

February 14, 2024

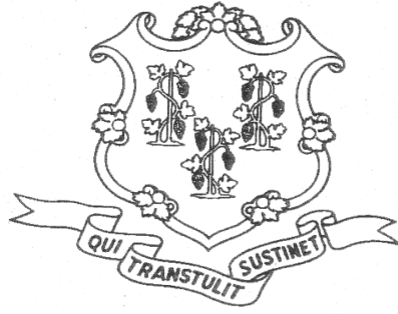
Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2023 Medicaid Cost Report for The Bradley Home (the Home).

In preparing this cost report, we did not perform any disallowances for the administrator or assistant administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy for the SNF, which were paid for by entities other than the Medicaid Program. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We did reduce RN and LPN salary cost in the RCH down to the CNA rate and believe this reduced amount is reimbursable. Certain assets included on page 23 should not be considered for reimbursement. On page 22c, depreciation expense for these assets are disallowed. We believe this preparation methodology is in compliance with any rules and regulations of your department and the Federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) The Bradley Home	
Address (No. & Street, City, State, Zip Code) 320 Colony Street, Meriden, CT 06451	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2157-C	(Specify)	Residential Care Home 1377-RCH	Medicare Provider 07-5439
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Medicaid Provider Numbers:	CCNH / RHNS	(Specify)	Residential Care Home
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**General Information**

Name of Facility (as licensed) The Bradley Home	License No. 2157-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 The Bradley Home [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	Signed (Owner)		Date
Printed Name (Administrator) John P. Miller			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Bradley Home		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/14/2024	
Item	Total	CCNH / RHNS	(Specify)	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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) 235-5716		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) The Bradley Home		Address (No. & Street, City, State, Zip) 320 Colony Street, Meriden, CT 06451		
License Numbers:	CCNH / RHNS 2157-C	(Specify) Residential Care Home 1377-RCH	Medicare Provider No. 07-5439	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) Residential Care Home				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator John P. Miller		Nursing Home Administrator's License No.:	001866	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Anne M. Dembski		License No.:	001179	



## General Information and Questionnaire Corporate Owners

Name of Facility The Bradley Home	License No. 2157-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	
The Bradley Home	320 Colony Street, Meriden, CT 06451		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				



## **2022-2023: OFFICERS**

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### General Information and Questionnaire Individual Proprietorship

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire  
 Related Parties\***

Name of Facility The Bradley Home	License No. 2157-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	%**				
		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility The Bradley Home	License No. 2157-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 type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Patient days were used for A&G, dietary, laundry, housekeeping, maintenance, and property costs. Certain costs were allocated directly.				
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.				
A non-related party operates a child daycare program in a building that is owned and located on the grounds of the Facility. The Facility owns residential rental properties (41, 58, 64, and 68 Wilcox Avenue).				

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		44,000		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
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				
<b>Apartments, Independent Living, Assisted Living</b>				
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 The Bradley Home	License No. 2157-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 The Bradley Home		License No. 2157-C			Report for Year Ended 9/30/2023				Page 8	of 37			
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	Residential Care Home	Total	CCNH / RHNS	(Specify)	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	104	30		74	104	30		74					
B. On last day of THIS report period	96	30		66					96	30			66
2. Number of Residents													
A. As of midnight of PREVIOUS report period	54	27		27	54	27		27					
B. As of midnight of THIS report period	56	25		31					56	25			31
3. Total Number of Days Care Provided During Period													
A. Medicare	778	778			612	612			166	166			
B. Medicaid (Conn.)	8,678	8,678			6,414	6,414			2,264	2,264			
C. Medicaid (other states)													
D. Private Pay	1,404	246		1,158	1,128	246		882	276				276
E. State SSI for RCH	8,766			8,766	6,453			6,453	2,313				2,313
F. Other (Specify) Uncompensated	1,131	7		1,124	847	7		840	284				284
G. Total Care Days During Period (3A thru F)	20,757	9,709		11,048	15,454	7,279		8,175	5,303	2,430			2,873
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	211	29		182	208	26		182	3	3			
B. Other Bed Reserve Days	89			89					89				89
5. <b>Total Resident Days (3G + 4A + 4B)</b>	21,057	9,738		11,319	15,662	7,305		8,357	5,395	2,433			2,962

**Schedule of Resident Statistics (Cont'd)**

Name of Facility The Bradley Home	License No. 2157-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)	Residential Care Home	Lost			Gained			CCNH / RHNS	(Specify)	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
9/30/2023			X			8						66	Renovation

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)	Residential Care Home
1st change			3,401
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)	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	2	21		2		6	25	
Per Diem Rate								
a. One bed rm.	PDPM	284.13		420.00		160.00	133.27	
b. Two bed rms.	PDPM	284.13		420.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	2,147	2,147			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
D. <b>Total Physical Therapy Treatments</b>	2,147	2,147			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	469	469			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
D. <b>Total Speech Therapy Treatments</b>	469	469			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	2,157	2,157			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
D. <b>Total Occupational Therapy Treatments</b>	2,157	2,157			



**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of					
The Bradley Home	2157-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	Residential Care Home	Adjustment	Hours
<b>A. Salaries and Wages*</b>									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	98,827		978				115,085		1,138
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	61,658	(3,646)	915				71,801	(4,246)	1,065
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	204,931	(4,879)	6,365				238,643	(5,681)	7,411
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	35,398		907				41,222		1,056
c. Dietary Workers	323,878		16,539				377,157		19,260
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	40,759	(2,138)	916				47,464	(2,489)	1,067
b. Other Maintenance Workers	24,585	(1,120)	1,054				28,630	(1,305)	1,228
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services	22,851	(22,851)	1,299				26,611	(26,611)	1,512
10. Protective Services	61,680		3,343				71,826		3,894
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	153,698		2,582				64,342	(43,862)	1,081
b. RN									
1. Direct Care	385,139	(5,489)	7,816				45,986	(37,334)	794
2. Administrative**	167,201		3,757						
c. LPN									
1. Direct Care	208,747		5,224				275,950	(139,409)	7,207
2. Administrative**									
d. Aides and Attendants	562,991		23,954				162,364	(1,020)	8,570
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	73,266		3,406				95,157		2,582
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	17,719		479				20,633		558
n. Marketing									
o. Other (Specify)									
See Attached Schedule	26,026		1,587				35,251		1,377
<i>A-13. Total Salary Expenditures</i>	2,469,354	(40,123)	81,120				1,718,122	(261,957)	59,800

