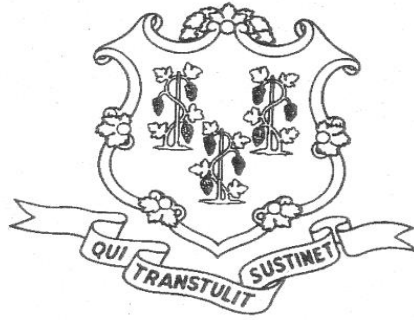


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> Residential Care Home <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2065C	Residential Care Home 1427	Other	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH / RHNS 20652	Residential Care Home	Other
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General Information

Name of Facility (as licensed) Jerome Home	License No. 2065C	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 Jerome 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) Tina Richardson			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Jerome Home		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson		Phone Number 203-623-2930	Date	
Item	Total	CCNH / RHNS	Residential Care Home	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-3707		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Jerome Home		Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH / RHNS 2065C	Residential Care Home 1427	Other	Medicare Provider No. 07-5343
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> Residential Care Home <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input checked="" type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Tina Richardson		Nursing Home Administrator's License No.:	001984	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Jerome Home	License No. 2065C	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	%**				
See attached listing		<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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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

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

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

General Information and Questionnaire
Other Lines of Business

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		77,497		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		Yes		
<i>If yes, please complete the following:</i>				
4,685	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 Jerome Home	License No. 2065C	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 Jerome Home			License No. 2065C		Report for Year Ended 9/30/2023				Page 8	of 37			
	Total All Levels	Total CCNH / RHNS Level	Total	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	Residential Care Home	Other	Total	CCNH / RHNS	Residential Care Home	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	94		26	120	94		26					
B. On last day of THIS report period	120	94		26					120	94			26
2. Number of Residents													
A. As of midnight of PREVIOUS report period	117	92		25	117	92		25					
B. As of midnight of THIS report period	114	89		25					114	89			25
3. Total Number of Days Care Provided During Period													
A. Medicare	3,348	3,348			2,677	2,677			671	671			
B. Medicaid (Conn.)	24,915	17,391		7,524	18,589	13,027		5,562	6,326	4,364			1,962
C. Medicaid (other states)													
D. Private Pay	9,674	8,217		1,457	6,973	5,826		1,147	2,701	2,391			310
E. State SSI for RCH													
F. Other (Specify) Mgd Medicare & Mgd Care	3,982	3,982			2,970	2,970			1,012	1,012			
G. Total Care Days During Period (3A thru F)	41,919	32,938		8,981	31,209	24,500		6,709	10,710	8,438			2,272
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	101	55		46	78	32		46	23	23			
B. Other Bed Reserve Days	207	134		73	190	120		70	17	14			3
5. Total Resident Days (3G + 4A + 4B)	42,227	33,127		9,100	31,477	24,652		6,825	10,750	8,475			2,275

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home	License No. 2065C	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	Residential Care Home	Other	Lost			Gained			CCNH / RHNS	Residential Care Home	Other		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)					

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

Change in Resident Days	CCNH / RHNS	Residential Care Home	Other
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	Residential Care Home	CCNH / RHNS	Residential Care Home	Other	R.C.H.	ICF-MR
No. of Residents	8	47		25	4	9	21	
Per Diem Rate								
a. One bed rm.	PDPM	302.00		602.00	257.00		154.00	
b. Two bed rms.				555.00	244.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	Residential Care Home	Outpatient	Other
A. Medicare - Part B	6,449	1,833		4,616	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	135	135			
2. Restorative Treatments					
C. Other	12,685	12,508		177	
D. Total Physical Therapy Treatments	19,269	14,476		4,793	
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	593	411		182	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	41	41			
2. Restorative Treatments					
C. Other	963	963			
D. Total Speech Therapy Treatments	1,597	1,415		182	
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,812	1,819		993	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	49	49			
2. Restorative Treatments					
C. Other	14,339	14,312		27	
D. Total Occupational Therapy Treatments	17,200	16,180		1,020	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Jerome Home	2065C	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	Residential Care Home	Adjustment	Hours	Other	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	106,867		1,710	29,356		470			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	574,356		18,372	157,775		5,048			
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	62,808		1,600	17,254		440			
c. Dietary Workers	517,784		27,978	142,235		7,686			
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	147,618		8,956	68,160		4,135	13,884	(13,884)	842
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	53,460		1,337	24,684		617	5,028	(5,028)	126
b. Other Maintenance Workers	88,344		4,517	40,791		2,086	8,309	(8,309)	425
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	135,770		8,200						
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	217,983		3,600	59,879		989			
b. RN									
1. Direct Care	1,556,533		33,335	111,155	(55,103)				
2. Administrative**	357,595		7,499	30,548		663			
c. LPN									
1. Direct Care	961,584		25,322	8,128		238			
2. Administrative**	64,413		1,496	5,503		128			
d. Aides and Attendants	2,610,477		120,842	157,043		12,854			
e. Physical Therapists	380,373		10,346				125,942	(125,942)	3,425
f. Speech Therapists	74,634		1,471				9,600	(9,600)	189
g. Occupational Therapists	304,667	(304,667)	8,175				19,206	(19,206)	515
h. Recreation Workers	146,832		6,154	40,335		1,690			
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	131,201		4,465	36,041		1,226			
n. Marketing									
o. Other (Specify) See Attached Schedule	92,687		2,931	25,462		805	35,030	(35,030)	1,460
A-13. Total Salary Expenditures	8,585,986	(304,667)	298,306	954,349	(55,103)	39,075	216,999	(216,999)	6,982

