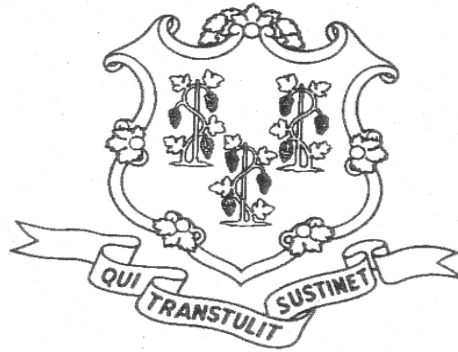


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) The Suffield House	
Address (No. & Street, City, State, Zip Code) One Canal Road, Suffield CT 06078	
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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2075-C	RHNS	(Specify)	Medicare Provider 07-5347
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Medicaid Provider Numbers:	CCNH 20751	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Suffield House [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Carrie Riccio			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 Suffield House	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility One Canal Road, Suffield CT 06078				
Report Prepared By	Phone Number	Date		
Item	Total	CCNH	RHNS	(Specify)
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) 668-6111		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) The Suffield House		Address (No. & Street, City, State, Zip) One Canal Road, Suffield CT 06078		
License Numbers:	CCNH 2075-C	RHNS (Specify)	Medicare Provider No. 07-5347	
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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Carrie Riccio		Nursing Home Administrator's License No.:	1059	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Suffield Manor Inc. dba The Suffield House	One Canal Road, Suffield CT 060798	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Celia J. Moffie	One Canal Road, Suffield CT 060798	President	20	
Calvin Moffie	One Canal Road, Suffield CT 060798	Secretary	20	
Names of Stockholders Owning at Least 10% of Shares				
Carrie Riccio	One Canal Road, Suffield CT 060798		20	
Cathy Demio	One Canal Road, Suffield CT 060798		20	
Clinton Moffie	One Canal Road, Suffield CT 060798		20	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	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	%**				
Harold J Moffie	5 Schuyler Lane, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee (Self Disallowed)	Page 16 Line 1m12	435,000	435,000
Eagle Point	One Canal Road, Suffield CT 060798	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds and shares building	Page 32 Line D7	562,971	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 060798	<input type="radio"/>	<input checked="" type="radio"/>		Rent of Building	Page 22 Line 9	772,387	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 060798	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 34 Line B3	1,380,798	
Calvin Moffie of the Guilford House	109 Westlake Ave, Guilford Ct 06437	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	Page 32 Line D7	1,574	
Moffie Family Holding Company LLC	One Canal Road, Suffield CT 060798	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation Leasehold Improvements	Page 22 Line 8C	39,649	
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	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.				
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		License No.		Report for Year Ended			Page	of
The Suffield House		2075-C		9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Financial Services, P. O. Box 371887 Pittsburgh PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	09/04/13	63 months	1,825	1,825	
CBS, 50 Rockwell Rd, Newington CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	HP40E Printer	06/30/14	39 months	434	434	
Wells Fargo Vendor Fin Serv/GE Capital, P.O. Box 70239, Philadelphia PA 19176-0239	<input type="radio"/>	<input checked="" type="radio"/>	Konica Minolta C754e / Konica Monolta 454e	07/30/15	60 months	8,906	8,906	
ACPL, 4999 Aircenter Circle, Ste 103, Reno NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Therapeutic Rehabilitation Equipment	09/22/15	12 months	12,256	12,256	
Derency Document Solutions, 130 Doty Circle, W. Springfield, MA 01089	<input type="radio"/>	<input checked="" type="radio"/>	Copier Maintenance Usage Cost	10/01/09	Monthly	3,076	3,076	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***
								26,497

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	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 John Watts, CPA LLC 2 Sheptoff, Reuber & Co. PC 3 4	Address (No. & Street, City, State, Zip Code) 525 Briidgeport Ave, Shelton CT 06484 111 New London Tnpk, Glastonbury CT 06033
---	---

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report	\$ 2,800
2 Tax Preparation/Preparation of federal Form 8752/Town Property Tax Return	\$ 4,054
3	\$
4	\$
	Charge for Services Provided
	\$ 6,854