\* 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 of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			Residential Care Home		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Van Driver	\$ 11,295		641				\$ 13,154		746
Med Secretary	\$ 14,731		946				\$ 22,097		631
<b>Total</b>	<b>\$ 26,026</b>	<b>\$ -</b>	<b>1,587</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 35,251</b>	<b>\$ -</b>	<b>1,377</b>

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			Residential Care Home		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Optical, Audiology, Behavioral Health, Orthopedic, and Other	\$ 726	\$ (726)	Disallowed				\$ 844	\$ (844)	Disallowed
<b>Total</b>	<b>\$ 726</b>	<b>\$ (726)</b>	<b>Disallowed</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 844</b>	<b>\$ (844)</b>	<b>-</b>

**Marketing Disallowance**

Asst. Administrator Salary	\$ 157,835	Page 10, line A3
% of Duties Allocated to Marketing	<u>5.00%</u>	
Total Disallowance	<u>\$ 7,892</u>	
SNF Disallowance	\$ 3,646	Page 10, line A3 SNF
RCH Disallowance	\$ 4,246	Page 10, line A3 RCH

**Maintenance Supervisor/Staff Rental Property Disallowance**

Reported Salary	\$ 88,223	Page 10, line 7a
Reported Hours	<u>1,983</u>	
Hourly Rate	\$ 44.49	
Hours Worked on Rental Properties	<u>104</u>	(2 hours per week)
Total Disallowance	<u>\$ 4,627</u>	
SNF Disallowance	\$ 2,138	Page 10, line 7a SNF
RCH Disallowance	\$ 2,489	Page 10, line 7a RCH

Reported Salary	\$ 53,215	Page 10, line 7b
Reported Hours	<u>2,282</u>	
Hourly Rate	\$ 23.32	
Hours Worked on Rental Properties	<u>104</u>	(2 hours per week)
Total Disallowance	<u>\$ 2,425</u>	
SNF Disallowance	\$ 1,120	Page 10, line 7b SNF
RCH Disallowance	\$ 1,305	Page 10, line 7b RCH

**Barber & Beauty Disallowance**

Barber & Beauty Salary	\$ 49,462	
SNF Disallowance	\$ 22,851	Page 10, line 9 SNF
RCH Disallowance	\$ 26,611	Page 10, line 9 RCH

**Nursing Salaries Disallowance**

RCH Aide Hourly Rate:

Salary page 10	\$ 162,364	Page 10, line A12d
Hours	<u>8,570</u>	Page 10, line A12d
RCH Aide Average Hourly Rate	<u>\$ 18.95</u>	

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	1,081	Page10, line A12a
Allowable Hourly Rate	\$ 18.95	
Allowable Salary	\$ 20,480	
Reported RCH Salary	<u>\$ 64,342</u>	Page10, line A12a
Disallowance	<u>\$ 43,862</u>	Page10, line A12a RCH

RN Wages in Excess of RCH Aide Hourly Rate

RN RCH Hours	794	Page 10, line A12b1
Allowable Hourly Rate	\$ 18.95	
Allowable Salary	\$ 15,043	
Reported RCH Salary	<u>\$ 45,986</u>	Page 10, line A12b1
Disallowance	<u>\$ 30,943</u>	Page 10, line A12b1 RCH

LPN Wages in Excess of RCH Aide Hourly Rate

LPN RCH Hours	7,207	Page 10, line A12c1
Allowable Hourly Rate	\$ 18.95	
Allowable Salary	\$ 136,541	
Reported RCH Salary	<u>\$ 275,950</u>	Page 10, line A12c1
Disallowance	<u>\$ 139,409</u>	Page 10, line A12c1 RCH

**Tuition Reimbursement Disallowance**

*Administration Salary*

Tuition Reimbursement	<u>10,560</u>	
SNF Disallowance	\$ 4,879	Page 10, line A4 SNF
RCH Disallowance	5,681	Page 10, line A4 RCH

*RN Wages*

Tuition Reimbursement	<u>11,880</u>	
SNF Disallowance	\$ 5,489	Page 10, line A12b1 SNF
RCH Disallowance	6,391	Page 10, line A12b1 RCH

*Room Monitor RCH Wages*

Tuition Reimbursement	1,020	Page 10, line A12d RCH
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**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.		Report for Year Ended			Page	of
The Bradley Home				2157-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)	Residential Care Home							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of
The Bradley Home			2157-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) Residential Care Home							
<b>Section III - Administrators***</b>									
John P. Miller (4/17/2023 - present)	41,891		48,784		920	A2			
Anne M. Dembski (1/8/2023 - 4/16/2023)	11,262		13,114		280	A2			
Molly H. Savard (10/1/2022 - 1/7/2023)	45,674		53,187		916	A2			
<b>Section IV - Assistant Administrators</b>									
Anne M. Dembski	61,658		71,801		1,980	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
The Bradley Home	2157-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Residential Care Home	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian	19,115		450				53		1
2. Dentist	9,865	(9,865)	Disallowed				11,487	(11,487)	Disallowed
3. Pharmacist	980		63				233	(233)	15
4. Podiatrist	766	(766)	Disallowed				891	(891)	Disallowed
5. Physical Therapy									
a. Resident Care	63,820		616				18,923	(18,923)	183
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	17,528	(5,271)	65				6,472	(6,472)	24
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
Res-Cardiologist	12	(12)	Disallowed				14	(14)	Disallowed
9. Speech Therapist									
a. Resident Care	31,585		254				12,496	(12,496)	101
b. Other									
10. Occupational Therapist									
a. Resident Care	72,133	(72,133)	690				17,290	(17,290)	165
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	268,799		2,315						
2. Administrative***									
b. LPN									
1. Direct Care	8,984		163						
2. Administrative***									
c. Aides	177,361		5,065						
d. Other									
12. Other (Specify)									
See Attached Schedule	726	(726)	Disallowed				844	(844)	
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>671,673</b>	<b>(88,773)</b>	<b>9,681</b>				<b>68,704</b>	<b>(68,651)</b>	<b>489</b>

