

# State of Connecticut



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

Name of Facility (as licensed) Hartford Hospital d/b/a Jefferson House	
Address (No. & Street, City, State, Zip Code) 1 John H. Stewart Drive, Newington, CT 06111	
Type of Facility <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"/> Other	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 993-C	RHNS	Other	Medicare Provider 07-5293
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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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	1	37

**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 Hartford Hospital d/b/a Jefferson House [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) Susan Vinal			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Hartford Hospital d/b/a Jefferson House	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 1 John H. Stewart Drive, Newington, CT 06111				
Report Prepared By Dorothy Robinson	Phone Number 203-623-2930	Date		
Item	Total	CCNH	RHNS	Other
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 860-667- 4453		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Hartford Hospital d/b/a Jefferson House		Address (No. & Street, City, State, Zip ) 1 John H. Stewart Drive, Newington, CT 06111		
License Numbers:	CCNH 993-C	RHNS	Other	Medicare Provider No. 07-5293
Type of Facility (Check appropriate box(es))				
<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"/> Other				
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.				
<b>Administrator</b>				
Name of Administrator Susan Vinal		Nursing Home Administrator's License No.:	001692	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?     Yes     No    If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attached listing.		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-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.

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  
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	
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2021			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Wells Fargo Financial Leasing, Inc. 800 Walnut, 4th floor, Des Moines, Iowa 50309	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Taskalfa 5501I and Kyocera Taskalfa 356ci copier printers	7/29/16-7/29/21	60 months	9,700	9,162	
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	9 Ricoh copier printers	11/20/17-11/20/22	60 months	2,195	1,890	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F for Skytop (CHA disallowed)	12/1/19-11/30/24	60 months	411	411	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F	12/10/19-12/9/24	60 months	432	432	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Ricoh copier printers IM430F for Skytop (CHA disallowed)	3/9/20-3/8/25	60 months	411	513	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/20-12/31/20	12 months	8,580	2,145	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omni Versa Multi-Modality Therapy System, Transducer, Cart, Shortwave Diathermy	1/1/21-12/31/21	12 months	8,580	6,435	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Taskalfa 5501I and Kyocera Taskalfa 356ci copier printers	5/25/21-5/24/26	60 months	9,258	2,315	
Wells Fargo Financial Services, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Printer for DR Computer	1/13/21-1/12/26	60 months	65	33	
	<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	<b>Total ***</b>	23,336

\* 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 Hartford Hospital d/b/a Jefferson H	License No. 993-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 Ernst & Young 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Asylum St., Hartford, CT
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Services Provided by This Firm (*describe fully*)

1 Audit Fees - part of Hartford Hospital's audit and paid for by Hartford Hospital	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 State of Connecticut 2 State of Connecticut 3 4 5	Telephone Number 860-655-1285 860-655-1285
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Address (*No. & Street, City, State, Zip Code*)  
 1 c/o Newington Probate Court, 66 Cedar St. Newington, CT 06111  
 2 c/o Newington Probate Court, 66 Cedar St. Newington, CT 06111  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Voluntary Conservatorship	\$	250
2 Voluntary Conservatorship	\$	250
3 Other Jefferson House's legal fees are included in Hartford HealthCare system fees.	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	500

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

### Schedule of Resident Statistics

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C			Report for Year Ended 9/30/2021				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	104	104			104	104							
B. On last day of THIS report period	104	104							104	104			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	91	91			91	91							
B. As of midnight of THIS report period	94	94							94	94			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,855	4,855			3,786	3,786			1,069	1,069			
B. Medicaid (Conn.)	17,543	17,543			12,636	12,636			4,907	4,907			
C. Medicaid (other states)													
D. Private Pay	4,489	4,489			3,000	3,000			1,489	1,489			
E. State SSI for RCH													
F. Other (Specify) Mgd Care, WC, Mgd Medicare	4,018	4,018			2,960	2,960			1,058	1,058			
G. Total Care Days During Period (3A thru F)	30,905	30,905			22,382	22,382			8,523	8,523			
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	198	198			134	134			64	64			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,103	31,103			22,516	22,516			8,587	8,587			

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

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

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	8		57		29								
Per Diem Rate													
a. One bed rm.	PDPM		307.39		540.00								
b. Two bed rms.					510.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									2,803	2,726		77	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									16	16			
C. Other									20,613	20,586		27	
<b>D. Total Physical Therapy Treatments</b>									23,432	23,328		104	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									243	243			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									5	5			
C. Other									1,084	1,084			
<b>D. Total Speech Therapy Treatments</b>									1,332	1,332			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,410	1,410			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									15	15			
C. Other									18,559	18,559			
<b>D. Total Occupational Therapy Treatments</b>									19,984	19,984			

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

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**Report of Expenditures - Salaries & Wages**

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	147,741	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	330,428	14,667				
5. Dietary Service						
a. Head Dietitian	74,942	2,515				
b. Food Service Supervisor						
c. Dietary Workers	551,871	32,427				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	262,734	16,904			4,315	278
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,614	2,052			1,275	34
b. Other Maintenance Workers	86,542	5,162			1,421	85
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	262,999	4,784				
b. RN						
1. Direct Care	2,707,974	63,289				
2. Administrative**	541,192	11,230				
c. LPN						
1. Direct Care	318,846	9,280				
2. Administrative**						
d. Aides and Attendants	2,083,125	113,756				
e. Physical Therapists	21,361	362			95	2
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	177,816	5,979				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists	140,818	2,094				
l. Podiatrists						
m. Social Workers/Case Management	297,284	7,496				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	216,696	4,180			2,324,838	65,548
<i>A-13. Total Salary Expenditures</i>	8,299,983	298,263			2,331,944	65,947

\* 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)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES COMMUNITY NETWORK ADMIN					\$ 140,091	1,088
SALARY AND WAGES CENTER FOR HEALTHY AGING					\$ 1,636,460	45,825
SALARY AND WAGES GOOD LIFE FITNESS					\$ 410,708	16,539
PTO ACCRUAL - FRINGE BENEFITS DEPT	\$ 3,278	112			\$ 871	30
SALARY RECLASS GRANT ADMIN					\$ 136,708	2,066
SALARY AND WAGES HEALTH INFO MGMT	\$ 46,027	1,543				
SALARY RECLASS EMPLOYEE HEALTH	\$ 13,719	828				
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION	\$ 153,672	1,697				
<b>Total</b>	\$ 216,696	4,180	\$ -	-	\$ 2,324,838	65,548

## Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2021				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	Other							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Hartford Hospital d/b/a Jefferson House				993-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	Other							
<b>Section III - Administrators***</b>										
Susan Vinal	147,741			Non-discriminatory	Administrator - Management of Facility	2,086	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	15,174	65				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	514,569	9,684			2,294	43
b. Other						
6. Social Worker						
7. Recreation Worker	1,430	12				
8. Physicians						
a. Medical Director (entire facility)	48,600	520				
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	197,564	3,095				
b. Other						
10. Occupational Therapist						
a. Resident Care	417,323	8,554				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	62,337	2,483				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,256,997</b>	<b>24,413</b>			<b>2,294</b>	<b>43</b>

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

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

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C		Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Healthdrive Dental	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford HealthCare Rehab Network	Therapy	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford HealthCare Medical Group	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford HealthCare Independence at Home	CNAs	<input checked="" type="radio"/>	<input type="radio"/>			
John W Banker	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Paul Shlien	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Jeanette Wheeler	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
John Paolillo	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Mark A Lanzieri	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Matthew Pidi	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Rebecca Swett	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
Tom Alvord	Recreation	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 99,000	77,286		21,714
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 753,341	588,108		165,233
5. Health Insurance	\$ 1,553,549	1,187,026		366,523
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 666,520	520,329		146,191
8. Uniform Allowance	\$ 400	78		322
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 76,750	21,045		55,705
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 16,743	12,000		4,743
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 500	500		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 31,063	17,042		14,021
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$			
2. Cellular Phones	\$ 12,760	4,869		7,891
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 472,024	472,024		
<b>Subtotal</b>	\$ 3,682,650	2,900,307		782,343

\* 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**

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
BACKGROUND VERIFICATIONS ADMIN & GENERAL	\$ 6,790		\$ 1,908
BACKGROUND VERIFICATIONS HR TALENT ACQUISITION	\$ 14,255		\$ 4,005
HSA ER CONTRIBUTION			\$ 49,792
<b>Total</b>	\$ 21,045	\$ -	\$ 55,705

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	Other	
<b>Subtotals Brought Forward:</b>	3,682,650	2,900,307		782,343	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,179	1,179			
2. Holiday Parties for Staff	\$ 2,725	2,725			
3. Gifts to Staff and Residents	\$ 5,610	4,651		959	
4. Employee Travel	\$ 31,615	48		31,567	
5. Education Expenses Related to Seminars and Conventions	\$ 3,127	1,798		1,329	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 6,190	6,190			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
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	\$ 30,113			30,113	
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	\$ 9,223	7,502		1,721	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 13,127	12,975		152	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 180	5		175	
10. Contributions*** See Attached Schedule	\$ 11,000			11,000	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 57,130	56,809		321	
12. Administrative Management Services**	\$ 1,333,305	1,261,305		72,000	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 607,602	15,890		591,712	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,794,776	4,271,384		1,523,392	

\* 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	Other
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	Other
ADVERTISING- MARKETING & ADVERTISING DISALLOWED			\$ 3,605
ADVERTISING - ADMIN & GENERAL DISALLOWED			\$ 225
PROMOTIONAL EVENTS ADMIN & GENERAL DISALLOWED			\$ 225
PROMOTIONAL EVENTS CENTER FOR HEALTHY AGING DISALLOWED			\$ 100
ADVERTISING - CENTER FOR HEALTHY AGING DISALLOWED			\$ 25,343
SIGNS CENTER FOR HEALTHY AGING DISALLOWED			\$ (36)
PROMOTIONAL EVENTS MARKETING & ADVERTISING DISALLOWED			\$ 138
DIGITAL PRINT CHARGES - DISALLOWED			\$ 513
<b>Total Other Advertising</b>	\$ -	\$ -	\$ 30,113

## Schedule of Dues

Description	CCNH	RHNS	Other
LEADING AGE	\$ 10,560		
THE COMPLIANCE STORE	\$ 2,025		
DR ROBBINS - CT CONTROLLED SUBSTANCE RENEWAL	\$ 40		
CAHCF	\$ 350		
JESSICA DAKIN - CDP CERTIFICATION			\$ 152
<b>Total Dues</b>	\$ 12,975	\$ -	\$ 152

## Schedule of Contributions

Description	CCNH	RHNS	Other
TOWN OF NEWINGTON DEPT OF HUMAN SERVICES DISALLOWED			\$ 11,000
<b>Total Contributions</b>	\$ -	\$ -	\$ 11,000

## Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
MERCHANT FEES DISALLOWED			\$ 1,538
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (491)		
TRANSLATOR SERVICES CENTER FOR HEALTHY AGING DISALLOWED			\$ 309
INTEREST EXP FINANCING LEASE HHC FOOD AND NUTRITION	\$ (5,622)		
STORAGE RENT/LEASE HEALTH INFO MGMT	\$ 8,243		
CABLE TV/INTERNET	\$ 13,606		
SPONSORSHIPS FUND DEPARTMENT DISALLOWED			\$ 566,814
INTERNAL SPONSOR EXP AFFILIATE FUND DEPT DISALLOWED			\$ 20,613
INTERNAL SPONSOR EXP AFFILIATE GRANT ADMIN DISALLOWED			\$ 146,853
SPONSORSHIPS GRANT ADMINISTRATION DISALLOWED			\$ (146,853)
OVERACCUAL OF ACPLUS LEASING AND DISALLOWED			\$ 715
LATE FEES ADMIN & GENERAL DISALLOWED			\$ 308
LATE FEES OPERATION OF PLANT DISALLOWED			\$ 29
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL DISALLOWED	\$ 154		
LATE FEES FROM LEASES AND DISALLOWED			\$ 1,386
<b>Total Other Administrative and General</b>	\$ 15,890	\$ -	\$ 591,712