* 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	
Jerome Home				2065C	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	Residential Care Home	Other							
Section I - Operators/Owners										
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	
Jerome Home				2065C	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	Residential Care Home	Other							
Section III - Administrators***										
Tina Richardson	106,867	29,356		Non-Discriminatory		2,180	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Jerome Home	2065C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	Other	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	43,304		804	11,896		221			
2. Dentist	9,122	(9,122)	16	2,506	(2,506)	4			
3. Pharmacist									
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	5,883	(5,883)	126				1,948	(1,948)	42
b. Other									
6. Social Worker									
7. Recreation Worker	9,006		89	2,474		25			
8. Physicians									
a. Medical Director (entire facility)	48,364		283	13,286		78			
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	3,057	(3,057)	33				393	(393)	4
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	31,595		314						
2. Administrative***									
b. LPN									
1. Direct Care	146,314		2,048						
2. Administrative***									
c. Aides	70,516		1,903						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	367,161	(18,062)	5,616	30,162	(2,506)	328	2,341	(2,341)	46

* 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 Jerome Home		License No. 2065C		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				
NUTRACO	DIETICIAN	<input type="radio"/>	<input checked="" type="radio"/>				
HEALTHDRIVE DENTAL	DENTIST	<input type="radio"/>	<input checked="" type="radio"/>				
HARTFORD HEALTHCARE REHAB NETWORK	PHYSICAL AND SPEECH THERAPY	<input checked="" type="radio"/>	<input type="radio"/>				
STARLING PHYSICIANS	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>				
MASS TEX IMAGING	SPEECH DISPHAGIA CONSULTANTS	<input type="radio"/>	<input checked="" type="radio"/>				
SDX	DISPHAGIA CONSULTANTS	<input type="radio"/>	<input checked="" type="radio"/>				
ACCESS CAPITAL INC	AGENCY NURSING	<input type="radio"/>	<input checked="" type="radio"/>				
BRIGHTSTAR CARE OF WEST HARTFORD	AGENCY NURSING	<input type="radio"/>	<input checked="" type="radio"/>				
FUSION MEDICAL STAFFING	AGENCY NURSING	<input type="radio"/>	<input checked="" type="radio"/>				
THE NURSE NETWORK	AGENCY NURSING	<input type="radio"/>	<input checked="" type="radio"/>				
ANDREW LEPAK	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
ANNA DOTOLO	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
ANTHONY RARUS	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
BRIAN GILLIE	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
CAROL A MILLARD	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
CHRIS MERWIN	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DAN A DANIELSON	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DANNY L BERNIER	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DARK HOLLOW FARM	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DAVID SHORTELL	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DENNIS BOSSE	RECREATION ENTERTAINMENT	<input type="radio"/>	<input checked="" type="radio"/>				
DOUGLAS CODIANNI	RECREATION ENTERTAINMENT	<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
Jerome Home	2065C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 203,316	182,978		20,338		4,624	(4,624)	
2. Disability Insurance	\$ 33,348	30,012		3,336		759	(759)	
3. Unemployment Insurance	\$ 5,166	4,649		517		118	(118)	
4. Social Security (F.I.C.A.)	\$ 697,728	627,932		69,796		15,870	(15,870)	
5. Health Insurance	\$ 1,241,541	1,200,728	(79,095)	133,463	(13,555)	30,347	(30,347)	
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 180,514	162,457		18,057		4,106	(4,106)	
8. Uniform Allowance	\$ 74	67		7		2	(2)	
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,121	20,202	(17,645)	2,246	(1,682)	15,936	(15,936)	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	322,500	(322,500)					
d. Accounting and Auditing	\$ 65,289	51,219		14,070				
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 15,063	38,619	(26,802)	10,609	(7,363)			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 14,487	11,365		3,122				
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 21,374	16,768		4,606				
2. Cellular Phones	\$							
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
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	\$ 555,822	555,822						
Subtotal	\$ 3,036,843	3,225,318	(446,042)	280,167	(22,600)	71,762	(71,762)	

