			\$ 18,218

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

- Yes No Page 15 line d, Page 16 line 11

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Michalik, Bauer, Silvia & Ciccarillo, LLP	860-225-8403
2 Murtha & Cullina LLP	203-772-7728
3 Murtha & Cullina LLP	203-772-7728
4	
5	

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

- 1 35 Pearl Street, Suite 300, New Britain, CT, 06051-2645
- 2 265 Church Street, New Haven CT 06510
- 3 265 Church Street, New Haven CT 06510
- 4
- 5

Services Provided by This Firm (*describe fully*)

1	Collection Related	\$	4,707
2	HealthCare Regs	\$	230
3	General Labor and Employment	\$	805
4		\$	
5		\$	
			Charge for Services Provided
			\$ 5,742

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

- Yes No Page 15 line e

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	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:		1,763,699	1,916,350	(152,651)				
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$ 8,560	8,560						
2. Holiday Parties for Staff	\$ 1,731	1,731						
3. Gifts to Staff and Residents	\$ 3,406	19,802	(16,396)					
4. Employee Travel	\$							
5. Education Expenses Related to Seminars and Conventions	\$ 7,525	23,225	(15,700)					
6. Automobile Expense (not purchase or depreciation)	\$ 380	654	(274)					
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$ 39,566	39,566						
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	21,262	(21,262)					
4. Fund-Raising***	\$							
5. Medical Records	\$ 12,155	12,155						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 8,943	8,943						
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 8,451	8,518	(67)					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 1,318	2,287	(969)					
10. Contributions*** See Attached Schedule	\$ 750	2,550	(1,800)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 33,167	40,097	(6,930)					
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ 119,422	155,676	(36,254)					
C-14 Total Administrative & General Expenditures	\$ 2,009,073	2,261,376	(252,303)					

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising and Promotions	\$ 21,262	\$ (21,262)				
Total Other Advertising	\$ 21,262	\$ (21,262)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
AAPACN	\$ 304					
ALTCFM	\$ 285					
IRS Pin	\$ 67	\$ (67)				
Service Safe	\$ 140					
Medical Staff Dues	\$ 275					
CT Assoc Of Health Care Facilities	\$ 7,447					
Total Dues	\$ 8,518	\$ (67)	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
GoFundMe Kidney for Kenny	\$ 500	\$ (500)				
CAHCF, Inc, Governor's Bal	\$ 200	\$ (200)				
Cultural Alliance Of W Conn	\$ 1,100	\$ (1,100)				
Henry Abbott Technical High School	\$ 750					
Total Contributions	\$ 2,550	\$ (1,800)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Computer Related Expenses And Software	\$ 95,407					
Internet Fees	\$ 7,838					
Bank Service Charges And Merchant Fees	\$ 8,811	\$ (8,811)				
Miscellaneous Expense	\$ 8,193	\$ (8,193)				
Amortization Exp Financing Costs	\$ 14,913	\$ (14,913)				
Office Shredding	\$ 4,932					
Admin/Office Small Equipment	\$ 2,347					
Resident Related Misc Expense	\$ 1,321	\$ (764)				
Other Covid Related Costs	\$ 3,251					
Equipment Rental - Short-Term	\$ 6,528	\$ (3,573)				
Facility License/Fees	\$ 2,135					
Total Other Administrative and General	\$ 155,676	\$ (36,254)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	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	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 239,886	239,886					
2. Non-Food Supplies	\$ 25,562	25,562					
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____						
c. Other (Specify) _____ Dietary Equipment Rental Dietary Dept Small Equipment	\$ 3,178	3,178					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 268,626	268,626					
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)	
F. Resident Meals: Total no. of meals served per day:*	253	253					
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 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$	11,940	11,940				
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. \$	15,071	15,071				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Laundry Equipment Rental		\$	7,558	7,558				
3D. Total Laundry Expenditures (3a + b + c)		\$	34,569	34,569				
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 9/30/2023				Page 20	of 37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel	56,300	56,300					
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	61,787	61,787					
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel							
		Amt. \$							
	C. Other (<i>Specify</i>)	\$							
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	61,787	61,787					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from Omnicare	\$		151,655	(151,655)				
	b. Medicine Cabinet Drugs	\$	868	868					
	c. Medical and Therapeutic Supplies	\$	178,391	192,754	(14,363)				
	d. Ambulance/Limousine***	\$		596	(596)				
	e. Oxygen								
	1. For Emergency Use	\$							
	2. Other***	\$		18,018	(18,018)				
	f. X-rays and Related Radiological Procedures***	\$		6,271	(6,271)				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$							
	h. Laboratory***	\$		2,932	(2,932)				
	i. Recreation	\$	9,005	9,005					
	j. Direct Management Services*	\$							
	k. Indirect Management Services*	\$							
	l. Cable TV	\$	24,235	24,235					
	m. Other (Specify)**** See Attached Schedule	\$	8,420	9,208	(788)				
	n. Physical Therapy Expense	\$							
	o. Speech Therapy Expense	\$							
5P.	Total Resident Care Expenditures (5a - 5o)	\$	220,919	415,542	(194,623)				

* 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 in the Adjustment column.

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Nursing Dept Small Equipment	\$ 7,833					
Podiatry Chrgs Med A	\$ 788	\$ (788)				
Resident Aids, Supplies And Other Small Equipment	\$ 587					
Total Other Resident Care	\$ 9,208	\$ (788)	\$ -	\$ -	\$ -	\$ -

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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 9/30/2023			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)	(Specify)	Pg	Line
Clifton Larson Allen LLP	Drive, Ste 310, Quincy Ma 02169	<input type="radio"/>	<input checked="" type="radio"/>	Accounting Services		11,288			15	1D
Network Synergy	Trumbull, Ct 06611	<input type="radio"/>	<input checked="" type="radio"/>	Computer Services, Maintenance And Hosting		33,326			16	M13
Symbria Rehab	28100 Torch Parkway, Warrentville, Il 60555	<input type="radio"/>	<input checked="" type="radio"/>	Pt, Ot And Speech Evaluations And Treatment		696,378			13	B5a,B
Orestes J. Arcuni	4 Bartram Drive, West Redding, Ct 06896	<input type="radio"/>	<input checked="" type="radio"/>	Psychiatric Evaluations And Services		15,200			13	B3
Center For Comprehensive Care, LLC	580 Long Hill Ave, Shelton, Ct 06474	<input type="radio"/>	<input checked="" type="radio"/>	Medical Director		17,105			13	B8a
Onmicare	Po Box 78000, Detroit, Mi 48278-1668	<input type="radio"/>	<input checked="" type="radio"/>	Pharmacist		18,477			13	B3
SincereOne Nursing Care, LLC	487 Federal Road #C3, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>	Nursing Agency		618,695			13	B11
Laurie A Figliola Rdn	12 Grays Farm Road, Weston, Ct 06883	<input type="radio"/>	<input checked="" type="radio"/>	Dietician - Dietary Needs And Reports		57,870			13	B1
Bell Medical Staffing	14 Fairfield Dr, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>	Nursing Agency		33,268			13	B11
RightPro Staffing LLC	#CC210, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	Nursing Agency		41,891			13	B11
		<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
Hancock Hall	2185-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 134,475	134,475						
b. Heat	\$ 46,255	46,255						
c. Light & Power	\$ 80,127	80,127						
d. Water	\$ 55,402	55,402						
e. Equipment Lease (Provide detail on page 22b)	\$ 12,241	12,241						
f. Other (itemize) See Attached Schedule	\$ 53,878	53,878						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 382,378	382,378						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 9,033	9,033						
b. Building & Building Improvements	\$ 4,422	4,422						
c. Non-Movable Equipment	\$ 3,397	3,397						
d. Movable Equipment	\$ 58,004	58,004						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 74,856	74,856						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 107,369	107,369						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 107,369	107,369						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 752,170	752,170						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 109,878	109,878						
c. Personal property taxes	\$ 18,188	18,188						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,062,461	1,062,461						

