

February 4, 2025

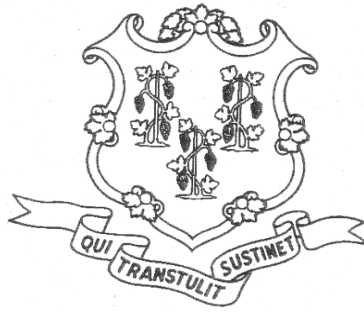
Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2024 Medicaid Cost Report for The Bradley Home (the Home).

In preparing this cost report, we did not perform any disallowances for the administrator or assistant administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy for the SNF, which were paid for by entities other than the Medicaid Program. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We did reduce DON and LPN salary cost in the RCH down to the CNA rate and believe this reduced amount is reimbursable. Certain assets relating to rental properties included on page 23 should not be considered for reimbursement. On page 22c, depreciation expense for these assets are disallowed. Additionally we have included disallowances depreciation expense on asset amounts over approved CON amounts, and differences in useful lives used between financial reporting and cost reporting. See page 22c for calculations of these amounts. We believe this preparation methodology is in compliance with any rules and regulations of your department and the Federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2024

Name of Facility (as licensed) The Bradley Home	
Address (No. & Street, City, State, Zip Code) 320 Colony Street, Meriden, CT 06451	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> Residential Care Home <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2023	Report for Year Ending 9/30/2024

License Numbers:	CCNH / RHNS 2157-C	Residential Care Home 1377-RCH	(Specify)	Medicare Provider 07-5439
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Medicaid Provider Numbers:	CCNH / RHNS	Residential Care Home	(Specify)
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### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2024	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 The Bradley Home [facility name], for the cost report period beginning October 1, 2023 and ending September 30, 2024, 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) John P. Miller			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 10/1/2023	To 9/30/2024
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/4/2025	
Item	Total	CCNH / RHNS	Residential Care Home	(Specify)
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.**

### Type of Facility - Organization Structure

		Phone No. of Facility 203-235-5716	Report for Year Ended 9/30/2024	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 / RHNS 2157-C	Residential Care Home 1377-RCH	(Specify)	Medicare Provider No. 07-5439	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> Residential Care Home <input type="checkbox"/> (Specify)					
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 John P. Miller			Nursing Home Administrator's License No.:	001866	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

[illegible]

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			



## 2023 to 2024: OFFICERS

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N/A

## General Information and Questionnaire

### Related Parties\*

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?      <input checked="" type="radio"/> Yes      <input type="radio"/> No      If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?      <input type="radio"/> Yes      <input checked="" type="radio"/> No      If "Yes," provide the following information:</p>								
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	%**				
Deborah Haberli	N/A	<input type="radio"/>	<input checked="" type="radio"/>		Salary - Recreation	10/A12h	47,379	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"/>					

\* 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 9/30/2024	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.				
Related party salaries are allocated using the same methods noted above.				
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**  
**Other Lines of Business**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 6	of 37
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Square footage of entire facility.	44,000
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**Outpatient Therapy**

Does the Facility provide outpatient therapy services?	No
--	----

*If yes, please complete the following:*

	Square footage of therapy space.
--	----------------------------------

**Meals on Wheels**

Does the facility provide Meals on Wheels?	No
--	----

*If yes, please complete the following:*

	Square footage of kitchen
	Number of meals served per week
No	Are meals included in meals served on page 18 of the Annual Report?
No	Are direct costs included in the Annual Report?
	<i>If yes, please state where costs are reported.</i>
No	Are drivers for the program included in the facility's payroll?
	<i>If yes, please complete the following:</i>
	Amount Reported
	Annual Report page and line
	Please state the salary amounts of specific cooks and/or dietary aides
	Please state where the cooks and/or dietary aides are reported in the Annual Report

**Apartments, Independent Living, Assisted Living**

Does the facility have apartments, independent living, and/or assisted living?	No
--	----

*If yes, please complete the following:*

	Square footage of apartments
	Square footage of independent living
	Square footage of assisted living
	Please identify the services provided:

**General Information and Questionnaire**  
**Other Lines of Business (Continued)**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care?

No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care?

No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

## Schedule of Resident Statistics

Name of Facility The Bradley Home			License No. 2157-C			Report for Year Ended 9/30/2024			Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total Residential Care Home	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	Residential Care Home	(Specify)	Total	CCNH / RHNS	Residential Care Home	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	96	30	66		96	30	66					
B. On last day of THIS report period	95	30	65						95	30	65	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	56	25	31		56	25	31					
B. As of midnight of THIS report period	81	29	52						81	29	52	
3. Total Number of Days Care Provided During Period												
A. Medicare	1,557	1,557			1,123	1,123			434	434		
B. Medicaid (Conn.)	7,986	7,986			6,059	6,059			1,927	1,927		
C. Medicaid (other states)												
D. Private Pay	3,968	380	3,588		2,695	219	2,476		1,273	161	1,112	
E. State SSI for RCH	11,369		11,369		8,181		8,181		3,188		3,188	
F. Other (Specify) Uncompensated & Workers Cor	510	121	389		418	121	297		92		92	
G. Total Care Days During Period (3A thru F)	25,390	10,044	15,346		18,476	7,522	10,954		6,914	2,522	4,392	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	671	51	620		458	42	416		213	9	204	
B. Other Bed Reserve Days	375	49	326		254	28	226		121	21	100	
5. <b>Total Resident Days (3G + 4A + 4B)</b>	26,436	10,144	16,292		19,188	7,592	11,596		7,248	2,552	4,696	

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

Name of Facility The Bradley Home				License No. 2157-C			Report for Year Ended 9/30/2024			Page 9		of 37	
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4. Were there any changes in the certified bed capacity during the report year? ☒ Yes ☐ No  
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	Residential Care Home	(Specify)	Lost			Gained			CCNH / RHNS	Residential Care Home	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5/8/2024		X			1							65	Error in Reporting