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 Unemployment Tax Management 2 Murtha Cullina, LLP 3 Federal Insurance Company, Chubb Group of Companies 4 5	Telephone Number (781) 245-5353 (860) 240-6000 (800) 472-5219
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 Lakeside Office Park, Wakefield MA 01880-5374
 2 185 Asylum St., Hartford CT 06103
 3 82 Hopmeadow st., Simsbury CT 06070-7683
 4
 5

Services Provided by This Firm (*describe fully*)

1 Provide support for unemployment claims against the Facility	\$ 1,840
2 General Health Care Regulatory Rules	\$ 612
3 Defense of Lawsuit against Suffield Manor Inc. dba The Suffield House	\$ 1,731
4	\$
5	\$
	Charge for Services Provided
	\$ 4,183

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

Schedule of Resident Statistics

Name of Facility The Suffield House		License No. 2075-C			Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	128	128			128	128			128	128		
B. On last day of THIS report period	128	128			128	128			128	128		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	124	124			124	124			123	123		
B. As of midnight of THIS report period	127	127			123	123			127	127		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,087	9,087			6,682	6,682			2,405	2,405		
B. Medicaid (Conn.)	24,605	24,605			18,393	18,393			6,212	6,212		
C. Medicaid (other states)												
D. Private Pay	9,474	9,474			7,542	7,542			1,932	1,932		
E. State SSI for RCH												
F. Other (Specify) Managed Care	1,553	1,553			912	912			641	641		
G. Total Care Days During Period (3A thru F)	44,719	44,719			33,529	33,529			11,190	11,190		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,719	44,719			33,529	33,529			11,190	11,190		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2017			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)		
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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	35		69			23							
Per Diem Rate													
a. One bed rm.			228.30			450.00							
b. Two bed rms.			228.30			430.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,257	3,257			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1,342	1,342			
2. Restorative Treatments													
C. Other									28,776	28,776			
D. Total Physical Therapy Treatments									33,375	33,375			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									83	83			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									265	265			
D. Total Speech Therapy Treatments									348	348			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,397	2,397			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									396	396			
2. Restorative Treatments													
C. Other									24,870	24,870			
D. Total Occupational Therapy Treatments									27,663	27,663			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	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	(Specify)	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)	199,427	2,064				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	841,519	25,776				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	76,411	2,072				
c. Dietary Workers	549,288	35,007				
6. Housekeeping Service						
a. Head Housekeeper	86,836	2,096				
b. Other Housekeeping Workers	248,330	17,987				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	80,204	2,088				
b. Other Maintenance Workers	140,786	7,596				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	203,326	13,291				
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	108,080	2,080				
b. RN						
1. Direct Care	596,529	22,310				
2. Administrative**	855,922	18,121				
c. LPN						
1. Direct Care	1,098,906	36,695				
2. Administrative**						
d. Aides and Attendants	1,943,620	116,872				
e. Physical Therapists	631,954	16,342				
f. Speech Therapists	12,608	241				
g. Occupational Therapists	521,081	12,604				
h. Recreation Workers	274,349	7,223				
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	212,803	6,272				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,681,979	346,737				

* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
The Suffield House				2075-C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Cathy Demio	126,409			Standard	Recreation	1,554	A12h			
Clinton Moffie	153,722			Standard	Administrative (Self Disallowed)	2,072	A4			
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).										
Aaron Riccio	2,240			None	Maintenance/ Administrative	165	A7b/A4			
Alexander Riccio	16,224			Standard	Administrative (Self Disallowed)	1,560	A4			
John Riccio	73,512			Standard	Director of Admissions	2,040	A12m			
Jordan Radin	1,260			None	Maintenance Worker	72	A7B			