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

Name of Facility	License No.	Report for Year Ended	Page of
Hartford Hospital d/b/a Jefferson House	993-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 #
Hartford HealthCare & Hartford HealthCare Senior Services	1,261,305	Contracting and Management	p 16 1m12
Morrison Community Living	660,723	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p 18 2a1,2a2, 2a3,& 2b
Crothall Healthcare	108,866	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p 20 4a1 & 4b

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2021		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 317,311	317,311			
2.	Non-Food Supplies	\$ 136,037	126,145			9,892
3.	Other ( <i>Specify</i> ) _____ In House food for depts and non-residents - disallowed	\$ 12,993	19,163			(6,170)
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 194,200	194,200			
c. Other ( <i>Specify</i> ) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 660,541	656,819			3,722
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other	
F.	Resident Meals: Total no. of meals served per day:*	254	254			
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.		included below
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					30IV1
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.		\$9,299
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					30IV1
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input 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		License No.	Report for Year Ended		Page	of
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2021		19	37
Item		Total	CCNH	RHNS	Other	
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)	\$	208,777	208,777			
c. Other ( <i>Specify</i> )	\$					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	208,777	208,777			
<b>3E. Laundry Questionnaire</b>						
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
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2021		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	75,869	74,643		1,226
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	80,113	78,819		1,294
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	75,869	74,643		1,226
		Amt. \$	66,354	65,282		1,072
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	146,467	144,101		2,366
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare of CT	\$	269,571	269,571		
b.	Medicine Cabinet Drugs	\$	24,981	24,981		
c.	Medical and Therapeutic Supplies	\$	592,520	586,972		5,548
d.	Ambulance/Limousine***	\$	3,988	3,988		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	15,102	15,102		
f.	X-rays and Related Radiological Procedures***	\$	36,111	36,111		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	60,974	60,974		
i.	Recreation	\$	242	206		36
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	28,488	8,003		20,485
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,031,977	1,005,908		26,069

\* 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

Description	CCNH	RHNS	Other
PATIENT/RESIDENT RELATIONS FUND DEPT DISALLOWED			\$ 485
PATIENT/RESIDENT RELATIONS EMERGENCY MGMT	\$ 1,054		
PATIENT/RESIDENT RELATIONS RECREATIONAL THERAPY	\$ 1,776		
HHCRN PT Mgmt fees 690090-409050 and 611020-409510 from p 13 line B5			\$ 20,000
Reclass Patient Supplies/Errands Alaya Care Purc Srv Affiliates p 13 b11c and disallow	\$ 5,173		
<b>Total Other Resident Care</b>	\$ 8,003	\$ -	\$ 20,485

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

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-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	Other	Pg	Line
See attached.		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 209,683	205,031		4,652		
b. Heat	\$ 55,165	54,274		891		
c. Light & Power	\$ 165,450	162,776		2,674		
d. Water	\$ 99,262	97,658		1,604		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 23,336	21,940		1,396		
f. Other ( <i>itemize</i> )	\$ 136,012	133,814		2,198		
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 688,908</b>	<b>675,493</b>		<b>13,415</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,297	8,163		134		
b. Building & Building Improvements	\$ 300,189	295,338		4,851		
c. Non-Movable Equipment	\$ 6,782	6,672		110		
d. Movable Equipment	\$ 146,917	138,639		8,278		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 462,185</b>	<b>448,812</b>		<b>13,373</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 496			496		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 462,681</b>	<b>448,812</b>		<b>13,869</b>		

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT - OUTPATIENT PORTION DISALLOWED	\$ 45,681		\$ 750
WASTE REMOVAL OPERATION OF PLANT - OUTPATIENT PORTION DISALLOWED	\$ 78,790		\$ 1,294
STORAGE RENT/LEASE OPERATION OF PLANT - OUTPATIENT PORTION DISALLOWED	\$ 8,906		\$ 146
PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT - OUTPATIENT PORTION DISALLOWED	\$ 160		\$ 3
RECLASS PITNEY BOWES FROM P 22 6E	\$ 277		\$ 5
<b>Total Other Repairs and Maintenance</b>	\$ 133,814	\$ -	\$ 2,198





## Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

## Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/1/2021	Roof and Handrails	\$ 369,593	10	\$ 18,480
9/1/2021	Chilled Water Expansion Tank	\$ 4,332	20	\$ 108
9/1/2021	Air Curtain Refrigerator	\$ 9,405	15	\$ 313
9/1/2021	Switch, Transfer 600 Amp	\$ 50,000	15	\$ 1,667
9/1/2021	Tankless Water Heater	\$ 146,509	10	\$ 7,325
<b>Total additions for Building Improvement</b>		\$ 579,839		\$ 27,893 *
<b>Deletions:</b>				
7/31/2021	TOILET APRITIONS	\$ (1,000)		
7/31/2021	OTHER COSTS	\$ (286,253)		
7/31/2021	AUTOMATIC DOORS	\$ (10,000)		
7/31/2021	GREENHOUSE	\$ (22,697)		
<b>Total deletions for Building Improvement</b>		\$ (319,950)		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
		\$ -		
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
7/31/2021	INSTALL BATHING UNIT	\$ (1,199)		
7/31/2021	COUNTER	\$ (375)		
7/31/2021	INSTALL DUCT AND FAN	\$ (298)		
7/31/2021	LABOR INSTALL DUCT	\$ (156)		
7/31/2021	EXHAUST FAN	\$ (1,335)		
7/31/2021	PUBLIC ADDRESS SOUND SYSTEM	\$ (615)		
7/31/2021	OTHER COSTS	\$ (264,233)		
7/31/2021	PRE FAB FIREPLACE	\$ (1,900)		
7/31/2021	TOILET ACCESSORIES	\$ (23,000)		
7/31/2021	TACK BOARDS	\$ (4,000)		

