

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
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 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH 20652	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jerome Home [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lori Toombs			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Jerome Home		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson		Phone Number 203-623-2930	Date	
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 860-229-3707		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Jerome Home		Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider No. 07-5343
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 type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input checked="" 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 Lori Toombs		Nursing Home Administrator's License No.:	001985	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	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 checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.				
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.				

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 Jerome Home		License No. 2065C		Report for Year Ended 9/30/2021			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						
US Bank, PO Box 790448, St. Louis, MO 6379-0448	<input type="radio"/>	<input checked="" type="radio"/>	copiers	8/30/2019- 8/29/24	60 months	18,387	14,114	
Quadient Leasing USA, Inc. Dept 3682, PO Box 123682, Dallas, TX 75312-3682	<input type="radio"/>	<input checked="" type="radio"/>	postage machine	10/22/18- 1/21/24	63 months	755	755	
Accelerated Care Plus Leasing, Inc. 4999 Aircenter Circle Ste103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	OmniVersa Multi-Modality Therapy System - disallowed	1/28/2021- 12/31/2021	12 months	8,580	4,987	
	<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 ***							19,856	

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Crowe, LLP 2 Jordan Actuarial Services 3 4	Address (No. & Street, City, State, Zip Code) 320 E. Jefferson Blvd., South Bend, IN 46024 29440 Bertrand Dr., Agoura Hill, CA 91301
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Services Provided by This Firm (*describe fully*)

1 Year End Audit, 990 Prep, 401k 403b audit, debt refinance audit	\$ 35,000
2 Workers Comp Study	\$ 2,880
3	\$
4	\$
	Charge for Services Provided
	\$ 37,880

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 & Dana 2 Michalik, Bauer, Silvia & Ciccarillo, LLC 3 4 5	Telephone Number 203-498-4400 860-225-8403
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Address (*No. & Street, City, State, Zip Code*)
 1 One Century Tower, PO Box 1832, New Haven, CT 06508
 2 35 Pearl St., Suite 300, New Britain, CT 06051
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 CHEFA Review and Document Review	\$ 1,869
2 Collections - disallowed	\$ 133
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,002

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 Jerome Home		License No. 2065C			Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	94		26	120	94		26				
B. On last day of THIS report period	120	94		26					120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	108	83		25	108	83		25				
B. As of midnight of THIS report period	118	92		26					118	92		26
3. Total Number of Days Care Provided During Period												
A. Medicare	3,161	3,161			2,567	2,567			594	594		
B. Medicaid (Conn.)	22,682	15,401		7,281	16,784	11,289		5,495	5,898	4,112		1,786
C. Medicaid (other states)												
D. Private Pay	9,970	8,429		1,541	7,126	6,056		1,070	2,844	2,373		471
E. State SSI for RCH												
F. Other (Specify) Mgd Medicare & Mgd Care	3,391	3,391			2,231	2,231			1,160	1,160		
G. Total Care Days During Period (3A thru F)	39,204	30,382		8,822	28,708	22,143		6,565	10,496	8,239		2,257
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	102	27		75	53	15		38	49	12		37
B. Other Bed Reserve Days	178	111		67	149	87		62	29	24		5
5. Total Resident Days (3G + 4A + 4B)	39,484	30,520		8,964	28,910	22,245		6,665	10,574	8,275		2,299

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	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	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	7		47		38		6	20					
Per Diem Rate													
a. One bed rm.	PDPM		296.00		541.00		225.00	137.00					
b. Two bed rms.					505.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									2,226	974		1,252	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									17	17			
2. Restorative Treatments													
C. Other									11,774	11,773		1	
D. Total Physical Therapy Treatments									14,017	12,764		1,253	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									212	193		19	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									622	622			
D. Total Speech Therapy Treatments									834	815		19	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									339	298		41	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,476	10,475		1	
D. Total Occupational Therapy Treatments									10,815	10,773		42	