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

**Medical Director Disallowance**

SNF Salary p. 13 line 8a	\$	17,528	
SNF Hours p. 13 line 8a		65	
Hourly Rate	\$	269.66	
Allowable Rate	\$	188.57	
Disallowance	\$	<u>5,271</u>	Page 13. line B8a SNF

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility The Bradley Home		License No. 2157-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		
Barbara Dubois, 116 Peters Circle, Southington, CT 06489	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
UCONN School of Dental Medicine, 300 Uconn Health Blvd, Farmington, CT 06030	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England Dental, 533 S Broad St., Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Meriden Dental Group, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David K. Hergott, 166 S. Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Agata Cieslik, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Premier Dental, 727 Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Cloverleaf Dental Center, 1064 E Main St #102, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Staywell Healthcare, Inc, 80 Phoenix Ave, Waterbury, CT 06702	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Meriden Family Dental, 470 Lewis Ave, Meriden, CT 06451	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Apple Dental, 566 W Main St Unit D, Meriden, CT 06451	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, 6 Thompson Rd, East Windsor, CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy Solutions, 850 Silas Deane Highway, Wethersfield, CT 06109	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Cliff Dreshler-Martell, 377 Broad St, Meriden, CT 06450	Medical Director & Doctor	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
AllShifts, 494 Broad St, 4th Floor, Newark, NJ 07102	RN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network, 653 Main St, Plainville, CT 06479	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurses' Staffing Agency, PO Box 503 South Glastonbury, CT 06073	RN/LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WorldWide Staffing, 222 Sedwick Road, Durham, North Carolina 27713	LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Strategic Nursing Solutions, 169 Hattertown Road, Monroe, CT 06468	RN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Walsh & Massari, 86 West Main Street, Meriden, CT 06451	Doctors	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive Audiology Group, 100 Crossing Blvd, Framingham, MA 01702	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Micha Abeles, 816 Broad Street Unit 14, Meriden,	Doctor	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

\* Use additional sheets if necessary.

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



**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility		License No.	Report for Year Ended		Page	of
The Bradley Home		2157-C	9/30/2023		14a	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Premier Eye Care Group, 35 Pleasant Street #2C, Meriden, CT 06450	Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Connecticut Dermatology Group, 1781 Highland Ave #103, Cheshire, CT 06410	Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Connecticut Mental Health Specialists, 270 Farmington Ave, Farmington, CT 06032	Mental Health Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Eye Physicians of Central CT, 546 South Broad Street, Meriden, CT 06450	Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Solinsky Eye Care, 85 Barnes Road, Wallingford, CT 06492	Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Masstex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Dysphagia Consultants	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
AVI New England, 3074 Whitney Ave, Hamden, CT 06518	Hearing Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Refocus Eye Health, 12 Curtis Street, Meriden, CT 06450	Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Hartford Healthcare, PO Box 419032, Boston, MA 02241	Doctors	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
ProHealth Physicians, PO Box 419745, Boston, MA 02241	Doctors	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Comprehensive Orthopedic, 455 Lewis Ave, Meriden, CT 06451	Orthopedic Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Bradley Home	2157-C	9/30/2023					15	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 33,572	20,117	(309)			13,979	(215)	
2. Disability Insurance	\$ 19,742	11,830	(182)			8,220	(126)	
3. Unemployment Insurance	\$ 13,817	8,733	(134)			6,068	(850)	
4. Social Security (F.I.C.A.)	\$ 290,357	183,514	(2,823)			127,527	(17,861)	
5. Health Insurance	\$ 444,279	266,219	(4,095)			185,000	(2,845)	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 9,633	5,773	(89)			4,011	(62)	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 99,222	59,455	(914)			41,316	(635)	
8. Uniform Allowance	\$							
9. Other (Specify) See Attached Schedule	\$ 32,858	19,690	(303)			13,682	(211)	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 140,414	64,871				75,543		
e. Legal (Services should be fully described on Page 15b)	\$ 20,277	9,368				10,909		
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 16,722	7,726				8,996		
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 22,082	10,202				11,880		
2. Cellular Phones	\$ 488	225				263		
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 190,441	190,441						
<b>Subtotal</b>	\$ 1,333,904	858,164	(8,849)			507,394	(22,805)	

\* 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	Residential Care Home	Adjustment
Dental	\$ 17,735	\$ (273)			\$ 12,324	\$ (190)
Vision	\$ 1,852	\$ (28)			\$ 1,287	\$ (20)
Vaccinations	\$ 103	\$ (2)			\$ 71	\$ (1)
<b>Total</b>	\$ 19,690	\$ (303)	\$ -	\$ -	\$ 13,682	\$ (211)

**Schedule of Other Taxes**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility The Bradley Home	License No. 2157-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 CliftonLarsonAllen LLP	29 South Main Street, West Hartford, CT 06107
2 The American Auditors Group, LLC	1904 E Cataldo Ave. Spokane, WA 99202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Audit, 990, Medicaid and Medicare Cost Reports, ERC Preparation	\$ 134,414
2 Annual 401k Audit	\$ 6,000
3	\$
4	\$
	<b>Charge for Services Provided</b>
	\$ 140,414

