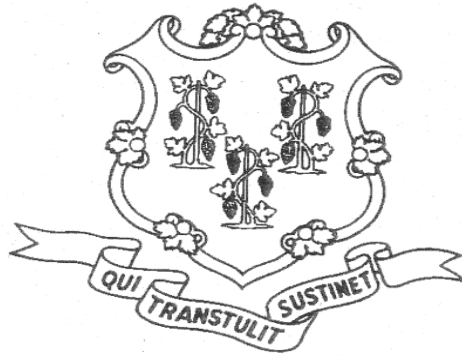


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

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 Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2157-C	RHNS 0	Residential Care Home 1377-RCH	Medicare Provider 07-5439
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Medicaid Provider Numbers:	CCNH 0	RHNS 0	ICF-IID 0
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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 9/30/2022	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, 2021 and ending September 30, 2022, 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) Anne M. Dembski			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Bradley Home	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/3/2023		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 235-5716		Report for Year Ended 9/30/2022	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 Nursing Home only (CCNH) <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.				
Administrator				
Name of Administrator Anne M. Dembski		Nursing Home Administrator's License No.:	001179	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
The Bradley Home	320 Colony Street, Meriden, CT 06451	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

2021-2022: OFFICERS

JOSEPH FEEST, CHAIRPERSON
15 SPRUCE STREET
MERIDEN, CT 06451
H 203-634-8661
C-203-537-1886 jfeest@cox.net

DENNIS CENEVIVA, PAST CHAIRPERSON
721 BROAD STREET
MERIDEN, CT 06450
W 203-237-8808
C-203-623-2568
dennis.ceneviva@snet.net

CHRISTINE ZYGMONT, 1st VICE CHAIRPERSON
HARRIMAN REAL ESTATE, LLC
74 METACOMET DRIVE
MERIDEN, CT 06450
C 203-376-8418 czyg@harrimanre.com

MICHAEL MACRI, 2nd VICE CHAIRPERSON
75 RIVER STREET
OLD SAYBROOK, CT 06475
W 203-235-4830
C 203-537-0414 mike@macriroofing.com

RICHARD CARABETTA, TREASURER
R J CARABETTA & CO.
35 PLEASANT STREET
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W 203-238-9500 rcarabetta@snet.net

SARAH BOURDON, SECRETARY
256 Brownstone Ridge
MERIDEN, CT 06461
C 860-712-1000
H 203-639-9940 sarahbb2004@yahoo.com

DIRECTORS:

DOMINICK CARUSO
111 WOODFIELD ROAD
SOUTHINGTON, CT 06489
H-860-628-5293
C- 203-313-9848 dominickcaruso18@gmail.com

BARBARA FRASER (LOA)
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C 203-676-0345
H-203-235-6674 b4Kidsnow@yahoo.com

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69 COLLINDALE DRIVE
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JOHN HOGARTH
20 BERNADETTE LANE
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C-203-886-9769 matthew.g.mcgoldrick@gmail.com

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C-571-236-6798 marciasarrazin@yahoo.com

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MERIDEN, CT 06451
C 860-604-0501 sheilspell@aol.com

WENDY THIBEAULT
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WALLINGFORD, CT 06492
W 860-314-2251 dolcedia@hotmail.com

SR. GEORGEANN VUMBACO
215 METACOMET DRIVE
MERIDEN, CT 06450
C 203-886-8961
H 203-634-3994 gmvl@cox.net

**General Information and Questionnaire
Related Parties***

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient days were used for A&G, dietary, laundry, housekeeping, maintenance, and property costs. Certain costs were allocated directly.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
A non-related party operates a child daycare program in a building that is owned and located on the grounds of the Facility. The Facility owns residential rental properties (41, 58, 64, and 68 Wilcox Avenue).				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2022		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> 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 9/30/2022	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 The American Auditors Group, LLC 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107 1904 E Cataldo Ave, Spokane, WA 99202
---	---

Services Provided by This Firm (*describe fully*)

1	Audit, 990, Medicaid and Medicare Cost Reports	\$	52,899
2	Annual 401k Audit	\$	6,000
3		\$	
4		\$	
			Charge for Services Provided
			\$ 58,899

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 Littler Mendelson, PC 3 4 5	Telephone Number 203-789-1511 203-974-8718
---	--

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

- 1 One Century Tower, 265 Church Street #14 New Haven, CT
 2 One Century Tower, 265 Church Street #300 New Haven, CT
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	Employment lawyers	\$	8,020
2	Representation in CHRO lawsuits	\$	10,116
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 18,136