Report of Expenditures - Salaries & Wages

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	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)	132,478	1,701			38,910	499
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	500,375	16,207			146,965	4,760
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	62,347	1,639			18,312	481
c. Dietary Workers	500,490	28,235			146,998	8,293
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	134,972	8,997			65,844	4,388
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,250	1,398			30,856	682
b. Other Maintenance Workers	100,124	4,997			48,845	2,438
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	154,536	10,180				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	177,143	3,241			52,029	951
b. RN						
1. Direct Care	1,635,691	38,206			129,835	3,174
2. Administrative**	325,507	7,222			16,884	375
c. LPN						
1. Direct Care	784,514	22,737				
2. Administrative**						
d. Aides and Attendants	2,315,437	118,909			134,670	6,155
e. Physical Therapists	321,045	9,772			31,516	959
f. Speech Therapists	37,871	727			883	17
g. Occupational Therapists	241,734	6,188			942	24
h. Recreation Workers	137,624	5,797			40,422	1,702
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	135,797	4,660			39,885	1,369
n. Marketing						
o. Other (Specify) See Attached Schedule	89,363	3,191			72,954	2,885
<i>A-13. Total Salary Expenditures</i>	7,850,298	294,004			1,016,750	39,152

* 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
Salaries & Wages Admission Supervisor	\$ 62,386	1,639			\$ 18,323	481
Salaries & Wages Admissions	\$ 26,977	1,552			\$ 7,923	456
Salaries & Wages Good Life Fitness - Disallowed	\$ -				\$ 46,708	1,948
Total	\$ 89,363	3,191	\$ -	-	\$ 72,954	2,885

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2021			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	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	
Jerome Home				2065C	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Lori Toombs - 10/1/2020-9/15/2021	127,882		37,560	Non-discriminatory except for bonus		2,120	10 A2			
Tina Richardson - 9/16/2021-9/30/2021, Lic#1984	4,596		1,350	Non-discriminatory		80	10 A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2021	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	28,699	581			8,429	170
2. Dentist	8,535	15			2,507	5
3. Pharmacist	3,590	74			1,055	22
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	51,005	447			5,007	44
b. Other						
6. Social Worker						
7. Recreation Worker	3,482	30			1,023	9
8. Physicians						
a. Medical Director (entire facility)	44,523	152			13,077	44
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	802	3			19	
b. Other						
10. Occupational Therapist						
a. Resident Care	3,224	200			13	1
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,988	261				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	153,848	1,763			31,130	295

* 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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford HealthCare Rehab Network	Physical Therapy, Occupation Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Mass Tex Imaging	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Douglas Codianni	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Larry Batter	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Bussmann	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Kathleen Gregory	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Susan Hill/Black Eyed Susie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Michael Iarusso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Phred Mileski	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Shawn Taylor	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Hungerford Center	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Deborah & Joseph Cadena	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
J. Rodriguez Mariachi Band	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Danny L Bernier	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
David Shortell	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
James Moore	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Nicholas I Stargu	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2021	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 30,992	27,438		3,554
2. Disability Insurance	\$ 62,108	54,986		7,122
3. Unemployment Insurance	\$ 26,010	23,028		2,982
4. Social Security (F.I.C.A.)	\$ 659,213	583,623		75,590
5. Health Insurance	\$ 1,329,377	1,176,942		152,435
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 177,126	156,816		20,310
8. Uniform Allowance	\$ 700	620		80
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,557	17,314		2,243
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 60,000	60,000		
d. Accounting and Auditing	\$ 37,880	29,280		8,600
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,002	1,547		455
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 16,157	12,488		3,669
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 35,415	27,375		8,040
2. Cellular Phones	\$			
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	\$ 509,861	509,861		
Subtotal	\$ 2,966,398	2,681,318		285,080

* 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
Emp Benefits-Emp Physicals & Testing - the Physicals portion and Outpatient portion disallowed	\$ 17,314		\$ 2,243
Total	\$ 17,314	\$ -	\$ 2,243

