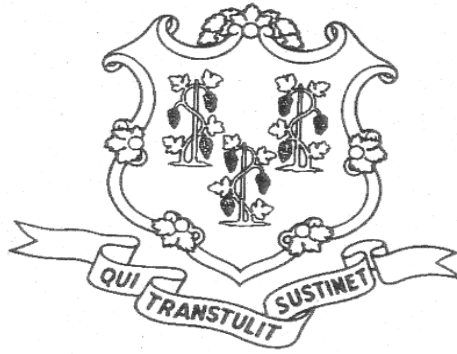


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Hartford Hospital d/b/a Jefferson House	
Address (No. & Street, City, State, Zip Code) 1 John J. Stewart Drive, Newington, CT 06111	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 993-C	RHNS	Other	Medicare Provider 07-5293
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Hartford Hospital d/b/a Jefferson House [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Hartford Hospital d/b/a Jefferson House	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 1 John J. Stewart Drive, Newington, CT 06111				
Report Prepared By Dorothy Robinson	Phone Number 860-696-6438	Date		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 860-667-4453		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Hartford Hospital d/b/a Jefferson House		Address (No. & Street, City, State, Zip) 1 John J. Stewart Drive, Newington, CT 06111		
License Numbers:	CCNH 993-C	RHNS	Other	Medicare Provider No. 07-5293
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Susan Vinal		Nursing Home Administrator's License No.:	001692	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of	
Hartford Hospital d/b/a Jefferson House		993-C		9/30/2018			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Wells Fargo Financial Leasing, Inc. 800 Walnut, 4th floor, Des Moines, Iowa 50309	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Taskalfa 55011 and Kyocera Taskalfa 356ci copier printers	07/05/16	60 months	9,540		9,540	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
									9,540

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Hartford Hospital d/b/a Jefferson H	License No. 993-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Ernst & Young 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Asylum St., Hartford, CT
---	---

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Jefferson House legal fees are included in system fees.	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	104	104			104	104			104	104			
B. On last day of THIS report period	104	104			104	104			104	104			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	103	103			103	103			102	102			
B. As of midnight of THIS report period	97	97			102	102			97	97			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,807	4,807			3,750	3,750			1,057	1,057			
B. Medicaid (Conn.)	21,861	21,861			16,104	16,104			5,757	5,757			
C. Medicaid (other states)													
D. Private Pay	5,582	5,582			4,459	4,459			1,123	1,123			
E. State SSI for RCH													
F. Other (Specify) Mgd Care, WC, Mgd Medicare	3,827	3,827			2,724	2,724			1,103	1,103			
G. Total Care Days During Period (3A thru F)	36,077	36,077			27,037	27,037			9,040	9,040			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	97	97			97	97							
B. Other Bed Reserve Days	241	241			169	169			72	72			
5. Total Resident Days (3G + 4A + 4B)	36,415	36,415			27,303	27,303			9,112	9,112			

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C		Report for Year Ended 9/30/2018			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Other			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	13		61		23								
Per Diem Rate													
a. One bed rm.	Rugs		251.95		499.00								
b. Two bed rms.					469.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								3,176	1,076		2,100		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								29	29				
C. Other								24,914	23,576		1,338		
D. Total Physical Therapy Treatments								28,119	24,681		3,438		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								71	71				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								804	784		20		
D. Total Speech Therapy Treatments								875	855		20		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								628	591		37		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								26	26				
C. Other								20,885	20,846		39		
D. Total Occupational Therapy Treatments								21,539	21,463		76		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input checked="" type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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)	138,194	2,094				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	362,458	15,268				
5. Dietary Service						
a. Head Dietitian	69,519	2,441				
b. Food Service Supervisor						
c. Dietary Workers	484,880	31,912				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	216,496	16,474			4,304	327
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	76,925	2,037			1,529	41
b. Other Maintenance Workers	83,521	4,825			1,660	96
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	134,041	2,172				
b. RN						
1. Direct Care	2,535,414	57,990				
2. Administrative**	348,701	7,960				
c. LPN						
1. Direct Care	293,438	8,444				
2. Administrative**						
d. Aides and Attendants	2,017,105	116,078				
e. Physical Therapists	4,311	98			601	14
f. Speech Therapists	321	8			8	
g. Occupational Therapists	5,845	134			21	
h. Recreation Workers	174,929	6,044				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists					131,806	2,080
l. Podiatrists						
m. Social Workers/Case Management	284,335	7,153				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	318,072	8,567			1,968,879	54,656
<i>A-13. Total Salary Expenditures</i>	7,548,505	289,699			2,108,808	57,214