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 9/30/2022				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	57	25		32	57	25		32				
B. As of midnight of THIS report period	54	27		27					54	27		27
3. Total Number of Days Care Provided During Period												
A. Medicare	677	677			582	582			95	95		
B. Medicaid (Conn.)	8,184	8,184			6,134	6,134			2,050	2,050		
C. Medicaid (other states)												
D. Private Pay	2,720	552		2,168	2,022	387		1,635	698	165		533
E. State SSI for RCH	8,617			8,617	6,591			6,591	2,026			2,026
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	20,198	9,413		10,785	15,329	7,103		8,226	4,869	2,310		2,559
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	419	98		321	348	77		271	71	21		50
B. Other Bed Reserve Days	7	4		3	3			3	4	4		
5. Total Resident Days (3G + 4A + 4B)	20,624	9,515		11,109	15,680	7,180		8,500	4,944	2,335		2,609

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	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 (1)	RHNS (2)	Residential Care Home (3)	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	1	24		2		4	23	
Per Diem Rate								
a. One bed rm.	PDPM	270.63		420.00		160.00	132.30	
b. Two bed rms.	PDPM	270.63		420.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	900	516		384
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	900	516		384
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	324	283		41
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	324	283		41
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	769	506		263
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	769	506		263

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Bradley Home	2157-C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	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)	102,433	955			119,765	1,117
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	64,531	979			75,450	1,145
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	200,168	6,840			234,036	7,998
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	36,691	970			42,900	1,134
c. Dietary Workers	307,824	17,157			359,907	20,061
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	42,090	974			49,212	1,138
b. Other Maintenance Workers	31,898	1,776			37,295	2,077
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	19,162	1,194			22,404	1,396
10. Protective Services	62,032	4,009			72,528	4,687
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	200,656	3,218			73,891	1,185
b. RN						
1. Direct Care	265,006	7,990			145,029	4,038
2. Administrative**	204,039	4,318				
c. LPN						
1. Direct Care	314,278	8,965			118,460	3,863
2. Administrative**						
d. Aides and Attendants	571,122	29,520			160,146	8,531
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	71,045	3,475			90,090	2,676
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	16,278	430			19,032	503
n. Marketing						
o. Other (Specify) See Attached Schedule	25,683	1,563			34,525	1,419
<i>A-13. Total Salary Expenditures</i>	<i>2,534,937</i>	<i>94,334</i>			<i>1,654,669</i>	<i>62,967</i>

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Van Driver Wages	\$ 12,088	751			\$ 14,133	877
Med Secretary Wages	\$ 13,595	812			\$ 20,392	542
Total	\$ 25,683	1,563	\$ -	-	\$ 34,525	1,419

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Optical, Audiology, Behavioral Health, Orthopedic, and other	\$ 1,155	Disallowed			\$ 1,350	Disallowed
Total	\$ 1,155	Disallowed	\$ -	-	\$ 1,350	Disallowed

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

Name of Facility				License No.	Report for Year Ended				Page	of
The Bradley Home				2157-C	9/30/2022				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Bradley Home				2157-C	9/30/2022			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							
Section III - Administrators***										
Molly H. Savard	102,433		119,765			2,072	A2			
Section IV - Assistant Administrators										
Anne M. Dembski	64,531		75,450			2,124	A3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Bradley Home	2157-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	16,787	393			86	2
2. Dentist	14,332	Disallowed			16,758	Disallowed
3. Pharmacist	1,400	60			233	10
4. Podiatrist	1,104	Disallowed			1,291	Disallowed
5. Physical Therapy						
a. Resident Care	50,898	503			37,877	374
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	20,148	68			3,852	13
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	30	Disallowed			34	Disallowed
9. Speech Therapist						
a. Resident Care	30,099	225			4,361	33
b. Other						
10. Occupational Therapist						
a. Resident Care	56,816	530			29,531	275
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	197,238	1,866				
2. Administrative***						
b. LPN						
1. Direct Care	14,856	276				
2. Administrative***						
c. Aides	85,778	2,800				
d. Other						
12. Other (Specify)						
See Attached Schedule	1,155	Disallowed			1,350	Disallowed
B-13 Total Fees Paid in Lieu of Salaries	490,641	6,720			95,373	707

* 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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2022		Page 14a	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Barbara Dubois, 116 Peters Circle, Southington, CT 06489	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Mehran Massoumi, DDS, 80 Shunpike Road, Suite 201, Cromwell, CT 06416	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
New England Dental, 533 S Broad St., Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Meriden Dental Group, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
David K. Hergott, 166 S. Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Agata Cieslik, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Premier Dental, 727 Broad Street, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
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, Suite 2A, 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		
Strategic Nursing Solutions, 169 Hattertown Road, Monroe, CT 06468	RN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Solinsky Eye Care, 19 Woodland St STE 41, Hartford, CT 06105	Optical	<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		
Meriden Wallingford Anesthesia Group, 391 Broad St, Meriden, CT 06450	Anesthesiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Central CT Behavioral Health, 2275 Silas Deane Highway, Rocky Hill, CT 06067	Behavioral Health	<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 Dermatology, 1781 Highland Ave. Cheshire, CT 06410	Dermatology	<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		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
The Bradley Home	2157-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 81,628	49,385			32,243
2. Disability Insurance	\$ 17,180	10,394			6,786
3. Unemployment Insurance	\$ 2,724	1,648			1,076
4. Social Security (F.I.C.A.)	\$ 299,035	180,916			118,119
5. Health Insurance	\$ 538,063	325,528			212,535
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,871	4,762			3,109
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 99,488	60,190			39,298
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 36,674	22,188			14,486
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 58,899	27,152			31,747
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,136	8,361			9,775
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 12,724	5,866			6,858
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,224	9,323			10,901
2. Cellular Phones	\$ 994	458			536
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	\$ 185,481	185,481			
Subtotal	\$ 1,379,121	891,653			487,468