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
Jerome Home	2065C	9/30/2021		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	2,966,398	2,681,318		285,080	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 24	19		5	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 9,989	7,721		2,268	
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 19,723	15,244		4,479	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,566	5,075		1,491	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 18,317	14,159		4,158	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 2,985			2,985	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,532	3,503		1,029	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,740	9,767		3,973	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 232	179		53	
9. Subscriptions	\$ 1,627	1,258		369	
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>)	\$ 154,738	119,608		35,130	
12. Administrative Management Services**	\$ 340,316			340,316	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 126,365	22,499		103,866	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,665,552	2,880,350		785,202	

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
A&G Business Promotion-Advertising - disallowed			\$ 2,985
Total Other Advertising	\$ -	\$ -	\$ 2,985

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
LEADING AGE	\$ 9,504		\$ 2,791
ALTCFM	\$ 263		\$ 77
CARCH			\$ 1,105
Total Dues	\$ 9,767	\$ -	\$ 3,973

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Emp Benefits-Tuition Reimb - disallowed	\$ 928		\$ 272
A&G Bank Expense - disallowed	\$ 9,371		\$ 2,752
A&G Licenses	\$ 1,603		\$ 471
Non-Operating Bank Fees - disallowed	\$ -		\$ 95,631
Non Operating - Other Expense - disallowed	\$ -		\$ 176
Volunteer Rel Exp - disallowed	\$ 309		\$ 91
A&G Resident Relations	\$ 1,017		\$ 301
A&G Resident Relations - disallowed	\$ 5,079		\$ 1,489
Planetree-Resident Center/Lean - disallowed	\$ 2,422		\$ 711
Maintenance - Cable TV (includes revenue)- disallow expense over \$3,600	\$ (1,129)		\$ (331)
Arbor Rose Entertainment - disallowed			\$ 250
Trustee Fees - disallowed	\$ 2,899		\$ 851
Late fees on equipment rental - disallowed			\$ 1,202
Total Other Administrative and General	\$ 22,499	\$ -	\$ 103,866

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Jerome Home	2065C	9/30/2021	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare Senior Services	340,316	Oversight of Management Staff	Page 16 line 1m12

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2021		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	354,495	274,014			80,481
2. Non-Food Supplies	\$	55,514	42,911			12,603
3. Other (<i>Specify</i>) _____ Food for Staff - disallowed	\$	9,829	7,598			2,231
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$	419,838	324,523		95,315
2E. Dietary Questionnaire						
F. Resident Meals:	Total no. of meals served per day:*	322	250			73
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)						page 18 line 2a
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.	\$17,012
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						page 18 line 2a
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes		<input type="radio"/> No		If yes, specify cost.	\$9,829
N. Is any revenue collected from employees?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2021	19	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. \$	10,062	10,062	
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>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$			
c. Other (<i>Specify</i>) Laundry Supplies	\$	11,818	11,818	
3D. Total Laundry Expenditures (3a + b + c)	\$	21,880	21,880	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Jerome Home	2065C	9/30/2021	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced	72,812	48,938		23,874
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	47,349	31,824		15,525
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	72,812	48,938		23,874
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
c. Other (<i>Specify</i>)	Amt. \$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	47,349	31,824		15,525
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	302,637	302,637		
b. Medicine Cabinet Drugs	\$	24,706	19,097		5,609
c. Medical and Therapeutic Supplies	\$	12,781	9,879		2,902
d. Ambulance/Limousine***	\$	11,064	11,064		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	35,323	35,323		
f. X-rays and Related Radiological Procedures***	\$	31,420	31,420		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	43,343	43,343		
i. Recreation	\$	6,127	4,736		1,391
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	346,281	270,823		75,458
5M. Total Resident Care Expenditures (5a - 5j)	\$	813,682	728,322		85,360