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	(Specify)
1st change		4,495	
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	Residential Care Home	CCNH / RHNS	Residential Care Home	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	22		3	15		37	
Per Diem Rate								
a. One bed rm.	PDPM	384.35		450.00	200.00		144.00	
b. Two bed rms.	PDPM	384.35		450.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	Residential Care Home	Outpatient	(Specify)
A. Medicare - Part B	2,332	1,665	667		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
D. <b>Total Physical Therapy Treatments</b>	2,332	1,665	667		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,152	895	257	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <b>Total Speech Therapy Treatments</b>	1,152	895	257	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,227	1,749	478	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <b>Total Occupational Therapy Treatments</b>	2,227	1,749	478	



## Report of Expenditures - Salaries & Wages

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024				Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>									
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	(Specify)	Adjustment	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)	81,932		815	131,433		1,308			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	37,778	(26,287)	543	60,602	(42,168)	872			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	185,477	(4,182)	5,628	297,535	(6,708)	9,028			
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	32,170		819	51,606		1,314			
c. Dietary Workers	221,234		10,514	354,895		16,867			
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	37,157	(1,799)	825	59,607	(2,886)	1,323			
b. Other Maintenance Workers	26,984	(1,172)	920	43,286	(1,879)	1,475			
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services	7,451	(7,451)	422	11,953	(11,953)	678			
10. Protective Services	24,124		1,229	38,699		1,972			
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	91,994		1,577	35,250	(23,841)	604			
b. RN									
1. Direct Care	409,110		8,755						
2. Administrative**	188,530		3,982						
c. LPN									
1. Direct Care	166,164		4,513	311,945	(153,846)	8,370			
2. Administrative**									
d. Aides and Attendants	626,167		26,645	148,428		7,858			
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	81,333	(1,359)	3,577	103,672	(2,039)	2,766			
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	13,265		323	21,280		519			
n. Marketing									
o. Other (Specify)									
See Attached Schedule	28,293		1,605	43,610		1,652			
<b>A-13. Total Salary Expenditures</b>	2,259,163	(42,250)	72,693	1,713,801	(245,320)	56,605			

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

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

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

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

Service	CCNH / RHNS			Residential Care Home			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Optical, Audiology, Behavioral Health, Orthopedic, and Other	\$ 444	\$ (444)	Disallowed	\$ 713	\$ (713)	Disallowed			
<b>Total</b>	\$ 444	\$ (444)	Disallowed	\$ 713	\$ (713)	Disallowed	\$ -	\$ -	-

**Marketing Disallowance**

Asst. Administrator Salary	\$ 31,500	Less severance below
% of Duties Allocated to Marketing	5.00%	
Total Disallowance	\$ 1,575	
<b>SNF Disallowance</b>	<b>\$ 605</b>	
<b>RCH Disallowance</b>	<b>\$ 970</b>	

**Assistant Administrator Severance**

Total Disallowance	\$ 66,880
<b>SNF Disallowance</b>	<b>\$ 25,682</b>
<b>RCH Disallowance</b>	<b>\$ 41,198</b>

**Total Assistant Administrator Disallowance** \$ 26,287 Page 10, line A3 SNF  
\$ 42,168 Page 10, line A3 RCH

**Maintenance Supervisor/Staff Rental Property Disallowance**

Reported Salary	\$ 96,764
Reported Hours	2,148
Hourly Rate	\$ 45.05
Hours Worked on Rental Properties	104 (2 hours per week)
Total Disallowance	\$ 4,685
<b>SNF Disallowance</b>	<b>\$ 1,799</b> Page 10, line 7a SNF
<b>RCH Disallowance</b>	<b>\$ 2,886</b> Page 10, line 7a RCH

Reported Salary	\$ 70,270
Reported Hours	2,395
Hourly Rate	\$ 29.34
Hours Worked on Rental Properties	104 (2 hours per week)
Total Disallowance	\$ 3,051
<b>SNF Disallowance</b>	<b>\$ 1,172</b> Page 10, line 7b SNF
<b>RCH Disallowance</b>	<b>\$ 1,880</b> Page 10, line 7b RCH

**Barber & Beauty Disallowance**

Barber & Beauty Salary	\$ 19,404
<b>SNF Disallowance</b>	<b>\$ 7,451</b> Page 10, line 9 SNF
<b>RCH Disallowance</b>	<b>\$ 11,953</b> Page 10, line 9 RCH

**Nursing Salaries Disallowance**

<u>RCH Aide Hourly Rate</u>	
RCH Salary page 10	\$ 148,428
Hours	7,858
RCH Aide Average Hourly Rate	\$ 18.89

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	604
Allowable Hourly Rate	\$ 18.89
Allowable Salary	\$ 11,409
Reported RCH Salary	\$ 35,250
<b>Disallowance</b>	<b>\$ 23,841</b> Page 10, line A12a RCH

LPN Wages in Excess of RCH Aide Hourly Rate

LPN RCH Hours	8,370	Page 10, line A12c1
Allowable Hourly Rate	\$ 18.89	
Allowable Salary	\$ 158,099	
Reported RCH Salary	\$ 311,945	Page 10, line A12c1
<b>Disallowance</b>	<b>\$ 153,846</b>	Page 10, line A12c1 RCH

**Tuition Reimbursements (included in salaries)**

Administration

Tuition Reimbursement	10,890
<b>SNF Disallowance</b>	<b>\$ 4,182</b> Page 10, line A4 SNF
<b>RCH Disallowance</b>	<b>\$ 6,708</b> Page 10, line A4 RCH

Recreation

Tuition Reimbursement	3,398
<b>SNF Disallowance</b>	<b>\$ 1,359</b> Page 10, line A12h SNF
<b>RCH Disallowance</b>	<b>\$ 2,039</b> Page 10, line A12h RCH

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

Name of Facility The Bradley Home				License No. 2157-C		Report for Year Ended 9/30/2024			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	Residential Care Home	(Specify)							
<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>										
Deborah Haberli	18,952	28,427				1,324	A12h	None		

\* 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.