* 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

Description	CCNH	RHNS	Residential Care Home
Dental	\$ 20,073		\$ 13,105
Vision	\$ 2,067		\$ 1,349
Vaccinations	\$ 48		\$ 32
Total	\$ 22,188	\$ -	\$ 14,486

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Bradley Home	2157-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	1,379,121	891,653		487,468	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,015	1,390	1,625	
4. Employee Travel	\$	1,154	532	622	
5. Education Expenses Related to Seminars and Conventions	\$	5,167	2,382	2,785	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	3,753	1,730	2,023	
7. Other (<i>Specify</i>) See Attached Schedule	\$	148	68	80	
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	\$	15,443	7,119	8,324	
4. Fund-Raising***	\$				
5. Medical Records	\$	4,578	2,110	2,468	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	1,624	749	875	
7. Postage	\$	1,510	696	814	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,369	4,319	5,050	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	689	318	371	
9. Subscriptions	\$	3,023	1,394	1,629	
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>)	\$	111,663	51,477	60,186	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	70,972	32,718	38,254	
C-14 Total Administrative & General Expenditures	\$	1,611,229	998,654	612,575	

* 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	\$ 68		\$ 80
Total Other Travel and Entertainment	\$ 68	\$ -	\$ 80

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing - Disallowed	\$ 7,119		\$ 8,324
Total Other Advertising	\$ 7,119	\$ -	\$ 8,324

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 3,227		\$ 3,773
Society of Human Resource Managers	\$ 106		\$ 123
ACHCA	\$ 286		\$ 334
American Express	\$ 233		\$ 272
CT Association of Health Care Facilities	\$ 161		\$ 189
ALTCFM	\$ 78		\$ 92
CLIA Laboratory	\$ 83		\$ 97
Connecticut Association for Therapeutic Recreation	\$ 37		\$ 43
Secretary of State Filing	\$ 46		\$ 54
NCCDP	\$ 62		\$ 73
Total Dues	\$ 4,319	\$ -	\$ 5,050

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Personnel Expense - Disallowed	\$ 5,348		\$ 6,252
Admin Licenses	\$ 1,071		\$ 1,253
Admin Miscellaneous - Disallowed	\$ 61		\$ 71
Volunteer Expense	\$ 344		\$ 402
Directors & Officers Liability	\$ 5,256		\$ 6,145
Bank Service Charge - Disallowed	\$ 895		\$ 1,046
Consulting Service Fees	\$ 5,723		\$ 6,692
Professional Fees - Pension	\$ 7,457		\$ 8,719
Admin - Inspections	\$ 3,607		\$ 4,218
Loss on Disposal of Assets - Disallowed	\$ 2,261		\$ 2,643
Pooled Trust Plan Expense - Disallowed	\$ 231		\$ 270
Admin Equipment	\$ 465		\$ 543
Total Other Administrative and General	\$ 32,718	\$ -	\$ 38,254

Schedule C-1 - Management Services*

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
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 9/30/2022		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 319,873	147,461			172,412
2.	Non-Food Supplies	\$ 60,375	27,833			32,542
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____ Supplements/Enterals		\$ 2,902	1,338			1,564
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 383,150	176,632			206,518
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.	\$3,581
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg. 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 9/30/2022		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)		\$	170,212	78,468		91,744
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	170,212	78,468		91,744
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 9/30/2022		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	23,776	10,961		12,815
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. \$	163,547	75,395		88,152
C.	Other (<i>Specify</i>) Linen Expense	\$	1,676	773		903
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	188,999	87,129		101,870
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	36,361	16,762		19,599
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	12,375	5,705		6,670
c.	Medical and Therapeutic Supplies	\$	26,831	12,369		14,462
d.	Ambulance/Limousine***	\$	2,766	1,275		1,491
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	18,810	18,810		
f.	X-rays and Related Radiological Procedures***	\$	1,460	673		787
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	4,319	1,991		2,328
i.	Recreation	\$	6,642	3,062		3,580
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	121,090	62,266		58,824
5M.	Total Resident Care Expenditures (5a - 5j)	\$	230,654	122,913		107,741

