

February 14, 2022

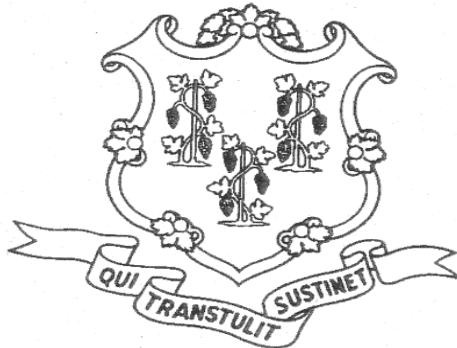
Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2021 Medicaid Cost Report for The Bradley Home (the Home).

In preparing this cost report, we did not perform any disallowances for the administrator or assistant administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy for the SNF, which were paid for by entities other than the Medicaid Program. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We did reduce RN and LPN salary cost in the RCH down to the CNA rate and believe this reduced amount is reimbursable. Certain assets included on page 23 should not be considered for reimbursement. On page 29C, depreciation expense for these assets are disallowed. We believe this preparation methodology is in compliance with any rules and regulations of your department and the Federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) The Bradley Home	
Address (No. & Street, City, State, Zip Code) 320 Colony Street, Meriden, CT 06451	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home (RCH)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider 07-5439
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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### For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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## General Information

Name of Facility (as licensed) The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 1	of 37
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### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Bradley Home [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Molly H. Savard		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

State of Connecticut

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

CSP-1A Rev. 6/95

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Bradley Home	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/14/2022		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility (203) 235-5716	Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) The Bradley Home		Address (No. & Street, City, State, Zip) 320 Colony Street, Meriden, CT 06451		
License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider No. 07-5439
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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.				
<div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>				
<b>Administrator</b>				
Name of Administrator Molly H. Savard		Nursing Home Administrator's License No.:	000886	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Anne M. Dembski		License No.:	1179	

## **General Information and Questionnaire Partners/Members**

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page of 3A   37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
The Bradley Home	320 Colony Street, Meriden, CT 06451	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

## **2020-2021: OFFICERS**

DENNIS CENEVIVA, CHAIRPERSON  
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## **General Information and Questionnaire Individual Proprietorship**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

## General Information and Questionnaire

### Related Parties\*

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	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.

Patient Days were used for A&G, dietary, laundry, housekeeping, maintenance, and property costs. Certain costs were allocated directly.

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

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

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

A non-related party operates a child daycare program in a building that is owned and located on the grounds of the Facility. The Facility owns residential rental properties (41, 55, 58, 64, and 68 Wilcox Avenue).

# **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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total \*\*\*

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire

### Accounting Basis

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

#### **Independent Accounting Firm**

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107
--	--

Services Provided by This Firm (*describe fully*)

1 Audit, 990, Medicaid and Medicare Cost Reports	\$ 48,244
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 48,244

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 Wiggin and Dana LLP 2 Solomon, Krupnikoff, Wyskiel, PC 3 4 5	Telephone Number 203-498-4400 203-235-1659
--	--

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

1 One Century Tower, 265 Church Street #14 New Haven, CT 2 35 Pleasant Street, Meriden, CT 06450 3 4 5	
--	--

Services Provided by This Firm (*describe fully*)

1 Miscellaneous General Legal Advice	\$ 23,830
2 Rental Property	\$ 4,700
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 28,530

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

## Schedule of Resident Statistics

Name of Facility The Bradley Home			License No. 2157-C				Report for Year Ended 9/30/2021				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	104	30		74	104	30		74				
B. On last day of THIS report period	104	30		74					104	30		74
2. Number of Residents												
A. As of midnight of PREVIOUS report period	65	29		36	65	29		36				
B. As of midnight of THIS report period	57	25		32					57	25		32
3. Total Number of Days Care Provided During Period												
A. Medicare	495	495			353	353			142	142		
B. Medicaid (Conn.)	7,891	7,891			6,047	6,047			1,844	1,844		
C. Medicaid (other states)												
D. Private Pay	1,669	687		982	1,136	498		638	533	189		344
E. State SSI for RCH	9,047			9,047	6,833			6,833	2,214			2,214
F. Other (Specify) Uncompensated	2,026	21		2,005	1,474	21		1,453	552			552
G. Total Care Days During Period (3A thru F)	21,128	9,094		12,034	15,843	6,919		8,924	5,285	2,175		3,110
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	310	30		280	210	16		194	100	14		86
B. Other Bed Reserve Days	9	9			9	9						
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>21,447</b>	<b>9,133</b>		<b>12,314</b>	<b>16,062</b>	<b>6,944</b>		<b>9,118</b>	<b>5,385</b>	<b>2,189</b>		<b>3,196</b>

## Schedule of Resident Statistics (Cont'd)

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	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	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(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
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	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	3	20		2		9	23	
Per Diem Rate								
a. One bed rm.	PDPM	290.48		412.00		153.00	125.88	
b. Two bed rms.	PDPM	290.48		412.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments				TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				2,557	2,054		503
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				79			79
<b>D. Total Physical Therapy Treatments</b>				2,636	2,054		582

8. Total Number of Speech Therapy Treatments				TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				130	84		46
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				33			33
<b>D. Total Speech Therapy Treatments</b>				163	84		79