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Bradley Home				2157-C		9/30/2024			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	(Specify)							
<b>Section III - Administrators***</b>										
John P. Miller	81,932	131,433				2,123	A2			
<b>Section IV - Assistant Administrators</b>										
Anne M. Dembski (10/1/2023 - 1/19/2024)	37,778	60,602				1,415	A3			

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

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

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

### B. Report of Expenditures - Professional Fees

Name of Facility The Bradley Home	License No. 2157-C			Report for Year Ended 9/30/2024			Page 13	of 37	
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian	27,030		636	128		3			
2. Dentist									
3. Pharmacist	1,245		60	166	(166)	8			
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	104,351		1,145	41,803	(41,803)	458			
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	24,000	(2,644)	110						
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	5	(5)	Disallowed	9	(9)	Disallowed			
9. Speech Therapist									
a. Resident Care	52,615		233	15,109	(15,109)	67			
b. Other									
10. Occupational Therapist									
a. Resident Care	110,847	(110,847)	1,180	30,295	(30,295)	323			
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	116,358		1,330						
2. Administrative***									
b. LPN									
1. Direct Care				16,143		277			
2. Administrative***									
c. Aides	58,023		1,670						
d. Other									
12. Other (Specify)									
See Attached Schedule	444	(444)	Disallowed	713	(713)	Disallowed			
B-13 Total Fees Paid in Lieu of Salaries	494,918	(113,940)	6,364	104,366	(88,095)	1,136			

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

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

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

**Medical Director Disallowance**

Fees	\$	24,000	
Hours		110	
Hourly Rate	\$	218.18	
DSS Allowable Rate	\$	194.15	
<b>Disallowance</b>	<b>\$</b>	<b>2,644</b>	<b>Page 13. line B8a SNF</b>

**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 9/30/2024	Page 14	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		
Procare Pharmacy, 1492 Highland Ave Ste 1c, Cheshire, CT 06410	Pharmacist	<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	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
AllShifts, 494 Broad St, 4th Floor, Newark, NJ 07102	RN/LPN/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		
Nursa, 5295 S Commerce Dr Ste 600, Murray, UT 84107	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		
Strategic Nursing Solutions, 169 Hattertown Road, Monroe, CT 06468	RN/LPN/CNA Pool	<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		
ReFocus Eye Health of Central CT, 87 Grandview Ave, Waterbury, CT 06708	Optomotrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
University Physicians, PO Box 1140, Hartford, CT	Radiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Comprehensive Orthopaedic, 863 North Main St Ext, Suite 200, Wallingford, CT 06492	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>	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"/>			

\* Use additional sheets if necessary.

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



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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024					Page 15	of 37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 33,225	19,043	(138)	14,424	(104)			
2. Disability Insurance	\$ 17,573	10,072	(73)	7,629	(55)			
3. Unemployment Insurance	\$ 5,550	3,391	(82)	2,569	(328)			
4. Social Security (F.I.C.A.)	\$ 266,899	163,077	(3,924)	123,525	(15,779)			
5. Health Insurance	\$ 465,253	266,656	(1,927)	201,984	(1,460)			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 9,337	5,351	(39)	4,054	(29)			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 93,806	53,764	(389)	40,725	(294)			
8. Uniform Allowance	\$							
9. Other (Specify) See Attached Schedule	\$ 41,565	23,823	(172)	18,045	(131)			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 58,391	22,422		35,969				
e. Legal (Services should be fully described on Page 15b)	\$ 13,353	5,713	(586)	9,165	(939)			
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 10,879	4,178		6,701				
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 14,516	5,574		8,942				
2. Cellular Phones	\$ 600	230		370				
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$	21	(21)	34	(34)			
2. Other (Specify) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 184,830	184,830						
<b>Subtotal</b>	\$ 1,215,777	768,145	(7,351)	474,136	(19,153)			

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

(Carry Subtotals forward to next page)

### Schedule of Other Employee Benefits

Description	Residential Care					
	CCNH / RHNS	Adjustment	Home	Adjustment	(Specify)	Adjustment
Dental	\$ 12,603	\$ (91)	\$ 9,547	\$ (69)		
Vision	\$ 1,566	\$ (11)	\$ 1,186	\$ (9)		
Vaccinations	\$ 9,654	\$ (70)	\$ 7,312	\$ (53)		
<b>Total</b>	\$ 23,823	\$ (172)	\$ 18,045	\$ (131)	\$ -	\$ -

## Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	Residential Care			
			Home	Adjustment	(Specify)	Adjustment
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## General Information and Questionnaire

### Accounting Basis

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

☒ Accrual   
 ☐ Cash   
 ☐ Modified Cash

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

---

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Audit, 990, Medicaid and Medicare Cost Reports, Construction AUP	\$ 58,391
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 58,391

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

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**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana, LLP 2 Littler Mendelson, PC 3 Solomon, Krupnikoff, Wyskiel, P.C. 4 Michael A Pease 5	Telephone Number 203-789-1511 203-974-8718 203-235-1659 860-783-8579
---	--

Address (*No. & Street, City, State, Zip Code*)  
 1 PO Box 1832, New Haven, CT 06508  
 2 PO Box 207137, Dallas, TX 75320  
 3 636 Broad Street, PO Box 835, Meriden, CT 06451  
 4 435 Buckland Road, South Windsor, CT 06074  
 5