* 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
Nursing-Equipment Rental - disallowed	\$ 11,826		\$ -
Nursing-Medical Supplies	\$ 135,733		\$ 39,866
Nursing Personal Care	\$ 4,418		\$ 1,298
Supplies PT - disallowed	\$ 780		\$ 77
Supplies OT - disallowed	\$ 1,968		\$ 8
Covid-19 Supplies/Other	\$ 104,770		\$ 30,772
Ancillary-OtherMedicare Ancillary - disallowed	\$ 11,244		\$ 3,303
Supplies Good Life Fit - disallowed	\$ -		\$ 109
Nursing-Supplies	\$ 84		\$ 25
Total Other Resident Care	\$ 270,823	\$ -	\$ 75,458

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

Name of Facility Jerome Home			License No. 2065C		Report for Year Ended 9/30/2021			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
See attached list		<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"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2021			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 120,547	81,019			39,528	
b. Heat	\$ 82,983	55,774			27,209	
c. Light & Power	\$ 162,456	109,189			53,267	
d. Water	\$ 37,915	25,483			12,432	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 19,856	16,034			3,822	
f. Other (<i>itemize</i>)	\$ 161,632	108,634			52,998	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 585,389	396,133			189,256	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 16,294	10,951			5,343	
b. Building & Building Improvements	\$ 381,093	256,138			124,955	
c. Non-Movable Equipment	\$ 63,817	42,892			20,925	
d. Movable Equipment	\$ 147,760	99,312			48,448	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 608,964	409,293			199,671	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,437	2,310			1,127	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,437	2,310			1,127	
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	\$ 769				769	
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 613,170	411,603			201,567	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Equipment-Contract Services	\$ 4,774		\$ 2,330
Grounds Contract Services	\$ 26,934		\$ 13,140
Rubbish Removal	\$ 20,730		\$ 10,113
Contract Services/Security	\$ 597		\$ 292
Contract Services/Building	\$ 44,258		\$ 21,591
Rental / Lease Equipment	\$ 11,341		\$ 5,532
Total Other Repairs and Maintenance	\$ 108,634	\$ -	\$ 52,998

Depreciation Schedule

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2021			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			498,087		498,087	367,200		various	16,207				
2. Disposals (attach schedule)			(33,483)										
3. Acquired during this report period (attach schedule)			1,749		1,749				87				
A-4. Subtotal										16,294			
B. Building and Building Improvements													
1. Acquired prior to this report period			12,941,493		12,941,493	7,485,640			376,502				
2. Disposals (attach schedule)			(2,386,013)										
3. Acquired during this report period (attach schedule)			138,025		138,025				4,591				
B-4. Subtotal										381,093			
C. Non-Movable Equipment													
1. Acquired prior to this report period			1,778,813		1,778,813	754,063			63,116				
2. Disposals (attach schedule)			(720,085)										
3. Acquired during this report period (attach schedule)			14,010		14,010				701				
C-4. Subtotal										63,817			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Ford E350		x		4	2004	42,480		42,480	42,480	s/1	5		
b. Dodge Grand Caravan		x		10	2018	41,630		41,630	12,509	s/1	5	8,326	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						4,303,847		4,303,847	1,174,837			130,530	
b. Disposals (attach schedule)						(2,607,541)							
c. Acquired during this report period (attach schedule)						135,953		135,953				8,904	
D-3. Subtotal													147,760
E. Total Depreciation													608,964

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/1/2021	Replace sections of steel fencing	\$ 1,749	10	\$ 87
Total additions for Land Improvement		\$ 1,749		\$ 87 *
Deletions:				
	Retirements Land Improvements - see separate schedule	\$ (32,983)		
	Adjustment reclassing \$500 to Arbor Rose during true up of Fixed Asset Detail to GL during conversion to new GL Software	\$ (500)		
Total deletions for Land Improvement		\$ (33,483)		\$ - **