* 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	Residential Care Home	Adjustment	Other	Adjustment
Emp Benefits-Emp Physicals & Testing	\$ 20,248	\$ (17,645)	\$ 2,251	\$ (1,682)	\$ 512	\$ (511)
Emp Benefits- Other	\$ (46)		\$ (5)		\$ (1)	
Emp Benefits-Tuition Reimb					\$ 15,425	\$ (15,425)
Total	\$ 20,202	\$ (17,645)	\$ 2,246	\$ (1,682)	\$ 15,936	\$ (15,936)

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Jerome Home	License No. 2065C	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 Crowe, LLP	PO Box 71570, Chicago, IL 60694-1570
2 Jordan Actuarial Services	105 Stone Canyon Rd, Boulder City, NV 89005
3 Clifton Larson Allen LLP	PO Box 829709, Philadelphia, PA 19182-9709
4 Urban & Assoc. and Treas State of CT - Probate Court	2529 Sapphire Greens Lane, Sun City, FL 33573

Services Provided by This Firm (*describe fully*)

1 Form 990, Annual Audit, Pension Plan Audit	\$ 55,490
2 Workers Compensation Study	\$ 4,520
3 Medicare Cost Report Preparation	\$ 3,225
4 Probate Accounting and Filing	\$ 2,054
	Charge for Services Provided
	\$ 65,289

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

- Yes No Accounting p 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggan & Dana	203-498-4400
2 Michalik, Bauer, Silvia & Ciccarillo, LLC	860-225-8403
3 Metzger Lazerek & Plumb LLC	860-549-5026
4 Sabatini and Associates, LLC	860-667-0839
5	

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

- 1 One Century Tower, PO Box 1832, New Haven, CT 06508
- 2 35 Pearl St., Suite 300, New Britain, CT 06051
- 3 56 Arbor St, Hartford, CT 06106
- 4 One Market Square, Newington, CT 06111
- 5

Services Provided by This Firm (*describe fully*)

1 Trustee matters, DHP survey issues, litigation, resident issues, collections - \$4,828 disallowed	\$ 19,891
2 Collections - disallowed	\$ 240
3 Litigation with former employee - disallowed	\$ 6,097
4 Former employee's attorney fees for legal settlement - disallowed	\$ 10,325
5 Legal Settlement - paid to former employee - disallowed	\$ 12,675
	Charge for Services Provided
	\$ 49,228

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

- Yes No Legal p 15 1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Jerome Home	2065C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment	
Subtotals Brought Forward:	3,036,843	3,225,318	(446,042)	280,167	(22,600)	71,762	(71,762)	
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	900	706		194				
3. Gifts to Staff and Residents \$		821	(821)	225	(225)			
4. Employee Travel \$	764	599		165				
5. Education Expenses Related to Seminars and Conventions \$	27,294	21,413		5,881				
6. Automobile Expense (not purchase or depreciation) \$	2,277	1,786		491				
7. Other (Specify) See Attached Schedule \$								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses) \$	6,638	5,207		1,431				
2. Advertising Telephone Directory (all such expenses)*** \$								
3. Advertising Other (Specify)*** See Attached Schedule \$						5,035	(5,035)	
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	6,118	4,800		1,318				
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule \$	16,060	12,599		3,461				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$		248	(248)	68	(68)			
9. Subscriptions \$	1,151	903		248				
10. Contributions*** See Attached Schedule \$								
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$	495,842	432,583	(43,596)	118,831	(11,976)			
12. Administrative Management Services** \$						340,316	(340,316)	
13. Other (Specify) See Attached Schedule \$	5,900	5,950	(1,322)	1,635	(363)	71,494	(71,494)	
C-14 Total Administrative & General Expenditures	\$ 3,599,787	3,712,933	(492,029)	414,115	(35,232)	488,607	(488,607)	