Services Provided by This Firm (*describe fully*)

1 Employment Law	\$ 5,537
2 Legal representation in CHRO and civil discrimination suits	\$ 7,266
3 Rental property matters & general advice	\$ 1,525
4 Modification agreement of loan covenant	\$ 550
5	\$
	Charge for Services Provided
	\$ 14,878

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

Salary Allocation	SNF	RCH
3,972,964	2,259,163	1,713,801
	56.90%	43.10%

**Employee Benefits Disallowance**

**Unallowable Salaries (SNF - excludes tuition reimbursement)**

Maintenance Supervisor (rental property)	1,799
Maintenance Staff (rental property)	1,172
Barber & Beautician	7,451
Assistant Administrator (marketing duties)	605
Total Unallowable SNF Salaries	11,027

**Unallowable Salaries (RCH - excludes tuition reimbursement)**

Maintenance Supervisor (rental property)	2,886
Maintenance Staff (rental property)	1,880
Barber & Beautician	11,953
Assistant Administrator (marketing duties)	970
Total Unallowable RCH Salaries	17,689

**Total Unallowable Salaries** **28,715**

**FICA/FUTA only: Assistant Administrator Severance**

SNF	25,682
RCH	41,198

Benefits	Total Amount	% of Total Salary	Total Unallowable	Unallowable SNF Benefits	Unallowable RCH Benefits
Workmen's Compensation	33,467	0.84%	242	138	104
Disability Insurance	17,701	0.45%	128	73	55
Unemployment Insurance	5,960	0.15%	143	82	62
Social Security (FICA)	286,602	7.21%	6,896	3,924	2,972
Health Insurance	468,640	11.80%	3,387	1,927	1,460
Life Insurance (employees only)	9,405	0.24%	68	39	29
Pensions	94,489	2.38%	683	389	294
Vision	2,752	0.07%	20	11	9
Dental	22,150	0.56%	160	91	69
Vaccinations	16,966	0.427%	123	70	53
Total Benefits	958,132				

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

DON RCH Salary Disallowance	23,841
LPN RCH Salary Disallowance	153,846
Total RCH Salary Disallowances	177,687
Total RCH Salaries Page 10	1,713,801
% Disallowed	10.37%

RCH FICA Page 15	123,525	RCH Portion
% Disallowed	10.37%	
FICA Disallowance	12,807	Page 15, line 1a4

RCH FUTA Page 15	2,569	RCH Portion
% Disallowed	10.37%	
FUTA Disallowance	266	Page 15, line 1a3

Total Benefits Disallowance	SNF	RCH	
Workmen's Compensation	138	104	Page 15, line 1a1
Disability Insurance	73	55	Page 15, line 1a2
Unemployment Insurance	82	328	Page 15, line 1a3
Social Security (FICA)	3,924	15,779	Page 15, line 1a4
Health Insurance	1,927	1,460	Page 15, line 1a5
Life Insurance (employees only)	39	29	Page 15, line 1a6
Pensions	389	294	Page 15, line 1a7
Other Benefits	172	131	Page 15, line 1a9

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024					Page 16	of 37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	1,215,777	768,145	(7,351)	474,136	(19,153)			
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$	3,591	(3,591)	5,761	(5,761)			
4. Employee Travel	\$ 437	168		269				
5. Education Expenses Related to Seminars and Conventions	\$ 4,628	1,777		2,851				
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 5,475	2,102		3,373				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	1,106	(1,106)	1,774	(1,774)			
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	\$	13,951	(13,951)	22,381	(22,381)			
4. Fund-Raising***	\$							
5. Medical Records	\$ 4,476	1,719		2,757				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	273	(273)	438	(438)			
7. Postage	\$ 1,662	638		1,024				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,442	3,242		5,200				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	238	(238)	382	(382)			
9. Subscriptions	\$ 2,396	920		1,476				
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> )	\$ 136,940	52,585		84,355				
12. Administrative Management Services**	\$							
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 28,425	34,140	(23,225)	54,767	(37,257)			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,408,658	884,595	(49,735)	660,944	(87,146)			