7/31/2021	LOCKERS	\$ (2,600)		
7/31/2021	FLUE DINING ROOM	\$ (2,216)		
7/31/2021	WIRE ALARM AND SWITCH SNF	\$ (1,124)		
7/31/2021	OUTLETS KITCHEN & OFFICE	\$ (110)		
7/31/2021	HORN LIGHTS LARM SYSTEM	\$ (645)		
7/31/2021	INSULATION OFFICE WALLS	\$ (982)		
7/31/2021	WACKENHUT CONTROL STATION	\$ (1,800)		
7/31/2021	AMSCO WASHER INSTALL	\$ (9,919)		
7/31/2021	INSTALL DOOR FRAME REHAB	\$ (3,980)		
7/31/2021	INSTALL SCOTCHTENT	\$ (1,344)		
7/31/2021	INSTALL 2 OUTLETS	\$ (2,233)		
7/31/2021	SONECOR TELEPHONE SYSTEM	(34,920)		
7/31/2021	ADDL COST	(1,075)		
<b>Total deletions for Non-Movable Equipmen</b>		\$ (360,059)		\$ - **

Attachment Pages 23 24

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
4/1/2021	MatrixCare Software	\$ 32,838	3	\$ 5,473
7/1/2021	Desk - 30"x60" cayenne maple	\$ 1,251	20	\$ 31
7/1/2021	10 Chairs - Gunlocke multi chair	2250	12	195
9/1/2021	Oven/Microwave Combination 27"	2200	10	110
9/1/2021	Refrigerator 21.7CF French Door	2340	10	117
<b>Total additions for Movable Equipmen</b>		<b>\$ 40,879</b>		<b>\$ 5,926 *</b>
<b>Deletions:</b>				
7/31/2021	MODEL SS2 HOT PACK	\$ (502)		
7/31/2021	SECTION MIRROR STAND UP	\$ (155)		
7/31/2021	HYDROLIC TABLE	\$ (650)		
7/31/2021	DELTOID-AID	\$ (955)		
7/31/2021	FILE CABINET	\$ (282)		
7/31/2021	HEMI-BAR & SINGLE BAR	\$ (625)		
7/31/2021	HYDRAULIC LIFT	\$ (2,156)		
7/31/2021	STORAGE CABINET	\$ (480)		
7/31/2021	TIER FILE ROTOMATIC UNIT	\$ (1,749)		
7/31/2021	LETTER FILE 2 DRAWERS 22	\$ (117)		
7/31/2021	GOMCO ASPIRATOR W/STAND	\$ (762)		
7/31/2021	LAKESIDE UTIL CART 500	\$ (172)		
7/31/2021	SUCTION PUMPS	\$ (2,277)		
7/31/2021	SPHYNOMANOMETERS	\$ (303)		
7/31/2021	STRETCHER W/PADS	\$ (843)		
7/31/2021	CENTURY BATHING UNIT	\$ (5,230)		
7/31/2021	NARCOTIC SAFE	\$ (149)		
7/31/2021	SPHYGNOMONOMETERS	\$ (718)		
7/31/2021	DETECTO CHAIR SCALE	\$ (425)		
7/31/2021	TIER FILE ROTOMATIC UNIT	\$ (1,749)		
7/31/2021	LETTER FILE TWO DRAWER 22	\$ (234)		
7/31/2021	GOLDEN TEAK OVERBED TABLES	\$ (760)		
7/31/2021	NARCOTIC SAFE 320-00	\$ (150)		
7/31/2021	SPHYGNOMONOMETERS	\$ (359)		
7/31/2021	DESK 46	\$ (277)		
7/31/2021	DRAWER LATERAL FILE 50	\$ (280)		
7/31/2021	CARD FILE 15 DRAWERS	\$ (897)		
7/31/2021	HALF ROUND TABLE OAK 56	\$ (805)		
7/31/2021	VERTICAL FILE 5 DRAWER	\$ (344)		
7/31/2021	LATERAL FILES	\$ (1,327)		
7/31/2021	CRT TABLE	\$ (295)		
7/31/2021	LATERAL FILE 364L	\$ (365)		
7/31/2021	VERTICAL FILE	\$ (345)		
7/31/2021	DETECTO SCALE PORTABLE	\$ (536)		
7/31/2021	FOOD SERVICE EQUIP	\$ (91,000)		
7/31/2021	DRAWER LATERAL FILE 50	\$ (280)		
7/31/2021	SHELVING	\$ (2,081)		
7/31/2021	OUTLET FOR FREEZER	\$ (399)		
7/31/2021	S S CABINET	\$ (511)		
7/31/2021	S S TANK CABINETS	\$ (906)		
7/31/2021	STACK CHAIRS W/DOLLY	\$ (1,560)		
7/31/2021	STEEL SHELVING	\$ (2,624)		
7/31/2021	DRILL PRESS W/STAND	\$ (350)		
7/31/2021	LATERAL FILE	\$ (215)		
7/31/2021	SHELVES	\$ (328)		
7/31/2021	JUSTRITE CABINET	\$ (522)		
7/31/2021	BOWLING TABLE H60	\$ (186)		
7/31/2021	DRAWER LATERAL FILE 50	\$ (280)		
7/31/2021	OAK BOOKCASES	\$ (300)		
7/31/2021	LATERAL FILE 50	\$ (298)		
7/31/2021	DRAWER LATERAL FILE 50	\$ (298)		
7/31/2021	AUDI SCREEN	\$ (308)		
7/31/2021	MEDICATION CART M 430	\$ (1,200)		
7/31/2021	ROL LIFT PALLET TRUCK	\$ (471)		
7/31/2021	FIRE EXT AND CABINETS	\$ (1,800)		
7/31/2021	OAK SECTIONAL TABLE 56	\$ (457)		
7/31/2021	LEAF SECTION OAK 56	\$ (247)		