9. Total Number of Occupational Therapy Treatments				TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				1,821	1,821		
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other							
<b>D. Total Occupational Therapy Treatments</b>				1,821	1,821		

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
The Bradley Home	2157-C	9/30/2021		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	Residential Care Home 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)	102,508	1,002			138,121 1,350
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	60,373	951			81,347 1,281
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	181,309	6,603			244,299 8,897
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	33,855	929			45,616 1,252
c. Dietary Workers	282,155	15,479			380,181 20,856
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	40,377	966			54,404 1,302
b. Other Maintenance Workers	24,603	1,239			33,151 1,669
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services	18,990	1,211			25,588 1,632
10. Protective Services	56,400	3,186			75,995 4,293
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	193,102	3,395			65,904 1,159
b. RN					
1. Direct Care	415,847	9,278			156,673 3,500
2. Administrative**	23,232	554			
c. LPN					
1. Direct Care	291,480	8,464			124,362 3,627
2. Administrative**					
d. Aides and Attendants	586,022	28,143			160,375 8,996
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	102,435	3,965			81,577 2,998
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	15,743	421			21,212 568
n. Marketing					
o. Other (Specify)					
See Attached Schedule	33,279	1,473			28,930 1,375
<i>A-13. Total Salary Expenditures</i>	2,461,710	87,260			1,717,735 64,755

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2021			Page 11	of 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							
<b>Section I - Operators/Owners</b>									
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Bradley Home				2157-C		9/30/2021			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							
<b>Section III - Administrators***</b>										
Molly H. Savard	102,508		138,121			2,352	A2			
<b>Section IV - Assistant Administrators</b>										
Anne M. Dembski	60,373		81,347			2,232	A3			

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	Residential Care Home
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>					
1. Dietitian	16,447	385			
2. Dentist	18,669	Disallowed			25,154 Disallowed
3. Pharmacist	1,362	57			382 16
4. Podiatrist	447	Disallowed			603 Disallowed
5. Physical Therapy					
a. Resident Care	55,184	564			15,636 160
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	18,393	82			5,607 25
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)					
Cardiologist	12	Disallowed			16 Disallowed
9. Speech Therapist					
a. Resident Care	5,540	48			5,210 46
b. Other					
10. Occupational Therapist					
a. Resident Care	65,238	663			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	116,286	1,343			
2. Administrative***					
b. LPN					
1. Direct Care	12,831	218			
2. Administrative***					
c. Aides	32,237	895			
d. Other					
12. Other (Specify)					
See Attached Schedule	1,621	Disallowed			2,183 Disallowed
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	344,265	4,254			54,793 246

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

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

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

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

\* Use additional sheets if necessary.

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

### Report of Expenditures

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

Name of Facility	License No.	Report for Year Ended 9/30/2021		Page 14a	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Carol Reiss, 61 Crooked Trail Ext. Woodstock, CT 06281	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Barbara Dubois, 116 Peters Circle, Southington, CT 06489	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England Dental, 533 S Broad St., Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Meriden Dental Group, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David Hyman, 130 E Main St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David K. Hergott, 166 S. Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Agata Cieslik, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Tolland Family Dental, 359 Merrow Rd, Tolland, CT 06084	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Premier Dental, 727 Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, 6 Thompson Rd, East Windsor, CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. William Mitchard, 576 E Main Street, Meriden, CT 06450	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
David Roccapriore, 35 Pleasant St, Ste 1a, Meriden, CT 06450	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy Solutions, 850 Silas Deane Highway, Wethersfield, CT 06109	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Cliff Dreshler-Martell, 377 Broad St, Meriden, CT 06450	Medical Director & Doctor	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Consulting Cardiologists, 1062 Barnes Road #300, Wallingford, CT 06492	Cardiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAXIM Health Care Service, 12558 Collections Center Drive, Chicago IL	RN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurse Network, 653 Main St, Plainville, CT 06479	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nurses' Staffing Agency, PO Box 503 South Glastonbury, CT 06073	RN/LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WorldWide Staffing, 222 Sedwick Road, Durham, North Carolina 27713	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Eye Physicians of Central CT, 546 South Broad Street, Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
ReFocus Eye Health of Central CT, PO Box 412906 Boston, Massachusetts 02241	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Advanced Eye Physicians CT, 546 S. Broad Street Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Walsh & Massari, 86 W Main Street, Meriden, CT 06451	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Yale Medicine, PO Box 1880 New Haven, CT 06508	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Connecticut Skin Health, 4 Corporate Drive Suite 3, Shelton, CT 06484	Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Miracle Ear Warranty, 1206 Silas Deane Hwy, Wethersfield, CT 06109	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Advanced Optical, 546 S Broad St, Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Connecticut Dermatology, 1781 Highland Ave. Cheshire, CT 06410	Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdriv Audiology, 888 Worcester St, Wellesley, MA 02482	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Masstek Imaging, 3 Electronics Ave. # 201 Danvers, MA 01923	X-Ray Imaging	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Prohealth Physicians, Inc., 21 South Road Ste 110, Farmington, CT 06032	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Integron	Cardiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	

\* Use additional sheets if necessary.