*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:				
6/29/2021	New Carpet Rm 302	\$ 816	3	\$ 136
10/14/2020	Plank Flooring Room 532	\$ 2,052	10	\$ 103
2/12/2021	Carpet Unit #210	\$ 816	5	\$ 82
4/19/2021	Plank Flooring Room 407	\$ 1,486	10	\$ 74
9/1/2021	Removal & Install ceiling fixtures in Hallway, Offices	\$ 15,000	10	\$ 750
9/1/2021	Removal & Reconnection of Roof Equipment	\$ 20,000	10	\$ 1,000
9/1/2021	Northern Upper Roof Replacement	\$ 93,855	20	\$ 2,346
9/1/2021	East Wing Balcony Roof	\$ 4,000	20	\$ 100
Total additions for Building Improvement		\$ 138,025		\$ 4,591 *
Deletions:				
	Retirements Building Improvements - see separate schedule	\$ (2,386,013)		
Total deletions for Building Improvement		\$ (2,386,013)		\$ - **

*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:				
8/1/2021	Dryer Kit	\$ 14,010	10	\$ 701
Total additions for Non-Movable Equipment		\$ 14,010		\$ 701 *
Deletions:				
	Retirements Fixed Equipment - see separate schedule	\$ (719,955)		
	Adjustment during true up of Fixed Asset Detail to GL during conversion to new GL Software	(130.00)		

Total deletions for Non-Movable Equipmen		\$ (720,085)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Total deletions for Leasehold Improvemen		\$	-	\$ -

Attachment Pages 23 24

**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Jerome Home			2065C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Bond Issue Costs	11	2007	30 years	412,492	91,895	s/l		3,437	
2.									
3.									
B-4. Subtotal									3,437
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									3,437

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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		1923		
2. Date Structure Completed		1923		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		Mid 1970's		
5. Total Licensed Bed Capacity		120		
6. Square Footage		72,812		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		CHEFA Variable		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year		varies		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		11,895,000		
f. Principal balance outstanding as of 9/30/2021		8,075,000		
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
Jerome Home		2065C	9/30/2021			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$	11,895,000				
2. Loan Origination Date			03/29/07				
3. Interest Rate %			varies				
4. Term			30 years				
5. CHEFA Interest Expense			61,522	41,349		20,173	
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$	61,522	41,349		20,173	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Jerome Home	2065C	9/30/2021	27	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		61,522	41,349		20,173
12. C. Movable Equipment					
1. Automotive Equipment	\$				
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify)	\$				
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$				
12. D. Other Interest Expense (Specify)	\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	61,522	41,349		20,173
14. Insurance					
a. Insurance on Property (buildings only)	\$	32,369	21,755		10,614
b. Insurance on Automobiles	\$	19,907	15,388		4,519
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	68,516	52,961		15,555
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$				
14d. Total Insurance Expenditures (14a + b + c)	\$	120,792	90,104		30,688
15. Total All Expenditures (A-13 thru C-14)	\$	15,401,200	12,930,234		2,470,966

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2021	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 242,676	241,734		942
4.			Other - See attached Schedule	\$ 141,047			141,047
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 3,237	3,224		13
7.			Other - See attached Schedule	\$ 67,875	60,342		7,533
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 60,000	60,000		
10.			Accounting	\$			
10a.			Legal	\$ 133	103		30
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,200	928		272
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 2,985			2,985
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 340,316			340,316
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 292,231	138,457		153,774
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 9,829	7,598		2,231
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)				\$ 1,161,530	512,386		649,143

* 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	A6b	Outpatient portion Housekeeper Wages			\$ 3,155
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,479
10	A7b	Outpatient portion Maintenance Wages			\$ 2,341
10	A12b1	To adjust wages - APRN wages in excess of Aides			\$ 1,876
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 53,090
10	A12o	Good Life Fitness Wages			\$ 46,708
10	A12e	Outpatient - Physical Therapy Wages			\$ 31,516
10	A12f	Outpatient - Speech Therapy Wages			\$ 883
Total Other Salaries Adjustment			\$ -	\$ -	\$ 141,047