7/31/2021	DRAWER LATERAL FILE 50	\$	(280)		
7/31/2021	GBL BED CASTERS	\$	(1,780)		
7/31/2021	GERI CHAIR	\$	(265)		
7/31/2021	TRAPEZE BAR W/STAND	\$	(300)		
7/31/2021	TRAPEZE BAR W/STAND	\$	(300)		
7/31/2021	TRAPEZE BAR W/FLOOR STAND	\$	(300)		
7/31/2021	TRAPEZE BAR W/FLOOR STAND	\$	(300)		
7/31/2021	TRAPEZE BAR W/FLOOR STAND	\$	(900)		
7/31/2021	TRAPEZE BAR W/STAND	\$	(300)		
7/31/2021	SCALE - CHAIR	\$	(555)		
7/31/2021	HEARING ASSIST GROUPEL	\$	(948)		
7/31/2021	PATIENT CHART SYSTEM	\$	(2,120)		
7/31/2021	GERIATRIC CHAIR W/FOOT REST	\$	(265)		
7/31/2021	POWER TOOLS	\$	(753)		
7/31/2021	PEDESTAL DESK 46	\$	(277)		
7/31/2021	DRAWER LATERAL FILE 50	\$	(298)		
7/31/2021	DEACON TABLE 62	\$	(379)		
7/31/2021	PHONE - DISPLAY	\$	(307)		
7/31/2021	OPTIFLEX CPM UNIT	\$	(2,203)		
7/31/2021	PAGERS	\$	(586)		
7/31/2021	TTY MACHINE	\$	(263)		
7/31/2021	SWITCH UPGRADE PROJECT	\$	(10,308)		
7/31/2021	INSTALL PATIENT WANDERING SYST	\$	(7,561)		
7/31/2021	HP LASERJET PRINTER	\$	(465)		
7/31/2021	FLAT SCREEN TV 20"	\$	(3,100)		
7/31/2021	POWEREDGE SERVER	\$	(3,454)		
7/31/2021	HDTV 26" LCD [EMP DINING RM]	\$	(920)		
7/31/2021	LCD HDTV 37"	\$	(700)		
7/31/2021	FLAT TVS 20"	\$	(450)		
7/31/2021	HDTV 32" [DINING RM]	\$	(900)		
7/31/2021	LAPTOP LATITUDE XT2 TABLET	\$	(14,730)		
7/31/2021	LATITUDE LAPTOP E6510	\$	(1,455)		
7/31/2021	DELL TOUCH SCREEN KIOSK COMPUT	\$	(3,144)		
<b>Total deletions for Movable Equipmen</b>		\$	(194,760)	\$	-

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\*Ties to Page 23, Line D2c  
\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri

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

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\*Ties to Page 24, Line C3  
\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson House			993-C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Hartford Hospital d/b/a Jefferson Hous	License No. 993-C	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		10/24/78		
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		104		
6. Square Footage		75,869		
7. Acquisition Cost				
a. Land		262,539		
b. Building		2,038,052		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson Hou		993-C	9/30/2021			26	37
Item			Total	CCNH	RHNS	Other	
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. <b>Total Building Interest Expense</b> (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
Hartford Hospital d/b/a Jefferson Hc	993-C	9/30/2021	27	37
Item	Total	CCNH	RHNS	Other
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	9,131	8,983	148
b. Insurance on Automobiles	\$	4,279	4,279	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	79,375	79,375	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	1,417	1,417	
Enviro Risk, EPL Retention				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	94,202	94,054	148
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	20,979,547	17,062,328	3,917,219

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.	10	A12e	Outpatient Service Costs	\$ 95			95
2.	10	A6b.	Salaries not related to Resident Care	\$ 7,011			7,011
3.	10	A12g	Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,324,838			2,324,838
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 417,323	417,323		
7.			Other - See attached Schedule	\$ 729,601	727,307		2,294
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 16,743	12,000		4,743
10.			Accounting	\$			
10a.			Legal	\$ 500	500		
11.	15	1h1	Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 9,987	2,096		7,891
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
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	1m3	Unallowable Advertising *	\$ 30,113			30,113
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 11,000			11,000
21.	16	1m12	Unallowable Management Fees	\$ 1,333,305	1,261,305		72,000
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,556,206	138,663		1,417,543
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 12,993	19,163		(6,170)
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 6,449,715	2,578,357		3,871,358

\* 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	Other
10	A12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 140,091
10	A12o	SALARY AND WAGES CENTER FOR HEALTHY AGING			\$ 1,633,333
10	A12o	SALARY RECLASS CENTER FOR HEALTHY AGING			\$ 3,127
10	A12o	SALARY AND WAGES GOOD LIFE FITNESS			\$ 411,518
10	A12o	SALARY RECLASS GOOD LIFE FITNESS			\$ (810)
10	A12o	PTO ACCRUAL - FRINGE BENEFITS DEPT			\$ 871
10	A12o	SALARY RECLASS GRANT ADMIN			\$ 136,708
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 2,324,838

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	CONTRACT LABOR-CLINICAL - ADMIN AND GENERAL - DENT	\$ 15,174		
13	B5A	PURCHASED SERVICES AFFILIATE - PHYSICAL THERAPIST	\$ 514,569		\$ 2,294
13	B9	PURCHASED SERVICES AFFILIATE - SPEECH THERAPIST	\$ 197,564		
<b>Total Other Fees Adjustments</b>			\$ 727,307	\$ -	\$ 2,294

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	1A1	WORKERS COMPENSATION PREMIUM DISALLOWED - OVER ACCRUED	\$ 77,286		\$ 21,714
15	1A4	BENEFITS RELATED TO OUTPATIENT THERAPY, CHA, GRANT ADMIN - FICA			\$ 165,233
15	1A5	BENEFITS RELATED TO OUTPATIENT THERAPY, CHA, GRANT ADMIN			\$ 366,523
15	1A7	BENEFITS RELATED TO OUTPATIENT - PENSION			\$ 146,191
15	1A8	BENEFITS RELATED TO OUTPATIENT - UNIFORMS			\$ 322
15	1A9	OTHER EMPLOYEE BENEFITS RELATED TO OUTPATIENT INCLUDING BACKGROUND CHECKS AND H.S.A CONTRIBUTION			\$ 51,700
15	1A9	OTHER EMPLOYEE BENEFITS - PRE-EMPLOYMENT PHYSICALS	\$ 14,255		\$ 4,005
15	1G	OFFICE SUPPLIES, PRINTING, MINOR EQUIPMENT RELATED TO OUTPATIENT			\$ 14,021
16	1L3	GIFTS IN EXCESS OF \$25 OR DISCRIMINATORY IN NATURE	\$ 2,652		\$ 959
16	1L4	TRAVEL - GOOD LIFE FITNESS, CENTER FOR HEALTHY AGING			\$ 31,567
16	1L5	STAFF DEVELOPMENT AND TRAINING MATERIALS CENTER FOR HEALTHY AGING			\$ 1,329
16	1M7	POSTAGE - CENTER FOR HEALTHY AGING			\$ 1,721
16	1M8	DUES & MEMBERSHIP CENTER FOR HEALTHY AGING			\$ 152
16	1M9	SUBSCRIPTIONS CENTER FOR HEALTHY AGING			\$ 175
16	1M11	AGING			\$ 321
16	1M11	HEALTHCARE	\$ 44,470		
16	1M13	MERCHANT FEES			\$ 1,538
16	1M13	TRANSLATOR SERVICES CENTER FOR HEALTHY AGING			\$ 309
16	1M13	SPONSORSHIPS FUND DEPARTMENT			\$ 566,814
16	1M13	INTERNAL SPONSOR EXP AFFILIATE FUND DEPT			\$ 20,613
16	1M13	OVER ACCRUAL OF ACCELERATED PLUS LEASE			\$ 715
16	1M13	CABLE TV NET OF \$3,600 ALLOWANCE			\$ 10,006
16	1M13	LATE FEES ADMIN & GENERAL			\$ 308
16	1M13	LATE FEES OPERATION OF PLANT			\$ 29
16	1M13	LATE FEES FROM LEASES			\$ 1,386
18	2A2	DIETARY SUPPLIES FOR NON-RESIDENTS			\$ 9,892
<b>Total Other A&amp;G Adjustments</b>			\$ 138,663	\$ -	\$ 1,417,543