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

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 71,230	41,954		29,276
2. Disability Insurance	\$ 17,376	10,234		7,142
3. Unemployment Insurance	\$ 2,193	1,292		901
4. Social Security (F.I.C.A.)	\$ 231,621	136,425		95,196
5. Health Insurance	\$ 415,077	244,480		170,597
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,667	4,516		3,151
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 97,874	57,648		40,226
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 29,990	17,664		12,326
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 48,244	20,552		27,692
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 28,530	12,154		16,376
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 12,184	5,190		6,994
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,569	8,762		11,807
2. Cellular Phones	\$ 1,576	671		905
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*	\$ 4,858	2,070		2,788
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 181,969	181,969		
<b>Subtotal</b>	\$ 1,170,958	745,582		425,376

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

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

Attachment Page 15

## **Schedule of Other Employee Benefits**

## Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	Residential Care Home
	<b><i>Subtotals Brought Forward:</i></b>	1,170,958	745,582		425,376
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,850	1,214		1,636
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	1,986	846		1,140
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	2,271	967		1,304
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	9,418	4,012		5,406
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	4,772	2,033		2,739
4. Fund-Raising***	\$				
5. Medical Records	\$	3,932	1,675		2,257
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	840	358		482
7. Postage	\$	2,143	913		1,230
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	10,624	4,526		6,098
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	689	294		395
9. Subscriptions	\$	2,556	1,089		1,467
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete         Schedule C-2, Page 21 for each firm or individual</i> )	\$	85,415	36,387		49,028
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	89,454	38,107		51,347
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	1,387,908	838,003		549,905

\* Do not include Subscriptions, which should go in item 9.

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

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	Residential Care Home
Employee Recognition	\$ 4,012		\$ 5,406
<b>Total Other Travel and Entertainment</b>	<b>\$ 4,012</b>	<b>\$ -</b>	<b>\$ 5,406</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	Residential Care Home
Marketing - Disallowed	\$ 2,033		\$ 2,739
<b>Total Other Advertising</b>	<b>\$ 2,033</b>	<b>\$ -</b>	<b>\$ 2,739</b>

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 3,230		\$ 4,353
Society of Human Resource Managers	\$ 187		\$ 251
ACHCA	\$ 264		\$ 356
American Express	\$ 215		\$ 290
CT Association of Health Care Facilities	\$ 149		\$ 201
ALTCFM	\$ 72		\$ 98
Association for Professional Woman	\$ 340		\$ 458
Connecticut Association for Therapeutic Recreation	\$ 68		\$ 92
<b>Total Dues</b>	<b>\$ 4,526</b>	<b>\$ -</b>	<b>\$ 6,098</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
401K Bond Insurance - Disallowed	\$ 153		\$ 206
Personnel Expense - Disallowed	\$ 4,551		\$ 6,131
Fidelity Bond	\$ 426		\$ 574
Admin Licenses	\$ 43		\$ 57
Admin Miscellaneous - Disallowed	\$ 767		\$ 1,034
Volunteer Expense	\$ 372		\$ 501
Directors & Officers Liability	\$ 4,828		\$ 6,505
Bank Service Charge - Disallowed	\$ 733		\$ 987
Consulting Service Fees	\$ 4,738		\$ 6,384
Professional Fees - Pension	\$ 7,223		\$ 9,732
Admin - Inspections	\$ 1,385		\$ 1,866
Loss on Disposal of Assets - Disallowed	\$ 11,850		\$ 15,968
Pooled Trust Plan Expense - Disallowed	\$ 895		\$ 1,205
Admin Equipment	\$ 145		\$ 196
<b>Total Other Administrative and General</b>	<b>\$ 38,107</b>	<b>\$ -</b>	<b>\$ 51,347</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility	License No.	Report for Year Ended	Page of
The Bradley Home	2157-C	9/30/2021	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 #
N/A			

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

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 277,513	118,221		159,292
2. Non-Food Supplies	\$ 51,785	22,060		29,725
3. Other (Specify) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____ Supplements/Enterals	\$ 1,770	754		1,016
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 331,068</b>	<b>141,035</b>		<b>190,033</b>
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$4,869
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P.30, IV1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021		Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	110,184	46,938		63,246
c. Other (Specify)	\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	110,184	46,938		63,246
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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 22,772	9,701		13,071
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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.	\$ 158,781	67,641		91,140
C. Other ( <i>Specify</i> ) Linen Expense	\$	200	85		115
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>181,753</b>	<b>77,427</b>		<b>104,326</b>
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	35,699	15,208		20,491
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	8,979	3,825		5,154
c. Medical and Therapeutic Supplies	\$	45,255	19,279		25,976
d. Ambulance/Limousine***	\$	1,377	587		790
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	16,519	16,519		
f. X-rays and Related Radiological Procedures***	\$	1,120	477		643
g. Dental ( <i>Not dentists who should be included under         salaries or fees</i> )	\$				
h. Laboratory***	\$	1,957	834		1,123
i. Recreation	\$	6,135	2,614		3,521
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	96,396	43,787		52,609
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>213,437</b>	<b>103,129</b>		<b>110,308</b>