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

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 Hancock Hall		License No. 2185-C		Report for Year Ended 9/30/2023			Page 22b	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
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 checked="" type="radio"/>	<input 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 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.

Depreciation Schedule

Name of Facility Hancock Hall		License No. 2185-C			Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		512,490		512,490	403,340	SL	Various	9,033					
2. Disposals (attach schedule)		(512,490)			(412,373)								
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									9,033				
B. Building and Building Improvements													
1. Acquired prior to this report period		5,173,137	7,000	5,166,137	5,128,835	SL	Various	4,422					
2. Disposals (attach schedule)		(5,173,137)			(5,133,257)								
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	117,085	SL	Various	3,397					
2. Disposals (attach schedule)		(173,984)			(120,482)								
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									3,397				
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)		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								
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. DISPOSED						(87,796)		(87,796)	(87,796)				
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,052,384		1,052,384	608,067	SL	Various	57,043	
b. Disposals (attach schedule)						(1,062,182)			(666,071)				
Acquired during this report period (attach schedule):													
c. Administrative						9,798						961	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						9,798						961	
D-3. Subtotal									58,004				
E. Total Depreciation										74,856			

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:				
9/11/2023	See Attached	\$ (512,490)		
Total deletions for Land Improvements		\$ (512,490)		\$ - **

*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:				
9/11/2023	Building	\$ (5,142,781)		
9/11/2023	Front Entrance Doors	\$ (15,837)		
9/11/2023	Air Conditioner	\$ (14,519)		
Total deletions for Building Improvements		\$ (5,173,137)		\$ - **

*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:				
9/11/2023	Elevator-Original	\$ (106,045)		
9/11/2023	Elevator - Upgrade	\$ (67,939)		
Total deletions for Non-Movable Equipment		\$ (173,984)		\$ - **

*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:					
12/1/2022	Pitcher Framing	Administrative	\$ 5,815	10	\$ 436
12/14/2022	Hp Probook 440 G9-14"Notebook	Administrative	\$ 1,159	3	\$ 290
5/23/2023	Hp Probooks 440 G9 14" Notebook	Administrative	\$ 2,824	3	\$ 235
Total additions for Movable Equipment			\$ 9,798		\$ 961
Deletions:					
	See Attached		\$ (1,062,182)		\$ -
					\$ -
Total deletions for Movable Equipment			\$ (1,062,182)		\$ -

*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
10/1/2022	Ceiling Tiles	\$ 2,584	15	\$ 296
11/1/2022	Painting -2Nd Fl Lounge And Dining	\$ 38,000	5	\$ 6,583
11/1/2022	Valances - 2Nd Fl Lounge/Dinning	\$ 3,024	10	\$ 168
12/1/2022	Painting Handrails - 1St & 2Nd Fl	\$ 3,200	15	\$ 477
12/1/2022	Resident Room Floors	\$ 44,163	15	\$ 3,313
3/1/2023	Hot Water Heater	\$ 20,844	25	\$ 728
7/1/2023	Fencing, Asphalt Walkway, And Grading Picnic Area	\$ 10,444	5	\$ 116
7/1/2023	Kitchen Sprinkler Replacement	\$ 7,576	10	\$ 51
8/1/2023	Painting Walkway Bridge	\$ 10,750	3	\$ 179
9/1/2023	Fire Alarm Horn Strobe Installation	\$ 10,364	3	\$ -
Total additions for Leasehold Improvement		\$ 150,949		\$ 11,911
Deletions:				
	See Attached	\$ (1,642,193)		
Total deletions for Leasehold Improvement		\$ (1,642,193)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Disposed