* 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	Residential Care Home
Resident - Clothing - Disallowed	\$ 77		\$ 89
Resident - Insurance - Disallowed	\$ 1,891		\$ 2,211
Resident - Burial Expense - Disallowed	\$ 13,994		\$ 16,362
Resident - Miscellaneous - Partially Disallowed	\$ 23,577		\$ 27,566
Resident - Medical Supplies Charged - Disallowed	\$ 6,519		\$ 7,623
Resident - Support Equipment - Disallowed	\$ 4,972		\$ 5,814
Med - Equipment Rental	\$ 11,954		
Resident Tax Refunds	\$ (719)		\$ (840)
Total Other Resident Care	\$ 62,266	\$ -	\$ 58,824

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 9/30/2022			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
Rinaldi Linen Service	47 Commons Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services and Staff	9,610		11,236	19	3b
Donna Pardew	341 Bradley Avenue, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lawn Care Services	19,966		23,345	22	6f
Smartlinx Solutions, LLC	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time/Attendance/Payroll Software	11,906		13,920	16	m11
Siemens Industry, Inc	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	5,648		6,604	22	6f
PointClickCare Technologies, Inc	Suite 155, Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support	10,266		12,003	16	m11
Otis Elevator Company	105 Industrial Park Rd, Vernon CT	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance of Elevators	9,859		11,527	22	6f
Johnson Controls Fire Protection	27 Inwood Road, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Fire Systems Maintenance	8,382		9,801	22	6f
AJ Waste Systems. LLC	22 Burton Dr, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	8,282		9,683	22	6f
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services and Staff	78,468		91,744	19	3b
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services and Staff	75,395		88,152	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).

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

Name of Facility	License No.	Report for Year Ended			Page	of
The Bradley Home	2157-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 57,071	26,310			30,761	
b. Heat	\$ 93,932	43,303			50,629	
c. Light & Power	\$ 66,855	30,820			36,035	
d. Water	\$ 35,447	16,341			19,106	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 235,368	108,505			126,863	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 488,673	225,278			263,395	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 362,871	167,284			195,587	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 105,167	48,482			56,685	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 468,038	215,766			252,272	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (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	\$ 815	376			439	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 468,853	216,141			252,712	

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

Depreciation Schedule

Name of Facility The Bradley Home		License No. 2157-C		Report for Year Ended 9/30/2022				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period		11,192,481		11,192,481	7,018,564	SL	Various	285,724					
2. Disposals (attach schedule)		(27,765)		(27,765)	(24,298)	SL	Various						
3. Acquired during this report period (attach schedule)		3,703,037		3,703,037		SL	Various	77,147					
B-4. Subtotal									362,871				
C. Non-Movable Equipment													
1. Acquired prior to this report period		56,263		56,263	56,263	SL	Various						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
a. GMC Truck with Snow Plow		X		Various	Various	33,249		33,249	31,184	SL	5	1,549	
b. Leased Van		X		10	16	40,481		40,481	39,806	SL	5	675	
c. 2018 Subaru		X		10	18	19,468		19,468	11,357	SL	5	3,894	
d. Truck Tires & Transmission & Van		X		Various	Various	24,911		24,911	1,554	SL	4	5,254	
2. Movable Equipment													
a. Acquired prior to this report period						2,532,431		2,532,431	2,094,964	SL	Various	89,539	
b. Disposals (attach schedule)						(103,523)		(103,523)	(49,667)	SL	Various		
Acquired during this report period (attach schedule):													
c. Administrative						38,863		38,863		SL	Various	2,871	
d. Standard Resident						30,758		30,758		SL	Various	1,385	
e. Specialized Resident													
Total Acquired during this report period						69,621		69,621				4,256	
D-3. Subtotal													105,167
E. Total Depreciation													468,038