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

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

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

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

## **Schedule of Other Resident Care**

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

Name of Facility The Bradley Home				License No. 2157-C	Report for Year Ended 9/30/2021				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	Pg	Line
ASG Information Technologies	477 South Broad Street, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	14,271		19,229	16	m11
Donna Pardew	341 Bradley Avenue, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawn Care Services	17,952		24,189	22	6f
Smartlinx Solutions, LLC	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time/Attendance/Payroll Software	11,042		14,878	16	m11
Siemens Industry, Inc	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	4,828		6,505	22	6f
PointClickCare Technologies, Inc	Suite 155, Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support	9,106		12,270	16	m11
Otis Elevator Company	105 Industrial Park Rd, Vernon CT	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance of Elevators	8,323		11,214	22	6f
Johnson Controls Fire Protection	27 Inwood Road, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Fire Systems Maintenance	6,858		9,240	22	6f
AJ Waste Systems. LLC	22 Burton Dr, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	6,476		8,726	22	6f
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services and Staff	46,938		63,246	19	3b
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services and Staff	67,641		91,140	20	4b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* 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 Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	33,090	14,096			18,994
b. Heat	\$	88,264	37,600			50,664
c. Light & Power	\$	57,751	24,602			33,149
d. Water	\$	52,144	22,213			29,931
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$	191,501	81,579			109,922
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	422,750	180,092			242,659
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	378,613	161,289			217,324
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	122,730	52,283			70,447
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	501,343	213,572			287,771
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	2,578	1,098			1,480
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	503,921	214,670			289,251

\* 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	Residential Care Home
Rental Costs - Disallowed	\$ 12,064		\$ 16,256
Rental Property Maintenance Costs - Disallowed	\$ 1,855		\$ 2,499
Medical Waste Expense	\$ 282		\$ 380
Med- Equipment and Repairs	\$ 2,689		\$ 3,624
Dietary - Equipment	\$ 1,058		\$ 1,425
Dietary - Maintenance & Renovation	\$ 5,313		\$ 7,160
Maintenance Contracts	\$ 36,677		\$ 49,420
Maintenance Grounds & Horticulture	\$ 21,128		\$ 28,469
Recreation - Maintenance	\$ 325		\$ 437
Res- Room Needs	\$ 187		\$ 253
<b>Total Other Repairs and Maintenance</b>	<b>\$ 81,579</b>	<b>\$ -</b>	<b>\$ 109,922</b>

## Depreciation Schedule

Name of Facility The Bradley Home				License No. 2157-C			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>													
<b>B. Building and Building Improvements</b>				11,224,734			11,224,734	6,650,154	SL	Various	378,415		
1. Acquired prior to this report period				(37,003)			(37,003)	(10,203)	SL	Various			
2. Disposals (attach schedule)				4,750			4,750		SL	Various	198		
<b>B-4. Subtotal</b>											378,613		
<b>C. Non-Movable Equipment</b>				56,263			56,263	56,263	SL	Various			
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>C-4. Subtotal</b>													
	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										
	<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. GMC Truck with Snow Plow		X	Various	33,249		33,249	29,635	SL	5	1,549			
b. Leased Van		X	10/16	40,481		40,481	31,710	SL	5	8,096			
c. 2018 Subaru		X	10/18	19,468		19,468	7,463	SL	5	3,894			
d. Truck Tires & Transmission		X	Various	9,326		9,326		SL	4	1,554			
2. Movable Equipment													
a. Acquired prior to this report period				2,497,390		2,497,390	2,103,080	SL	Various	98,074			
b. Disposals (attach schedule)				(116,771)		(116,771)	(115,753)	SL	Various	718			
c. Acquired during this report period (attach schedule)				151,812		151,812		SL	Various	8,845			
<b>D-3. Subtotal</b>											122,730		
<b>E. Total Depreciation</b>											501,343		

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

**\*\*Ties to Page 23, Line B2**

**Schedule of Non-Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/9/2020	Laptop	\$ 2,133	3	\$ 711
10/14/2020	Desktop	\$ 1,256	3	\$ 419
10/18/2020	Applicant Tracker Implementation	\$ 3,300	3	\$ 1,008
12/11/2020	Desktop	\$ 1,869	3	\$ 519
3/4/2021	Laptop	\$ 1,917	3	\$ 373
6/2/2021	Laptop	\$ 3,568	3	\$ 396
7/6/2021	Main Building Battery Backup	\$ 1,336	5	\$ 67
11/5/2020	Chilling Tower	\$ 30,436	20	\$ 1,395
1/26/2021	Boilers	\$ 73,419	20	\$ 2,447
11/1/2020	Stainless Steel Cold Water Basin	\$ 1,000	20	\$ 46
3/11/2021	2 Recliners	\$ 2,429	10	\$ 142
5/10/2021	Exit Door	\$ 3,600	20	\$ 75
6/3/2021	10 Pavillion Reclineres	\$ 19,923	10	\$ 664
1/28/2021	Snowblower	\$ 3,953	5	\$ 527
7/23/2021	11 Wheelchairs	\$ 1,673	5	\$ 56
<b>Total additions for Movable Equipment</b>		\$ 151,812		\$ 8,845 *
<b>Deletions:</b>				
7/6/2015	2 Asus Transformer	\$ (2,834)		
5/3/2015	Payroll Software Upgrade	\$ (4,658)		
11/6/2015	1 Lenova Desktop PC	\$ (987)		
11/6/2015	1 Lenova Desktop PC	\$ (987)		
10/28/2015	eMar/Pharmacy	\$ (6,200)		
9/12/1990	Dining Room Chairs	\$ (19,094)		
7/10/1997	Furniture Reupholstery	\$ (24,815)		
5/13/2003	Wireless Receiver	\$ (1,154)		
2/27/2009	7 Mattresses and Foun	\$ (6,925)		
12/1/2009	Camera for Home DBR	\$ (16,837)		
1/28/2010	Washer and Drer	\$ (2,270)		
10/31/2011	6 Mattresses and Box	\$ (3,302)		
10/10/2011	10 Mattresses and Box	\$ (5,090)		
9/28/2012	11 Mattresses and Box	\$ (5,385)		
7/28/2012	7 Mattresses and Box	\$ (3,719)		
12/6/2012	4 Sleepy's Twin Bed	\$ (2,004)		
1/22/2013	Card reader fortime	\$ (1,968)		
8/23/2013	10 Mattresses and Box	\$ (4,950)		
2/16/2018	Sander for Truck	\$ (3,592)		\$ 718
<b>Total deletions for Movable Equipment</b>		\$ (116,771)		\$ 718 **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