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dental Purchased Services	\$ 8,535		\$ 2,507
13	B5	Purchased Services - Physical Therapist	\$ 51,005		\$ 5,007
13	B9	Purchased Services - Speech Therapist	\$ 802		\$ 19
Total Other Fees Adjustments			\$ 60,342	\$ -	\$ 7,533

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits related to APRN RCH wages			\$ 461
15	1a	Employee Benefits related to RN Supervisor RCH wages			\$ 13,060
15	1a	Employee Benefits related to Occupational Therapists SNF portion (the outpatient portion is included below)	\$ 62,841		
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 304
15	1a2	Benefits related to Outpatient Therapy - Disability			\$ 610
15	1a3	Benefits related to Outpatient Therapy - Unemployment			\$ 255
15	1a4	Benefits related to Outpatient Therapy - FICA			\$ 6,470
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 13,047
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 1,738
15	1a8	Benefits related to Outpatient Therapy - Uniform Allowance			\$ 7
15	1a9	Benefits related to Outpatient Therapy - Other Benefits			\$ 192
15	1a9	Employee Benefits Preplacement Physicals for SNF & RCH. Note that outpatient portions of physicals is included on the line above in Outpatient Therapy Other Benefits above)	\$ 10,432		\$ 1,236
16	1m8a	Dues - Lions Club	\$ 179		\$ 53
16	1m11	A&G Maintenance Agreements - Allscripts	\$ 3,517		\$ 1,033
16	1m11	A&G Consulting Fees Celtic Consulting	\$ 12,902		\$ 3,790
16	1m11	A&G Maintenance Agreements - Ability	\$ 13,934		\$ 4,092
16	1m13a	A&G Bank Charges	\$ 9,371		\$ 2,752
16	1m13a	Non-Operating BHC Bank Fees			\$ 95,631
16	1m13a	Non-Operating Other Expense			\$ 176
16	1m13a	A&G Resident Relations - replacement of resident belongings and reimbursement of resident bills	\$ 5,079		\$ 1,489
16	1m13a	Planetree	\$ 2,422		\$ 711
16	1m13a	Cable TV Expense net of \$3,600 allowance	\$ 14,573		\$ 4,272
16	1m13a	A&G Management Fees - Trustee Fees	\$ 2,899		\$ 851
16	1m13a	Volunteer Relations	\$ 309		\$ 91
16	1m13a	Arbor Rose Entertainment			\$ 250
16	1m13a	Late Fees from Equipment Rental			\$ 1,202
Total Other A&G Adjustments			\$ 138,457	\$ -	\$ 153,774

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,161,530	512,386		649,143
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 302,637	302,637		
28.	20	5d	Ambulance/Limousine	\$ 11,064	11,064		
29.	20	5f	X-rays, etc	\$ 31,420	31,420		
30.	20	5h	Laboratory	\$ 43,343	43,343		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 35,323	35,323		
33.	20	5L	Occupational Therapy	\$ 1,976	1,968		8
34.			Other - See Attached Schedule	\$ 28,083	23,850		4,233
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,321			2,321
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 769			769
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 13,920	4,541		9,379
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	509	14a	Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 4,915,269	189,846		4,725,423
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 6,991			6,991
49. Total Amount of Decrease (Items 1 - 48)				\$ 6,554,646	1,156,378		5,398,267

*** 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	5L	NURSING - EQUIPMENT RENTAL	\$ 11,826		
20	5L	PT - SUPPLIES	\$ 780		\$ 77
20	5L	ANCILLARY - OTHER MEDICARE ANCILLARY (MEDICARE A)	\$ 11,244		\$ 3,303
20	5L	GOOD LIFE FIT - SENIOR FIT - SUPPLIES			\$ 109
20	4A1	HOUSEKEEPING SUPPLIES - OUTPATIENT PORTION			\$ 744
Total Other Ancillary Costs			\$ 23,850	\$ -	\$ 4,233

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7D	DEPRECIATION - FURNITURE/EQUIPMENT RELATED TO OUTPATIENT			\$ 1,940
22	7D	DEPRECIATION - COMPUTERS RELATED TO OUTPATIENT			\$ 250
22	7D	DEPRECIATION - AUTO RELATED TO OUTPATIENT			\$ 131
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,321