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

Name of Facility				License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 6,449,715	2,578,357		3,871,358
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 269,571	269,571		
28.	20	5d	Ambulance/Limousine	\$ 3,988	3,988		
29.	20	5f	X-rays, etc	\$ 36,111	36,111		
30.	20	5h	Laboratory	\$ 60,974	60,974		
31.	20	5c	Medical Supplies	\$ 592,520	586,972		5,548
32.	20	5e2	Oxygen (non emergency)	\$ 15,102	15,102		
33.	20	5L	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 28,060	5,173		22,887
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,278			8,278
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 496			496
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 13,549			13,549
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	148	14a	Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 3,986,310	9,658,276		(5,671,966)
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	\$ 4,961			4,961
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 11,469,635	13,214,524		(1,744,889)

\*\*\* 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

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A	HOUSEKEEPING SUPPLIES OUTPATIENT			\$ 1,294
20	4B	HOUSEKEEPING PURCHASED SERVICES OUTPATENT			\$ 1,072
20	5I	MAINTENANCE GROUNDS/LANDSCAPING FUND DEPT			\$ 36
20	5L	HHC REHAB NETWORK MANAGEMENT FEES AND OPTIMA FEES - DISALLOWED			\$ 20,000
20	5L	PATIENT/RESIDENT RELATIONS FUND DEPT			\$ 485
20	5L	PATIENT SUPPLIES - ALAYA CARE PURCH SVC AFFILIATES	\$ 5,173		
<b>Total Other Ancillary Costs</b>			\$ 5,173	\$ -	\$ 22,887

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7D	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 164
22	7D	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 114
22	7D	DEP EXP - EQUIPMENT SYSTEM FEE GEN ALLOCATION			\$ 11
22	7D	DEP EXP - EQUIPMENT LAUNDRY			\$ 2
22	7D	DEP EXP - EQUIPMENT FACILITIES DEV SAFETY			\$ 8
22	7D	DEP EXP - EQUIPMENT NURSING SERVICE OFFICE			\$ 62
22	7D	DEP EXP - EQUIPMENT NURSING RN ADMIN			\$ 558
22	7D	DEP EXP - EQUIPMENT NURSING RN DIRECT CARE			\$ 10
22	7D	DEP EXP - EQUIPMENT SOCIAL WORK			\$ 1
22	7D	DEP EXP - EQUIPMENT RECREATIONAL THERAPY			\$ 2
22	7D	DEP EXP - EQUIPMENT CENTER FOR HEALTHY AGING			\$ 6,000
22	7D	DEP EXP - EQUIPMENT ENVIRONMENTAL SERVICES GENERAL			\$ 17
22	7D	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 1,314
22	7D	DEP EXP - EQUIPMENT REHAB GENERAL			\$ 6
22	7D	DEP EXP - CAP LEASE EQUIP ENVIRONMENTAL SERVICES GEN			\$ 9
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 8,278

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6A	MAINT & REPAIR BUILDING OPERATION OF PLANT			\$ 1,374
22	6A	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 277
22	6A	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 108
22	6A	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 1,130
22	6A	MAINT & REPAIR - AUTO/LOGISTIC OPERATION OF PLANT			\$ 5
22	6A	MEDICAL SUPPLY - OPERATION OF PLANT			\$ 107
22	6A	DUES & LICENSES - OPERATION OF PLANT			\$ 37
22	6A	MAINT & REPAIR- EQUIPMENT CENTER FOR HEALTHY AGING			\$ 1,288
22	6A	GENERAL MAINTENANCE OPERATION OF PLANT			\$ 21
22	6A	MINOR EQUIPMENT AND FURNISHINGS OPERATION OF PLANT			\$ 305
22	6B	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 891
22	6C	ELECTRIC OPERATION OF PLANT			\$ 2,674
22	6D	WATER OPERATION OF PLANT			\$ 1,604

22	6E	LEASED - CINICAL EQUIPMENT REHAB			\$ 38
22	6E	LEASED - OFFICE EQUIPMENT CENTER FOR HEALTHY AGING			\$ 1,358
22	6F	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 750
22	6F	WASTE REMOVAL OPERATION OF PLANT			\$ 1,294
22	6F	STORAGE RENT/LEASE OPERATION OF PLANT			\$ 146
22	6F	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 3
22	6F	PITNEY BOWES POSTAGE MACHINE			\$ 5
22	7A	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 134
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 13,549

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<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ 4,961