* 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	Residential Care Home	Adjustment	Other	Adjustment
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
A&G Business Promotion-Advertising - disallowed					\$ 5,035	\$ (5,035)
Total Other Advertising	\$ -	\$ -	\$ -	\$ -	\$ 5,035	\$ (5,035)

Schedule of Dues

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
ACHCA	\$ 243		\$ 67			
ALTCFM	\$ 298		\$ 82			
CT-LTMAP	\$ 192		\$ 53			
Leading Age	\$ 11,768		\$ 3,232			
New Britain Network	\$ 98		\$ 27			
Total Dues	\$ 12,599	\$ -	\$ 3,461	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
A&G Bank Expense	\$ 7,213		\$ 1,982			
A&G Licenses	\$ 2,710		\$ 745			
Non-Operating Bank Fees					\$ 71,241	\$ (71,241)
Volunteer Rel Exp	\$ 372	\$ (372)	\$ 102	\$ (102)		
A&G Resident Relations	\$ 950	\$ (950)	\$ 261	\$ (261)		
Maintenance - Cable TV	\$ -		\$ -			
Late Fees from equipment rental					\$ 239	\$ (239)
Reclass new build allocation and disallow					\$ 14	\$ (14)
Reversal of Trustee Fee Accrual	\$ (5,295)		\$ (1,455)			
Total Other Administrative and General	\$ 5,950	\$ (1,322)	\$ 1,635	\$ (363)	\$ 71,494	\$ (71,494)

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	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 #
Hartford HealthCare Senior Services	340,316	Oversight of Management Staff	Page 16 1m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Jerome Home		2065C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 373,082	292,682		80,400				
2. Non-Food Supplies	\$ 60,430	47,407		13,023				
3. Other (Specify) _____ Non-Resident Food	\$	9,014	(9,014)	2,476	(2,476)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 433,512	349,103	(9,014)	95,899	(2,476)			
2E. Dietary Questionnaire		Total	CCNH / RHNS	Residential Care Home	Other			
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No							
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input 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.	14003			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					page 18 line 2a1			
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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	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. \$	5,770	5,770				
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)		\$						
c. Other (Specify) Laundry Supplies		\$	11,661	11,661				
3D. Total Laundry Expenditures (3a + b + c)		\$	17,431	17,431				
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	
Jerome Home		2065C	9/30/2023				20	37	
Item			Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel	77,497	49,812		23,000		4,685	
a.	In-House Care								
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 35,748	24,456		11,292		2,300	(2,300)
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	77,497	49,812		23,000		4,685	
		Amt.	\$						
C.	Other (<i>Specify</i>)		\$						
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 35,748	24,456		11,292		2,300	(2,300)
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$						
2.	Purchased from Omnicare		\$	342,803	(342,803)				
b.	Medicine Cabinet Drugs		\$ 28,721	22,532		6,189			
c.	Medical and Therapeutic Supplies		\$ 12,816	10,054		2,762			
d.	Ambulance/Limousine***		\$	15,910	(15,910)				
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$	42,551	(42,551)				
f.	X-rays and Related Radiological Procedures***		\$	23,291	(23,291)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$	66,077	(66,077)				
i.	Recreation		\$ 5,474	4,294		1,180			
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$ 1,814	13,006	(11,914)	3,573	(2,851)		
m.	Other (Specify)**** See Attached Schedule		\$ 196,763	176,117	(21,757)	44,451	(2,048)	10	(10)
n.	Physical Therapy Expense		\$	26,281	(26,281)			8,702	(8,702)
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 245,588	742,916	(550,584)	58,155	(4,899)	8,712	(8,712)

* 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		Residential		Other	
		Adjustment	Care Home	Adjustment		Adjustment
Nursing-Equipment Rental	\$ 14,133	\$ (14,133)				
Nursing-Medical Supplies	\$ 143,846		\$ 39,515			
Nursing Personal Care	\$ 3,617		\$ 993			
Supplies OT	\$ 167	\$ (167)			\$ 10	\$ (10)
Covid-19 Supplies/Other	\$ 6,897		\$ 1,895			
Ancillary-OtherMedicare Ancillary	\$ 7,457	\$ (7,457)	\$ 2,048	\$ (2,048)		
Total Other Resident Care	\$ 176,117	\$ (21,757)	\$ 44,451	\$ (2,048)	\$ 10	\$ (10)