\*Ties to Page 24, Line C3

**\*\*Ties to Page 24, Line C2**

**Amortization Schedule\***

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2021			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. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?\*

Yes

No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	Donated			
2. Date Structure Completed	04/20/05			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	1936 or 1965			
5. Total Licensed Bed Capacity	104			
6. Square Footage	44,000			
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)	Fixed			
b. Date Mortgage Obtained	01/19/18	08/25/21		
c. Interest Rate for the Cost Year	3.60%	3.85%		
d. Term of Mortgage (number of years)	10	10		
e. Amount of Principal Borrowed	2,800,000	2,000,000		
f. Principal balance outstanding as of 9/30/2021		2,000,000		

##### Complete if Mortgage was Refinanced

##### During Current Cost Year

g. Type of Financing (e.g., fixed, variable)	Fixed			
h. Date of Refinancing	08/25/21			
i. New Interest Rate	3.85%			
j. Term of Mortgage (number of years)	10			
k. Amount of Principal Borrowed	2,000,000			
l. Principal Outstanding on Note Paid-Off	1,911,442			

##### 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 Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 96,264	41,008			55,256
Name of Lender Collinsville Savings Society	Rate 3.60%					
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. <b>Total Building Interest Expense (A1 - A4 + B5)</b>		\$ 96,264	41,008			55,256

(Carry Subtotals forward to next page )

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:			96,264	41,008		55,256
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)			\$	450	192	258
Capital Lease Interest						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>			\$	96,714	41,200	55,514
14. Insurance						
a. Insurance on Property (buildings only)			\$	67,847	28,903	38,944
b. Insurance on Automobiles			\$	7,855	3,346	4,509
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	12,126	5,166	6,960
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>			\$	87,828	37,415	50,413
15. <b>Total All Expenditures (A-13 thru C-14)</b>			\$	7,914,066	4,485,883	3,428,183

## **D. Adjustments to Statement of Expenditures**

Name of Facility The Bradley Home			License No. 2157-C	Report for Year Ended 9/30/2021		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b><i>Page 10 - Salaries and Wages</i></b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 253,950	23,315		230,635
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 65,238	65,238		
7.			Other - See attached Schedule	\$ 79,284	24,491		54,793
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 4,700	2,002		2,698
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,216	518		698
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	10	5c, a1	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 46,999	27,683		19,316
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 4,772	2,033		2,739
19.	15	1k1	Income Tax / Corporate Business Tax	\$ 4,858	2,070		2,788
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 840	358		482
23.			Other - See attached Schedule	\$ 80,016	31,202		48,814
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 4,869	2,074		2,795
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 546,742	180,983			365,759

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A9	Barber and Beauty Wages	\$ 18,990		\$ 25,588
10	12a	DON Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 45,242
10	12b	RN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 94,277
10	12c	LPN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 59,702
10	7b	Maintenance Salary Allocated to Rental Properties (see attachment 28b)	\$ 1,306		\$ 1,759
10	A3	Asst. Administrator Salary Allocated to Unallowable Marketing (see attachment 28b)	\$ 3,019		\$ 4,067
<b>Total Other Salaries Adjustment</b>			\$ 23,315	\$ -	\$ 230,635

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8a	Medical Director - RCH			\$ 5,607
13	B5a	Physical Therapy - RCH			\$ 15,636
13	B3	Pharmacist - RCH			\$ 382
13	B9a	Speech Therapy - RCH			\$ 5,210
13	B2	Dental Consultant	\$ 18,669		\$ 25,154
13	B4	Podiatrist Consultant	\$ 447		\$ 603
13	B8e	Cardiologist Consultant	\$ 12		\$ 16
13	B12	Optical, Audiology, Behavioral Health, Orthopedic, and other	\$ 1,621		\$ 2,183
13	B8a	Medical Director Salary in Excess of Allowable Hourly Rate (see attachment 28b)	\$ 3,743		
<b>Total Other Fees Adjustments</b>			\$ 24,491	\$ -	\$ 54,793

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a3, 1a4	FICA/FUTA Benefits for Disallowed RCH Nursing Salaries (see attachment 28b)			\$ 11,147
16	m13	Admin Miscellaneous	\$ 767		\$ 1,034
15	1a1-1a9	Related Benefits for Disallowed Salaries (see attachment 28b)	\$ 6,733		\$ 4,699
16	m8a	Chamber of Commerce Dues	\$ 294		\$ 395
16	l7	Employee recognition	\$ 4,012		\$ 5,406
16	m13	Pooled Trust Plan Expense	\$ 895		\$ 1,205
16	m13	Bank Service Charges	\$ 733		\$ 987
16	m13	Personnel Expenses	\$ 4,551		\$ 6,131
16	m13	Loss on Disposal of Assets	\$ 11,850		\$ 15,968
16	l3	Employee Gifts	\$ 1,214		\$ 1,636
16	m13	401k Bond Insurance	\$ 153		\$ 206
<b>Total Other A&amp;G Adjustments</b>			\$ 31,202	\$ -	\$ 48,814