Date Retired	(All)
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Row Labels	Original Cost Amount	Beginning Accumulated	Current Yr Depreciation	Sum of Accumulated Depreciation
F&F	617,373.73	261,719.28	28,674.37	290,393.65
1 4-MOTOR HI/LOW ELEECTRIC BED	1,561.36	921.40	119.24	1,040.64
1 ELECTRIC BED WITH SIDE RAILS, HEAD/FOOT BOARD	1,612.48	1,153.60	123.20	1,276.80
2 4-MOTOR HI/LOW ELECTRIC BEDS WITH STAFF CONTROL	1,983.22	1,115.37	151.47	1,266.84
2 AND 3 DRAWER METAL MOBILE PEDESTAL FILE	1,899.41	1,899.41	-	1,899.41
2 LOVESEATS	2,484.34	1,293.75	189.75	1,483.50
20 OCCASIONAL CHAIRS FOR RESIDENT ROOMS	10,353.80	3,537.48	949.08	4,486.56
3 DRAWER LATERIAL FILE	1,145.33	356.16	69.96	426.12
3PC DROP LEAF TABLE/2 CHAIRS	211.00	157.95	12.87	170.82
4 EC BEDS WITH MATTRESSES	2,133.34	1,036.70	162.91	1,199.61
4 ELECTRIC CARE BEDS PANEL STYLE 4 OF 4	1,911.11	889.09	145.97	1,035.06
4 NEW ELECTRIC BEDS	1,911.11	915.63	145.97	1,061.60
4 TV FOR LOUNGE REHAB	935.84	873.60	62.24	935.84
40 BEDSPREADS	2,392.00	2,392.00	-	2,392.00
4-MOTOR HI/LO BED	1,421.27	898.17	108.57	1,006.74
5 CHERRY ARMED BENCHES	2,602.00	1,547.22	159.06	1,706.28
AERON CHAIR	1,083.00	1,083.00	-	1,083.00
AMANA PORTABLE AIR CONDITIONER (2)	1,782.43	1,782.43	-	1,782.43
AQUARIUMS(2)	2,255.00	2,255.00	-	2,255.00
ARC ARM CHAIRS(4)	748.00	748.00	-	748.00
B/B/F PEDESTAL 15X22 (2)	527.00	527.00	-	527.00
BEDS(4)	5,972.00	5,972.00	-	5,972.00
BOOKCASE, TABLE, CABINET	4,376.00	4,376.00	-	4,376.00
BOOKCASES(2)	2,614.00	2,614.00	-	2,614.00
BOOKEND & END TABLES	1,680.00	1,680.00	-	1,680.00
BUFFETS(2)	3,205.00	3,205.00	-	3,205.00
CHAIRS(2) BRANSON	92.00	68.85	5.61	74.46
CHELSEA HORIZ.MIRROR	597.00	597.00	-	597.00
COMPACT ICE MACHINE	1,980.47	1,683.00	181.50	1,864.50
COMPUTER FURNITURE MDS AND 1S NURSES STATION	2,498.75	916.08	152.68	1,068.76
CONFERENCE TABLE	275.00	275.00	-	275.00
CONTEMPORARY SETTEE-REMOVABLE SEAT	1,489.80	1,489.80	-	1,489.80
CUBICLE CURTAIN TRACK	370.00	370.00	-	370.00
DESK FOR D.FOSHAY	1,221.71	142.52	111.98	254.50
DESK SHELL 72X36X29	338.00	338.00	-	338.00
DESK SHELL BOW TOP 72X36X29	356.00	356.00	-	356.00
DESK W RETURN & ATTACHED SHELVING	1,933.00	1,239.70	88.55	1,328.25
DESK WITH LEFT RETURN + TASK CHAIR	1,242.00	590.52	56.98	647.50
DESK, OPEN HUTCH, LAMINATE DOOR, FULL	1,205.30	165.66	55.22	220.88
DESK, PEDESTAL, HUTCH, CHERRY	1,694.74	640.56	103.62	744.18
DESK/CHAIR/SOFA	3,054.00	3,003.69	50.31	3,054.00
DROP LEAF TABLE BRANSON	119.00	89.10	7.26	96.36
EASY CARE BED WITH ASSIST DEVICE	1,702.66	780.12	130.02	910.14
EASYCARE BED	1,852.62	785.07	141.57	926.64
ELECTRIC BED WITH HEAD/FOOT/RAILS//STAFF CONTROL	2,170.81	1,357.20	165.88	1,523.08
ELECTRIC CARE BEDS PANEL STYLE (4)	1,911.11	902.36	145.97	1,048.33
END TABLE/SPINDLE CHAIRS	2,584.00	2,541.72	42.28	2,584.00
EXIT SIGNS/BULLETIN BOARDS ETC.	8,284.00	8,284.00	-	8,284.00
F/F PEDESTAL 15X22 (2)	527.00	527.00	-	527.00
FELLOES 425C1 OFFICE SHREDDER	1,471.03	1,471.03	-	1,471.03
FILE CABINETS	545.00	457.53	33.33	490.86
FISH TANK BLACK	1,099.00	1,099.00	-	1,099.00
FOLDING TABLES	979.00	979.00	-	979.00

FRAMING FOR PICTURES	-	-	-	-
FREESTANDING WATER COOLER TP-O HOT/COLD	837.00	837.00	-	837.00
FURNITURE - DIETARY OFFICE	2,415.63	453.15	110.77	563.92
FURNITURE POMPAOOSUC MILLS	15,086.00	15,086.00	-	15,086.00
GRANDFATHER CLOCK	525.00	525.00	-	525.00
HC/FT BOARD NEW ELECTRIC BED	425.30	241.90	32.45	274.35
HEADBOARD/FOOTBOARD FOR NEW BED	220.17	130.05	16.83	146.88
HIGHGATE BOWFRONT BUFFET 39X22	2,251.00	2,251.00	-	2,251.00
HIGHGATE BOWFRONT BUFFET 60X20	3,124.00	3,124.00	-	3,124.00
INTERIOR FURNISHINGS 1ST FLR REC & 1 SOUTH LOUNGE	5,646.23	2,101.79	345.07	2,446.86
KITCHEN OFFICE FURNITURE	1,409.28	716.14	129.14	845.28
LATERAL FILE CABINET	578.00	578.00	-	578.00
LATERAL FILE CABINET SERIES 500	974.00	795.27	59.51	854.78
LIQUID STORAGE CABINET	670.00	670.00	-	670.00
LOUNGE CHAIRS (2)	1,595.00	1,475.19	119.81	1,595.00
MANUAL CLUTCH SHADES	3,077.00	3,077.00	-	3,077.00
MATRESESS	5,449.37	4,904.28	545.09	5,449.37
MATTRESS (11)	3,978.55	3,448.12	530.43	3,978.55
MEAL DELIVERY CART	16,448.26	1,781.91	1,507.77	3,289.68
MIRRORS(2)	1,740.00	1,740.00	-	1,740.00
NEW ELECTRIC BED FCE1385B	1,421.27	868.56	108.57	977.13
OFFICE FURNITURE	11,493.00	10,905.42	189.97	11,095.39
OFFICE FURNITURE INCL.DESK	1,129.00	1,129.00	-	1,129.00
OFFICE FURNITURE MDS AND 1-S NURSE EXTENSION 1 OF 2	2,305.90	858.27	140.91	999.18
OPEN HUTCH BOOKCASE	655.12	247.52	40.04	287.56
OUTDOOR TABLES,CHAIRS,BENCHES,RECEPTICLES	4,268.00	4,268.00	-	4,268.00
OVAL DINING TABLE(2)	2,773.00	2,773.00	-	2,773.00
OVERBED TABLES	12,474.00	12,474.00	-	12,474.00
OVERBED TABLES(4)	861.00	812.60	48.40	861.00
PEDESTAL DESK ATTACHMENT	307.00	194.56	14.08	208.64
PEDESTAL MOBILE PULLOUT FILE	317.00	195.36	19.36	214.72
PEDESTAL(1)	501.00	501.00	-	501.00
PEDESTALS FOR DESK AREA	1,606.00	1,606.00	-	1,606.00
PITCHER FRAMING	5,815.22	-	436.14	436.14
REFRIGERATORS	1,268.00	1,268.00	-	1,268.00
RESIDENT BED ROOM FURNITURE	124,636.15	1,384.84	7,616.62	9,001.46
RESIDENT ROOM FURNITURE	120,759.94	1,341.78	7,379.79	8,721.57
RESIDENT ROOM LIGHTS	10,284.13	171.40	942.70	1,114.10
RETURN SHELF W FULL MODESTY PANEL	275.00	275.00	-	275.00
ROUND TABLE	295.00	295.00	-	295.00
SAFE	1,473.00	1,473.00	-	1,473.00
SHAKER OAK SIDE TABLES	461.00	461.00	-	461.00
SHAMPOO CHAIR	617.00	617.00	-	617.00
SHELVES FOR MAIL CENTER	1,319.00	1,319.00	-	1,319.00
SIDE RAILS WITH MOUNTING FOR NEW ELECTRIC BED	167.60	102.08	12.76	114.84
SIDE TABLES(3)	461.00	461.00	-	461.00
SINAGE	654.00	654.00	-	654.00
SLEEPER SOFA(LAZYBOY)	1,007.00	1,007.00	-	1,007.00
SOFA TABLE	1,150.00	1,086.30	63.70	1,150.00
SOFA TABLES	4,732.00	4,732.00	-	4,732.00
STACK ON STORAGE (72X14X37)	427.00	427.00	-	427.00
STACKING CHAIRS	705.00	705.00	-	705.00
STORAGE CONTAINER	6,381.00	53.18	584.98	638.16
TAPERED ENE LEG COFFEE TABLES(2)	3,601.00	3,601.00	-	3,601.00
TV STAND	286.00	286.00	-	286.00
UCXTBED ELECTRIC(10)	11,436.00	11,436.00	-	11,436.00
UCXTBED ELECTRIC(20)	35,916.00	34,669.38	1,246.62	35,916.00
ULTRA CARE BED COMPLETE	5,892.00	5,892.00	-	5,892.00
ULTRA CARE BED COMPLETE-ALL ULTRA CARE BEDS ELECTRIC	1,473.00	1,473.00	-	1,473.00