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

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

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

## Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Employee Recognition	\$ 1,106	\$ (1,106)	\$ 1,774	\$ (1,774)		
<b>Total Other Travel and Entertainment</b>	<b>\$ 1,106</b>	<b>\$ (1,106)</b>	<b>\$ 1,774</b>	<b>\$ (1,774)</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Marketing	\$ 13,951	\$ (13,951)	\$ 22,381	\$ (22,381)		
<b>Total Other Advertising</b>	<b>\$ 13,951</b>	<b>\$ (13,951)</b>	<b>\$ 22,381</b>	<b>\$ (22,381)</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Leading Age	\$ 2,464		\$ 3,953			
American Express	\$ 468		\$ 750			
ALTCFM	\$ 73		\$ 117			
CLIA Laboratory Program	\$ 95		\$ 153			
CT Association of Health Care Facilities	\$ 134		\$ 215			
Notary Public Registration - City of Meriden	\$ 8		\$ 12			
<b>Total Dues</b>	<b>\$ 3,242</b>	<b>\$ -</b>	<b>\$ 5,200</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
401K Bond Insurance	\$ 98	\$ (98)	\$ 158	\$ (158)		
Personnel Expense	\$ 2,655	\$ (2,655)	\$ 4,259	\$ (4,259)		
Admin - Equipment	\$ 636		\$ 1,021			
Admin - License	\$ 685		\$ 1,098			
Volunteer Expense	\$ 194		\$ 312			
Directors & Officers Liability	\$ 5,077		\$ 8,145			
Bank Service Charge	\$ 734	\$ (734)	\$ 1,178	\$ (1,178)		
Consulting Service Fees	\$ 5,975	\$ (4,822)	\$ 9,584	\$ (7,736)		
Pooled Trust Plan Expense	\$ 1,843	\$ (1,843)	\$ 2,957	\$ (2,957)		
Professional Fees - Pension	\$ 2,769		\$ 4,443			
Gain/Loss on Disposal of Assets	\$ 13,000	\$ (13,000)	\$ 20,853	\$ (20,853)		
Admin - Inspections	\$ 401		\$ 643			
Penalty Expense	\$ 73	\$ (73)	\$ 116	\$ (116)		
<b>Total Other Administrative and General</b>	<b>\$ 34,140</b>	<b>\$ (23,225)</b>	<b>\$ 54,767</b>	<b>\$ (37,257)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 17	of 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 9/30/2024				Page 18	of 37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food		\$ 272,786	105,961	(1,211)	169,980	(1,944)		
2. Non-Food Supplies		\$ 49,472	18,997		30,475			
3. Other (Specify) _____		\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) _____ Supplements/Enterals		\$ 6,806	2,614		4,192			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 329,064	127,572	(1,211)	204,647	(1,944)		
2E. Dietary Questionnaire		Total	CCNH / RHNS		Residential Care Home		(Specify)	
F. Resident Meals: Total no. of meals served per day:*								
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No								
H. Did you receive revenue from employees? <input 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. 951				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)		Page 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 9/30/2024				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	138,434	53,159		85,275		
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	138,434	53,159		85,275		
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 9/30/2024				Page 20	of 37	
Item			Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc. )</i>	Amt.	\$ 16,602	6,375		10,227			
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.	\$ 200,377	76,945		123,432			
C.	Other ( <i>Specify</i> ) Linen		\$ 299	115		184			
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c )		\$ 217,278	83,435		133,843			
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$	31,879	(31,879)	51,138	(51,138)		
2.	Purchased from		\$						
b.	Medicine Cabinet Drugs		\$ 9,952	3,822		6,130			
c.	Medical and Therapeutic Supplies		\$	12,995	(12,995)	20,845	(20,845)		
d.	Ambulance/Limousine***		\$	1,612	(1,612)	2,586	(2,586)		
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$	10,879	(10,879)				
f.	X-rays and Related Radiological Procedures***		\$	745	(745)	1,194	(1,194)		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$						
h.	Laboratory***		\$	1,630	(1,630)	2,616	(2,616)		
i.	Recreation		\$ 9,904	3,804		6,100			
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$ 9,600	12,864	(5,664)	27,389	(24,989)		
m.	Other (Specify)**** See Attached Schedule		\$ 1,680	24,177	(22,497)	36,090	(36,090)		
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)		\$ 31,136	104,407	(87,901)	154,088	(139,458)		

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

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

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

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

### Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	Residential		(Specify)	Adjustment
			Care Home	Adjustment		
Equipment Rental	\$ 1,680					
Clothing	\$ (12)	\$ 12	\$ (19)	\$ 19		
Insurance Premiums	\$ 1,088	\$ (1,088)	\$ 1,746	\$ (1,746)		
Burial Expense	\$ 13,253	\$ (13,253)	\$ 21,261	\$ (21,261)		
Medical Supplies Charged	\$ 6,321	\$ (6,321)	\$ 10,140	\$ (10,140)		
Support Equip Charged to Residents	\$ 43	\$ (43)	\$ 69	\$ (69)		
IRS/Taxes	\$ 1,804	\$ (1,804)	\$ 2,893	\$ (2,893)		
<b>Total Other Resident Care</b>	\$ 24,177	\$ (22,497)	\$ 36,090	\$ (36,090)	\$ -	\$ -

**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 9/30/2024				Page 21	of 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	(Specify)	Pg	Line
ASG Information Technologies	9 S Cherry St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	24,265	38,926		Var	Var
UKG, Inc.	900 Chelmsford St, Lowell, MA 01851	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Software & Services	12,685	20,349		16	m11
PointClickCare Technologies	Suite 155, Bloomington, MN 55431	<input type="radio"/>	<input checked="" type="radio"/>		Clinical & Financial Services	13,393	21,484		16	m11
Executive Landscaping	37 Nettleton Ave, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	11,733	18,822		22	6f
Celtic Consulting	339 Main St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		MDS Consulting	4,822	7,736		16	m13
Johnson Controls	27 Inwood Road, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Fire Supression	3,855	6,184		22	6f
AJ Waste	22 Burton Dr, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	4,844	7,771		22	6f
Siemen's	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>		Boiler & Heating Maintenance	5,311	8,521		22	6f
Otis Elevator	1 Carrier Pl, Farmington, CT 060323	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	11,141	17,873		22	6f
Saucier Mechanical	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Refrigeration Maintenance	4,643	7,448		22	6f
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	53,159	85,275		19	3b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	76,945	123,432		20	4b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