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Suffield House				2075-C		9/30/2017			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	(Specify)							
Section III - Administrators***										
Carrie Riccio	199,427			Standard	Oversee operations of facility	2,064	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		
The Suffield House	2075-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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						
2. Dentist	4,800	71				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	88				
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
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	22,800	159				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 219,739	219,739		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 77,629	77,629		
4. Social Security (F.I.C.A.)	\$ 640,140	640,140		
5. Health Insurance	\$ 1,149,658	1,149,658		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 24,124	24,124		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 79,382	79,382		
d. Accounting and Auditing	\$ 6,854	6,854		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,183	4,183		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,619	26,619		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,850	22,850		
2. Cellular Phones	\$ 1,499	1,499		
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	\$ 716,341	716,341		
Subtotal	\$ 2,969,018	2,969,018		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Suffield House	2075-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,969,018	2,969,018		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 37,541	37,541			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 696	696			
5. Education Expenses Related to Seminars and Conventions	\$ 1,968	1,968			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 12,659	12,659			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,884	5,884			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,875	3,875			
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	\$ 5,650	5,650			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,431	12,431			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 110	110			
9. Subscriptions	\$ 2,192	2,192			
10. Contributions*** See Attached Schedule	\$ 355	355			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 101,384	101,384			
12. Administrative Management Services**	\$ 435,000	435,000			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 11,159	11,159			
C-14 Total Administrative & General Expenditures	\$ 3,599,922	3,599,922			

* 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	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
BUSINESS PROMOTION	\$ 3,875		
Total Other Advertising	\$ 3,875	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALLSCRIPTS	\$ 3,333		
CAHCF	\$ 9,068		
CATRD	\$ 30		
Total Dues	\$ 12,431	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS	\$ 355		
Total Contributions	\$ 355	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
FEES AND REGISTRATIONS	\$ 1,118		
LICENSES AND PERMITS	\$ 1,027		
MISCELLANEOUS ADMIN EXPENSE	\$ 2,616		
BANK CHARGES	\$ 10		
LOSS ON DISPOSAL OF ASSETS	\$ 78		
SALES TAX	\$ 1,472		
CT BACKGROUND CHECK FEES	\$ 4,838		
Total Other Administrative and General	\$ 11,159	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
The Suffield House	2075-C	9/30/2017	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 #
H J Moffie 5 Schuyler Lane, Bloomfield CT 06002	435,000	Management Fees (self Disallowed)	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		License No.	Report for Year Ended	Page	of
The Suffield House		2075-C	9/30/2017	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 288,131	288,131		
2.	Non-Food Supplies	\$ 31,909	31,909		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 320,040	320,040		
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*		368	368		
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item) P 30 IV 1					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$19,810					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$16,609					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) P 30 IV 1					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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
The Suffield House	2075-C	9/30/2017	19	37
Item	Total	CCNH	RHNS	(Specify)
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. \$	17,635	17,635	
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. \$	14,233	14,233	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)	\$	31,868	31,868	
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. 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 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** 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
The Suffield House		2075-C	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	51,419	51,419		
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. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	51,419	51,419		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Outside Pharmacy	\$	539,470	539,470		
b.	Medicine Cabinet Drugs	\$	35,244	35,244		
c.	Medical and Therapeutic Supplies	\$	217,276	217,276		
d.	Ambulance/Limousine****	\$	12,453	12,453		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	57,152	57,152		
f.	X-rays and Related Radiological Procedures****	\$	40,091	40,091		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	105,972	105,972		
i.	Recreation	\$	14,070	14,070		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	86,511	86,511		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,108,239	1,108,239		

* 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	(Specify)
RESIDENT SPECIFIC SUPPLIES	\$ 80,891		
OCCUPATIONAL THERAPY EXPENSE	\$ 160		
MATTRESS RENTAL	\$ 5,460		
Total Other Resident Care	\$ 86,511	\$ -	\$ -