ULTRA CARE COMPLETE ELECTRIC BED	1,473.00	1,473.00	-	1,473.00
ULTRA CARE ELECTRIC BEDS(3)	4,724.00	4,724.00	-	4,724.00
ULTRACARE BED/PANEL/HALF RAIL	2,039.00	2,039.00	-	2,039.00
ULTRACARE ELECTRIC BEDS(2)	2,560.00	2,560.00	-	2,560.00
ULTRACARE ELECTRIC BEDS(3)	5,099.00	5,099.00	-	5,099.00
ULTRACARE ELECTRIC BEDS(5)	6,678.00	6,678.00	-	6,678.00
UNDERCOUNTER ICE CUBER,CLEANER FOR ICE MACHINE	1,936.63	952.26	177.54	1,129.80
VERTICAL FILE CABINET	678.00	561.73	41.47	603.20
WALL DECOR	3,004.00	3,004.00	-	3,004.00
WALL MOUNTED STORAGE CABINETS	758.00	758.00	-	758.00
WATER FOUNTAIN	1,674.00	1,674.00	-	1,674.00
WINDOW SHADES AND VALANCES WINDOW SHADES AND VALANCES WINDOW SHADES AND VALANC	35,940.94	399.34	2,196.37	2,595.71
WORK SURFACE AND DESK REPLACEMENT	2,363.00	1,457.43	144.43	1,601.86
HSKEQ	128,054.58	114,031.50	4,234.54	118,266.04
49 CU. FT. DELUXE REFRIGERATOR	3,660.93	2,379.78	335.61	2,715.39
72" Endurance Restaurant Range 30,000BTU	8,397.40	5,038.56	769.78	5,808.34
AB-MT EQ STAND ADVANCE	238.00	238.00	-	238.00
ACTIVATOR REV3 FOR HOT PLATE SYSTEM	4,056.00	4,056.00	-	4,056.00
AL TRAY DELIVERY CARTS	2,270.00	2,270.00	-	2,270.00
BOS-18 FLOOR STRIPPER	2,065.30	2,065.30	-	2,065.30
BOWLS,8 & 5 OZ. CLEAR DIM.FOR HOT PLATE SYSTEM(160)	158.00	158.00	-	158.00
BOWLS,8OZ CLEAR DIMENSION(160) FOR HOT PLATE SYSTEM	159.00	159.00	-	159.00
CALISLE 16 COMP GLASS RACKS(7)	193.00	193.00	-	193.00
CALISLE 16 COMP W/2 EXTENSIONS(8)	304.00	304.00	-	304.00
CALISLE 36 COMP W/1 EXTENSIONS(9) HOT PLATES	324.00	324.00	-	324.00
CAMBRO DISHWASHER RACKS DOLLY CDR 2020H(3)	477.00	477.00	-	477.00
CAMBRO DOME STORAGE CART	1,267.00	1,267.00	-	1,267.00
CLEANING CADDY W/VAC PKG	1,154.00	1,154.00	-	1,154.00
COMPACT TRAY TRUCK	2,973.55	2,403.66	272.58	2,676.24
CONVECTION OVEN GAS	6,201.00	6,201.00	-	6,201.00
DINING ROOM CHAIRS	5,317.00	5,317.00	-	5,317.00
DISH TABLE	639.00	639.00	-	639.00
DISPOSAL COMMERCIAL	1,130.00	1,130.00	-	1,130.00
DOME COVERS FOR HOT PLATE SYSTEM(120)	1,379.00	1,379.00	-	1,379.00
EAGLE RACK SHELF 606297(3)	1,313.00	1,313.00	-	1,313.00
FLOOR POLISHER LB2000	1,995.00	1,995.00	-	1,995.00
HAMPER	1,093.00	1,093.00	-	1,093.00
HEATED HOLDING AND PROOFING CABINET	2,833.84	881.44	173.14	1,054.58
HOT BASES,HOD,SAGE(120) FOR HOT PLATE SYSTEM	5,695.00	5,695.00	-	5,695.00
ICE MACHINE	2,660.00	2,660.00	-	2,660.00
ICE MACHINE 1ST FLOOR NORTH	2,855.82	2,261.00	261.80	2,522.80
QUICK HEAT PRESS #4288-LAUNDRY LABELER	1,228.71	727.04	112.64	839.68
RACK UNIVERSAL 120 CAPACITY	2,740.64	456.80	251.24	708.04
REFIG.-3 DOOR COOLER TURE T72	4,894.00	4,894.00	-	4,894.00
REFRIGERATOR	529.00	529.00	-	529.00
REFRIGERATOR WHIRLPOOL	529.00	529.00	-	529.00
ROBOT COUPE MODEL # N502	3,547.47	2,128.32	325.16	2,453.48
SHELVES METRO UNIT	1,047.00	1,047.00	-	1,047.00
SHELVING	2,983.00	2,983.00	-	2,983.00
SHELVING METRO UNIT	262.00	262.00	-	262.00
SILO RADIANT HEATED PLATE DISPENSER	2,175.92	1,523.34	398.97	1,922.31
SINK ADVANCE 900 SERIES(3)	1,574.00	1,574.00	-	1,574.00
SPAR MIXER W BOWL	1,876.00	1,876.00	-	1,876.00
STEAM TABLE	6,151.00	6,151.00	-	6,151.00
TABLES W LEGS(2) FOR HOT PLATE SYSTEM	1,550.00	1,550.00	-	1,550.00
UNI MACO WASHER	13,158.00	12,646.30	511.70	13,158.00
UNIMAC DRYER	4,727.00	4,727.00	-	4,727.00
UNIMAC DRYER-MODEL UT075NOM	4,823.00	4,823.00	-	4,823.00
UNIMAC WASHER	13,450.00	12,552.96	821.92	13,374.88