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

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024					Page 22	of 37
Item	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 42,500	16,320		26,180				
b. Heat	\$ 60,624	23,280		37,344				
c. Light & Power	\$ 122,749	47,136		75,613				
d. Water	\$ 33,961	13,041		20,920				
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$							
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 135,990	63,988	(11,769)	102,650	(18,879)			
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 395,824</b>	<b>163,765</b>	<b>(11,769)</b>	<b>262,707</b>	<b>(18,879)</b>			
7. Depreciation ( <i>complete schedule page 23*</i> )								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 512,333	265,153	(16,185)	425,350	(161,985)			
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 83,254	32,120	(150)	51,525	(241)			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 595,587</b>	<b>297,273</b>	<b>(16,335)</b>	<b>476,875</b>	<b>(162,226)</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	\$ 2,477	951		1,526				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 598,064</b>	<b>298,224</b>	<b>(16,335)</b>	<b>478,401</b>	<b>(162,226)</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>Residential Care</b>			
Description	CCNH / RHNS	Adjustment	Home	Adjustment	(Specify)	Adjustment
Rental Costs	\$ 9,913	\$ (9,913)	\$ 15,901	\$ (15,901)		
Carriage House Day Care Rent Costs	\$ 1,856	\$ (1,856)	\$ 2,978	\$ (2,978)		
Medical Waste Expense	\$ 259		\$ 416			
Medical Equipment & Repairs	\$ 4,177		\$ 6,700			
Dietary - Maintenance & Renovation	\$ 4,686		\$ 7,518			
Maintenance - Contracts	\$ 28,265		\$ 45,341			
Maintenance - Grounds & Horticulture	\$ 12,866		\$ 20,640			
Recreation - Maintenance	\$ 303		\$ 487			
Res - Room Needs	\$ 1,663		\$ 2,669			
Total Other Repairs and Maintenance	\$ 63,988	\$ (11,769)	\$ 102,650	\$ (18,879)	\$ -	\$ -

## 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 9/30/2024		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
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"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Is a Mileage Log Book Maintained for All Leased Vehicles ?</span> <span> <input checked="" type="radio"/> Yes           <input type="radio"/> No         </span> <span><b>Total ***</b></span> </div>								

\* 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.

Building/Building Improvements:

Asset #	Description	In-Service Date	Cost	Life	Beg Accumulated Depreciaton	CY Depreciation	Ending Book Value
<i>Rental Property Building/Building Improvements:</i>							
324	Renovation of 1st Floor - 64 Wilcox Ave	4/7/2015	19,992	15	11,329	1,333	7,330
325	64 Wilcox Ave - Property	10/27/2014	97,500	15	57,958	6,500	33,042
350	41 Wilcox Ave - Refinish Hardwood Floors	8/23/2016	3,700	10	2,621	370	709
351	41 Wilcox Ave - Raise Stairwell Railing & Replace	8/22/2016	1,875	15	885	125	865
354	41 Wilcox Ave - Building	6/24/2016	106,777	30	25,804	3,559	77,414
356	58 Wilcox Ave - Refinish Hardwood Floors	7/26/2016	3,250	10	2,329	325	596
357	58 Wilcox Ave - Materials to Refinish Floor	7/26/2016	1,817	10	1,302	182	333
360	64 Wilcox Ave - Materials for Painting	9/20/2016	792	10	555	79	158
359	64 Wilcox Ave - Front Porch Improvements	8/15/2016	3,200	15	1,529	213	1,458
379	58 Wilcox Ave - Window Improvement	5/25/2016	1,000	15	489	67	444
380	68 Wilcox Ave- Building	12/5/2016	125,279	30	28,536	4,176	92,567
457	41 Wilcox Ave - Garage Roof	5/12/2021	4,750	10	1,148	475	3,127
Total Building Depreciation Disallowance						17,404	
						6,683	SNF
						10,721	RCH

Roofing Project Depreciation:

Asset #	Description	Date in Service	Cost	Life	CY Depreciation		
384	Roof/Chimney Project	9/29/2017	2,314,705	20			
		Approved Amount per CON	2,000,000				
		Excess	314,705	20	15,735		
386	Flat Roof	3/30/2018	90,100	10	9,010		
Total Roofing Disallowance					24,745	9,502	15,243
						SNF	RCH

RCH Bathroom Renovation - Useful Life Difference (20 years utilized for F/S, 30 years for cost report):

Asset #	Description	In-Service Date	Cost	Life for F/S	Depreciation Taken	Life per M&S	Allowable Depreciation	Depreciation Disallowance
491	RCH Renovation - Phase 1	4/30/2022	3,703,037	20	185,152	30	123,435	61,717
503	RCH Bathroom Renovations	9/30/2023	4,269,889	20	213,494	30	142,330	71,165
510	Bathroom Renovations	10/1/2023	160,631 *	20	8,032	30	5,354	2,677
* Amount excludes excess above CON limit as depreciation taken on this portion is fully disallowed below.								135,559 RCH

RCH Bathroom Renovation Depreciation:

Asset #	Description	In-Service Date	Cost	Life	Depreciation Disallowance
RCH Bathroom Renovations - Excluding Capitalized Interest					
Various	Various (see above)		7,809,328		
	Approved Amount per CON		7,800,086		
	Excess		9,242	20	462 RCH
Total Building & Building Improvement Depreciation Disallowance				178,170	
				Page 22, line 7b SNF	16,185
				Page 22, line 7b RCH	161,985

Moveable Equipment:

Asset #	Description	In-Service Date	Cost	Life	Beg Accumulated Depreciaton	CY Depreciation	Ending Book Value
<i>Rental Property Moveable Equipment:</i>							
369	64 Wilcox Ave - Refrigerator and Stove	7/28/2016	1,377	10	987	138	252
422	58 Wilcox Ave - Electric Range	9/19/2018	854	10	427	85	342
423	64 Wilcox Ave - Refridgerator	9/7/2018	550	10	280	55	215
						278	
<i>Marketing Moveable Equipment:</i>							
433	New Website	1/1/2019	2,250	5	2,137	113	-
						113	
Total Movable Depreciation Disallowance						391	
						Page 22, line 7d SNF	150
						Page 22, line 7d RCH	241



## Depreciation Schedule

[illegible]

## 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 Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</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>				
10/1/2023	Bathroom Renovations (see page 22c for notation of difference in useful life)	\$ 169,873	20	\$ 8,494
2/16/2024	Boiler	\$ 54,908	20	\$ 1,601
<b>Total additions for Building Improvements</b>		\$ 224,781		\$ 10,095 *
<b>Deletions:</b>				
9/30/2024	Aegis generator	\$ (140,650)		
9/30/2024	Co-Gen	\$ (10,781)		
9/30/2024	Flooring	\$ (135,442)		
9/30/2024	Paint & Wallpaper	\$ (235,952)		
9/30/2024	Window Treatments	\$ (56,263)		
<b>Total deletions for Building Improvements</b>		\$ (579,088)		\$ - **