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggin & Dana, LLP	203-789-1511
2 Littler Mendelson, PC	203-974-8718
3 Solomon, Krupnikoff, Wyskiel, P.C.	203-235-1659
4	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1 PO Box 1832, New Haven, CT 06508  
 2 PO Box 207137, Dallas, TX 75320  
 3 636 Broad Street, PO Box 835, Meriden, CT 06451  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Employment Law	\$ 10,709
2 Legal representation in CHRO and civil discrimination suits.	\$ 8,331
3 Trade name filings, executive search proposal review.	\$ 1,237
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 20,277

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, line 1e

**Employee Benefits Disallowance**

Salary Allocation	SNF	RCH
4,187,476	2,469,355	1,718,121
	59.00%	41.00%

Unallowable Salaries (SNF) (excludes tuition reimbursement)

Maintenance Supervisor (rental property)	2,138
Maintenance Staff (rental property)	1,120
Barber & Beautician	22,851
Assistant Administrator (marketing duties)	3,646
<b>Total Unallowable SNF Salaries</b>	<b>29,756</b>

Unallowable Salaries (RCH) (excludes tuition reimbursement)

Maintenance Supervisor (rental property)	2,489
Maintenance Staff (rental property)	1,305
Barber & Beautician	26,611
Assistant Administrator (marketing duties)	4,246
<b>Total Unallowable RCH Salaries</b>	<b>34,650</b>

**Total Unallowable Salaries** 64,406

Benefits	Total Amount	% of Total Salary	Total Unallowable	Unallowable SNF Benefits	Unallowable RCH Benefits	
Workmen's Compensation	34,096	0.81%	524	309	215	Page 15, line 1a1
Disability Insurance	20,050	0.48%	308	182	126	Page 15, line 1a2
Unemployment Insurance	14,801	0.35%	228	134	93	Page 15, line 1a3
Social Security (FICA)	311,041	7.43%	4,784	2,823	1,961	Page 15, line 1a4
Health Insurance	451,219	10.78%	6,940	4,095	2,845	Page 15, line 1a5
Life Insurance (employees only)	9,784	0.23%	150	89	62	Page 15, line 1a6
Pensions	100,771	2.41%	1,550	914	635	Page 15, line 1a7
Vision	3,139	0.07%	48	28	20	Page 15, line 1a9
Dental	30,059	0.72%	462	273	190	Page 15, line 1a9
Vaccinations	174	0.004%	3	2	1	Page 15, line 1a9
<b>Total Benefits</b>	<b>975,134</b>					

**Nursing Benefits Disallowance (FICA & FUTA only)**

DON RCH Salary Disallowance	\$ 43,862	
RN RCH Salary Disallowance	\$ 30,943	
LPN RCH Salary Disallowance	\$ 139,409	
<b>Total RCH Salary Disallowances</b>	<b>\$ 214,214</b>	
Total RCH Salaries Page 10	\$ 1,718,120	Page 10 A13
% Disallowed	12.47%	

RCH FICA Page 15	\$ 127,527	RCH portion of Acct #76-01635
% Disallowed	12.47%	
FICA Disallowance	\$ 15,900	Page 15, line 1a4

RCH FUTA Page 15	\$ 6,068	RCH portion of Acct #76-01630
% Disallowed	12.47%	
FUTA Disallowance	\$ 757	Page 15, line 1a3

Total Benefits Disallowance	SNF	RCH	
Workmen's Compensation	309	215	Page 15, line 1a1
Disability Insurance	182	126	Page 15, line 1a2
Unemployment Insurance	134	850	Page 15, line 1a3
Social Security (FICA)	2,823	17,861	Page 15, line 1a4
Health Insurance	4,095	2,845	Page 15, line 1a5
Life Insurance (employees only)	89	62	Page 15, line 1a6
Pensions	914	635	Page 15, line 1a7
Other Benefits	303	211	Page 15, line 1a9

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Bradley Home	2157-C	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
<b>Subtotals Brought Forward:</b>		1,333,904	858,164	(8,849)		507,394	(22,805)	
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$	1,853	(1,853)			2,158	(2,158)	
4. Employee Travel	\$ 291	134				157		
5. Education Expenses Related to Seminars and Conventions	\$ 4,770	2,204				2,566		
6. Automobile Expense (not purchase or depreciation)	\$ 4,368	2,018				2,350		
7. Other (Specify) See Attached Schedule	\$ 647	299				348		
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted (all such expenses)	\$							
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	10,034	(10,034)			11,684	(11,684)	
4. Fund-Raising***	\$							
5. Medical Records	\$ 4,585	2,118				2,467		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	357	(357)			416	(416)	
7. Postage	\$ 1,805	834				971		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 9,429	4,356				5,073		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	330	(330)			384	(384)	
9. Subscriptions	\$ 3,175	1,467				1,708		
10. Contributions*** See Attached Schedule	\$							
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 118,459	54,728				63,731		
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ 178,834	220,748	(138,126)			257,060	(160,848)	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,660,267	1,159,644	(159,549)			858,467	(198,295)	

\* 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	Residential Care Home	Adjustment
Other Travel & Entertainment	\$ 299				\$ 348	
<b>Total Other Travel and Entertainment</b>	<b>\$ 299</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 348</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Marketing	\$ 10,034	\$ (10,034)			\$ 11,684	\$ (11,684)
<b>Total Other Advertising</b>	<b>\$ 10,034</b>	<b>\$ (10,034)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 11,684</b>	<b>\$ (11,684)</b>

## Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
American Express	\$ 805				\$ 938	
Leading Age	\$ 3,234				\$ 3,766	
ALTCFM	\$ 99				\$ 116	
Secretary of State	\$ 19				\$ 22	
CT Association of Health Care Facilities	\$ 162				\$ 188	
Connecticut Association for Therapeutic Recreation	\$ 37				\$ 43	
<b>Total Dues</b>	<b>\$ 4,356</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,073</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Personnel Expense	\$ 31,736	\$ (31,736)			\$ 36,956	\$ (36,956)
Admin - Equipment	\$ 317				\$ 369	
Admin - Miscellaneous	\$ 1,207	\$ (1,207)			\$ 1,406	\$ (1,406)
Volunteer Expense	\$ 24				\$ 28	
Directors & Officers Liability	\$ 6,602				\$ 7,687	
Bank Service Charge	\$ 894	\$ (894)			\$ 1,040	\$ (1,040)
Consulting Service Fees	\$ 66,540				\$ 77,485	
Pooled Trust Plan Expense	\$ 970	\$ (970)			\$ 1,130	\$ (1,130)
Professional Fees - Pension	\$ 6,901				\$ 8,037	
Loss on Disposal of Asset	\$ 98,431	\$ (98,431)			\$ 114,624	\$ (114,624)
Admin - Inspections	\$ 2,238				\$ 2,606	
Gala Expense	\$ 4,888	\$ (4,888)			\$ 5,692	\$ (5,692)
<b>Total Other Administrative and General</b>	<b>\$ 220,748</b>	<b>\$ (138,126)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 257,060</b>	<b>\$ (160,848)</b>

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 17 of 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 #
N/A			

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



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

Name of Facility	License No.	Report for Year Ended				Page	of
The Bradley Home	2157-C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 304,959	142,452	(1,561)			165,886	(1,818)
2. Non-Food Supplies	\$ 57,108	26,384				30,724	
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____						
c. Other (Specify) _____ Supplements/Enterals	\$ 3,890	1,797				2,093	
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 365,957</b>	<b>170,633</b>	<b>(1,561)</b>			<b>198,703</b>	<b>(1,818)</b>
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)	Residential Care Home		
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No					
H. Did you receive revenue from employees?	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.			
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.		858	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Page 30, IV1	
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	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. \$						
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. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	179,131	82,759			96,372	
c. Other (Specify)		\$						
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	179,131	82,759			96,372	
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of	
The Bradley Home		2157-C	9/30/2023				20	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 17,758	8,204				9,554	
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.	\$ 178,731	82,574				96,157	
C.	Other ( <i>Specify</i> ) Linen Expense		\$ 2,755	1,273				1,482	
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 199,244	92,051				107,193	
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$	17,029	(17,029)			19,830	(19,830)
2.	Purchased from		\$						
b.	Medicine Cabinet Drugs		\$ 11,304	5,222				6,082	
c.	Medical and Therapeutic Supplies		\$ 18,389	14,214	(5,718)			16,551	(6,658)
d.	Ambulance/Limousine***		\$	912	(912)			1,061	(1,061)
e.	Oxygen		\$						
1.	For Emergency Use		\$						
2.	Other***		\$	18,717	(18,717)				
f.	X-rays and Related Radiological Procedures***		\$	939	(939)			1,093	(1,093)
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$						
h.	Laboratory***		\$	1,490	(1,490)			1,736	(1,736)
i.	Recreation		\$ 7,634	3,527				4,107	
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$ 9,600	15,988	(8,788)			39,198	(36,798)
m.	Other (Specify)**** See Attached Schedule		\$ 2,310	36,362	(34,052)			39,657	(39,657)
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	<b>Total Resident Care Expenditures (5a - 5o)</b>		\$ 49,237	114,400	(87,645)			129,315	(106,833)

\* 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	Residential Care Home	Adjustment
Medical - Equipment Rental	\$ 2,310					
Resident -Hospital Charges	\$ 23	\$ (23)			\$ 27	\$ (27)
Resident -Clothing	\$ 24	\$ (24)			\$ 29	\$ (29)
Resident -Insurance Premiums	\$ 2,498	\$ (2,498)			\$ 2,910	\$ (2,910)
Resident -Burial Expense	\$ 16,640	\$ (16,640)			\$ 19,378	\$ (19,378)
Resident -Medical Supplies Charged	\$ 5,946	\$ (5,946)			\$ 6,924	\$ (6,924)
Resident -Support Equip. Charged to Residents	\$ 8,860	\$ (8,860)			\$ 10,317	\$ (10,317)
Resident -IRS/Taxes	\$ 61	\$ (61)			\$ 72	\$ (72)
<b>Total Other Resident Care</b>	<b>\$ 36,362</b>	<b>\$ (34,052)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 39,657</b>	<b>\$ (39,657)</b>

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

Name of Facility The Bradley Home			License No. 2157-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)	Residential Care Home	Pg	Line
ASG Information Technologies	9 S Cherry St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	29,396		34,231	16	M11
Deffett Group, Inc	7801 Marysville Rd, Ostrander, OH 43061	<input type="radio"/>	<input checked="" type="radio"/>		Executive Employment Search	28,921		33,678	16	M13
Smartlinx Solutions, LLC	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Software & Services	5,289		6,160	16	M11
UKG, Inc	900 Chelmsford St, Lowell, MA 01851	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Software & Services	9,883		11,509	16	M11
PointClickCare Technologies	Suite 155, Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>		Clinical & Financial Services	10,786		12,560	16	M11
Johnson Controls	27 Inwood Road, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Fire Suppression Maintenance	13,104		15,259	22	6F
AJ Waste	22 Burton Dr, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	9,396		10,942	22	6F
Siemen's	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>		Boiler & Heating Maintenance	8,030		9,352	22	6F
Donna Pardew	341 Bradley Avenue, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lanscaping Services	14,181		16,513	22	6F
Precision Landscaping	231 Hillside Ave, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Lanscaping Services	27,335		31,832	22	6F
Executive Landscaping	37 Nettleton Ave, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Lanscaping Services	5,416		6,308	22	6F
Aegis Energy	Suite 6 Waitsfield, VT 05673	<input type="radio"/>	<input checked="" type="radio"/>		Co-Gen System Maintenance	6,377		7,427	22	6F
Hooker & Holcombe	1300 Hall Blvd #1c, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Pension & Actuarial Services	6,901		8,037	16	M13
Celtic Consulting, LLC	339 Main St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		MDS Consultants	5,317		6,192	16	M13

\* 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).