LHIMP	1,631,829.78	825,762.94	107,369.05	933,131.99
1ST FLOOR REC ROOM FLOORING	3,140.60	1,570.20	287.87	1,858.07
200 AMP ELECTRICAL PANEL	14,548.68	6,607.58	666.82	7,274.40
4 IEI KAYPADS STAIRWELLS	3,789.25	2,557.98	347.38	2,905.36
96 PT CONSOLE	7,480.00	7,480.00	-	7,480.00
A/C UNIT	635.00	635.00	-	635.00
A/C UNITS(2)	1,333.00	1,333.00	-	1,333.00
AMANA PTAC A/C	699.00	699.00	-	699.00
AMANA PTAC A/C'S(2)	1,439.00	1,439.00	-	1,439.00
AMANA PTAC A/C'S(3)	6,541.00	6,541.00	-	6,541.00
BACKFLOW PREVENTER	900.00	900.00	-	900.00
BUSINESS OFFICE EXPANSION	27,035.00	8,560.64	619.52	9,180.16
CABINETRY & HARDWARE	2,733.00	2,733.00	-	2,733.00
CABINETS/PLUMBING	1,799.00	1,608.39	109.89	1,718.28
CARPETING PROJECT-COMplete	69,249.37	69,249.37	-	69,249.37
CEILING TILES	31,647.73	605.48	3,626.26	4,231.74
CONCRETE SIDEWALK REPLACED 264 SQ FT AND PAVEMENT 250 SQ FT	4,718.00	2,280.27	288.31	2,568.58
CONCRETE(GREASE TRAP)	1,192.00	803.52	27.28	830.80
COUPLING, LASER ALIGNMENT - PUMP MOTOR	8,348.48	2,434.95	765.27	3,200.22
DESIGN FOR NEW GENERATOR	11,750.00	6,658.56	538.56	7,197.12
DISH ROOM RENOVATION	15,390.00	11,029.50	940.50	11,970.00
DOORS	9,800.00	8,125.17	449.13	8,574.30
DOORS METAL	8,883.00	5,477.48	407.11	5,884.59
DOORS(3)	3,023.00	3,023.00	-	3,023.00
ELECTRICAL PANEL 2ND FLOOR	3,196.83	1,509.60	195.36	1,704.96
EMERGENCY STAIRWELL EAST	3,245.00	1,744.08	148.72	1,892.80
EMERGENCY STAIRWELL NORTH	2,769.00	1,407.88	126.94	1,534.82
EVERSOURCE ENERGY EFFICIENT LIGHTING UPGRADE	39,738.20	16,888.65	3,642.65	20,531.30
EXHAUST FAN	723.00	723.00	-	723.00
EXTRA WORK INTERIOR WALL REPAIR PRIOR TO PAINTING	2,233.35	2,233.35	-	2,233.35
FENCING, ASPHALT WALKWAY, AND GRADING PICNIC AREA	10,443.57	-	116.04	116.04
FIRE ALARM	8,800.00	8,800.00	-	8,800.00
FIRE ALARM REPLACEMENT PROJECT	8,805.78	7,191.24	807.18	7,998.42
FIRE ALARM SYSTEM--FINAL	2,201.45	1,798.30	201.85	2,000.15
FIRE HYDRANT	4,198.00	3,515.49	192.39	3,707.88
FIRE WATCH DURING FIRE PUMP INSTALLATION	6,353.28	2,382.30	291.17	2,673.47
GREASE TRAP PIPING	3,395.00	2,290.68	77.77	2,368.45
GREASE TRAP REPAIR	18,485.00	12,592.77	423.61	13,016.38
HALLWAY CARPETING & WALL DESIGN	2,700.00	2,700.00	-	2,700.00
HALLWAY RENOVATION PROJECT-EXTRA WORK	13,878.68	13,878.68	-	13,878.68
HOT WATER HEATER	20,844.22	-	728.16	728.16
ICE MACHINE WITH BIN	3,328.76	360.62	305.14	665.76
ICE MAKER FOR 1 SOUTH	1,802.63	225.30	165.22	390.52
INFRARED DOOR DETECTOR FOR ELEVATOR	2,446.05	1,291.05	149.49	1,440.54
INSTALL FIRE PUMP	2,424.78	909.00	111.10	1,020.10
INSTALL VINYL PLANK FL IN REC RM	1,350.75	664.34	123.86	788.20
INTERIOR HALLWAYS PAINTING 1 OF 3	13,027.87	13,027.87	-	13,027.87
KITCHEN RTU AND BOILER REPAIRS	2,958.00	2,958.00	-	2,958.00
KITCHEN SPRINKLER REPLACEMENT	7,575.92	-	50.50	50.50
L/I RTU FOR CORRIDORS + NEW CARRIER A/C UNIT	51,573.00	27,076.14	2,363.79	29,439.93
LABOR & MATERIAL TO REPLACE RESIDENT ROOM DOORS AND CEILING TILES	34,325.08	493.70	2,266.15	2,759.85
LABOR AND MASONRY FOR NEW FIRE PUMP	1,007.47	378.00	46.20	424.20
LOADING DOCK DOOR AND FRAME REPLACEMENT	2,744.00	1,291.59	125.73	1,417.32
MANUAL CLUTCH SHADES	1,516.00	1,516.00	-	1,516.00
MECH DOOR EDGE	1,908.00	1,597.95	87.45	1,685.40
MED RMLINEN STOREAGE RENOVATION	4,761.00	3,122.19	111.87	3,234.06
METAL DOOR	1,414.00	1,414.00	-	1,414.00
MIDDLE HOT WATER TANK REPLACEMENT	5,360.58	3,707.61	491.37	4,198.98
NEW AWNING & FRAME	5,883.00	5,883.00	-	5,883.00