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2022	RCH Renovation - Phase 1	\$ 3,703,037	20	\$ 77,147
Total additions for Building Improvements		\$ 3,703,037		\$ 77,147 *
Deletions:				
7/26/2010	Roof	\$ (15,990)		
3/12/2012	Roof Replacement	\$ (11,775)		
Total deletions for Building Improvements		\$ (27,765)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/21/2021	Security Platform	Administrative	\$ 3,250	5	\$ 296
10/25/2021	Laptop	Administrative	\$ 1,245	3	\$ 381
2/16/2021	Computer	Administrative	\$ 1,311	5	\$ 153
8/25/2022	Laptop	Administrative	\$ 2,476	3	\$ 69
8/10/2022	Payroll Software	Administrative	\$ 4,500	3	\$ 250
11/18/2021	Boilers	Administrative	\$ 21,000	20	\$ 875
11/18/2021	Snowblower	Administrative	\$ 3,539	5	\$ 590
3/14/2022	Reupholstered dining room chairs	Standard Resident	\$ 19,085	15	\$ 742
1/28/2022	4 Laundry Centers	Standard Resident	\$ 6,276	10	\$ 418
3/28/2022	2 Refrigerators	Standard Resident	\$ 1,708	10	\$ 85
6/16/2022	4 Walkie Talkies	Standard Resident	\$ 2,359	5	\$ 118
8/28/2022	Mattresses	Standard Resident	\$ 1,330	5	\$ 22
11/30/2021	Phone	Administrative	\$ 1,542	5	\$ 257
Total additions for Movable Equipment			\$ 69,621		\$ 4,256 *
Deletions:					
4/22/2011	HP Printer		\$ (549)		
1/7/2011	HP E6700		\$ (629)		
5/25/2012	2 10 Port Ethernet Switch		\$ (1,057)		
10/1/2016	2 New UPS Battery		\$ (1,376)		
6/7/2019	Laptop		\$ (1,135)		
10/4/1984	Fire Alarm System		\$ (23,891)		
1/14/1999	Drapes		\$ (1,532)		
3/31/2001	Lift		\$ (3,095)		
10/18/2013	Savin MPC453 Color		\$ (11,066)		
9/23/2015	3 Salon Chairs		\$ (599)		
1/1/2018	Rosebud VC Connecttv		\$ (6,175)		
1/26/2021	Boilers		\$ (52,419)		
Total deletions for Movable Equipment			\$ (103,523)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		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
1. Financing		4th Mortgage		
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		08/25/21		
c. Interest Rate for the Cost Year		3.85%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		2,000,000		
f. Principal balance outstanding as of 9/30/2022		1,832,155		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2022	26	37
Item	Total	CCNH	RHNS	Residential Care Home
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 70,422	32,465		37,957
Name of Lender	Rate			
Liberty Bank	3.85%			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Liberty Bank	3.85%			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$ 70,422	32,465		37,957

(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 9/30/2022		Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				70,422	32,465		37,957
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (<i>Specify</i>)				\$			
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 (<i>Specify</i>)				\$	1,534	707	827
Capital Lease Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	71,956	33,172	38,784
14. Insurance							
a. Insurance on Property (buildings only)				\$	71,437	32,932	38,505
b. Insurance on Automobiles				\$	8,479	3,909	4,570
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$	14,181	6,537	7,644
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	94,097	43,379	50,718
15. Total All Expenditures (A-13 thru C-14)				\$	8,483,443	5,007,344	3,476,099

D. Adjustments to Statement of Expenditures

Name of Facility The Bradley Home			License No. 2157-C	Report for Year Ended 9/30/2022	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 218,179	23,678		194,501
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 86,347	56,816		29,531
7.			Other - See attached Schedule	\$ 90,127	24,371		65,756
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
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	\$ 23,981	14,510		9,471
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 *	\$ 15,443	7,119		8,324
19.	15	1k1	Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 1,624	749		875
23.			Other - See attached Schedule	\$ 48,219	18,600		29,619
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 9,214	4,248		4,966
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 493,134	150,091		343,043

* 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	\$ 19,162		\$ 22,404
10	12a	DON Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 51,646
10	12b	RN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 69,227
10	12c	LPN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 45,943
10	7b	Maintenance Salary Allocated to Rental Properties (see attachment 28b)	\$ 1,290		\$ 1,508
10	A3	Asst. Administrator Salary Allocated to Unallowable Marketing (see attachment 28b)	\$ 3,227		\$ 3,772
Total Other Salaries Adjustment			\$ 23,678	\$ -	\$ 194,501

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8a	Medical Director - RCH			\$ 3,852
13	B5a	Physical Therapy - RCH			\$ 37,877
13	B3	Pharmacist - RCH			\$ 233
13	B9a	Speech Therapy - RCH			\$ 4,361
13	B2	Dental Consultant	\$ 14,332		\$ 16,758
13	B4	Podiatrist Consultant	\$ 1,104		\$ 1,291
13	B8e	Cardiologist Consultant	\$ 30		\$ 34
13	B12	Optical, Audiology, Behavioral Health, Orthopedic, and other	\$ 1,155		\$ 1,350
13	B8a	Medical Director Salary in Excess of Allowable Hourly Rate (see attachment 28b)	\$ 7,750		
Total Other Fees Adjustments			\$ 24,371	\$ -	\$ 65,756

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Admin Miscellaneous	\$ 61		\$ 71
15	1a1-1a9	Related Benefits for Disallowed Salaries (see attachment 28b)	\$ 8,030		\$ 5,243
16	m8a	Chamber of Commerce Dues	\$ 318		\$ 371
16	17	Employee Recognition	\$ 68		\$ 80
16	m13	Pooled Trust Plan Expense	\$ 231		\$ 270
16	m13	Bank Service Charges	\$ 895		\$ 1,046
16	m13	Personnel Expenses	\$ 5,348		\$ 6,252
16	m13	Loss on Disposal of Assets	\$ 2,261		\$ 2,643
16	13	Employee Gifts	\$ 1,390		\$ 1,625
15	1a3, 1a4	FICA/FUTA Benefits for Disallowed RCH Nursing Salaries (see attachment 28b)			\$ 12,017
Total Other A&G Adjustments			\$ 18,600	\$ -	\$ 29,619