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

Name of Facility Jerome Home			License No. 2065C		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	Residential Care Home	Other	Pg	Line
See attached list		<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"/>							

* 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
Jerome Home	2065C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 107,473	73,525		33,948		6,915	(6,915)	
b. Heat	\$ 67,623	46,263		21,360		4,351	(4,351)	
c. Light & Power	\$ 162,746	111,337		51,409		10,472	(10,472)	
d. Water	\$ 37,652	25,758		11,894		2,423	(2,423)	
e. Equipment Lease (Provide detail on page 22b)	\$ 23,889	25,187	(6,446)	5,148		2,134	(2,134)	
f. Other (itemize)	\$ 180,633	123,575		57,058		11,622	(11,622)	
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 580,016	405,645	(6,446)	180,817		37,917	(37,917)	
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 10,030	9,033	(2,171)	4,170	(1,002)	849	(849)	
b. Building & Building Improvements	\$ 351,018	275,991	(35,854)	127,436	(16,555)	25,958	(25,958)	
c. Non-Movable Equipment	\$ 48,251	34,827	(1,818)	16,081	(839)	3,276	(3,276)	
d. Movable Equipment	\$ 116,383	83,972	(4,352)	38,773	(2,010)	7,898	(7,898)	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 525,682	403,823	(44,195)	186,460	(20,406)	37,981	(37,981)	
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$ 8,863	6,063		2,800		570	(570)	
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 8,863	6,063		2,800		570	(570)	
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	\$					512	(512)	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 534,545	409,886	(44,195)	189,260	(20,406)	39,063	(39,063)	

* 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			Residential Care			
	CCNH / RHNS	Adjustment	Home	Adjustment	Other	Adjustment
Equipment-Contract Services	\$ 4,727		\$ 2,183		\$ 445	\$ (445)
Grounds Contract Services	\$ 33,912		\$ 15,658		\$ 3,189	\$ (3,189)
Rubbish Removal	\$ 24,210		\$ 11,178		\$ 2,277	\$ (2,277)
Contract Services/Security	\$ 1,036		\$ 478		\$ 97	\$ (97)
Contract Services/Building	\$ 58,430		\$ 26,980		\$ 5,496	\$ (5,496)
Rental / Lease Equipment	\$ 1,260		\$ 581		\$ 118	\$ (118)
Total Other Repairs and Maintenance	\$ 123,575	\$ -	\$ 57,058	\$ -	\$ 11,622	\$ (11,622)

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 Jerome Home		License No. 2065C		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						
US Bank, PO Box 790448, St. Louis, MO 6379-0448	<input type="radio"/>	<input checked="" type="radio"/>	copiers	8/30/2019- 8/29/24	60 months	19,067	19,067	
Quadient Leasing USA, Inc. Dept 3682, PO Box 123682, Dallas, TX 75312-3682	<input type="radio"/>	<input checked="" type="radio"/>	postage machine	10/22/18- 1/21/24	63 months	755	755	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	OmniVersa Multi-Modality Therapy System - disallowed	1/1/2022- 12/31/2022	12 months	8,580	2,145	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	OmniVersa Multi-Modality Therapy System - disallowed	1/1/2023- 12/31/2023	12 months	8,580	6,435	
Wells Fargo Vendor Financial Services LLC PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	copiers	12/22/21- 12/21/22	12 months	3,354	3,354	
Wells Fargo Vendor Financial Services LLC PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	copiers	4/19/2023- 4/18/2028	60 months	1,425	713	
	<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 ***							32,469	