NEW DOOR OUTSIDE METAL	3,094.00	2,887.92	189.09	3,077.01
NEW FIRE PUMP	28,083.55	10,062.86	1,287.11	11,349.97
NEW FLOOR	2,214.00	676.39	52.03	728.42
NEW GENERATOR	116,774.00	66,172.16	5,352.16	71,524.32
NEW HEATING EXPANSION TANK	2,677.92	1,450.80	245.52	1,696.32
NEW PRECAST STEPS-EXTERIOR	1,701.60	992.25	103.95	1,096.20
NEW RTU A/C UNIT	14,615.00	14,615.00	-	14,615.00
NURSE CALL PANEL	3,392.00	3,392.00	-	3,392.00
NURSE CALL SYSTEM	40,500.00	40,500.00	-	40,500.00
NURSE CALL SYSTEM CONSOLE	6,179.00	5,766.88	412.12	6,179.00
NURSE CALL/FIRE ALARM	12,280.00	12,280.00	-	12,280.00
PAGING SYSTEM	1,564.00	1,564.00	-	1,564.00
PAINTING -2ND FL LOUNGE AND DINNING	38,000.00	-	6,583.30	6,583.30
PAINTING HANDRAILS - 1ST & 2ND FL	3,200.00	-	476.64	476.64
PAINTING STAIRWELL , RESIDENT ROOMS & SUPPLIES	221,245.84	7,374.86	40,561.73	47,936.59
PAINTING WALKWAY BRIDGE	10,750.00	-	179.17	179.17
PUSH BUTTON LOCKS	1,504.00	1,504.00	-	1,504.00
RECONFIGURE BYPASS & INSTALL NEW BUTTERFLY	9,600.00	6,760.00	440.00	7,200.00
RENOVATION	17,976.00	17,078.52	60.17	17,138.69
RENOVATIONS	8,032.00	7,317.68	490.82	7,808.50
REPAIRS TO WALLS IN PREP FOR PAINTING	5,583.38	5,583.38	-	5,583.38
REPLACE BOILERS & HOT WATER SYSTEM	135,646.00	109,081.67	6,217.09	115,298.76
REPLACE DOMESTIC HEAT PUMP	6,147.03	4,918.08	563.53	5,481.61
REPLACE WALK IN FREEZER DOOR	4,110.43	1,553.12	251.24	1,804.36
REPLACEMENT OF COMPRESSORS A1 & A2 ON CIRCUIT - HALLWAYS	10,129.42	844.05	618.97	1,463.02
RESIDENT ROOM FLOOR	122,175.00	2,036.26	11,199.43	13,235.69
RESIDENT ROOM FLOORS	44,162.50	-	3,312.18	3,312.18
RESURFACE-ASPHALT	33,257.00	33,257.00	-	33,257.00
ROOF REPAIR & REPLACEMENT	22,371.00	21,811.14	559.86	22,371.00
ROOF REPAIR/REPLACEMENT	66,041.00	60,262.23	3,026.87	63,289.10
RTU A/C UNIT	13,258.00	10,901.68	810.26	11,711.94
SHELVING	1,111.00	1,111.00	-	1,111.00
SIGN	1,990.00	1,990.00	-	1,990.00
SIGNAGE	5,417.00	5,417.00	-	5,417.00
SPRINKLER COVERAGE	18,000.00	10,500.00	660.00	11,160.00
STORAGE SHED	3,030.00	3,030.00	-	3,030.00
SUPPLY AND INSTALL CARPETING--1ST & 2ND FLOOR-40% DEPOSIT	46,567.80	46,567.80	-	46,567.80
THROUGH THE WALL EMERGENCY LIGHTS	8,008.35	6,807.48	734.14	7,541.62
VALANCES - 2ND FL LOUNGE/DINNING	3,023.53	-	168.00	168.00
WANDERER ALARM SYSTEM	4,255.07	1,099.26	390.06	1,489.32
ZONE DOME	672.00	672.00	-	672.00
MAINEQ	3,602.00	3,602.00	-	3,602.00
LAWN MOWER	1,748.00	1,748.00	-	1,748.00
SNOW BLOWER	1,854.00	1,854.00	-	1,854.00
MEDEQ	127,812.98	97,978.54	8,810.86	106,789.40
8 OXYGEN CONCENTRATOR	3,967.83	2,645.44	519.64	3,165.08
ADAPTA MESA	1,370.00	1,370.00	-	1,370.00
BLADDER SCANNER CARESONO HD3 PADSCAN 7IN MONITOR 50W	6,115.13	1,164.80	800.80	1,965.60
BLADDERSCAN	12,311.00	12,311.00	-	12,311.00
CHAIR SCALE	1,445.80	819.40	132.55	951.95
CONCENTRATOR	1,069.24	805.71	140.03	945.74
DEFIBRILLATOR	2,127.00	2,127.00	-	2,127.00
DIGITAL CHAIR SCALE W/ A/C ADAPTOR	1,095.08	922.13	100.43	1,022.56
EAR WASH SYSTEM	249.00	249.00	-	249.00
ELECTRIC BEDS(4)-COMPLETE	5,616.00	5,616.00	-	5,616.00
ELECTRIC BED-ULTRACARE	9,817.00	9,817.00	-	9,817.00
EVAC CHAIR	2,328.16	942.48	304.92	1,247.40
HYDROCOLLATOR	688.00	688.00	-	688.00
LIFT GATE	80.00	80.00	-	80.00