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

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2017			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	(Specify)	Pg	Line
Cox Communications		<input type="radio"/>	<input checked="" type="radio"/>		Cable Company	13,386			22	6f
Hartford Sprinkler Co., Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Sprinkler System Maintenance	13,752			22	6a/6f
Iron Mountain		<input type="radio"/>	<input checked="" type="radio"/>		Storage & Shredding	12,859			22	6f
Proline		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repair	11,316			22	6a/6f
Simplex Grinnell LP		<input type="radio"/>	<input checked="" type="radio"/>		Fire System Maintenance	18,020			22	6a/6f
Somers Sanitation Service		<input type="radio"/>	<input checked="" type="radio"/>		Trash Service	24,768			22	6f
Stericycle, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Hazard Waste Removal	28,012			22	6f
Precision Mechanical LLC		<input type="radio"/>	<input checked="" type="radio"/>		Heating Contractor	18,266			22	6a
Russo Lawn & Landscape		<input type="radio"/>	<input checked="" type="radio"/>		Lawn & Planting	48,637			22	6f
ADP Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	53,526			16	1m11
PointClickCare Technologies Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Accounting & Billing Software	32,545			16	1m11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 123,235	123,235				
b. Heat	\$ 25,979	25,979				
c. Light & Power	\$ 142,474	142,474				
d. Water	\$ 57,300	57,300				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 26,497	26,497				
f. Other (<i>itemize</i>) See Attached Schedule	\$ 187,511	187,511				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 562,996	562,996				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 97,690	97,690				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 97,690	97,690				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 125,463	125,463				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 125,463	125,463				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 772,387	772,387				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 132,915	132,915				
c. Personal property taxes	\$ 19,648	19,648				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,148,103	1,148,103				

* 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	(Specify)
MAINTENANCE SERVICE CONTRACT	\$ 107,651		
SEWER USAGE ASSESSMENT	\$ 33,310		
YARD MAINTENANCE	\$ 45,668		
HEATING FUEL	\$ 882		
Total Other Repairs and Maintenance	\$ 187,511	\$ -	\$ -

Depreciation Schedule

Name of Facility The Suffield House			License No. 2075-C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	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. 2008 Ford F350												
	x		8	2010	40,763		40,763	40,763	SL	5		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					1,928,620		1,928,620	1,579,744	SL	Var	94,253	
b. Disposals (attach schedule)												
					(48,967)			(48,889)				
c. Acquired during this report period (attach schedule)												
					43,803						3,437	
D-3. Subtotal												
											97,690	
E. Total Depreciation												
											97,690	