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2023				Page of 21a   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)	Residential Care Home	Pg	Line
Healthcare Services Group	3220 Tillman Dr # 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	57,959		67,492	19	3b
Healthcare Services Group	3220 Tillman Dr # 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	82,574		96,157	20	4b
		<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"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Bradley Home	2157-C	9/30/2023					22	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 41,971	19,391				22,580		
b. Heat	\$ 101,095	46,706				54,389		
c. Light & Power	\$ 131,613	60,805				70,808		
d. Water	\$ 25,959	11,993				13,966		
e. Equipment Lease <i>(Provide detail on page 22b)</i>	\$							
f. Other <i>(itemize)</i> See Attached Schedule	\$ 248,973	132,548	(17,523)			154,354	(20,406)	
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 549,611</b>	<b>271,443</b>	<b>(17,523)</b>			<b>316,097</b>	<b>(20,406)</b>	
7. Depreciation <i>(complete schedule page 23*)</i>								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 425,754	216,171	(19,472)			251,732	(22,677)	
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 92,023	43,349	(835)			50,481	(972)	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 517,777</b>	<b>259,520</b>	<b>(20,307)</b>			<b>302,213</b>	<b>(23,649)</b>	
8. Amortization <i>(Complete att. Schedule Page 24*)</i>								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other <i>(Specify)</i>	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$							
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$ 2,406	1,112				1,294		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 520,183</b>	<b>260,632</b>	<b>(20,307)</b>			<b>303,507</b>	<b>(23,649)</b>	

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS		(Specify)	Residential Care Home	
		Adjustment			Adjustment
Rental Costs	\$ 13,538	\$ (13,538)			\$ 15,766 \$ (15,766)
Rental Property Maintenance Costs	\$ 3,985	\$ (3,985)			\$ 4,640 \$ (4,640)
Medical Waste Expense	\$ 578				\$ 673
Med - Equipment & Repairs	\$ 3,513				\$ 4,091
Dietary - Equipment	\$ 1,089				\$ 1,268
Dietary - Maintenance & Renovation	\$ 7,016				\$ 8,171
Maintenance -Contracts	\$ 49,666				\$ 57,836
Maintenance - Grounds & Horticulture	\$ 48,674				\$ 56,681
Recreation - Maintenance	\$ 477				\$ 556
Resident Room Needs	\$ 4,012				\$ 4,672
<b>Total Other Repairs and Maintenance</b>	<b>\$ 132,548</b>	<b>\$ (17,523)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 154,354 \$ (20,406)</b>



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

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

Name of Facility The Bradley Home			License No. 2157-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						
N/A	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>								

\* 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.

**Rental Property Depreciation Disallowance**

Asset #	Description	In-Service Date	Cost	Life	Beg Accumulated Depreciaton	CY Depreciation	Ending Book Value
<i>Building/Building Improvements:</i>							
324	Renovation of 1st Floor - 64 Wilcox Ave	4/7/2015	19,992	15	9,996	1,333	8,663
325	64 Wilcox Ave - Property	10/27/2014	97,500	15	51,458	6,500	39,542
350	41 Wilcox Ave - Refinish Hardwood Floors	8/23/2016	3,700	10	2,251	370	1,079
351	41 Wilcox Ave - Raise Stairwell Railing & Replace	8/22/2016	1,875	15	760	125	990
354	41 Wilcox Ave - Building	6/24/2016	106,777	30	22,245	3,559	80,973
356	58 Wilcox Ave - Refinish Hardwood Floors	7/26/2016	3,250	10	2,004	325	921
357	58 Wilcox Ave - Materials to Refinish Floor	7/26/2016	1,817	10	1,121	182	514
360	64 Wilcox Ave - Materials for Painting	9/20/2016	792	10	475	79	238
359	64 Wilcox Ave - Front Porch Improvements	8/15/2016	3,200	15	1,316	213	1,671
379	58 Wilcox Ave - Window Improvement	5/25/2016	1,000	15	422	67	511
380	68 Wilcox Ave- Building	12/5/2016	125,279	30	24,360	4,176	96,743
457	41 Wilcox Ave - Garage Roof	5/12/2021	4,750	10	673	475	3,602
						17,404	Total Building Depreciation Disallowance
						8,040	Page 22, line 7b SNF
						9,364	Page 22, line 7b RCH

*Moveable Equipment:*

369	64 Wilcox Ave - Refrigerator and Stove	7/28/2016	1,377	10	849	138	390
422	58 Wilcox Ave - Electric Range	9/19/2018	854	10	342	85	427
423	64 Wilcox Ave - Refridgerator	9/7/2018	550	10	225	55	270
						278	

**Marketing Depreciation Disallowance**

*Moveable Equipment:*

407	Decker Creative Marketing - Website	4/30/2018	9,250	5	8,171	1,079	-
433	New Website	1/1/2019	2,250	5	1,688	450	112
						1,529	

						1,807	Total Movable Depreciation Disallowance
						835	Page 22, line 7d SNF
						972	Page 22, line 7d RCH

**Roofing Project Depreciation Disallowance**

Asset #	Description	Cost	Life	Depreciation	Date in Service	Life
384	Roof/Chimney Project	2,314,705			9/29/2017	20
Approved Amount		2,000,000				
Excess amount to be disallowed		314,705	20	15,735		
386	Flat Roof	90,100	10	9,010	3/30/2018	10
				24,745	Total Roofing Disallowance	
				11,432	Page 22, line 7b SNF	
				13,313	Page 22, line 7b RCH	

<b>Total Building &amp; Building Improvement Depreciation Disallowance</b>				19,472	Page 22, line 7b SNF	
				22,677	Page 22, line 7b RCH	