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

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

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
SALARY AND WAGES FINANCE DECISION SUPPORT - DISALLOWED	\$ -	-			\$ 120,329	2,086
SALARY AND WAGES COMMUNITY NETWORK ADMIN - DISALLOWED					\$ 83,346	733
SALARY AND WAGES HEALTH INFO MGMT	\$ 44,126	1,574			\$ -	-
SALARY AND WAGES CENTER FOR HEALTHY AGING - DISALLOWED					\$ 1,593,002	48,734
SYSTEM FEE DIRECT PYRL SYS FEE GEN ALLOCATION	\$ 179,289	2,692			\$ -	-
SALARY RECLASS DR MONTI PHYSIATRIST -DISALLOWED	\$ 4,260	36			\$ -	-
SALARY RECLASS GRANT ADMIN - DISALLOW					\$ 172,202	3,103
SALARY RECLASS EMPLOYEE HEALTH	\$ 13,868	1,712			\$ -	-
SALARY RECLASS FINANCE ACCRUALS - premium dollars, no hours	\$ 6,017				\$ -	
PTO ACCRUAL FRINGE BENEFITS	\$ 71,469	2,588			\$ -	
HOLIDAY ACCRUAL FRINGE BENEFITS	\$ (957)	(35)			\$ -	
Total	\$ 318,072	8,567	\$ -	-	\$ 1,968,879	54,656

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	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
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
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	
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
Susan Vinal	138,194			Non-discriminatory	Administrator - Management of facility	2,094	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		
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	11,294	48				
3. Pharmacist	8,900	141				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	568,723	10,667			79,222	1,486
b. Other						
6. Social Worker						
7. Recreation Worker	6,890	85				
8. Physicians						
a. Medical Director (entire facility)						
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	44,743	694			1,047	16
b. Other						
10. Occupational Therapist						
a. Resident Care	420,498	9,175			1,489	32
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	1,061,048	20,810			81,758	1,534

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

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C		Report for Year Ended 9/30/2018		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
Healthdrive Dental	Dental	<input type="radio"/>	<input checked="" type="radio"/>						
Origin Incorporated	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Hartford HealthCare Rehab Network	Therapy	<input checked="" type="radio"/>	<input type="radio"/>						
Beverly M. Flaherty	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Bruce Macleod	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Chai-Lun Yueh	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
CT Bristol Old Time Fiddlers Club	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Glastonbury Ukulele Band	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Harriet Winograd	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
John Paolillo	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
John W. Banker	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Jose Paulo Dos Santos	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Joseph Giangrasso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Kahana Hula LLC	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Kelly Cronin	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Louis Ames III	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Maggie Carchrie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Mary Morse	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Phillip D. Crosson	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Rita A. Wagner	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Robert J. Lupi	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Robert Nelson	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
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$			
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 637,519	498,308		139,211
5. Health Insurance	\$ 1,270,895	885,474		385,421
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 610,392	477,104		133,288
8. Uniform Allowance	\$ 683	534		149
9. Other (<i>Specify</i>) See Attached Schedule	\$ 94,433	46,184		48,249
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 40,242	40,242		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 58,708	31,768		26,940
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 1,114			1,114
2. Cellular Phones	\$ 5,031	2,758		2,273
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	\$ 599,344	599,344		
Subtotal	\$ 3,318,361	2,581,716		736,645

* 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**

Hartford Hospital d/b/a Jefferson House
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other	
BACKGROUND VERIFICATIONS ADMIN & GENERAL	\$ 6,778		\$ 1,862	\$ 8,640
OTHER EMPLOYEE BENEFITS FRINGE BENEFITS	\$ 167		\$ 47	\$ 214
SYSTEM FEE DIRECT PRYL FRG FRINGE BENEFITS	\$ 39,239		\$ 10,962	\$ 50,201
OTHER EMPLOYEE BENEFITS CENTER FOR HEALTHY AGING - DISALLOW	\$ -		\$ 35,378	\$ 35,378
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total	\$ 46,184	\$ -	\$ 48,249	\$ 94,433

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,318,361	2,581,716		736,645	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 380	380			
2. Holiday Parties for Staff	\$ 1,200	1,200			
3. Gifts to Staff and Residents	\$ 2,015	2,006		9	
4. Employee Travel	\$ 40,001	3,441		36,560	
5. Education Expenses Related to Seminars and Conventions	\$ 16,113	5,163		10,950	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,637	2,637			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 13,787	486		13,301	
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	\$ 3,487	3,309		178	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,183	12,183			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 500	500			
9. Subscriptions	\$ 2,320	317		2,003	
10. Contributions*** See Attached Schedule	\$ 6,000			6,000	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 126,460	126,460			
12. Administrative Management Services**	\$ 1,992,502	1,992,502			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 1,338,177	18,515		1,319,662	
C-14 Total Administrative & General Expenditures	\$ 6,876,123	4,750,815		2,125,308	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
ADVERTISING- MARKETING & ADVERTISING - DISALLOWED			\$ 93
PROMOTIONAL EVENTS MARKETING & ADVERTISING - DISALLOWED			\$ 238
CHA Matrix SOW implementation for mktg & referrals from 690090-409325 - DISALLOWED			\$ 1,057
PURCHASED SERVICES - AFFILIATE NURSING DIRECT MGMT	\$ 20		
PURCHASED SERVICES - AFFILIATE NURSING RN DIRECT CARE	\$ 466		
Digital print chgs from 690090-200010 - DISALLOWED			\$ 595
Digital print chgs from 690090-409050 - DISALLOWED			\$ 82
PURCHASED SERVICES - AFFILIATE CENTER FOR HEALTHY AGING			\$ 11,236
Total Other Advertising	\$ 486	\$ -	\$ 13,301