MAXI 500 MANUAL DPS SCALE	6,917.54	2,268.82	770.00	3,038.82
MEDROOM REFRIGERATORS(4)	1,604.00	1,604.00	-	1,604.00
NRSNG TRAINING MANIKIN	1,846.77	1,677.51	169.26	1,846.77
OPTIFLEX K1 CPM MACHINE (2)	3,713.00	3,713.00	-	3,713.00
PATIENT CHART RACK W HOLDERS	1,572.00	1,572.00	-	1,572.00
PATIENT LIFT-MARISA MODEL	3,068.00	3,068.00	-	3,068.00
PT EQUIP	6,376.48	4,175.05	835.01	5,010.06
PT EQUIP - TRAINER, ACTIVE PASSIVE, KINEVIA (2)	16,158.38	10,579.80	2,115.96	12,695.76
PT EQUIP - VECTRA GENISYS, ULTRASOUND, INTELECT TRANSPORT	9,792.00	6,411.35	1,282.27	7,693.62
PT EQUIPMENT	4,412.88	2,836.62	577.83	3,414.45
RAMP & CURB TRAININGSET	633.00	633.00	-	633.00
SARA 3000 SCALE	3,505.44	2,103.18	321.31	2,424.49
SCIFIT ALL BODY RECUMBENT STEPPER W SWIVEL	4,133.00	4,133.00	-	4,133.00
SECURITY CAMERAS-CCTV	2,752.00	2,752.00	-	2,752.00
SILENT CAMERA	445.00	445.00	-	445.00
SPOT VITAL SIGN MONITOR	1,108.79	739.20	145.20	884.40
TREATMENT CART	656.00	656.00	-	656.00
TREATMENT CARTS(2)	1,250.00	1,250.00	-	1,250.00
VITAL SIGNS MONITOR	2,143.00	2,143.00	-	2,143.00
WHEELCHAIRS (5) @ \$189.74 EACH	949.00	949.00	-	949.00
WOUND VAC	6,497.46	4,711.05	595.65	5,306.70
OF&CPE	185,339.70	130,736.11	16,284.43	147,020.54
2 DOME CAMERAS 3MP 2.8 MM WITH 8 CHANNEL DVR	3,852.31	3,852.31	-	3,852.31
2 WEB TIME HAND PUNCH TIMECLOCKS	4,900.00	3,062.25	449.13	3,511.38
34 HP BUS DESKTOP PRODESK 405 G4 COMPUTERS	18,983.48	9,491.70	3,480.29	12,971.99
CHROME BOOKS (2)	1,063.50	567.36	195.03	762.39
COMPUTER SOFTWARE AND READER FOR SURVEILLANCE CAMERAS	3,877.55	3,877.55	-	3,877.55
ENHANCED INTERNAL WIFI PROJECT	12,696.06	12,696.06	-	12,696.06
EXCHANGE MIGRATION	5,776.96	5,776.96	-	5,776.96
FILE CABINET	1,655.00	1,655.00	-	1,655.00
FILE CABINETS	316.00	316.00	-	316.00
FIREWALL UPGRADE	2,228.03	1,522.33	408.43	1,930.76
HP BUSINESS DESKTOP,NOTEBOOK,HP DOCKING STATION	5,045.24	3,247.30	924.99	4,172.29
HP ELITEBOOK	1,223.03	1,182.04	40.99	1,223.03
HP LAPTOP	1,082.64	577.28	198.44	775.72
HP PROBOOK 440 G9-14"NOTEBOOK	1,159.22	-	289.80	289.80
HP PROBOOKS (2)	2,020.65	112.26	617.40	729.66
HP PROBOOKS 440 G9 14" NOTEBOOK	2,823.59	-	235.29	235.29
HP PROONE 400 ALL IN ONE COMPUTERS (3)	3,089.47	3,089.47	-	3,089.47
HPE PROLIANT DL 360 RACK SERVER,MEMORY MODULE,HARD	8,359.11	5,433.48	1,532.52	6,966.00
IDENTICARD SYSTEM UPGRADE	1,594.45	1,594.45	-	1,594.45
IDENTICARD UPGRADE SYSTEM	827.51	827.51	-	827.51
IPAD WIFI (8)	3,355.98	783.02	615.23	1,398.25
LAPTOP	1,005.01	139.60	307.12	446.72
LAPTOP COMPUER/MONITOR/KEYBOARD	1,186.81	830.76	217.58	1,048.34
LAPTOP COMPUTER, MONITOR AND DOC	1,084.74	741.28	198.88	940.16
NETWORK SYNERGY, HP BUSINESS DESKTOP	1,627.16	623.76	298.32	922.08
PHASE I NETWORK SERVER UPGRADE/CRADLEPOINTS	5,060.00	5,060.00	-	5,060.00
PHASE I NETWORK SERVER UPGRADE/LICENSING	11,984.00	11,984.00	-	11,984.00
PHASE I UPGRADE-DESKTOP (5) OFFICE 2013, RAM	7,289.00	7,289.00	-	7,289.00
RUCKUS WIRELESS ACCESS POINT	1,592.59	1,592.59	-	1,592.59
SAMSUNG TV	595.53	566.01	29.52	595.53
SERVER UPGRADE	1,939.20	1,939.20	-	1,939.20
SIHGLE PEDESTAL DESKS	3,563.00	3,563.00	-	3,563.00
TELEPHONE SYSYEM	56,834.00	35,047.88	5,209.82	40,257.70
VOSTRO NOTEBOOK 5502	5,648.88	1,694.70	1,035.65	2,730.35
PARKIN	512,490.00	403,339.56	9,033.09	412,372.65
ADD'L LIGHTING/ELECTRICAL	2,087.00	1,009.20	76.56	1,085.76
ASPHALT	80,687.00	80,687.00	-	80,687.00

CONSTRUCTION INTEREST ASSET # 695	8,691.00	3,853.01	-	3,853.01
DEMOLISH 27 STAPLES ST FOR PARKING LOT EXPANSION	32,322.00	-	-	-
DRAINAGE/EXCAVATION	129,613.00	129,613.00	-	129,613.00
ENTRANCE SIGNAGE & OTHER PARKING SIGNAGE	2,831.00	1,368.80	103.84	1,472.64
ENTRY WALL	19,877.00	9,607.70	728.86	10,336.56
GUARDRAIL-LANDSCAPE	2,405.00	1,937.20	146.96	2,084.16
HH ENTRY WALL	19,877.00	9,607.70	728.86	10,336.56
IRRIGATION SYSTEM	8,103.00	6,527.90	495.22	7,023.12
LANDSCAPING	26,222.00	26,222.00	-	26,222.00
MASONRY-CONCRETE SIDEWALKS	62,205.00	50,109.10	3,801.38	53,910.48
MISC.COSTS	1,350.00	1,350.00	-	1,350.00
NEW PARKING LOT LIGHTING	46,419.00	22,435.85	1,702.03	24,137.88
RETAINING WALLS & STONE WALLS	27,259.00	16,469.10	1,249.38	17,718.48
SOFT COST	42,542.00	42,542.00	-	42,542.00
VEH	87,795.87	87,795.87	-	87,795.87
2013 HYUNDAI SANTA FE	25,395.87	25,395.87	-	25,395.87
2015 FORD VAN MODEL#E350 SUP-RESIDENT TRANSPORT	53,040.00	53,040.00	-	53,040.00
DEPOSIT RESIDENTS VAN	9,360.00	9,360.00	-	9,360.00
Grand Total	3,294,298.64	1,924,965.80	174,406.34	2,099,372.14

Amortization Schedule*

Name of Facility Hancock Hall			License No. 2185-C		Report for Year Ended 9/30/2023			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				1,491,244	825,761	SL	Various	104,491	
2. Disposals (attach schedule)				(1,642,193)	(942,163)				
3. Acquired during this report period (attach schedule)				150,949				11,911	
C-4. Subtotal									116,402
D. Total Amortization									116,402

* 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 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		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
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 Paid off				
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	9/30/2023					26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
12. Interest									
A. Building, Land Improvement & Non-Movable Equipment									
1. First Mortgage		\$ 24077	48,609	(24,532)					
Name of Lender		Rate							
Union Savings Bank		Various							
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)		\$ 48,609	48,609	(24,532)					