* 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 Jerome Home			License No. 2065C		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			468,101		468,101	394,169		various	10,675			
2. Disposals (attach schedule)						(1)						
3. Acquired during this report period (attach schedule)			67,542		67,542			various	3,377			
A-4. Subtotal										14,052		
B. Building and Building Improvements												
1. Acquired prior to this report period			10,921,450		10,921,450	8,209,870		various	308,980			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			3,252,820		3,252,820			various	120,405			
B-4. Subtotal										429,385		
C. Non-Movable Equipment												
1. Acquired prior to this report period			1,146,142		1,146,142	870,748		various	45,550			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			258,792		258,792			various	8,634			
C-4. Subtotal										54,184		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Ford E350			x		4	2004	42,480	42,480	s/1	5		
b. Dodge Grand Caravan			x		10	2018	41,630	41,630	s/1	5	8,326	
c. Ford Transit Bus			x		8	2023	84,495	84,495	s/1	4	10,562	
d.												
2. Movable Equipment												
a. Acquired prior to this report period							1,911,191	1,911,191		various	101,602	
b. Disposals (attach schedule)								(1)				
Acquired during this report period (attach schedule):												
c. Administrative							144,632	144,632			6,933	
d. Standard Resident							61,612	61,612			3,220	
e. Specialized Resident												
Total Acquired during this report period							206,244	206,244			10,153	
D-3. Subtotal												130,643
E. Total Depreciation												628,264

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2023	2021 New Build - JH Land Improvements - 10 yrs - disallowed	\$ 67,542	10	\$ 3,377
Total additions for Land Improvements		\$ 67,542		\$ 3,377 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2022	Attw Bathroom Renovations	\$ 25,659	10	\$ 1,283
10/1/2022	PVC Attw Flooring/Trim Reno	\$ 2,420	10	\$ 121
10/1/2022	Install Flooring in Attwood Corridor	\$ 23,652	10	\$ 1,183
10/1/2022	Attwood 2nd Flooring Install	\$ 22,452	10	\$ 1,123
10/1/2022	Attw Bathrooms/ Flooring Renovations	\$ 1,053	10	\$ 53
10/1/2022	East 2 Corridor Flooring	\$ 12,060	10	\$ 603
12/1/2022	Steam Trap Study / Power & Process	\$ 5,937	5	\$ 594
12/1/2022	Install Plank and Base in Rm 404	\$ 1,746	5	\$ 175
1/1/2023	Bathroom and Flooring Reno	\$ 728	5	\$ 73
1/1/2023	Jerome Home - E2 Corridor Materials	\$ 24,513	10	\$ 1,226
1/1/2023	Digital Watchdog Network Server & Licenses	\$ 20,000	2	\$ 14,000
1/1/2023	Service to Upgrade Camera System	\$ 61,421	2	\$ 42,995
3/1/2023	Carpet Rm 204	\$ 938	5	\$ 94
3/1/2023	Carpet Rm 210	\$ 938	5	\$ 94
5/1/2023	Attwood Carpet Replacement	\$ 7,250	5	\$ 725
8/1/2023	Replace Carpet in Rm #311	\$ 938	5	\$ 94
9/1/2023	Carpeting for Room 304	\$ 938	5	\$ 94
9/1/2023	Install Carpet in Rm 203	\$ 938	5	\$ 94
9/30/2023	New Build 2021 - JH Building - 10 yrs - disallowed	\$ 44,028	10	\$ 2,201
9/30/2023	2021 New Build - JH Building 15 yrs - disallowed	\$ 26,433	15	\$ 881
9/30/2023	2021 New Build - JH Building - 17 yrs - disallowed	\$ 25,380	17	\$ 746
9/30/2023	2021 New Build - JH Building - 30 yrs - disallowed	\$ 2,908,640	30	\$ 48,477
9/30/2023	2021 New Build - JH Building - 5 yrs - disallowed	\$ 34,758	5	\$ 3,476
Total additions for Building Improvements		\$ 3,252,820		\$ 120,405 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
------------------	---------------------	------	-------------	--------------