Maintenance Supervisor/Staff Rental Property Disallowance

Reported Salary	160,495	Page 10, lines 7a/7b
Reported Hours	5,965	
Hourly Rate	\$ 26.91	
Hours Worked on Rental Properties	104	(2 hours per week)
Disallowance	\$ 2,798	P. 28a

Employee Benefits Disallowance

Total salaries page 10	4,189,606	page 10, total salary expense (Total of Line A13 - CCNH and RCH)
Total Benefits	1,082,664	page 15, lines 1a1-1a9
Less: Benefits Specifically Disallowed	-	Page 28, Line 8
Remaining Benefits	1,082,664	
Benefits as % of salaries	25.8%	

Disallowance:

Barber & Beauty salaries	41,566	page 10, line 9
Maintenance salaries	2,798	(see above)
Asst. Administrator Marketing salaries	6,999	(see below)
Associated benefits @ 25.8%	13,273	P. 28a

Nursing Salaries Disallowance

RCH Aide Hourly Rate:

Salary page 10	\$ 160,146	Page 10, Line A12d
Hours	8,531	Page 10, Line A12d
Average Hourly Rate	\$ 18.77	

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	1,185	Page10, Line A12a
Allowable Hourly Rate	\$ 18.77	
Allowable Salary	\$ 22,245	
Reported RCH Salary	\$ 73,891	Page10, Line A12a
Disallowance	\$ 51,646	P. 28a

RN Wages in Excess of RCH Aide Hourly Rate

RN RCH Hours	4,038	Page 10, Line A12b1
Allowable Hourly Rate	\$ 18.77	
Allowable Salary	\$ 75,802	
Reported RCH Salary	\$ 145,029	Page 10, Line A12b1
Disallowance	\$ 69,227	P. 28a

LPN Wages in Excess of RCH Aide Hourly Rate

LPN RCH Hours	3,863	Page 10, Line A12c1
Allowable Hourly Rate	\$ 18.77	
Allowable Salary	\$ 72,517	
Reported RCH Salary	\$ 118,460	Page 10, Line A12c1
Disallowance	<u>\$ 45,943</u>	P. 28a

Nursing Benefits Disallowance (FICA & FUTA only)

DON RCH Salary Disallowance	\$ 51,646	
RN RCH Salary Disallowance	\$ 69,227	
LPN RCH Salary Disallowance	<u>\$ 45,943</u>	
Total RCH Salary Disallowances	\$ 166,815	
Total RCH Salaries Page 10	<u>\$ 1,654,669</u>	Page 10 A13
% Disallowed	10.08%	

RCH FICA Page 15	\$ 118,119	RCH portion of Acct #76-01635
RCH FUTA Page 15	<u>\$ 1,076</u>	RCH portion of Acct #76-01630
Total RCH FICA/FUTA	\$ 119,195	
% Disallowed	10.08%	
FICA/FUTA Disallowance	<u>\$ 12,017</u>	P. 28a

Medical Director Disallowance

SNF Salary p. 13 line 8a	\$ 20,148	
SNF Hours p. 13 line 8a	68	
Hourly Rate	\$ 296.29	
Allowable Rate	<u>\$ 182.32</u>	
Disallowance	<u>\$ 7,750</u>	P. 28a

Marketing Disallowance

<u>Salary Disallowance</u>		
Asst. Administrator Salary	\$ 139,981	Page 10 Line A3
% of Duties Allocated to Marketing	<u>5.00%</u>	
Disallowance	<u>\$ 6,999</u>	P. 28a

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Bradley Home				2157-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 493,134	150,091		343,043
Page 20 - Resident Care Supplies***							
27.	20	5a1	Prescription Drugs	\$ 36,361	16,762		19,599
28.	20	5d	Ambulance/Limousine	\$ 2,766	1,275		1,491
29.	20	5f	X-rays, etc	\$ 1,460	673		787
30.	20	5h	Laboratory	\$ 4,319	1,991		2,328
31.	20	5c	Medical Supplies	\$ 11,926	5,498		6,428
32.	20	5e2	Oxygen (non emergency)	\$ 18,810	18,810		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 118,212	60,786		57,426
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,664	1,228		1,436
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	\$ 85,414	39,376		46,038
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 9,066	4,179		4,887
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 55,054	25,380		29,674
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 839,186	326,050		513,136

*** 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	Residential Care Home
20	51	Resident Expenses	\$ 60,786		\$ 57,426
Total Other Ancillary Costs			\$ 60,786	\$ -	\$ 57,426

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7c	Depreciation on movable equipment related to rental property	\$ 168		\$ 196
22	7c	Depreciation on marketing assets	\$ 1,060		\$ 1,240
Total Excess Movable Equipment Depreciation			\$ 1,228	\$ -	\$ 1,436