(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		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:				48,609	48,609	(24,532)				
12. C. Movable Equipment										
1. Automotive Equipment										
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)										
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)										
12. D. Other Interest Expense (Specify) Late Finance Charges and Penalties					2,854	(2,854)				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 24,077	51,463	(27,386)				
14. Insurance										
a. Insurance on Property (buildings only)				\$ 6,642	6,642					
b. Insurance on Automobiles				\$ 3,469	4,811	(1,342)				
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$ 21,200	21,200					
2. Fire and Extended Coverage				\$ 75,862	75,862					
3. Other (Specify) See Attached				\$ 17,068	24,097	(7,029)				
14d. Total Insurance Expenditures (14a + b + c)				\$ 124,241	132,612	(8,371)				
15. Total All Expenditures (A-13 thru C-14)				\$ 12,000,849	13,223,029	(1,222,180)				

HANCOCK HALL
COST YEAR 2023
LICENSE NO 2185-C

ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

INSURANCE PAID

	Fiduciary	\$	1,361	
	Directors And Officer		7,029	Disallow
	Employment		7,932	
	Crime		778	
	Professional Liability		1,297	
	Cyber Liability		5,700	
Prior Year Insurance Related Adjustment			-	Disallow
	TOTAL		<u>24,097</u>	14.C.3

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Hancock Hall	2185-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,613,360	8,613,360			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,570,082)	(3,570,082)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,136,106	2,136,106			
b. Medicare Room and Board Contractual Allowance **	\$ 614,838	614,838			
4. a. Private-Pay Residents and Other	\$ 4,407,295	4,407,295			
b. Private-Pay Room and Board Contractual Allowance **	\$ (47,793)	(47,793)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 313,145	313,145			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (311,060)	(311,060)			
c. Prescription Drugs - Non-Medicare	\$ 82,105	82,105			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (82,105)	(82,105)			
2. a. Medical Supplies - Medicare	\$ 20,533	20,533			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (20,533)	(20,533)			
c. Medical Supplies - Non-Medicare	\$ 4,664	4,664			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (4,664)	(4,664)			
3. a. Physical Therapy - Medicare	\$ 423,488	423,488			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (301,932)	(301,932)			
c. Physical Therapy - Non-Medicare	\$ 75,999	75,999			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (75,999)	(75,999)			
4. a. Speech Therapy - Medicare	\$ 87,779	87,779			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (50,289)	(50,289)			
c. Speech Therapy - Non-Medicare	\$ 10,365	10,365			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (10,365)	(10,365)			
5. a. Occupational Therapy - Medicare	\$ 496,549	496,549			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (338,906)	(338,906)			
c. Occupational Therapy - Non-Medicare	\$ 84,403	84,403			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (84,403)	(84,403)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (21,575)	(21,575)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,475	2,475			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,453,398	12,453,398			
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>)	\$ 229	229			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,841,217	1,841,217			
V. Total Other Revenue (1 thru 8)	\$ 1,841,446	1,841,446			
VI. Total All Revenue (III +V)	\$ 14,294,844	14,294,844			

* 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)	(Specify)
	Sequester Reduction Part B and other Adjustments	\$ (21,575)		
	Total Other Resident Revenue - Medicare	\$ (21,575)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Prior Period and Other Adjustments	\$ 2,475		
	Total Other Resident Revenue	\$ 2,475	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Union Savings Bank Checking	-	\$ 229		
	Total Interest Income		\$ 229	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	PROCEEDS FROM SALE RELATED TO OPERATING EXPENSES	\$ 25,048		
	HHS CARES ACT GRANT ALLOCATION	\$ 300,525		
	NET GAIN FROM FACILITY SALE	\$ 1,515,644		
	Total Other Revenue	\$ 1,841,217	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	200,183
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	303,920
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	57,186
4. Inventories			\$	
5. Prepaid Expenses			\$	62,479
a. Insurance	47,625			
b. Tax Refund	6,906			
c. _____				
d. See Schedule	7,948			
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)			\$	623,768
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

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

* 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	
		Office Software	\$ 3,779
		Health Insurance	\$ 2,551
		Pharmacy	\$ 1,618
		Total Prepaid Expenses	\$ 7,948

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	623,768
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	424,800
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	424,800
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,048,568

* 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 Hancock Hall		License No. 2185-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	192,125
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	74,000
12. Other Current Liabilities (<i>itemize</i>)				\$	20,073
Accrued Expenses		20,073			

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	286,198

* 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 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			286,198	
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>)				\$ 273,522
Name and Address of Lender	Amount	Loan Date		
Filosa for Nursing/Staples Realty	273,522			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 273,522
C. Total All Liabilities (Lines A-13 + B-5)				\$ 559,720

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hancock Hall	2185-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	7,819
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			\$	7,819
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	257,500
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(849,286)
6. Gain or Loss for Period	10/1/2022	thru 9/30/2023	\$	1,071,815
7. Total Net Worth			\$	481,029
C. Total Reserves and Net Worth			\$	488,848
D. Total Liabilities, Reserves, and Net Worth			\$	1,048,568

H. Changes in Total Net Worth

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	1,912,811
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,294,844
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,223,029
D. Net Income or Deficit			\$	1,071,815
E. Balance			\$	2,984,626
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>) Staples Realty Depreciation (28,537)				
F-3. Total Additions			\$	(28,537)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	2,475,060
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
See Attached			2,475,060	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	2,475,060
H. Balance at End of Period			\$	481,029
				09/30/23

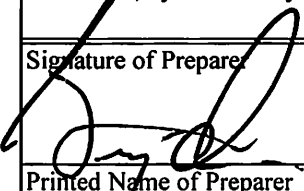
HANCOCK HALL
COST YEAR 2023
LICENSE NO 2185-C

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

DISTRIBUTIONS

NAME	TITLE	AMOUNT
FRANK D. MALONE	TREASURER	\$ 990,824
BARBARA A. MALONE	SECRETARY	\$ 1,114,677
MICHAEL D. MALONE	VICE-PRESIDENT	\$ 123,853
JOHN M. MALONE	SHAREHOLDER	\$ 99,082
JENNIFER MALONE-SEIXAS	PRESIDENT	\$ 146,624
		\$ 2,475,060

I. Preparer's/Reviewer's Certification

Name of Facility Hancock Hall	License No. 2185-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<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 2/20/24		
Printed Name of Preparer Benjamin Chianese, CPA				
Address Address 5 Briar Ridge Rd, Danbury, CT 06810		Phone Number 203-241-5223		
Contacted Person Regarding Additional Information Needed Regarding This Report Benjamin Chianese, CPA		Phone Number 203-241-5223		
Contact Email Address Bchianese@bccpa.us				