**Maintenance Supervisor/Staff Rental Property Disallowance**

Reported Salary	152,535	Page 10, lines 7a/7b
Reported Hours	5,176	
Hourly Rate	\$ 29.47	
Hours Worked on Rental Properties	104	(2 hours per week)
Disallowance	\$ 3,065	P. 28a

**Employee Benefits Disallowance**

Total salaries page 10 4,179,445 page 10, total salary expense (Total of Line A13 - CCNH and RCH)

Total Benefits	873,028	page 15, lines 1a1-1a9
Less: Benefits Specifically Disallowed	-	Page 28, Line 8
Remaining Benefits	873,028	
Benefits as % of salaries	<u>20.9%</u>	

## Disallowance:

Barber & Beauty salaries	44,578	page 10, line 9
Maintenance salaries	3,065	(see above)
Asst. Administrator Marketing salaries	7,086	(see below)
Associated benefits @ 20.9%	<u>11,432</u>	P. 28a

**Nursing Salaries Disallowance**RCH Aide Hourly Rate:

Salary page 10	\$ 160,375	Page 10, Line A12d
Hours	8,996	Page 10, Line A12d
Average Hourly Rate	<u>\$ 17.83</u>	

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	1,159	Page10, Line A12a
Allowable Hourly Rate	\$ 17.83	
Allowable Salary	\$ 20,662	
Reported RCH Salary	\$ 65,904	Page10, Line A12a
Disallowance	<u>\$ 45,242</u>	P. 28a

RN Wages in Excess of RCH Aide Hourly Rate

RN RCH Hours	3,500	Page 10, Line A12b1
Allowable Hourly Rate	\$ 17.83	
Allowable Salary	\$ 62,396	
Reported RCH Salary	\$ 156,673	Page 10, Line A12b1
Disallowance	<u>\$ 94,277</u>	P. 28a

**LPN Wages in Excess of RCH Aide Hourly Rate**

LPN RCH Hours	3,627	Page 10, Line A12c1
Allowable Hourly Rate	\$ 17.83	
Allowable Salary	\$ 64,660	
Reported RCH Salary	\$ 124,362	Page 10, Line A12c1
Disallowance	<u>\$ 59,702</u>	P. 28a

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

DON RCH Salary Disallowance	\$ 45,242	
RN RCH Salary Disallowance	\$ 94,277	
LPN RCH Salary Disallowance	<u>\$ 59,702</u>	
Total RCH Salary Disallowances	\$ 199,221	
Total RCH Salaries Page 10	<u>\$ 1,721,614</u>	Page 10 A13
% Disallowed	11.57%	

RCH FICA Page 15	\$ 95,428	RCH portion of Acct #76-01635
RCH FUTA Page 15	\$ 904	RCH portion of Acct #76-01630
Total RCH FICA/FUTA	<u>\$ 96,332</u>	
% Disallowed	11.57%	
FICA/FUTA Disallowance	<u>\$ 11,147</u>	P. 28a

**Medical Director Disallowance**

SNF Salary p. 13 line 8a	\$ 18,393	
SNF Hours p. 13 line 8a	82	
Hourly Rate	\$ 224.30	
Allowable Rate	\$ 178.66	
Disallowance	<u>\$ 3,743</u>	P. 28a

**Marketing Disallowance**

**Salary Disallowance**

Asst. Administrator Salary	\$ 141,720	Page 10 Line A3
% of Duties Allocated to Marketing	5.00%	
Disallowance	<u>\$ 7,086</u>	P. 28a

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

Name of Facility The Bradley Home			License No. 2157-C	Report for Year Ended 9/30/2021		Page of 29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			Subtotals Brought Forward	\$ 546,742	180,983		365,759
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1	Prescription Drugs	\$ 35,699	15,208		20,491
28.	20	5d	Ambulance/Limousine	\$ 1,377	587		790
29.	20	5f	X-rays, etc	\$ 1,120	477		643
30.	20	5h	Laboratory	\$ 1,957	834		1,123
31.	20	5c	Medical Supplies	\$ 37,793	16,100		21,693
32.	20	5e2	Oxygen (non emergency)	\$ 16,519	16,519		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 95,314	43,347		51,967
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,664	1,135		1,529
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 79,918	34,045		45,873
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 2,612	1,113		1,499
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 40,854	17,404		23,450
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>		\$ 862,569	327,750			534,819

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

### **Schedule of Other Ancillary Costs**

## **Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6f	Rental Costs	\$ 12,064		\$ 16,256
22	6f	Rental Property Maintenance Costs	\$ 1,855		\$ 2,499
22	7b	Depreciation on rental property building improvements	\$ 9,585		\$ 12,914
22	7b	Depreciation on building improvements	\$ 10,541		\$ 14,204
<b>Total Other Property Adjustments</b>			\$ 34,045	\$ -	\$ 45,873