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## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 9,224,155	9,224,155				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,421,021)	(4,421,021)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,573,010	2,573,010				
b. Medicare Room and Board Contractual Allowance **	\$ 578,474	578,474				
4. a. Private-Pay Residents and Other	\$ 4,837,258	4,837,258				
b. Private-Pay Room and Board Contractual Allowance **	\$ 305,604	305,604				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 126,654	126,654				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (119,151)	(119,151)				
c. Prescription Drugs - Non-Medicare	\$ 143,270	143,270				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (148,749)	(148,749)				
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	\$ 442,555	440,013		2,542		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (334,136)	(333,732)		(404)		
c. Physical Therapy - Non-Medicare	\$ 458,177	457,158		1,019		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (384,642)	(385,324)		682		
4. a. Speech Therapy - Medicare	\$ 63,211	63,211				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (40,552)	(40,552)				
c. Speech Therapy - Non-Medicare	\$ 61,398	61,398				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (26,699)	(26,699)				
5. a. Occupational Therapy - Medicare	\$ 384,054	384,054				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (321,697)	(321,697)				
c. Occupational Therapy - Non-Medicare	\$ 420,386	420,386				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (363,891)	(363,891)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (6,311)	(6,311)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 201,220	(101,293)		302,513		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,652,577	13,346,225		306,352		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 9,299			9,299		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 30,200,655	30,200,655				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 3,986,310	9,658,276		(5,671,966)		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 34,196,264	39,858,931		(5,662,667)		
<b>VI. Total All Revenue</b> (III +V)	\$ 47,848,841	53,205,156		(5,356,315)		

\* 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	Other
30 II6a	IP LAB SERVICES MEDICARE ANCILLARY SRV	\$ 27,919		
30 II6a	IP RADIOLOGY SERVICES MEDICARE ANCILLARY SRV	\$ 9,037		
30 II6a	IP LAB SERVICES PROF CA MEDICARE ANCILLARY SRV	\$ (26,250)		
30 II6a	IP RADIOLOGY SERV PROF CA MEDICARE ANCILLARY SRV	\$ (9,037)		
30 II6a	IP OTHER SERVICES MEDICARE ANCILLARY SRV	\$ 5,516		
30 II6a	RESTRICTED FUNDS - SNF MEDICARE FUND DEPT	\$ (7,980)		
30 II6a	IP OTHER SERV PROF CA MEDICARE ANCILLARY SRV	\$ (5,516)		
	<b>Total Other Resident Revenue - Medicare</b>	\$ (6,311)	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II6b	IP LAB SERVICES MGD MEDICARE ANCILLARY SRV	\$ 27,061		
30 II6b	IP LAB SERVICES ANTHEM ANCILLARY SRV	\$ 323		
30 II6b	IP LAB SERVICES CIGNA ANCILLARY SRV	\$ 358		
30 II6b	IP LAB SERVICES CONNECTICARE ANCILLARY SRV	\$ 52		
30 II6b	IP LAB SERVICES UNITED/OXFORD ANCILLARY SRV	\$ 81		
30 II6b	IP OTHER SERVICES MGD MEDICARE ANCILLARY SRV	\$ 1,355		
30 II6b	IP OTHER SERVICES MEDICAID ANCILLARY SRV	\$ 5,475		
30 II6b	IP OTHER SERVICES ANTHEM ANCILLARY SRV	\$ 465		
30 II6b	IP OTHER SERVICES CIGNA ANCILLARY SRV	\$ 345		
30 II6b	IP RADIOLOGY SERVICES MANAGED MEDICARE ANCILLARY SRV	\$ 7,275		
30 II6b	IP RADIOLOGY SERVICES MEDICAID ANCILLARY SRV	\$ 75		
30 II6b	IP RADIOLOGY SERVICES CONNECTICARE ANCILLARY SRV	\$ 93		
30 II6b	IP RADIOLOGY SERVICES UNITED/OXFORD ANCILLARY SRV	\$ 150		
30 II6b	OP OTHER SERVICES SELF PAY CENTER FOR HEALTHY AGING	\$ -		\$ 285,501
30 II6b	OP OTHER SERVICES SELF PAY GOOD LIFE FITNESS	\$ -		\$ 17,012
30 II6b	IP LAB SERVICES PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (28,729)		
30 II6b	IP LAB SERVICES PROF CA ANTHEM ANCILLARY SRV	\$ (323)		
30 II6b	IP LAB SERVICES PROF CA CIGNA ANCILLARY SRV	\$ (358)		
30 II6b	IP LAB SERVICES PROF CA CONNECTICARE ANCILLARY SRV	\$ (52)		
30 II6b	IP LAB SERVICES PROF CA UNITED/OXFORD ANCILLARY SRV	\$ (81)		
30 II6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (7,275)		
30 II6b	IP RADIOLOGY SERV PROF CA MEDICAID ANCILLARY SRV	\$ (75)		
30 II6b	IP RADIOLOGY SERV PROF CA CONNECTICARE ANCILLARY SRV	\$ (93)		
30 II6b	IP RADIOLOGY SERV PROF CA UNITED/OXFORD ANCILLARY SRV	\$ (150)		
30 II6b	IP OXYGEN PROF CA MEDICAID B ANCILLARY SRV	\$ (514)		
30 II6b	RESTRICTED FUNDS - SNF SELF PAY FUND DEPT	\$ 7,980		
30 II6b	RESTRICTED FUNDS - SNF SELF PAY FINANCE ADMIN	\$ (74,292)		
30 II6b	RESTRICTED FUNDS - SNF SELF PAY SENIOR SERVICES REVENUE	\$ (5,940)		
30 II6b	OTHER DEDUCTIONS - IP OTHER MANAGED CARE	\$ (27,729)		
30 II6b	IP OTHER SERV PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (1,394)		
30 II6b	IP OTHER SERV PROF CA MEDICAID ANCILLARY SRV	\$ (4,567)		
30 II6b	IP OTHER SERV PROF CA ANTHEM ANCILLARY SRV	\$ (464)		
30 II6b	IP OTHER SERV PROF CA CIGNA ANCILLARY SRV	\$ (345)		
	<b>Total Other Resident Revenue</b>	\$ (101,293)	\$ -	\$ 302,513