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6A	REPAIR & MAINTENANCE RELATED TO OUTPATIENT			\$ 1,895
22	6B	HEAT RELATED TO OUTPATIENT			\$ 1,304
22	6C	LIGHT & POWER RELATED TO OUTPATIENT			\$ 2,552
22	6D	WATER & SEWER RELATED TO OUTPATIENT			\$ 596
22	6E	PT EQUIPMENT LEASE	\$ 4,541		\$ 446
22	6F	MAINTENANCE EQUIPMENT RELATED TO OUTPATIENT			\$ 112
22	6F	MAINTENANCE - GROUNDS CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 630
22	6F	MAINTENANCE - RUBBISH REMOVAL RELATED TO OUTPATIENT			\$ 485
22	6F	MAINTENANCE - SECURITY CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 14
22	6F	MAINTENANCE - BUILDING CONTRACT SERVICES RELATED TO OUTPATIENT			\$ 1,035
22	7A	DEPRECIATION - LAND IMPROVEMENTS RELATED TO OUTPATIENT			\$ 256
22	8B	AMORTIZATION - BOND ISSUE COST RELATED TO OUTPATIENT			\$ 54
Total Other Property Adjustments			\$ 4,541	\$ -	\$ 9,379

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
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	II6B	APRN REVENUE NET OF CONTRA ALLOWANCE	\$ 74,747		
30	IV8	GLF REVENUE - SENIOR FIT PROGRAM NET OF CONTRA ALLOWANCE			\$ 6,040
30	IV8	TRANSPORTATION - VAN FEE INCOME	\$ 7,328		\$ 2,152
30	IV8	MISCELLANEOUS INCOME - SEE MISC. INCOME SCHEDULE	\$ 107,936		\$ 31,702
30	IV8	UNREALIZED GAIN (LOSS)			\$ 2,860,403
30	IV8	GAIN ON SALE			\$ 1,825,174
30	IV8	GAIN/LOSS - NON OPERATING ACTIVITY	\$ (165)		\$ (48)
Total Other Adjustments			\$ 189,846	\$ -	\$ 4,725,423

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7B	DEPRECIATION - BUILDING RELATED TO OUTPATIENT			\$ 431
22	7B	DEPRECIATION - BUILDING IMPROVEMENTS RELATED TO OUTPATIENT			\$ 5,557
22	7C	DEPRECIATION - FIXED EQUIPMENT RELATED TO OUTPATIENT			\$ 1,003

Total Unallowable Building Interest			\$ -	\$ -	\$ 6,991

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2021			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,115,920	8,121,239		994,681		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,968,763)	(3,998,672)		29,909		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,698,485	1,698,485				
b. Medicare Room and Board Contractual Allowance **	\$ 397,261	397,261				
4. a. Private-Pay Residents and Other	\$ 6,704,423	6,348,313		356,110		
b. Private-Pay Room and Board Contractual Allowance **	\$ 64,619	65,939		(1,320)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 113,410	113,410				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (113,410)	(113,410)				
c. Prescription Drugs - Non-Medicare	\$					
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	\$ 289,475	234,387		55,088		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (192,569)	(196,896)		4,327		
c. Physical Therapy - Non-Medicare	\$ 118	118				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 52,189	52,189				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (32,555)	(32,555)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 184,775	184,775				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (172,530)	(172,530)				
c. Occupational Therapy - Non-Medicare	\$ 89	75		14		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 254	254				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 74,747	74,747				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,215,938	12,777,129		1,438,809		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 454,582	351,379		103,203		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 4,878,716	144,622		4,734,094		
V. Total Other Revenue (1 thru 8)	\$ 5,333,298	496,001		4,837,297		
VI. Total All Revenue (III +V)	\$ 19,549,236	13,273,130		6,276,106		