The Suffield House
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*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:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/12/2016	4 LT24E310 Televisions	\$ 553	7	\$ 79
11/11/2016	Automatic Ice Maker - Stainless Steel 110 LB Free Standing	\$ 880	7	\$ 115
11/10/2016	Lift - Sara Lite - UL	\$ 2,316	7	\$ 303
11/2/2016	Vacuum - Sensor XP Upright 12 Inch	\$ 583	7	\$ 76
1/26/2017	Vacuum - Sensor XP Upright 12 Inch	\$ 548	5	\$ 73
1/31/2017	Dell Optiplex 3040	\$ 696	5	\$ 93
2/2/2017	4 Dell XPS 18.4 Inch i5-4210U All-in-One	\$ 3,008	5	\$ 401
2/23/2017	4 Dell XPS 18 Portable 18.4 Inch i5-4210U All-in-One	\$ 3,116	5	\$ 364
3/2/2017	3 Televisions - 2 Vizio E32-D1 & 1 LT24310	\$ 585	5	\$ 68
5/11/2017	2 Beds 4-Motor/ Rail, Side Head & Mounting Hardware	\$ 3,121	7	\$ 186
5/10/2017	2 Beds-Extension Kit for 2 Beds	\$ 167	7	\$ 10
5/22/2017	2 Beds-Board, Head Foot for 2 Beds	\$ 223	7	\$ 11
5/10/2017	2 Beds-Box Control, Replacement	\$ 543	7	\$ 32
6/20/2017	1 Scanner-Bladder W/Cart	\$ 10,847	5	\$ 542
6/23/2017	Steamer - 3 Pan CounterTop Conv.	\$ 6,698	5	\$ 335
6/26/2017	Rubbermaid Poly 12 Bushel Cart	\$ 558	5	\$ 28
6/1/2017	2 Mattresses - Geo Plus wide	\$ 1,130	7	\$ 54
6/1/2017	2 Aspirators w/Battery	\$ 748	5	\$ 50
8/8/2017	2 LED High Definition 32" Flat Screen TV	\$ 396	5	\$ 13
8/24/2017	OVC Bariatric Shower Gurney 600 Lbs Cap.	\$ 940	5	\$ 16
6/9/2017	Wheelchair - Bariatric 24 inch	\$ 407	5	\$ 27
6/7/2017	HP Laserjet Pro MFP 426fdw	\$ 318	5	\$ 21
4/28/2017	Vacuum - Sensor XP Upright 12 Inch	\$ 548	5	\$ 46
10/12/2016	GE Spacemaker 6 CU Ft Fridge Wht	\$ 425	5	\$ 85
10/21/2016	Hidden Camera Wall Clock	\$ 564	5	\$ 103
2/9/2017	Shower Chair - 500 lbs Cap Reclining	\$ 722	7	\$ 69
2/14/2017	3 Shower Chairs - 2 wd & 1 Ex-wd	\$ 657	7	\$ 63
1/14/2017	2 LED High Definition Flat Screen Color TV	\$ 489	5	\$ 73
3/1/2017	Bell Cart - Stl Economy Gry	\$ 505	5	\$ 59
9/19/2017	1 LED High Definition Flat Screen Color TV	\$ 334	5	\$ -
6/29/2017	2 Power Lift II Recliners - Blue	\$ 1,178	7	\$ 42
Total additions for Movable Equipmen		\$ 43,803		\$ 3,437 *
Deletions:				
3/26/2008	Temp & pump control icemaker	\$ (2,621)	5	\$ -
2/16/2001	Accutemp steamer	\$ (4,812)	7	\$ -
6/6/2008	1 Upright vacuums	\$ (515)	5	\$ -
6/6/2008	1 Upright vacuums	\$ (515)	5	\$ -
6/6/2008	2 Upright vacuums	\$ (515)	5	\$ -
10/1/1999	Patient lifts w/scale(2 Sarita)	\$ (4,425)	5	\$ -
11/13/1991	Shelves, Carts Etc (2 Laundry Carts)	\$ (900)	7	\$ -
2/18/1998	Refrigerator	\$ (455)	5	\$ -
8/22/2000	2 Mattesses	\$ (479)	7	\$ -
5/31/1991	Furniture & Fixtures (2 Beds)	\$ (1,600)	7	\$ -
4/30/1991	2 Recliners	\$ (528)	7	\$ -
5/11/1998	1 wheelchair	\$ (425)	7	\$ -
7/13/2010	Deluxe shower chair	\$ (256)	5	\$ -
5/2/2011	Medline Shower Gurney	\$ (600)	5	\$ -
7/10/2003	Pentium 4 Tower, monitor etc	\$ (1,458)	5	\$ -
4/10/2003	Pentium 4 (Kitty) Tower & monitor	\$ (1,274)	5	\$ -
6/20/2003	Pentium 4 Tower (Front Desk)	\$ (1,044)	5	\$ -
5/3/2004	Pentium 2.8 Ghz Tower	\$ (1,245)	5	\$ -
3/15/2005	Computer	\$ (3,369)	5	\$ -
3/15/2005	Computer	\$ (2,431)	5	\$ -
1/5/2006	Pentium 4.3 Ghz Tower, flat monitor	\$ (2,093)	5	\$ -
3/29/2006	Computers (2)	\$ (3,504)	5	\$ -
8/15/2006	Burns Computer	\$ (1,771)	5	\$ -
4/15/1993	Server Upgrade	\$ (133)	5	\$ -
4/2/1999	Accumen Software	\$ (12,000)	3	\$ -
Total deletions for Movable Equipmen		\$ (48,967)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility The Suffield House			License No. 2075-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Bed Rights	4	98	180 months	561,752	70,114				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				3,632,684	650,457	Var		125,463	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									125,463
D. Total Amortization									125,463

* 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 Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		05/09/90		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/09/90		
5. Total Licensed Bed Capacity		128		
6. Square Footage		58,478		
7. Acquisition Cost				
a. Land		363,400		
b. Building		9,437,089		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/28/15		
c. Interest Rate for the Cost Year		3.58%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		11,300,344		
f. Principal balance outstanding as of 9/30/17		10,993,493		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
The Suffield House		2075-C	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
The Suffield House		2075-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)			\$	106,894	106,894		
b. Insurance on Automobiles			\$	4,324	4,324		
c. Insurance other than Property (as specified above)			\$				
1. Umbrella (Blanket Coverage)			\$				
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	111,218	111,218	
15. Total All Expenditures (A-13 thru C-14)				\$	15,638,584	15,638,584	