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV5	INVESTMENT INC - ENDOWMENT LLC FUND DEPT		\$ 30,200,655		
	<b>Total Interest Income</b>		\$ 30,200,655	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV8	MISC OTHER OPERATING INCOME GRANT ADMIN	\$ -		\$ 169,518
30 IV8	MISC OTHER OPERATING INCOME ADMIN AND GENERAL	\$ -		\$ 143,176
30 IV8	MISC OTHER OPERATING INCOME FINANCE ADMIN	\$ 7,643,176		\$ -
30 IV8	MISC OTHER OPERATING INCOME EMERGENCY MANAGEMENT	\$ 110,220		\$ -
30 IV8	MISC OTHER OPERATING INCOME CENTER FOR HEALTHY AGING	\$ -		\$ 3,150
30 IV8	MISC OTHER OPERATING INCOME SENIOR SERVICES REVENUE	\$ 27		\$ -
30 IV8	INCOME FROM RESTRICTED FUNDS FUND DEPT	\$ 12,384		\$ -
30 IV8	INVESTMENT INC - FUNDS HELD IN TRUST FINANCE ACCRUALS	\$ 1,812,141		\$ -
30 IV8	INVESTMENT INCOME FUND DEPT	\$ -		\$ (5,987,810)
30 IV8	DIVIDEND INCOME FINANCE CORP TREASURY	\$ 95		\$ -
30 IV8	FREE BED INCOME	\$ 80,233		\$ -
	<b>Total Other Revenue</b>	\$ 9,658,276	\$ -	\$ (5,671,966)

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,514,911
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,845,889
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	82,499
a. _____				
b. _____				
c. _____				
d. See Schedule		82,499		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(2,794,080)
_____				
_____				
See Schedule		(2,794,080)		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	649,219
B. Fixed Assets				
1. Land			\$	262,536
2. Land Improvements	*Historical Cost	98,834	\$	73,831
	Accum. Depreciation	25,003		Net
3. Buildings	*Historical Cost	8,453,397	\$	1,999,599
	Accum. Depreciation	6,453,798		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,100,590	\$	41,052
	Accum. Depreciation	1,059,538		Net
6. Movable Equipment	*Historical Cost	2,302,980	\$	399,383
	Accum. Depreciation	1,903,597		Net
7. Motor Vehicles	*Historical Cost	145,687	\$	38,458
	Accum. Depreciation	107,229		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	1,141,113
_____				
See Schedule		1,141,113		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,955,972

\* 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	
31	A5	LEADING AGE CT	\$ 2,640
31	A5	THE COMPLIANCE STORE	\$ 675
31	A5	JOHNSON CONTROLS	\$ 12,988
31	A5	OTIS ELEVATOR	\$ 764
31	A5	PRIME SELF STORAGE	\$ 7,412
31	A5	MORRISON MANAGEMENT SPEC INC SENIOR SERVICES	\$ 41,010
31	A5	CROTHALL HEALTH CAARE INC (EVS)	\$ 17,010
<b>Total Prepaid Expenses</b>			\$ 82,499

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

Page Ref	Line Ref	Description	
31	A8	DUE AFFILIATE GENERAL CONTROL	\$ 3,865,669
31	A8	DUE AFFILIATE ACCTS PAYABLE CONTROL	\$ (219,219)
31	A8	DUE AFFILIATE PAYROLL CONTROL	\$ (6,818,870)
31	A8	DUE AFFILIATE SYSTEM ALLOCATION CONTROL	\$ 478,985
31	A8	DUE AFFILIATE INVENTORY CONTROL	\$ (100,645)
<b>Total Other Current Assets (Itemize)</b>			\$ (2,794,080)

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

Page Ref	Line Ref	Description	
31	B9	CAPITAL IN PROCESS	\$ 1,141,113
<b>Total Other Fixed Assets (Itemize)</b>			\$ 1,141,113

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	INVESTMENT IN ENDOWMENT LLC	\$ 143,470,046
32	D7	INVESTMENT INCOME ENDOWMENT LLC TEMP	\$ 4,623,583
32	D7	INVESTMENT INCOME ENDOWMENT LLC PERM	\$ 2,538,722
32	D7	ASSETS HELD IN TRUST BY OTHERS	\$ 41,492,329
<b>Total Other Assets</b>			\$ 192,124,680

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

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

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

Page Ref	Line Ref	Description	
33	A12	DEFERRED REVENUES	\$ 1,521,734
33	A12	DEFERRED MISC INCOME	\$ 24,433
33	A12	ACCRUED STATE PROVIDER TAX	\$ 135,787
33	A12	ER 401K CORE	\$ 156,519
33	A12	ER 401K MATCH TRUE UP	\$ 1,116
33	A12	RETIREMENT FORFEITURES	\$ (8,177)
33	A12	RESIDENT CASH - LIABILITY	\$ 21,288
33	A12	DEFER STATE TAX LIABILITY CURRENT	\$ 334
33	A12	ACCRUED EXPENSES	176
<b>Total Other Current Liabilities (Itemize)</b>			\$ 1,853,210

## 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
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	4,605,191
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> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	192,124,680
_____				
See Schedule				
192,124,680				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	192,124,680
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	196,729,871

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	371,787
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	413,863
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	(77,032)
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*				\$	68
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,853,210
_____					
_____					
_____					
See Schedule				1,853,210	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,561,896

\* 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 Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				2,561,896
<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> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,561,896

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson Hous	993-C	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			\$	167,298,681
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	26,869,294
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	194,167,975
<b>C. Total Reserves and Net Worth</b>			\$	194,167,975
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	196,729,871



### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	161,169,486
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	47,848,841
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	20,979,547
D. Net Income or Deficit			\$	26,869,294
E. Balance			\$	188,038,780
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
	TR Contributions & TR Investment Held by Endo	3,311,785		
	TR Investment Income	(1,784,322)		
	TR NA Released & TR Other	(371,452)		
	PR Unrealized Gain on Funds Held in Trust	4,973,184		
F-3. Total Additions			\$	6,129,195
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
	Purpose	Amount		
3. Total Deductions			\$	
H.	<b>Balance at End of Period</b>	09/30/21	\$	194,167,975

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

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-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"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address Address			Phone Number	
HHC Senior Services, 80 Meriden Ave., Southington, CT 06489			203-623-2930	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Dorothy Robinson			203-623-2930	
Contact Email Address				
Dorothy.Robinson@hhchealth.org				