Additions:				
3/1/2023	Radio Pocket Page System	\$ 2,687	20	\$ 67
4/1/2023	Replace A/C Dining Area	\$ 24,000	15	\$ 800
4/1/2023	Replace A/C Dining Area	\$ 14,577	15	\$ 486
4/1/2023	Replace A/C Dining Area	\$ 46,000	15	\$ 1,533
4/1/2023	Replace Chiller Water Pump	\$ 12,541	10	\$ 627
5/1/2023	Replace A/C Dining Area	\$ 19,542	10	\$ 977
9/1/2023	Install and Configure new phone system	\$ 26,315	10	\$ 1,316
9/30/2023	2021 New Build - JH Fixed Eq - 20 yrs - disallowed	\$ 113,130	20	\$ 2,828
Total additions for Non-Movable Equipment		\$ 258,792		\$ 8,634
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/1/2022	Vital Signs Spot Monitor 4400	Standard Resident	\$ 2,275	8	\$ 142
10/1/2022	Cabinets & Dressers for E1	Standard Resident	\$ 29,756	10	\$ 1,488
1/1/2023	Wound Surface Mattress (5)	Standard Resident	\$ 7,701	10	\$ 385
11/23/2022	Curb & Ramp Training Set	Standard Resident	\$ 1,912	8	\$ 120
11/23/2022	SCIFIT StepOne Recumbent Stepper	Standard Resident	\$ 5,334	8	\$ 498
11/23/2022	Power Parallel Bars & Lift Gate	Standard Resident	\$ 12,638	15	\$ 421
5/1/2023	Blood Pressure Monitor	Standard Resident	\$ 1,997	6	\$ 166
9/1/2023	LTS Quick Print Thermal Printer	Administrative	\$ 1,618	5	\$ 162
9/30/2023	2021 New Build - JH Furn & Equip - 5 yrs - disallowed	Administrative	\$ 26,147	5	\$ 2,615
9/30/2023	2021 New Build - JH Furn & Equip - 10 yrs - disallowed	Administrative	\$ 15,600	10	\$ 780
9/30/2023	2021 New Build - JH Furn & Equip 15 yrs - disallowed	Administrative	\$ 101,267	15	\$ 3,376
8/1/2023	2023 FORD TRANSIT BUS	Administrative	\$ 84,495	4	\$ 10,562
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 290,739		\$ 20,715
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Jerome Home			License No. 2065C		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. Bond Issue Costs	11	2021	30 years	774,185	21,505	s/l		25,806	
2.									
3.									
B-4. Subtotal									25,806
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									25,806

* 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 Jerome Home	License No. 2065C	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 type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1923			
2. Date Structure Completed		1923			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		Mid 1970's			
5. Total Licensed Bed Capacity		120			
6. Square Footage		77,497			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		CHEFA Fixed			
b. Date Mortgage Obtained		11/17/21			
c. Interest Rate for the Cost Year		4.00%			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed		14,150,000			
f. Principal balance outstanding as of 9/30/2023					
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
Jerome Home		2065C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense		196,729	126,450		58,386		11,893	(11,893)
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 196,729	126,450		58,386		11,893	(11,893)

(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		
Jerome Home		2065C	9/30/2023				27	37		
Item			Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment	
Subtotals Brought Forward:			196,729	126,450		58,386		11,893	(11,893)	
12. C. Movable Equipment										
1. Automotive Equipment			\$							
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)			\$							
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$							
12. D. Other Interest Expense (Specify)			\$							
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	184,836	126,450		58,386		11,893	(11,893)
14. Insurance										
a. Insurance on Property (buildings only)			\$	43,873	30,014		13,859		2,823	(2,823)
b. Insurance on Automobiles			\$	7,303	5,729		1,574			
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)			\$	124,292	97,506		26,786			
2. Fire and Extended Coverage			\$							
3. Other (Specify)			\$							
14d. Total Insurance Expenditures (14a + b + c)			\$	175,468	133,249		42,219		2,823	(2,823)
15. Total All Expenditures (A-13 thru C-14)			\$	15,364,251	14,875,216		2,034,654		810,655	(810,655)

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2023			30	37
Item	Total	CCNH / RHNS	Residential Care Home	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,728,692	9,699,150	1,029,542			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,603,089)	(4,711,406)	108,317			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,969,640	1,969,640				
b. Medicare Room and Board Contractual Allowance **	\$ 265,206	265,206				
4. a. Private-Pay Residents and Other	\$ 7,578,727	7,224,103	354,624			
b. Private-Pay Room and Board Contractual Allowance **	\$ (162,620)	(162,620)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 106,830	106,830				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (106,829)	(106,829)				
c. Prescription Drugs - Non-Medicare	\$					
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	\$ 491,817	283,071		208,746		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (177,286)	(213,674)		36,388		
c. Physical Therapy - Non-Medicare	\$ 174	174				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 57	57				
4. a. Speech Therapy - Medicare	\$ 91,589	91,589				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (46,121)	(46,121)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 334,745	334,745				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (256,698)	(256,698)				
c. Occupational Therapy - Non-Medicare	\$ (2,755)	447		(3,202)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,724	1,724				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 93,867	93,867				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 16,307,670	14,573,255	1,492,483	241,932		
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>)	\$ 638,948	501,254	137,694			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 3,078,650	89,776	24,661	2,964,213		
V. Total Other Revenue (1 thru 8)	\$ 3,717,598	591,030	162,355	2,964,213		
VI. Total All Revenue (III +V)	\$ 20,025,268	15,164,285	1,654,838	3,206,145		