### **Schedule of Other - Indirect Adjustments**

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**The Bradley Home**

09/30/21

**Attachment Page 29B**

Original loan amount	3,000,000
Amount used for capital purposes	<u>2,000,000</u>
% allowable	66.67%
2021 Interest	<u>94,981</u>
Allowable	63,321
Disallowance	31,660 P. 29a
<b>Total Disallowance</b>	<b>31,660 P. 29a</b>

**Rental Property Depreciation Disallowance**

<b>Asset #</b>	<b>Description</b>	<b>In-Service Date</b>	<b>Cost</b>	<b>Life</b>	<b>Beg Accumulated Depreciation</b>	<b>CY Depreciation</b>	<b>Ending Book Value</b>
<i>Building/Building Improvements:</i>							
324 Renovation of 1st Floor - 64 Wilcox Ave		4/7/2015	19,992	15	7,330	1,333	11,329
325 64 Wilcox Ave - Property		10/27/2014	97,500	15	38,458	6,500	52,542
349 41 Wilcox Ave - Paint Interior		8/16/2016	3,650	5	3,042	608	-
350 41 Wilcox Ave - Refinish Hardwood Floors		8/23/2016	3,700	10	2,622	370	708
351 41 Wilcox Ave - Raise Stairwell Railing & Replace		8/22/2016	1,875	15	510	125	1,240
353 41 Wilcox Ave - Materials to Refinish Floor		8/23/2016	1,750	5	1,429	321	-
354 41 Wilcox Ave - Building		6/24/2016	106,777	30	15,127	3,559	88,091
355 58 Wilcox Ave - Paint Interior		7/26/2016	4,750	5	3,958	792	-
356 58 Wilcox Ave - Refinish Hardwood Floors		7/26/2016	3,250	10	1,354	325	1,571
357 58 Wilcox Ave - Materials to Refinish Floor		7/26/2016	1,817	10	757	182	878
358 64 Wilcox Ave - Paint Interior		9/20/2016	4,200	5	3,360	840	-
360 64 Wilcox Ave - Materials for Painting		9/20/2016	792	10	317	79	396
359 64 Wilcox Ave - Front Porch Improvements		8/15/2016	3,200	15	889	213	2,098
379 58 Wilcox Ave - Window Improvement		5/25/2016	1,000	15	289	67	644
380 68 Wilcox Ave- Building		12/5/2016	125,279	30	16,008	4,176	105,095
381 68 Wilcox Ave - Mortar Joints		3/5/2017	3,000	5	2,150	600	250
382 68 Wilcox Ave - Repair Walls		3/28/2017	11,054	5	7,738	2,211	1,105
383 41 Wilcox Ave - Garage Roof		5/12/2021	4,750	10	-	198	4,552

22,499 Page 29, Line 39/ Page 29a

*Moveable Equipment:*

334 3 Salon Chairs	9/23/2015	599	7	428	86	85
369 64 Wilcox Ave - Refrigerator and Stove	7/28/2016	1,377	10	574	138	665
422 58 Wilcox Ave - Electric Range	9/19/2018	854	10	171	85	598
423 64 Wilcox Ave - Refridgerator	9/7/2018	550	10	115	55	380

364

**Marketing Depreciation Disallowance**

*Moveable Equipment:*

407 Decker Creative Marketing - Website	4/30/2018	9,250	5	4,471	1,850	2,929
433 New Website	1/1/2019	2,250	5	788	450	1,012
					2,300	

2,664 Page 29, Line 35

**The Bradley Home**

09/30/21

**Attachment Page 29C**

**Roofing Project Depreciation Disallowance**

<b>Asset #</b>	<b>Description</b>	<b>Cost</b>	<b>Life</b>	<b>Depreciation</b>
384	Roof/Chimney Project	2,314,705		
Approved Amount		<u>2,000,000</u>		
Excess amount to be disallowed		314,705	20	15,735
386	Flat Roof	90,100	10	<u>9,010</u>
				24,745

Page 29, Line 39

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 30   of 37
Item		Total	CCNH	RHNS	Residential Care Home
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,751,376	3,318,246			1,433,130
b. Medicaid Room and Board Contractual Allowance **	\$ (1,567,593)	(1,272,861)			(294,732)
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 197,540	197,540			
b. Medicare Room and Board Contractual Allowance **	\$ (273,965)	(273,965)			
4. a. Private-Pay Residents and Other	\$ 783,615	305,440			478,175
b. Private-Pay Room and Board Contractual Allowance **	\$ (167,702)	(8,632)			(159,070)
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 17,678	17,678			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 1,130	1,130			
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	\$ 261,494	261,494			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 2,585	2,585			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (13,148)	(13,148)			
4. a. Speech Therapy - Medicare	\$ 51,363	51,363			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 187	187			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 256,629	256,629			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (42,358)	(42,358)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 4,258,831	2,801,328			1,457,503
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 4,869	2,074			2,795
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1,618	689			929
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 6,599	2,811			3,788
8. Other ( <i>Specify</i> )	\$ 4,389,820	1,870,063			2,519,757
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 4,402,906	1,875,638			2,527,268
<b>VI. Total All Revenue</b> (III +V)	\$ 8,661,737	4,676,966			3,984,771