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6f	Rental Costs	\$ 17,281		\$ 20,205
22	6f	Rental Property Maintenance Costs	\$ 2,039		\$ 2,385
22	7b	Depreciation on rental property building improvements	\$ 8,648		\$ 10,111
22	7b	Depreciation on building improvements	\$ 11,407		\$ 13,338
Total Other Property Adjustments			\$ 39,376	\$ -	\$ 46,038

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Alcoholic Beverages	\$ 1,232		\$ 1,440
30	IV8	Miscellaneous Income	\$ 13,795		\$ 16,128
26	12d	Loan interest - see attachment 29b	\$ 10,340		\$ 12,089
30	IV8	Sale of Scrap	\$ 14		\$ 16
Total Other Adjustments			\$ 25,380	\$ -	\$ 29,674

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Original loan amount	3,000,000	
Amount used for capital purposes	2,000,000	
% allowable	66.67%	
Estimated payoff balance	1,911,000	
Calculated amount used for capital	1,274,000	
Amount used for roofing project	637,000	
Total Liberty Bank loan	2,000,000	
% to be disallowed	32%	
2022 Interest	70,422	
Disallowance	22,429	P. 29a

The Bradley Home

09/30/22

Rental Property Depreciation Disallowance

Asset #	Description	In-Service Date	Cost	Life	Beg Accumulated Depreciaton	CY Depreciation	Ending Book Value
<i>Building/Building Improvements:</i>							
324	Renovation of 1st Floor - 64 Wilcox Ave	4/7/2015	19,992	15	8,663	1,333	9,996
325	64 Wilcox Ave - Property	10/27/2014	97,500	15	44,958	6,500	46,042
349	41 Wilcox Ave - Paint Interior	8/16/2016	3,650	5	3,650	-	-
350	41 Wilcox Ave - Refinish Hardwood Floors	8/23/2016	3,700	10	1,881	370	1,449
351	41 Wilcox Ave - Raise Stairwell Railing & Replace	8/22/2016	1,875	15	635	125	1,115
353	41 Wilcox Ave - Materials to Refinish Floor	8/23/2016	1,750	5	1,750	-	-
354	41 Wilcox Ave - Building	6/24/2016	106,777	30	18,686	3,559	84,532
355	58 Wilcox Ave - Paint Interior	7/26/2016	4,750	5	4,750	-	-
356	58 Wilcox Ave - Refinish Hardwood Floors	7/26/2016	3,250	10	1,679	325	1,246
357	58 Wilcox Ave - Materials to Refinish Floor	7/26/2016	1,817	10	939	182	696
358	64 Wilcox Ave - Paint Interior	9/20/2016	4,200	5	4,200	-	-
360	64 Wilcox Ave - Materials for Painting	9/20/2016	792	10	396	79	317
359	64 Wilcox Ave - Front Porch Improvements	8/15/2016	3,200	15	1,102	213	1,885
379	58 Wilcox Ave - Window Improvement	5/25/2016	1,000	15	356	67	577
380	68 Wilcox Ave- Building	12/5/2016	125,279	30	20,184	4,176	100,919
381	68 Wilcox Ave - Mortar Joints	3/5/2017	3,000	5	2,750	250	-
382	68 Wilcox Ave - Repair Walls	3/28/2017	11,054	5	9,949	1,105	-
383	41 Wilcox Ave - Garage Roof	5/12/2021	4,750	10	198	475	4,077
						18,759	Page 29, Line 39/ Page 29a

Moveable Equipment:

334	3 Salon Chairs	9/23/2015	599	7	513	86	-
369	64 Wilcox Ave - Refrigerator and Stove	7/28/2016	1,377	10	711	138	528
422	58 Wilcox Ave - Electric Range	9/19/2018	854	10	256	85	513
423	64 Wilcox Ave - Refridgerator	9/7/2018	550	10	170	55	325
						364	

Marketing Depreciation Disallowance

Moveable Equipment:

407	Decker Creative Marketing - Website	4/30/2018	9,250	5	6,321	1,850	1,079
433	New Website	1/1/2019	2,250	5	1,238	450	562
						2,300	

Roofing Project Depreciation Disallowance

Asset #	Description	Cost	Life	Depreciation
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>
				<u>24,745</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Bradley Home	2157-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,935,789	3,492,924		1,442,865		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,537,131)	(1,241,680)		(295,451)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 276,756	276,756				
b. Medicare Room and Board Contractual Allowance **	\$ (368,438)	(368,438)				
4. a. Private-Pay Residents and Other	\$ 575,875	241,080		334,795		
b. Private-Pay Room and Board Contractual Allowance **	\$ (69,106)	(8,820)		(60,286)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 22,809	22,809				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,073	1,073				
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	\$ 329,780	329,780				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 6,183	6,183				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (18,122)	(18,122)				
4. a. Speech Therapy - Medicare	\$ 121,205	121,205				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 318,946	318,946				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 6,016	6,016				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (42,069)	(42,069)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 65	65				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 4,559,631	3,137,708		1,421,923		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 3,581	1,651		1,930		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,836	846		990		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 7,746	3,571		4,175		
8. Other (<i>Specify</i>)	\$ (3,097,139)	(1,427,781)		(1,669,358)		
V. Total Other Revenue (1 thru 8)	\$ (3,083,976)	(1,421,713)		(1,662,263)		
VI. Total All Revenue (III +V)	\$ 1,475,655	1,715,995		(240,340)		

