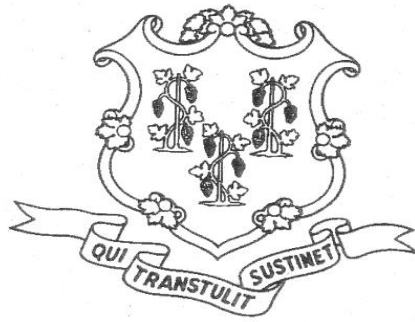


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield CT 06078	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2075-C	(Specify)	(Specify)	Medicare Provider 07-5347
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Medicaid Provider Numbers:	CCNH / RHNS 20751	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) The Suffield House	License No. 2075-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 Suffield House [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) Carrie Riccio			Printed Name (Owner) Celia J. Moffie		
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 The Suffield House		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By Mark Tomasello		Phone Number 860-668-6111	Date	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-668-6111		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) The Suffield House		Address (No. & Street, City, State, Zip) One Canal Road, Suffield CT 06078		
License Numbers:	CCNH / RHNS 2075-C	(Specify)	(Specify)	Medicare Provider No. 07-5347
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Carrie Riccio		Nursing Home Administrator's License No.:	1059	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility The Suffield House	License No. 2075-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		
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield CT 06078	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Celia J. Moffie	One Canal Road, Suffield CT 06078	President	20	
Calvin Moffie	One Canal Road, Suffield CT 06078	Secretary	20	
Names of Stockholders Owning at Least 10% of Shares				
Carrie Riccio	One Canal Road, Suffield CT 06078		20	
Cathy Demio	One Canal Road, Suffield CT 06078		20	
Clinton Moffie	One Canal Road, Suffield CT 06078		20	

**General Information and Questionnaire
 Related Parties***

Name of Facility The Suffield House	License No. 2075-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	%**				
Selma A. Moffie	5 Schuyler Lane, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	400,837	400,837
Eagle Point	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds shares building	Page 32 Line D7	803,587	823,587
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	720,556	720,556
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 34 Line B3	1,380,798	1,380,798
Calvin Moffie of The Guilford House	109 West Lake Avenue, Guilford CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	16,769	16,769
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 06078	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation Leasehold Improvement	Page 22 Line 8C	75,007	75,007
		<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 Suffield House	License No. 2075-C	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.

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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		59,478		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility The Suffield House	License No. 2075-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 Suffield House			License No. 2075-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	128	128			128	128						
B. On last day of THIS report period	128	128							128	128		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	120	120			120	120						
B. As of midnight of THIS report period	126	126							126	126		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,949	6,949			5,537	5,537			1,412	1,412		
B. Medicaid (Conn.)	22,346	22,346			16,153	16,153			6,193	6,193		
C. Medicaid (other states)												
D. Private Pay	13,787	13,787			10,327	10,327			3,460	3,460		
E. State SSI for RCH												
F. Other (Specify) Managed Care	2,087	2,087			1,709	1,709			378	378		
G. Total Care Days During Period (3A thru F)	45,169	45,169			33,726	33,726			11,443	11,443		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	45,169	45,169			33,726	33,726			11,443	11,443		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

Change in Resident Days	CCNH / RHNS	(Specify)	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	71		46				
Per Diem Rate								
a. One bed rm.		#####		510.00				
b. Two bed rms.		#####		480.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,088	4,088			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	117	117			
2. Restorative Treatments					
C. Other	18,822	18,822			
D. Total Physical Therapy Treatments	23,027	23,027			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	228	228			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	13	13			
2. Restorative Treatments					
C. Other	435	435			
D. Total Speech Therapy Treatments	676	676			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,929	2,929			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	134	134			
2. Restorative Treatments					
C. Other	19,368	19,368			
D. Total Occupational Therapy Treatments	22,431	22,431			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	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)	178,584		2,080							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	889,783	(104,458)	24,525							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor	74,209		1,760							
c. Dietary Workers	684,138		34,204							
6. Housekeeping Service										
a. Head Housekeeper	82,497		2,032							
b. Other Housekeeping Workers	274,972		14,092							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	138,078		2,080							
b. Other Maintenance Workers	231,633		10,658							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	269,128		13,702							
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	132,528		2,080							
b. RN										
1. Direct Care	440,788		9,388							
2. Administrative**	956,761		19,241							
c. LPN										
1. Direct Care	1,509,204		42,199							
2. Administrative**										
d. Aides and Attendants	2,434,310		104,532							
e. Physical Therapists	561,956		11,837							
f. Speech Therapists	27,537		460							
g. Occupational Therapists	482,521	(482,521)	10,331							
h. Recreation Workers	191,492		6,963							
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	295,053		6,433							
n. Marketing										
o. Other (Specify) See Attached Schedule										
<i>A-13. Total Salary Expenditures</i>	9,855,172	(586,978)	318,595							