\*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>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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			
<b>Additions:</b>					
8/20/2024	Laptop	Administrative	\$ 1,013	3	\$ 28
10/31/2023	New Sign	Administrative	\$ 4,850	10	\$ 445
7/17/2024	26 Beds	Standard Resident	\$ 39,671	10	\$ 661
12/8/2023	Scale	Standard Resident	\$ 1,868	10	\$ 156
5/21/2024	Compressor for Kitchen Refrigerator	Administrative	\$ 8,440	12	\$ 234
2/1/2024	Stationary Bike	Standard Resident	\$ 7,171	15	\$ 319
6/28/2024	Patio Furniture	Administrative	\$ 2,712	10	\$ 68
<b>Total additions for Movable Equipment</b>			\$ 65,725		\$ 1,911 *
<b>Deletions:</b>					
9/30/2024	Mobile employee payroll app		\$ (1,320)		
9/30/2024	Laptop		\$ (2,476)		
9/30/2024	Infirm-Beds		\$ (84,471)		
9/30/2024	Infirm-Chairs		\$ (12,898)		
9/30/2024	Boiler Installation		\$ (16,930)		
9/30/2024	LazyBoy Loungers		\$ (6,008)		
9/30/2024	4 Recliners		\$ (3,008)		
9/30/2024	Recliner Chair		\$ (1,906)		
9/30/2024	Dishwashers		\$ (15,683)		
9/30/2024	Convection Steamer		\$ (11,928)		
9/30/2024	Berkline Recliner		\$ (476)		
9/30/2024	Queen Anne Recliner		\$ (833)		
9/30/2024	Security System		\$ (6,689)		
9/30/2024	Digital Image System		\$ (6,940)		
9/30/2024	Security Equipment		\$ (1,650)		
9/30/2024	4 Wheelchairs		\$ (739)		
9/30/2024	5 Wheelchairs		\$ (821)		
9/30/2024	Freezer Compressor		\$ (8,545)		
9/30/2024	2 Mattresses		\$ (965)		
9/30/2024	Pavilion Mattress		\$ (1,145)		
9/30/2024	Mattresses (4)		\$ (1,810)		
9/30/2024	Load Bank w/ Outdoor Enclosure		\$ (11,832)		
<b>Total deletions for Movable Equipment</b>			\$ (199,073)		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*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 The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2024			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							
<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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 25	of 37
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11. Property Questionnaire

**Part A**

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

☒ Yes
☐ No

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

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

Description	Total			
1. Date Land Purchased	Donated			
2. Date Structure Completed	04/20/05			
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure	1936 or 1965			
5. Total Licensed Bed Capacity	95			
6. Square Footage	44,000			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed		
b. Date Mortgage Obtained	08/05/21	09/01/23		
c. Interest Rate for the Cost Year	3.85%	3.85%		
d. Term of Mortgage (number of years)	10	10		
e. Amount of Principal Borrowed	2,000,000	6,000,000		
f. Principal balance outstanding as of 9/30/2024	1,477,640	5,781,032		
<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				

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility The Bradley Home		License No. 2157-C		Report for Year Ended 9/30/2024			Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 198850	112,044	(35,686)	179,738	(57,246)		
Name of Lender Liberty Bank		Rate 3.85%						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender Liberty Bank		Rate 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)		\$ 291,782	112,044	(35,686)	179,738	(57,246)		

(Carry Subtotals forward to next page)

Original loan amount	3,000,000
Amount used for capital purposes	<u>2,000,000</u>
% 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%
2024 Interest	291,782
Total Disallowance	<u>92,933</u>
SNF Disallowance	35,686
RCH Disallowance	57,246

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2024			Page 27	of 37
Item			Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:			291,782	112,044	(35,686)	179,738	(57,246)		
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) Interest Expense			2,690	1,033		1,657			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)			201,540	113,077	(35,686)	181,395	(57,246)		
14. Insurance									
a. Insurance on Property (buildings only)			76,518	34,248	(4,865)	54,939	(7,804)		
b. Insurance on Automobiles			7,621	2,926		4,695			
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			7,419	2,849		4,570			
2. Fire and Extended Coverage									
3. Other (Specify)									
14d. <b>Total Insurance Expenditures</b> (14a + b + c)			91,558	40,023	(4,865)	64,204	(7,804)		
15. <b>Total All Expenditures</b> (A-13 thru C-14)			7,494,199	4,622,338	(363,692)	4,043,671	(808,118)		



## F. Statement of Revenue

Name of Facility The Bradley Home		License No. 2157-C		Report for Year Ended 9/30/2024		Page 30	of 37
Item		Total	CCNH / RHNS	Residential Care Home	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$	6,010,110	3,616,710	2,393,400			
b. Medicaid Room and Board Contractual Allowance **	\$	(1,868,088)	(1,106,724)	(761,364)			
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$	599,148	599,148				
b. Medicare Room and Board Contractual Allowance **	\$	(881,674)	(881,674)				
4. a. Private-Pay Residents and Other	\$	1,135,407	278,467	856,940			
b. Private-Pay Room and Board Contractual Allowance **	\$	(151,702)	(130,177)	(21,525)			
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$	50,432	50,432				
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$	1,977	1,977				
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	\$	540,145	466,795	73,350			
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$	88,184	83,587	4,597			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$	287,324	257,672	29,652			
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$	4,925	3,826	1,099			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$	513,805	465,794	48,011			
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$	93,653	76,261	17,392			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$	103,879	84,647	19,232			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$	446	446				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$	6,527,971	3,867,187	2,660,784			
<b>IV. Other Revenue*</b>							
1. Meals sold to guests, employees & others	\$	3,092	1,187	1,905			
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income ( <i>Specify</i> )	\$	477	183	294			
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$	7,802	2,996	4,806			
8. Other ( <i>Specify</i> )	\$	3,857,458	1,481,263	2,376,195			
<b>V. Total Other Revenue</b> (1 thru 8)	\$	3,868,829	1,485,629	2,383,200			
<b>VI. Total All Revenue</b> (III + V)	\$	10,396,800	5,352,816	5,043,984			