### Depreciation Schedule

Name of Facility The Bradley Home		License No. 2157-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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		14,867,753		14,867,753	7,357,137	SL	Various	467,903					
2. Disposals (attach schedule)		(1,674,288)		(1,674,288)	(1,674,288)	SL	Various						
3. Acquired during this report period (attach schedule)		4,269,889		4,269,889		SL	Various						
B-4. Subtotal									467,903				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		56,263		56,263	56,263	SL	Various						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
<b>D. Movable Equipment</b>													
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. GMC Truck with Snow Plow		X		Various	Various	33,249		33,249	32,733	SL	5	516	
b. Leased Van		X		10	16	40,481		40,481	40,481	SL	5		
c. 2018 Subaru		X		10	18	19,468		19,468	15,251	SL	5	3,894	
d. Truck Tires & Transmission & Van		X		Various	Various	24,911		24,911	6,808	SL	4	6,228	
2. Movable Equipment													
a. Acquired prior to this report period						2,498,529		2,498,529	2,139,092	SL	Various	79,410	
b. Disposals (attach schedule)						(56,501)		(56,501)	(50,031)	SL	Various		
Acquired during this report period (attach schedule):													
c. Administrative						44,777				SL	Various	3,708	
d. Standard Resident						3,339				SL	Various	74	
e. Specialized Resident													
Total Acquired during this report period						48,116						3,782	
D-3. Subtotal													93,830
<b>E. Total Depreciation</b>													561,733

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
9/30/2023	RCH Bathroom Renovations	\$ 4,269,889	20	\$ -
<b>Total additions for Building Improvements</b>		\$ 4,269,889		\$ - *
<b>Deletions:</b>				
9/30/2023	Bathrooms/Heat/AC Upgrade	\$ (1,674,288)		
<b>Total deletions for Building Improvements</b>		\$ (1,674,288)		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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			
<b>Additions:</b>					
6/13/2023	Low Rider Beds	Standard Resident	\$ 3,339	15	\$ 74
2/19/2023	Upholster Nine Chairs	Administrative	\$ 1,575	7	\$ 131
12/19/2022	Notebook Computer	Administrative	\$ 1,328	3	\$ 332
3/20/2023	Desktop Computer	Administrative	\$ 1,154	5	\$ 115
6/21/2023	Disaster Recovery Server	Administrative	\$ 11,089	5	\$ 554
7/12/2023	Desktop Computer	Administrative	\$ 1,079	5	\$ 54
3/9/2023	Laundry Machine - Basement	Administrative	\$ 16,833	10	\$ 982
9/28/2023	Front Desk	Administrative	\$ 5,776	20	\$ -
8/29/2023	Notebook Computer	Administrative	\$ 1,443	3	\$ 40
10/3/2022	Payroll Software	Administrative	\$ 4,500	3	\$ 1,500
<b>Total additions for Movable Equipment</b>			<b>\$ 48,116</b>		<b>\$ 3,782</b> *
<b>Deletions:</b>					
9/30/2023	Toilets & Sinks		\$ (2,189)		
9/30/2023	Toilets & Sinks		\$ (1,664)		
9/30/2023	Wheelchair Scale		\$ (2,445)		
9/30/2023	Payroll Software Upgrade		\$ (23,288)		
9/30/2023	Smartlinx Solutions - Software Integration		\$ (9,625)		
9/30/2023	Timeclocks		\$ (6,400)		
9/30/2023	Smartlinx Upgrade Version 6		\$ (7,590)		
9/30/2023	Applicant Tracker Implementation		\$ (3,300)		
<b>Total deletions for Movable Equipment</b>			<b>\$ (56,501)</b>		<b>\$ -</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility The Bradley Home			License No. 2157-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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
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		Donated		
2. Date Structure Completed		04/20/05		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		1936 or 1965		
5. Total Licensed Bed Capacity		96		
6. Square Footage		44,000		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed		
b. Date Mortgage Obtained	08/05/21	09/01/23		
c. Interest Rate for the Cost Year	3.85%	3.85%		
d. Term of Mortgage (number of years)	10	10		
e. Amount of Principal Borrowed	2,000,000	6,000,000		
f. Principal balance outstanding as of 9/30/2023	1,658,356	5,983,187		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 42248	28,641	(9,122)			33,352	(10,623)
Name of Lender Liberty Bank		Rate 3.85%						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender Liberty Bank		Rate 3.85%						
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)		\$ 61,993	28,641	(9,122)			33,352	(10,623)

(Carry Subtotals forward to next page)



Original loan amount	3,000,000
Amount used for capital purposes	<u>2,000,000</u>
% allowable	66.67%
Estimated payoff balance	1,911,000
Calculated amount used for capital	1,274,000
Amount used for roofing project	637,000
Total Liberty Bank loan	2,000,000
% to be disallowed	32%
2023 Interest	61,993
Total Disallowance	<u>19,745</u>
SNF Disallowance	9,122
RCH Disallowance	10,623

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

Name of Facility		License No.	Report for Year Ended				Page	of	
The Bradley Home		2157-C	9/30/2023				27	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Subtotals Brought Forward:			61,993	28,641	(9,122)			33,352	(10,623)
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.	3. Total Movable Equipment Interest Expense (C1 + 2)								
12.	D. Other Interest Expense (Specify) Capital Lease Interest		2,697	1,246				1,451	
13.	<b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		44,945	29,887	(9,122)			34,803	(10,623)
14.	Insurance								
	a. Insurance on Property (buildings only)		85,582	45,392	(5,853)			52,859	(6,816)
	b. Insurance on Automobiles		8,884	4,104				4,780	
	c. Insurance other than Property (as specified above)								
	1. Umbrella (Blanket Coverage)		19,703	9,103				10,600	
	2. Fire and Extended Coverage								
	3. Other (Specify)								
14d.	<b>Total Insurance Expenditures (14a + b + c)</b>		114,169	58,599	(5,853)			68,239	(6,816)
15.	<b>Total All Expenditures (A-13 thru C-14)</b>		8,151,093	5,381,075	(430,456)			3,899,522	(699,048)