* 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		
The Suffield House			2075-C	9/30/2023			11	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Cathy Demio	117,630			Standard	Social Worker	1,665	A12m			
Clinton Moffie	104,458			Standard	Administrative(Self Disallowed)	2,080	A4			
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).										
John Riccio	94,272			Standard	Director of Admissions	2,080	A12m			
Richard Demio	244			Standard	Social Worker	4	A12m			
Angelo Demio	2,503			Standard	Maintenance	162	A7B			

* 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 Suffield House				2075-C		9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Carrie Riccio	178,584			Standard	Oversees operation of facility.	2,080	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
The Suffield House	2075-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	8,379		155						
3. Pharmacist									
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	18,000		132						
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									
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	20,449		245						
2. Administrative***									
b. LPN									
1. Direct Care	425,711		6,124						
2. Administrative***									
c. Aides	383,073		9,214						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	855,612		15,870						

* 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 The Suffield House		License No. 2075-C		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthDrive Dental Group	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC Pharmacy of CT LLC	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dushyant B. Parikh	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Twomagnets, Inc. dba Clipbord Health	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
All American Healthcare Services, Inc.	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Dedicated Nursing Associates , Inc.	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Hubcare Service	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Brightstar Care	Nursing Pool	<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"/>			
		<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 Suffield House	2075-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 309,266	312,580	(3,313)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 66,566	67,280	(713)					
4. Social Security (F.I.C.A.)	\$ 729,138	736,949	(7,811)					
5. Health Insurance	\$ 791,853	800,432	(8,579)					
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,323	33,681	(357)					
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	138,968	(138,968)					
d. Accounting and Auditing	\$ 12,010	12,010						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 21,939	21,939						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 39,537	39,537						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 19,069	19,069						
2. Cellular Phones	\$ 3,509	3,509						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$	94,290	(94,290)					
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	\$ 763,278	763,278						
Subtotal	\$ 2,789,487	3,043,519	(254,033)					

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility The Suffield House	License No. 2075-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 1 Clifton Larson Allen LLP 2 SRC, Certified Public Accountants, P.C. 3 4	Address (No. & Street, City, State, Zip Code) P.O Box 829709, Philadelphia PA 19182-9709 655 Winding Brook Drive, Glastonbury CT 06033
--	--

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 3,413
2 Tax Preparation, Preparation of Form 8752, Town Property Tax Returns, 401K Audit	\$ 8,597
3	\$
4	\$
	Charge for Services Provided
	\$ 12,010

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 1 Unemployment Tax Management Corporation 2 Celtic Consulting, LLC 3 Medicaid4You.Com, LLC 4 5	Telephone Number 781-245-5353 860-321-7413 860-657-3058
--	--

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

- 1 P.O. Box 4074, Wakefield MA 01880
 2 507 East Main St., Suite 308, Torrington CT 06790
 3 377 Hubbard Street, Glastonbury CT 06033
 4
 5

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against facility	\$ 2,280
2 Clinical re-imburement advisory support	\$ 15,659
3 Assist with Medicaid Application	\$ 4,000
4	\$
5	\$
	Charge for Services Provided
	\$ 21,939

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Suffield House	2075-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	2,789,487	3,043,519	(254,033)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	29,750	55,452	(25,702)					
3. Gifts to Staff and Residents \$								
4. Employee Travel \$	447	447						
5. Education Expenses Related to Seminars and Conventions \$	11,525	11,525						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	602	1,365	(764)					
7. Other (<i>Specify</i>) See Attached Schedule \$								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	31,970	31,970						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$ See Attached Schedule		655	(655)					
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 \$	4,254	4,254						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	13,186	16,077	(2,891)					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$								
10. Contributions*** \$ See Attached Schedule		75	(75)					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	102,230	102,230						
12. Administrative Management Services** \$		400,837	(400,837)					
13. Other (<i>Specify</i>) See Attached Schedule \$	15,037	16,845	(1,807)					
C-14 Total Administrative & General Expenditures \$	2,998,488	3,685,252	(686,764)					