D. Adjustments to Statement of Expenditures

Name of Facility The Suffield House				License No. 2075-C	Report for Year Ended 9/30/2017	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 521,081	521,081		
4.			Other - See attached Schedule	\$ 169,946	169,946		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 79,382	79,382		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1L2	Gifts, flowers and coffee shops	\$ 21,652	21,652		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	116	Automobile Expense (e.g. personal use)	\$ 11,761	11,761		
18.	16	1m2/3	Unallowable Advertising *	\$ 3,875	3,875		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4/	Fund Raising / Contributions	\$ 355	355		
21.	16	1m12	Unallowable Management Fees	\$ 435,000	435,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,024	44,024		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 19,810	19,810		
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)				\$ 1,306,886	1,306,886		

* 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	(Specify)
10	A4	Alexander Riccio	\$ 16,224		
10	A5c	Clinton Moffie	\$ 153,722		
Total Other Salaries Adjustment			\$ 169,946	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1m13	MISCELLANEOUS ADMIN EXPENSE	\$ 2,616		
16	1m8a	DUES TO CHAMBER OF COMMERCE	\$ 110		
15	1a1	WORKMEN'S COMP. - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 4,249		
15	1a3	UNEMPLOYMENT INS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 1,530		
15	1a4	SOCIAL SECURITY - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 12,576		
15	1a5	HEALTH INS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 22,433		
15	1a7	PENSIONS - ALEXANDER RICCIO/CLINTON MOFFIE	\$ 510		
Total Other A&G Adjustments			\$ 44,024	\$ -	\$ -

Page/Line Acct

28/L17	50-4110	Automotive Expense	4145
	50-4116	Passenger Van expense	449
	50-4420	Auto Rental	7167
			<u>11761</u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Suffield House				2075-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,306,886	1,306,886		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 539,470	539,470		
28.	20	5d	Ambulance/Limousine	\$ 12,453	12,453		
29.	20	5f	X-rays, etc	\$ 40,091	40,091		
30.	20	5h	Laboratory	\$ 105,972	105,972		
31.	20	5c	Medical Supplies	\$ 7,359	7,359		
32.	20	5e	Oxygen (non emergency)	\$ 57,152	57,152		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 86,511	86,511		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 1,453	1,453		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 2,157,347	2,157,347		

*** 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.

The Suffield House
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	RESIDENT SPECIFIC SUPPLIES	\$ 80,891		
20	5j	OCCUPATIONAL THERAPY EXPENSE	\$ 160		
20	5j	MATTRESS RENTAL	\$ 5,460		
Total Other Ancillary Costs			\$ 86,511	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,398,250	10,398,250			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,780,798)	(4,780,798)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,927,280	3,927,280			
b. Medicare Room and Board Contractual Allowance **	\$ 1,126,115	1,126,115			
4. a. Private-Pay Residents and Other	\$ 4,728,383	4,728,383			
b. Private-Pay Room and Board Contractual Allowance **	\$ (63,193)	(63,193)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 480,666	480,666			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (480,666)	(480,666)			
c. Prescription Drugs - Non-Medicare	\$ 111,483	111,483			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (110,024)	(110,024)			
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	\$ 1,888,080	1,888,080			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,798,909)	(1,798,909)			
c. Physical Therapy - Non-Medicare	\$ 331,640	331,640			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (317,281)	(317,281)			
4. a. Speech Therapy - Medicare	\$ 57,450	57,450			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (51,975)	(51,975)			
c. Speech Therapy - Non-Medicare	\$ 3,675	3,675			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,502)	(3,502)			
5. a. Occupational Therapy - Medicare	\$ 1,594,665	1,594,665			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,534,073)	(1,534,073)			
c. Occupational Therapy - Non-Medicare	\$ 235,584	235,584			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (225,257)	(225,257)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,517,593	15,517,593			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 16,609	16,609			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 10,000	10,000			
V. Total Other Revenue (1 thru 8)	\$ 26,609	26,609			
VI. Total All Revenue (III +V)	\$ 15,544,202	15,544,202			