* 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	\$ 1,370		
30, line II 6	Med A Lab Rev	\$ 1,533		
30, line II 6	Med B Less Cont. Adj	\$ (276,513)		
30, line II 6	Med A NTA Rev (PDPM)	\$ 88,952		
30, line II 6	Med A Nursing Rev (PDPM)	\$ 142,589		
Total Other Resident Revenue - Medicare		\$ (42,069)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, line II 6	Managed Care Lab Rev	\$ 65		
Total Other Resident Revenue		\$ 65	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
IV5	Interest, Checking		\$ 845		\$ 987
IV5	Interest Income		\$ 2		\$ 2
Total Interest Income			\$ 846	\$ -	\$ 990

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
IV8	Investment Income	\$ 53,956		\$ 63,086
IV8	Dividend/Rebate Income	\$ 179,092		\$ 209,393
IV8	Unrealized Gain	\$ (2,059,580)		\$ (2,408,055)
IV8	Professional Fees - Investments	\$ (67,529)		\$ (78,955)
IV8	Memorial Contributions	\$ 1,442		\$ 1,687
IV8	Prior Year Rev	\$ (18,140)		\$ (21,209)
IV8	Rev - RCH - OTC Drugs	\$ 2,760		\$ 3,228
IV8	Miscellaneous Income	\$ 13,795		\$ 16,128
IV8	Sale of Scrap	\$ 14		\$ 16
IV8	Carr - House Day Care Rent	\$ 26,425		\$ 30,895
IV8	Rental Income	\$ 36,451		\$ 42,619
IV8	Deceased Residents Balance	\$ 4,616		\$ 5,397
IV8	Resident Income - Assigned Assets	\$ (2,725)		\$ (3,186)
IV8	PPP Loan Forgiveness	\$ 401,642		\$ 469,598
Total Other Revenue		\$ (1,427,781)	\$ -	\$ (1,669,358)

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	662,905
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	362,344
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	13,533
4 Inventories			\$	
5. Prepaid Expenses			\$	24,275
a. Prepaid Expenses	23,275			
b. Prepaid Liability Insurance	1,000			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	91,613
Resident Assets Held	91,613			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,154,670
B. Fixed Assets				
1. Land			\$	210,767
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 14,867,753		\$	7,510,616
	Accum. Depreciation 7,357,137	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 2,498,529		\$	359,437
	Accum. Depreciation 2,139,092	Net		
7. Motor Vehicles	*Historical Cost 118,109		\$	22,836
	Accum. Depreciation 95,273	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,649,022
Construction in Progress	1,649,022			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,752,678

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$ 10,907,348	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
3. Buildings			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
4. Non-Movable Equipment			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
5. Movable Equipment			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
6. Motor Vehicles			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
		*Historical Cost _____ Accum. Depreciation _____ Net		
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$ 18,406,086	
Investments		18,406,086		
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				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 18,612,671	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 29,520,019	

* 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	9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	607,667
2. Notes Payable (<i>itemize</i>)			\$	174,422
Liberty Bank Loan - Current Portion				174,422
_____ _____ _____ 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>)			\$	342,814
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	25,790
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>)			\$	280,441
Residents' Assets on Deposit			91,613	Due to Third Party Payor 31,062
Accrued Employee Pension			91,768	Healthcare 7,814
Accrued Expenses, Other			7,036	Tax Shelter Annuity 4,063
Nursing Home User Fee			47,085	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,431,134

* 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 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,431,134	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 6,127,729
Liberty Bank Loan		1,658,052		
Liberty Bank Construction Loan		4,469,677		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,127,729
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,558,863

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	28,968,944
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(7,007,788)
7. Total Net Worth			\$	21,961,156
C. Total Reserves and Net Worth			\$	21,961,156
D. Total Liabilities, Reserves, and Net Worth			\$	29,520,019

H. Changes in Total Net Worth

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	28,968,842
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	1,475,655
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	(8,483,443)
D. Net Income or Deficit			\$	(7,007,788)
E. Balance			\$	21,961,054
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/22	\$	21,961,054

I. Preparer's/Reviewer's Certification

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2022	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)	0		
<input checked="" type="checkbox"/> Residential Care Home				
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>CliftonLarsonAllen LLP</i>		Title		Date Signed 2/3/2023
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06107			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLACConnect.com				