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Business Promotion	\$ 655	\$ (655)				
Total Other Advertising	\$ 655	\$ (655)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Assoc of Healthcare Facilities	\$ 11,166	\$ (2,891)				
WellSky	\$ 4,579					
American Express	\$ 332					
Total Dues	\$ 16,077	\$ (2,891)	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Enfield Gridiron Club	\$ 75	\$ (75)				
Total Contributions	\$ 75	\$ (75)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Background Check fees	\$ 3,722					
Fees & Registration	\$ 365					
Licenses & Permits	\$ 1,025					
Sales Tax	\$ 9,677					
Late Fees	\$ 22	\$ (22)				
Miscellaneous Administration	\$ 1,786	\$ (1,786)				
Bank Charges	\$ 208					
Loss on Disposal of Assets	\$ 0					
Medical Director License	\$ 40					
Total Other Administrative and General	\$ 16,845	\$ (1,807)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Selma A. Moffie, 5 Schuyler Lane, Bloomfield, CT 06002	400,837	Management Fee (Self Disallowed)	Page 16 Line 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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2023				Page 18	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 351,989	372,333	(20,344)					
2. Non-Food Supplies	\$ 56,964	56,964						
3. Other (Specify) _____	\$							
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)	\$ 408,953	429,298	(20,344)					
2E. Dietary Questionnaire		Total	CCNH / RHNS	(Specify)	(Specify)			
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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Page 30 Line IV1		
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.	20344.49		
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	9594		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Page 30 Line 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 Suffield House		License No. 2075-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	28,661	28,661				
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. \$	24,181	24,181				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	52,842	52,842				
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 Suffield House		2075-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	56,316	56,316				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	56,316	56,316				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Outside Pharmacy	\$	264,701	(264,701)				
	b. Medicine Cabinet Drugs	\$	41,988	41,988				
	c. Medical and Therapeutic Supplies	\$	310,250	315,589	(5,340)			
	d. Ambulance/Limousine***	\$		3,672	(3,672)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		55,019	(55,019)			
	f. X-rays and Related Radiological Procedures***	\$		18,125	(18,125)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		71,613	(71,613)			
	i. Recreation	\$	16,630	16,630				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$						
	m. Other (Specify)**** See Attached Schedule	\$	22,489	60,929	(38,440)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	391,356	848,265	(456,909)			

* 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.

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

Name of Facility The Suffield House			License No. 2075-C	Report for Year Ended 9/30/2023	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Cox Communication		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	14,762			22	6F
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Record Storage & Shredding	27,506			22	6F
Johnson Controls		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	26,787			22	6F
USA Waste & Recycle		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	56,072			22	6F
Precision Mechanical		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	24,313			22	6A
Braman Chemical Enterprises		<input type="radio"/>	<input checked="" type="radio"/>		Pest Control	10,484			22	6F
Beebe Landscaping Services LLC		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	52,457			22	6F
ADP LLC		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	41,023			16	1M11
Point Click Care Technologies, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	47,638			16	1M11
Hartford Provision Company		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repair	12,390			22	6A
Daniels Equipment Co, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Washing Machine Repair	11,285			22	6A
		<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 The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023				Page 22	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$ 157,616	157,616					
b. Heat	\$ 39,712	39,712					
c. Light & Power	\$ 130,383	130,383					
d. Water	\$ 60,794	60,794					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 19,874	19,874					
f. Other (<i>itemize</i>)	\$ 252,936	252,936					
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 661,315	661,315					
7. Depreciation (<i>complete schedule page 23*</i>)							
a. Land Improvements	\$						
b. Building & Building Improvements	\$						
c. Non-Movable Equipment	\$						
d. Movable Equipment	\$ 72,237	72,237					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 72,237	72,237					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$ 143,962	143,962					
d. Other (<i>Specify</i>)	\$						
*8e. Total Amortization Costs (8a + b + c + d)	\$ 143,962	143,962					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 720,556	720,556					
10. Property Taxes							
a. Real estate taxes paid by owner	\$						
b. Real estate taxes paid by lessor	\$ 131,584	131,584					
c. Personal property taxes	\$ 20,907	20,907					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,089,246	1,089,246					

* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Heating Fuel for Generator	\$ -					
Maintenance Service Contracts	\$ 158,415					
Sewer Usage Assessment	\$ 35,815					
Yard Maintenance	\$ 58,706					
Total Other Repairs and Maintenance	\$ 252,936	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
The Suffield House			2075-C	9/30/2023			22b	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						
Pitney Bowes Global Financial Services, P.O. Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	04/20/23	Monthly	1,825	1,825	
Wells Fargo Vendor Financial Services, P.O. Box 070241, Philadelphia, PA 19176-0241	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C759/Konica Minolta 458e/Konica Minolta 308e	08/04/20	60 Months	8,397	8,397	
Derenzy Documents Solutions, 130 Doty Circle, West Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenance Usage Cost	10/01/09	Monthly	9,652	9,652	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							19,874	