* 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	(Specify)
	LAB-MED A	\$ 24,707		
	RADIOLOGY - MED A	\$ 10,850		
	C/A MEDICARE A - ANCILLARIES	\$ (24,707)		
	C/A MEDICARE A - ANCILLARIES	\$ (10,850)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB - OTHER	\$ 4,335		
	RADIOLOGY - OTHER	\$ 2,547		
	C/A MANAGED CARE - ANCILLARIES	\$ (4,335)		
	C/A MANAGED CARE - ANCILLARIES	\$ (2,547)		
	LAB - MEDICAID	\$ 42		
	RADIOLOGY - MEDICAID	\$ 210		
	PHARMACY MEDICAID	\$ 4,628		
	C/A MEDICAID - ANCILLARIES	\$ (42)		
	C/A MEDICAID - ANCILLARIES	\$ (210)		
	C/A MEDICAID - ANCILLARIES	\$ (4,628)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MISCELLANEOUS INCOME	\$ 10,000		
Total Other Revenue		\$ 10,000	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	486,939
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,230,232
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	31,499
5. Prepaid Expenses			\$	50,430
a. S CORP TAX DEPOSIT	4,780			
b. PREPAID INSURANCE	9,867			
c. PREPAID OTHER	35,783			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,799,100
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
4. Leasehold Improvements	*Historical Cost <u>3,632,684</u>		\$	2,856,764
	Accum. Depreciation <u>775,920</u> Net			
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
6. Movable Equipment	*Historical Cost <u>1,923,456</u>		\$	294,911
	Accum. Depreciation <u>1,628,545</u> Net			
7. Motor Vehicles	*Historical Cost <u>40,763</u>		\$	
	Accum. Depreciation <u>40,763</u> Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,151,675

* 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
The Suffield House	2075-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	4,950,775
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	561,752		
	Accum. Depreciation	70,114	Net	\$ 491,638
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>)			\$ 564,545	
DUE FROM GUILFORD HOUSE		1,574		
DUE FROM EAGLE POINT		562,971		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,056,183	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 6,006,958	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
The Suffield House		2075-C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	426,435
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	336,507
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	25,372
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>)				\$	640,421
ACCRUED EXPENSES - OPERAT		408,536			
ACCRUED EXPENSES - INSURA		51,445			
ACCRUED TAXES - PROPERTY		9,253			
ACCRUED NURSING HOME TAX		171,187			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,428,735

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				1,428,735
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>)				\$ 1,380,798
Name and Address of Lender	Amount	Loan Date		
Moffie Family Holding Company LLC, 1 Canal Rd., Suffield CT 06078	1,380,798			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,380,798
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,809,533

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Suffield House	2075-C	9/30/2017	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>)			\$	996,127
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			\$	996,127
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,255,031
6. Gain or Loss for Period	10/1/2016	thru 9/30/2017	\$	(54,733)
7. Total Net Worth			\$	2,201,298
C. Total Reserves and Net Worth			\$	3,197,425
D. Total Liabilities, Reserves, and Net Worth			\$	6,006,958

H. Changes in Total Net Worth

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	2,256,031		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,544,202		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,598,935		
D. Net Income or Deficit			\$	(54,733)		
E. Balance			\$	2,201,298		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Expenses per Page 27	\$15,638,584					
(Less) F/S vs C/R Depreciation	(39,649)					
Total Expense per F/S	\$15,598,935					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount				
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. Balance at End of Period			\$	2,201,298		

I. Preparer's/Reviewer's Certification

Name of Facility The Suffield House	License No. 2075-C	Report for Year Ended 9/30/2017	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 type="checkbox"/> (Specify)		
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 Controller	Date Signed		
Printed Name of Preparer Mark Tomasello				
Address One Canal Road, Suffield Ct 06078		Phone Number (860) 668-6111		

Error Check

Level Item

Reported as