* 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	Residential Care Home	Other
30 6a	X-Ray - Medicare A	\$ 375		
30 6a	Lab - Medicare A	\$ 14,461		
30 6a	Lab- Medicare B	\$ 5,170		
30 6a	Cont. Allow- Xray Med A	\$ (375)		
30 6a	Cont. Allow-Lab Med A	\$ (14,962)		
30 6a	Medicare B MPPR	\$ (2,945)		
Total Other Resident Revenue - Medicare		\$ 1,724	\$ -	\$ -

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

Page Ref	Description	CCNH / RHNS	Residential Care Home	Other
30 6b	APRN Revenue	\$ 100,489		
30 6b	Contr Allow-Other Ancillary APRN	\$ (6,622)		
Total Other Resident Revenue		\$ 93,867	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH / RHNS	Residential Care Home	Other
30 IV5	BOA Cash Mgmt Interest Income		\$ 6,562	\$ 1,802	
30 IV5	Interest Income		\$ 466,464	\$ 128,138	
30 IV5	Interest Income-Earnings Fund		\$ 28,228	\$ 7,754	
Total Interest Income			\$ 501,254	\$ 137,694	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	Residential Care Home	Other
30 IV8	GLF Revenue			\$ 6,977
30 IV8	Transportation-Van Fee Income	\$ 5,727	\$ 1,573	
30 IV8	Unrestricted Donations	\$ 11,890	\$ 3,266	
30 IV8	Miscellaneous Income	\$ 56,660	\$ 15,564	
30 IV8	Temp Net Asset Release FR Restricted	\$ 15,499	\$ 4,258	
30 IV8	Unrealized Gain/Loss			\$ 2,044,237
30 IV8	Gain On Sale			\$ 912,999
Total Other Revenue		\$ 89,776	\$ 24,661	\$ 2,964,213

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,818,550
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,938,610
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	190,535
a. _____				
b. _____				
c. _____				
d. See Schedule		190,535		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,361,223

See Schedule		1,361,223		
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,308,918
B. Fixed Assets				
1. Land			\$	730,714
2. Land Improvements	*Historical Cost	535,643	\$	127,423
	Accum. Depreciation	408,220	Net	
3. Buildings	*Historical Cost	14,174,270	\$	5,535,015
	Accum. Depreciation	8,639,255	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	1,404,934	\$	480,002
	Accum. Depreciation	924,932	Net	
6. Movable Equipment	*Historical Cost	2,117,435	\$	565,869
	Accum. Depreciation	1,551,566	Net	
7. Motor Vehicles	*Historical Cost	168,605	\$	78,076
	Accum. Depreciation	90,529	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	15,561,662

See Schedule		15,561,662		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	23,078,761

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	28,387,679
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			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>)			\$	26,198,694

See Schedule				26,198,694
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	26,198,694
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	54,586,373

* 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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	302,776
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>)				\$	536,705
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	(16)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	265,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	5,313
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,406,329

See Schedule					2,406,329
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,516,107

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,516,107	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 15,166,427	
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>)				\$ 281,576	
See Schedule		281,576			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 15,448,003	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 18,964,110	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	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			\$	
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. Net Worth				
1. Owner's Capital			\$	33,782,628
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(465,108)
6. Gain or Loss for Period			\$	2,304,743
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	35,622,263
C. Total Reserves and Net Worth			\$	35,622,263
D. Total Liabilities, Reserves, and Net Worth			\$	54,586,373

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	33,782,628
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	20,025,268
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,720,525
D. Net Income or Deficit			\$	2,304,743
E. Balance			\$	36,087,371
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Temp Restricted	(53,758)			
2. Other (<i>itemize</i>)				
Arbor Rose Net Loss	(434,346)			
Permanent Restricted	22,996			
F-3. Total Additions			\$	(465,108)
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. Balance at End of Period			\$	35,622,263
09/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	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 checked="" type="checkbox"/> Residential Care Home	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address Address			Phone Number	
Hartford HealthCare Senior Services, 80 Meriden Ave. Southington, CT 06489			203-623-2930	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Dorothy Robinson			203-623-2930	
Contact Email Address				
Dorothy.Robinson@hhchealth.org				