* 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 The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		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. 2020 Ford F250 Race Red			x		1	2021	48,092	48,092	16,832	S/L	5	9,618	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period							2,037,902	2,037,902	1,821,423	S/L	Various	57,919	
b. Disposals (attach schedule)							(12,255)		(12,255)				
Acquired during this report period (attach schedule):													
c. Administrative							36,524					4,057	
d. Standard Resident							3,792					643	
e. Specialized Resident													
Total Acquired during this report period							40,316					4,700	
D-3. Subtotal													72,237
E. Total Depreciation													72,237

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/27/2022	3 Mattress, System, Supra DPS, LAL/ALT. Press	Standard Resident	\$ 2,755	5	\$ 505
12/12/2022	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 2,091	5	\$ 349
1/26/2023	Accutemp Boilerless Convection Steamer	Administrative	\$ 7,941	5	\$ 1,059
1/26/2023	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 1,892	5	\$ 252
2/6/2023	Scale Wheelchair 450LB Cap	Standard Resident	\$ 1,037	5	\$ 138
3/30/2023	Extractor Model 1510 Battery Auto	Administrative	\$ 14,660	5	\$ 1,466
3/9/2023	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 2,084	5	\$ 243
4/26/2023	Cybermed-NB20 20" Medical Grade PC w/Hot Swap Batt.	Administrative	\$ 2,083	5	\$ 174
3/31/2023	Timberlake Cabinet Lausanne Duraform Breeze	Administrative	\$ 1,939	5	\$ 194
4/28/2023	Stone Countertop - Quartz, includes single bowl undermount	Administrative	\$ 3,834	5	\$ 319
Total additions for Movable Equipment			\$ 40,316		\$ 4,700 *
Deletions:					
12/30/2010	HPC steamer pan		\$ (4,832)	5	\$ -
6/23/2017	Steamer - 3 Pan Countertop Conv		\$ (6,698)	5	\$ -
4/12/2005	Wheelchair -Agawam Med		\$ (725)	5	\$ -
Total deletions for Movable Equipment			\$ (12,255)		\$ - **

*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
4/26/2023	Carrier Water Source Heat Pump Replacement Unit 129 - Nursing Home	\$ 8,465	30	\$ 188
5/5/2023	Pennventilator SX-145 1.5 Hp Inline Exhaust Fan	\$ 6,328	30	\$ 141
Total additions for Leasehold Improvement		\$ 14,792		\$ 329 *
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

Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Bed Rights	4	98	180 Months	561,752	70,114				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,501,466	1,446,640			143,634	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				14,792				329	
C-4. Subtotal									143,962
D. Total Amortization									143,962

* 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		05/09/90		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/09/90		
5. Total Licensed Bed Capacity		128		
6. Square Footage		59,478		
7. Acquisition Cost				
a. Land		363,400		
b. Building		9,437,089		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/25/15		
c. Interest Rate for the Cost Year		2.70%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		11,300,344		
f. Principal balance outstanding as of 9/30/23		9,716,251		
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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(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	
The Suffield House		2075-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
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)				\$						
14. Insurance										
a. Insurance on Property (buildings only)				\$ 128,774	128,774					
b. Insurance on Automobiles				\$ 2,808	5,548	(2,741)				
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$ 131,582	134,322	(2,741)				
15. Total All Expenditures (A-13 thru C-14)				\$ 15,913,904	17,667,641	(1,753,737)				