* 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 II 6a	X-Ray - Medicare A	\$ 9,055		
30 II 6a	Lab - Medicare A	\$ 10,692		
30 II 6a	Lab- Medicare B	\$ 1,647		
30 II 6a	Cont. Allow- Xray Med A	\$ (9,076)		
30 II 6a	Cont. Allow-Lab Med A	\$ (10,894)		
30 II 6a	Medicare B MPPR	\$ (1,170)		
Total Other Resident Revenue - Medicare		\$ 254	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 II 6b	APRN Revenue - disallowed	\$ 75,359		
30 II 6b	Contr Allow-Other Ancillary APRN - disallowed	\$ (612)		
Total Other Resident Revenue		\$ 74,747	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV 5	Interest Income	454,563	\$ 351,364		\$ 103,199
30 IV 5	Interest Income-Earnings Fund	19	\$ 15		\$ 4
Total Interest Income			\$ 351,379	\$ -	\$ 103,203

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV 8	GLF Revenue - disallowed	\$ -		\$ 6,040
30 IV 8	Transportation-Van Fee Income - disallowed	\$ 7,328		\$ 2,152
30 IV 8	Unrestricted Donations	\$ 14,070		\$ 4,132
30 IV 8	Miscellaneous Income - disallowed	\$ 107,936		\$ 31,702
30 IV 8	Temp Net Asset Release FR Restricted	\$ 15,453		\$ 4,539
30 IV 8	Unrealized Gain/Loss - disallowed	\$ -		\$ 2,860,403
30 IV 8	Gain On Sale - disallowed	\$ -		\$ 1,825,174
30 IV 8	Gain/Loss - Non Operating Activity - disallowed	\$ (165)		\$ (48)
Total Other Revenue		\$ 144,622	\$ -	\$ 4,734,094

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,795,282
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,386,628
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	52,604
a. _____				
b. _____				
c. _____				
d. See Schedule		52,604		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	181,383

See Schedule		181,383		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,415,897
B. Fixed Assets				
1. Land			\$	719,914
2. Land Improvements	*Historical Cost	466,353	\$	82,859
	Accum. Depreciation	383,494		Net
3. Buildings	*Historical Cost	10,693,505	\$	2,826,772
	Accum. Depreciation	7,866,733		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,072,738	\$	254,858
	Accum. Depreciation	817,880		Net
6. Movable Equipment	*Historical Cost	1,832,259	\$	517,988
	Accum. Depreciation	1,314,271		Net
7. Motor Vehicles	*Historical Cost	84,110	\$	20,795
	Accum. Depreciation	63,315		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	8,930,601

See Schedule		8,930,601		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	13,353,787

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	16,769,684
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>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	32,247,813

See Schedule				32,247,813
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	32,247,813
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	49,017,497

* 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
Jerome Home		2065C	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	392,346
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	537,789
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	8,075,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	5,451
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,281,537

See Schedule				1,281,537	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	10,292,123

* 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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				10,292,123	
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>)				\$ 239,494	

See Schedule		239,494			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 239,494	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,531,617	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2021	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			\$	34,230,246
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	107,598
6. Gain or Loss for Period			\$	4,148,036
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	38,485,880
C. Total Reserves and Net Worth			\$	38,485,880
D. Total Liabilities, Reserves, and Net Worth			\$	49,017,497

H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	34,230,247
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,549,236
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,401,200
D. Net Income or Deficit			\$	4,148,036
E. Balance			\$	38,378,283
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Temp Restricted	86,881			
2. Other <i>(itemize)</i>				
Arbor Rose Net Loss	(38,803)			
Permanent Restricted	59,520			
Rounding	(1)			
F-3. Total Additions			\$	107,597
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			\$	38,485,880

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address Address			Phone Number	
Hartford HealthCare Senior Services, 80 Meriden Ave., Southington, CT 06489			203-623-2930	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Dorothy Robinson			203-623-2930	
Contact Email Address				
Dorothy.Robinson@hhchealth.org				