\* 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	(Specify)
30/II6a	Med A Xray	\$ 1,870		
30/II6a	Med A Lab	\$ 2,392		
30/II6a	Med B Less Cont Adj	\$ (363,391)		
30/II6a	Med A NTA (PDPM)	\$ 143,929		
30/II6a	Med A Nursing (PDPM)	\$ 280,528		
30/II6a	Med B - Vaccines - RCH		\$ 19,232	
30/II6a	Med B - Vaccines - SNF	\$ 19,319		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 84,647</b>	<b>\$ 19,232</b>	<b>\$ -</b>

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH / RHNS	Residential Care Home	(Specify)
30/II6b	Mngd Care Xray	\$ 130		
30/II6b	Mngd Care Lab	\$ 316		
<b>Total Other Resident Revenue</b>		<b>\$ 446</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

## Account

Page Ref	Account	Balance	CCNH / RHNS	Residential Care Home	(Specify)
30/IV5	Interest: Checking		\$ 183	\$ 294	
<b>Total Interest Income</b>			<b>\$ 183</b>	<b>\$ 294</b>	<b>\$ -</b>

## Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	Residential Care Home	(Specify)
30/IV8	Investment Loss: General Fund	\$ (2,358)	\$ (3,783)	
30/IV8	Divident/Rebate Income	\$ 183,278	\$ 294,009	
30/IV8	Capital Gain	\$ 39,231	\$ 62,932	
30/IV8	Unrealized Gain	\$ 1,230,119	\$ 1,973,315	
30/IV8	Professional Fees - Investments	\$ (44,905)	\$ (72,034)	
30/IV8	Memorial Contributions	\$ 2,907	\$ 4,663	
30/IV8	Prior Year Revenue	\$ 2,607	\$ 4,183	
30/IV8	RCH OTC Drugs	\$ 1,789	\$ 2,870	
30/IV8	Death Benefit Proceeds	\$ 3,848	\$ 6,174	
30/IV8	Miscellaneous Income	\$ 5,774	\$ 9,262	
30/IV8	Carriage House Day Care Rent	\$ 22,561	\$ 36,192	
30/IV8	Rental Income	\$ 36,412	\$ 58,412	
<b>Total Other Revenue</b>		<b>\$ 1,481,263</b>	<b>\$ 2,376,195</b>	<b>\$ -</b>

## G. Balance Sheet

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	434,167
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	683,587
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	6,669
4. Inventories			\$	
5. Prepaid Expenses			\$	7,443
a. Prepaid Expenses	7,443			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	432,736
Resident Council Cash Account	11,438			
Resident Personal Funds Cash Account	421,097			
Due from Plan of CT	201			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,564,602
B. Fixed Assets				
1. Land			\$	210,767
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost 17,109,047 Accum. Depreciation 6,289,741	Net	\$	10,819,306
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 2,356,796 Accum. Depreciation 2,056,552	Net	\$	300,244
7. Motor Vehicles	*Historical Cost 118,109 Accum. Depreciation 112,462	Net	\$	5,647
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	10,020
Construction in Progress	10,031			
See Schedule	(11)			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	11,345,984

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

(Carry Total forward to next page)



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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 12,910,586	
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> )			\$ 18,514,189	
Investments 18,514,189				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 18,514,189	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 31,424,775	

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2024		Page 33	of 37
Account					Amount	
<b>Liabilities</b>						
A. Current Liabilities						
1. Trade Accounts Payable					\$	469,141
2. Notes Payable ( <i>itemize</i> )					\$	398,523
Liberty Loan - Current Portion 188,360						
Liberty Bank Construction Loan - Current Portion 210,163						
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> )					\$ 212,889	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )					\$	
6. Accrued Payroll Taxes Payable					\$ 29,120	
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> )					\$ 675,026	
Resident Personal Funds Liability 421,097 Healthcare 6,258						
Resident Council Liability 11,438 H/C Savings Plan 3,675						
Accrued Employee Pension 86,875 Dependent Care Expense 27						
Attachments 10 See Schedule 145,646						
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)					\$ 1,784,699	

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

(Carry Total forward to next page)

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

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

Name of Facility The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2024	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,784,699	
<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> )				\$ 6,860,149	
Liberty Bank Loan		1,289,280			
Liberty Bank Construction Loan		5,570,869			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 6,860,149	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 8,644,848	

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 35	of 37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	21,049,136
6. Gain or Loss for Period			\$	
	10/1/2023	thru 9/30/2024	\$	1,730,791
7. Total Net Worth			\$	22,779,927
<b>C. Total Reserves and Net Worth</b>			\$	22,779,927
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	31,424,775



## H. Changes in Total Net Worth

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2023			\$	21,049,033
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	10,396,800
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	(8,666,009)
D. Net Income or Deficit			\$	1,730,791
E. Balance			\$	22,779,824
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> ) To balance net worth amounts reported on pages 2 103				
F-3. Total Additions			\$	103
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>			\$	22,779,927

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

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2024	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input checked="" type="checkbox"/> Residential Care Home	<input type="checkbox"/> (Specify)		
<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 in the Adjustments columns. 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 2/4/2025
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				