F. Statement of Revenue

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023		Page 30	of 37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,729,995	10,729,995			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,530,203)	(4,530,203)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,395,000	3,395,000			
b. Medicare Room and Board Contractual Allowance **	\$ 993,423	993,423			
4. a. Private-Pay Residents and Other	\$ 7,759,118	7,759,118			
b. Private-Pay Room and Board Contractual Allowance **	\$ 239,563	239,563			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 223,861	223,861			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (223,861)	(223,861)			
c. Prescription Drugs - Non-Medicare	\$ 72,307	72,307			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (68,465)	(68,465)			
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	\$ 1,119,410	1,119,410			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,022,944)	(1,022,944)			
c. Physical Therapy - Non-Medicare	\$ 412,515	412,515			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (379,455)	(379,455)			
4. a. Speech Therapy - Medicare	\$ 81,475	81,475			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (68,838)	(68,838)			
c. Speech Therapy - Non-Medicare	\$ 36,175	36,175			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (33,393)	(33,393)			
5. a. Occupational Therapy - Medicare	\$ 1,075,379	1,075,379			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,002,997)	(1,002,997)			
c. Occupational Therapy - Non-Medicare	\$ 406,605	406,605			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (373,982)	(373,982)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 1,268	1,268			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,841,957	18,841,957			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 9,594	9,594			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 21,277	21,277			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,137	1,137			
V. Total Other Revenue (1 thru 8)	\$ 32,008	32,008			
VI. Total All Revenue (III +V)	\$ 18,873,966	18,873,966			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Lab - Medicare A	\$ 44,538		
	Radiology - Medicare A	\$ 11,040		
	C/A Lab - Medicare A	\$ (44,538)		
	C/A Radiology - Medicare A	\$ (11,040)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Lab - Other	\$ 15,345		
	Radiology - Medicaid	\$ 75		
	Radiology - Other	\$ 3,932		
	C/A Lab - Other	\$ (14,452)		
	C/A Radiology - Medicaid	\$ (75)		
	C/A Radiology - Other	\$ (3,557)		
Total Other Resident Revenue		\$ 1,268	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest - PeoplesBank Savings Account	248,220	\$ 406		
	Interest - Webster Bank Savings Account	925,906	\$ 20,872		
Total Interest Income			\$ 21,277	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Refund of Lab Fees from prior period	\$ 911		
	Refund of Late Fees from prior period	\$ 226		
Total Other Revenue		\$ 1,137	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,057,331
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,439,772
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	74,389
5. Prepaid Expenses			\$	179,222
a. S Corp Tax Deposit	117,320			
b. Prepaid Insurance	8,642			
c. RX Claim Reserve Deposit	20,392			
d. See Schedule	32,868			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,750,714
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>4,516,258</u>		\$	2,925,656
	Accum. Depreciation <u>1,590,602</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>2,065,963</u>		\$	194,176
	Accum. Depreciation <u>1,871,787</u>	Net		
7. Motor Vehicles	*Historical Cost <u>48,092</u>		\$	21,642
	Accum. Depreciation <u>26,451</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,141,473

* 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
The Suffield House	2075-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	7,892,188
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	561,752		
	Accum. Depreciation	70,114	Net	\$ 491,638
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>)			\$	820,356
	Due from Guilford House	16,769		
	Due from Eagle Point	803,587		
	See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,311,994
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,204,182

* 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 The Suffield House		License No. 2075-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	155,863
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	21,193
Name of Lender		Purpose	Amount	Date Due	
Eversource-No Interest Loan		Leasehold Improvement	21,193		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	189,250
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	14,320
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>)				\$	497,608
Accrued Provider Tax		203,642	Due to Medicaid		
Accrued Property Tax		9,690	Accrued Pass Through E	27,090	
Accrued Insurance Expense		17,660			
Accrued Expense Operation (Accrue		239,526	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	878,233

* 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				878,233	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,380,798	
Name and Address of Lender	Amount	Loan Date			
Moffie Family Holding Company, LLC One Canal Road, Suffield CT	1,380,798	9/30/23			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,380,798	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,259,031	

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

Name of Facility	License No.	Report for Year Ended	Page	of	
The Suffield House	2075-C	9/30/2023	35	37	
Account			Amount		
A. Reserves					
1. Reserve for value of leased land			\$		
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$		
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	1,414,530	
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			\$	1,414,530	
B. Net Worth					
1. Owner's Capital			\$	(823,195)	
2. Capital Stock			\$	1,000	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	5,071,484	
6. Gain or Loss for Period					
	10/1/2022	thru	9/30/2023	\$	1,281,331
7. Total Net Worth			\$	5,530,621	
C. Total Reserves and Net Worth			\$	6,945,151	
D. Total Liabilities, Reserves, and Net Worth			\$	9,204,182	

H. Changes in Total Net Worth

Name of Facility The Suffield House	License No. 2075-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			\$	5,072,484
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	18,873,966
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,592,634
D. Net Income or Deficit			\$	1,281,331
E. Balance			\$	6,353,815
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expense per page 27 17,667,641				
(Less) F/S vs C/R Depreciation (75,007)				
Total Expense per F/S 17,592,634				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	823,195
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
		Owners	823,195	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	823,195
H. Balance at End of Period			\$	5,530,620
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Mark Tomasello				
Address Address			Phone Number	
One Canal Road, Suffield CT 06078			860-668-6111	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Mark Tomasello			860-668-6111	
Contact Email Address				
Mark@tsh.necoxmail.com				