## F. Statement of Revenue

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023			Page 30	of 37
Item	Total	CCNH / RHNS	(Specify)	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,176,325	3,699,655		1,476,670		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,548,654)	(1,306,361)		(242,293)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 296,645	296,645				
b. Medicare Room and Board Contractual Allowance **	\$ (416,248)	(416,248)				
4. a. Private-Pay Residents and Other	\$ 506,388	139,028		367,360		
b. Private-Pay Room and Board Contractual Allowance **	\$ (77,497)	(7,140)		(70,357)		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 22,524	22,524				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 2,233	2,233				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 321,257	321,257				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 164,352	164,352				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 342,817	342,817				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 5,612	5,612				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (49,171)	(49,171)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 19	19				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 4,746,602	3,215,222		1,531,380		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 3,291	1,520		1,771		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 686	317		369		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 8,218	3,797		4,421		
8. Other ( <i>Specify</i> )	\$ 3,609,779	1,667,717		1,942,062		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 3,621,974	1,673,351		1,948,623		
<b>VI. Total All Revenue</b> (III+V)	\$ 8,368,576	4,888,573		3,480,003		

\* 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)	Residential Care Home
30/II6a	Med A Xray Rev	\$ 1,514		
30/II6a	Med A Lab Rev	\$ 1,901		
30/II6a	Med B Less Cont Adj	\$ (286,189)		
30/II6a	Med A NTA Revenue (PDPM)	\$ 88,635		
30/II6a	Med A Nursing Revenue (PDPM)	\$ 144,968		
<b>Total Other Resident Revenue - Medicare</b>		\$ (49,171)	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
30/II6b	MNGD Care Lab Rev	\$ 19		
<b>Total Other Resident Revenue</b>		\$ 19	\$ -	\$ -

## Interest Income

## Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	Residential Care Home
30/IV5	Interest - Checking		\$ 317		\$ 369
<b>Total Interest Income</b>			\$ 317	\$ -	\$ 369

## Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
30/IV8	Investment Income - General Fund	\$ 47,412		\$ 55,212
30/IV8	Divident/Rebate Income	\$ 173,417		\$ 201,945
30/IV8	Capital Loss	\$ (138,499)		\$ (161,282)
30/IV8	Unrealized Gain	\$ 1,089,743		\$ 1,269,009
30/IV8	Professional Fees - Investments	\$ (57,208)		\$ (66,618)
30/IV8	Memorial Contributions	\$ 2,313		\$ 2,693
30/IV8	Gala Income	\$ 4,387		\$ 5,108
30/IV8	Prior Year Revenue	\$ (10,861)		\$ (12,648)
30/IV8	Rev - RCH OTC Drugs	\$ 2,019		\$ 2,351
30/IV8	Miscellaneous Income	\$ 17,899		\$ 20,843
30/IV8	Employee Retention Credits	\$ 465,281		\$ 541,821
30/IV8	Carr-House Day Care Rent	\$ 26,482		\$ 30,838
30/IV8	Rental Income	\$ 39,943		\$ 46,514
30/IV8	Death Benefit Proceeds	\$ 5,389		\$ 6,276
<b>Total Other Revenue</b>		\$ 1,667,717	\$ -	\$ 1,942,062

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	635,212
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	323,574
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	11,400
4. Inventories			\$	
5. Prepaid Expenses			\$	5,804
a. Prepaid Expenses	3,804			
b. Prepaid Liability Insurance	2,000			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	115,461
Resident Assets Held	115,461			
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,091,451
B. Fixed Assets				
1. Land			\$	210,767
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>17,463,354</u>		\$	11,312,602
	Accum. Depreciation <u>6,150,752</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>56,263</u>		\$	
	Accum. Depreciation <u>56,263</u>	Net		
6. Movable Equipment	*Historical Cost <u>2,490,144</u>		\$	317,891
	Accum. Depreciation <u>2,172,253</u>	Net		
7. Motor Vehicles	*Historical Cost <u>118,109</u>		\$	12,198
	Accum. Depreciation <u>105,911</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	29,330
Construction in Progress	29,330			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	11,882,788

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	A12	Short Term Disability	\$ 133
33	A12	STD After Tax	\$ 577
33	A12	United Way	\$ 2
33	A12	Accrued Expenses Other	\$ 2,495
33	A12	H/C Savings Plan	\$ 1,173
<b>Total Other Current Liabilities (Itemize)</b>			\$ 4,380

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	12,974,239
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	17,332,972
	Investments	17,332,972		
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	17,332,972
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	30,307,211

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

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,073,459
2. Notes Payable ( <i>itemize</i> )				\$	382,766
Liberty Bank Loan - Current Portion				181,257	
Liberty Bank Construction Loan - Current Portion				201,509	
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> )				\$	206,773
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	25,551
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	310,750
Residents' Assets on Deposit		102,711	Healthcare	9,033	
Accrued Employee Pension		89,165	Tax Shelter Annuity	3,517	
Nursing Home User Fee		48,367	Attachments	67	
Due to Third Party Payor		53,510	See Schedule	4,380	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,999,299

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)



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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				1,999,299
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 7,258,777
Liberty Bank Loan		1,477,099		
Liberty Bank Construction Loan		5,781,678		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,258,777
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,258,076

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
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			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	21,961,156
6. Gain or Loss for Period			\$	(912,021)
7. Total Net Worth			\$	21,049,135
<b>C. Total Reserves and Net Worth</b>			\$	21,049,135
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	30,307,211

### H. Changes in Total Net Worth

Name of Facility The Bradley Home	License No. 2157-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			\$	21,961,054	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,368,576	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	(9,280,597)	
D. Net Income or Deficit			\$	(912,021)	
E. Balance			\$	21,049,033	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$	21,049,033	

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input checked="" type="checkbox"/> (Specify)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<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 <i>Clifton Larson Allen LLP</i>		Title		Date Signed 2/14/2024
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06107			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLACConnect.com				