\* 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
30, line II 6	Med A Xray Rev	\$ 1,047		
30, line II 6	Med A Lab Rev	\$ 931		
30, line II 6	Med B Less Cont. Adj	\$ (199,905)		
30, line II 6	Med A NTA Rev (PDPM)	\$ 62,632		
30, line II 6	Med A Nursing Rev (PDPM)	\$ 92,937		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (42,358)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Resident Revenue</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 Line IV	Interest, Checking	\$ 689			\$ 929

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, Line IV	Investment Income	\$ 44,702		\$ 60,232
30, Line IV	Dividend/Rebate Income	\$ 138,048		\$ 186,008
30, Line IV	Unrealized Gain	\$ 1,654,286		\$ 2,229,014
30, Line IV	Professional Fees - Investments	\$ (62,972)		\$ (84,850)
30, Line IV	Memorial Contributions	\$ 3,896		\$ 5,249
30, Line IV	Prior Year Rev	\$ (3,909)		\$ (5,267)
30, Line IV	Rev - RCH - OTC Drugs	\$ 2,758		\$ 3,716
30, Line IV	Miscellaneous Income	\$ 3,041		\$ 4,098
30, Line IV	Sale of Scrap	\$ 110		\$ 149
30, Line IV	Carr - House Day Care Rent	\$ 24,418		\$ 32,902
30, Line IV	Rental Income	\$ 33,377		\$ 44,972
30, Line IV	Deceased Residents Balance	\$ 26		\$ 35
30, Line IV	Death Benefit Proceeds	\$ 2,131		\$ 2,871
30, Line IV	Transportation Income	\$ 34		\$ 46
30, Line IV	CARES Act Stimulus	\$ 30,118		\$ 40,581
<b>Total Other Revenue</b>		<b>\$ 1,870,063</b>	<b>\$ -</b>	<b>\$ 2,519,757</b>

**G. Balance Sheet**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	956,432
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	307,738
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	19,494
4. Inventories			\$	
5. Prepaid Expenses			\$	24,358
a. Prepaid Expenses		24,358		
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	190,674
Resident Assets Held		190,674		
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,498,696
B. Fixed Assets				
1. Land			\$	210,767
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	11,192,481	\$	4,173,917
	Accum. Depreciation	7,018,564 Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	56,263	\$	
	Accum. Depreciation	56,263 Net		
6. Movable Equipment	*Historical Cost	2,532,431	\$	437,467
	Accum. Depreciation	2,094,964 Net		
7. Motor Vehicles	*Historical Cost	102,524	\$	18,623
	Accum. Depreciation	83,901 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	1,727,055
Construction in Progress		1,727,055		
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	6,567,829

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

(Carry Total forward to next page)

## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

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

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

Page Ref Line Ref Description

<b>Total Other Current Assets (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Other Fixed Assets (Itemize)</b>		\$ -

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

<b>Total Other Assets</b>		\$ -

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

<b>Total Notes Payable</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

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

Page Ref Line Ref Description

<b>Total Other Current Liabilities (Itemize)</b>		\$ -

## G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	32	37
Account			Amount	
			Total Brought Forward:	\$ 8,066,525
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$ 25,589,692
Investments		25,589,692		
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 206,585
North Haven Project		206,585		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 25,796,277
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 33,862,802

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

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

Name of Facility	License No.	Report for Year Ended	Page	of										
The Bradley Home	2157-C	9/30/2021	33	37										
<b>Account</b>				<b>Amount</b>										
<b>Liabilities</b>														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 289,731										
2. Notes Payable ( <i>itemize</i> ) Liberty Bank Loan - Current Portion				\$ 166,570										
See Schedule														
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$ 765										
<table border="1"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> <th></th> </tr> </thead> <tbody> <tr> <td>Mobility Works</td> <td>Van</td> <td>765</td> <td>12/10/21</td> <td></td></tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due		Mobility Works	Van	765	12/10/21	
Name of Lender	Purpose	Amount	Date Due											
Mobility Works	Van	765	12/10/21											
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 334,963										
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$										
6. Accrued Payroll Taxes Payable				\$ 23,042										
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> )				\$ 374,649										
Residents' Assets on Deposit				190,674 Due to Third Party Payor 21,786										
Accrued Employee Pension				91,833 Healthcare 17,307										
Accrued Expenses, Other				6,973 Tax Shelter Annuity 2,649										
Nursing Home User Fee				43,427 See Schedule										
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$ 1,189,720										

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

(Carry Total forward to next page)

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,189,720	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 3,704,138
PPP Loan - Liberty Bank	871,240			
Liberty Bank Loan	1,833,430			
Liberty Bank Construction Loan	999,468			
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,704,138
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,893,858

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	28,221,273
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 747,671
7. Total Net Worth			\$	28,968,944
<b>C. Total Reserves and Net Worth</b>				\$ 28,968,944
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 33,862,802

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 28,221,171
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 8,661,737
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ (7,914,066)
D. Net Income or Deficit				\$ 747,671
E. Balance				\$ 28,968,842
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )				\$
Purpose	Amount			
3. Total Deductions				\$
H. <b>Balance at End of Period</b>				\$ 28,968,842

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		

### Preparer/Reviewer Certification

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.

Signature of Preparer 	Title	Date Signed 2/14/2022
Printed Name of Preparer CliftonLarsonAllen LLP		
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06107		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address Jonathan.Fink@CLAConnect.com		