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 255		
CALTC	\$ 1,000		
CT ASSOCIATION OF HEALTHCARE	\$ 700		
AMDA PHYSICIAN MEMBERSHIP	\$ 360		
LEADING AGE CT	\$ 9,868		
Total Dues	\$ 12,183	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
TOWN OF NEWINGTON GOOD SAMARITAN FUND - DISALLOWED	\$ -		\$ 6,000
Total Contributions	\$ -	\$ -	\$ 6,000

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
MERCHANT FEES - DISALLOWED	\$ -		\$ 1,102
OTHER FEES - ADMIN AND GENERAL - LEADING AGE NY EQUIPMENT RENEWAL	\$ 850		\$ -
BANK FEES ADMIN AND GENERAL - DISALLOWED	\$ -		\$ 536
CASH DISCOUNTS ACCOUNTING GENERAL	\$ (516)		\$ -
LATE FEES - ADMIN & GENERAL - DISALLOWED	\$ -		\$ 90
LATE FEES - OPERATION OF PLANT - DISALLOWED			\$ 213
LATE FEES - NURSING DIRECT MGMT - DISALLOWED			\$ 364
DUES AND LICENSES SOCIAL WORK - NOTARY FEE	\$ 70		
DUES AND LICENSES RECREATIONAL THERAPY - MOTION PICTURE LICENSE	\$ 40		
MISCELLANEOUS EXPENSE ALL DEPTS - DISALLOWED	\$ (2,486)		\$ (3,950)
FACILITY RENT/LEASE (SPACE) CENTER FOR HEALTHY AGING - DISALLOWED			\$ 264
PURCHASED SERVICES - AFFILIATE GRANT ADMINISTRATION - DISALLOWED			\$ 16,880
PURCHASED SERVICES - OTHER GRANT ADMIN - DISALLOWED			\$ 3,120
STORAGE RENT/LEASE HEALTH INFO MGMT - IRON MOUNTAIN - RECORDS STORAGE	\$ 7,461		
PATIENT/RESIDENT RELATIONS ADMIN & GENERAL - PATIENT SURVEY - DISALLOWED	\$ 1,306		
COX CABLE TV - GL 690990-250030 - DISALLOWED	\$ 10,030		
PURCHASED SERVICE OTHER - GOOD LIFE FITNESS - DISALLOWED			\$ 1,157
DUES AND LICENSES OPERATION OF PLANT - ST OF CT - ELEVATOR LICENSE RENEWAL	\$ 240		
MOTION PICTURE LICENSE - GL 627010-200010	\$ 160		
FOOD SERVICE LICENSE RENEWAL - CENTRAL CT HEALTH DEPT - GL 627010-220095	\$ 400		
ELEVATOR INSPECTION AND LICENSE - ST OF CT - GL 627010-20001	\$ 960		
NON-OPERATING BANK FEES FUND DEPT - DISALLOWED			\$ 111,201
SPONSORSHIPS FUND DEPARTMENT - DISALLOWED			\$ 1,123,885
INTERNAL SPONSOR EXP AFFILIATE FUND DEPT - DISALLOWED			\$ 64,800
INTERNAL SPONSOR EXP AFFILIATE GRANT ADMIN - DISALLOWED			\$ 313,895
SPONSORSHIPS GRANT ADMIN - DISALLOWED			\$ (313,895)
Total Other Administrative and General	\$ 18,515	\$ -	\$ 1,319,662

\$ 93

\$ 238

\$ 1,057

\$ 595

\$ 82

\$ 11,236

\$ 13,787

\$ 255

\$ 1,000

\$ 700

\$ 360

\$ 9,868

\$ -

\$ 12,183

\$ 6,000
\$ -
\$ -
\$ 6,000

\$ 1,102

\$ 850
\$ 536
\$ (516)
\$ 90
\$ 213
\$ 364
\$ 70

\$ 40
\$ (6,436)

\$ 264

\$ 16,880
\$ 3,120

\$ 7,461

\$ 1,306
\$ 10,030
\$ 1,157

\$ 240

\$ 160

\$ 400

\$ 960

\$ 111,201

\$1,123,885

\$ 64,800

\$ 313,895

\$ (313,895)

\$ -

\$ -

\$1,338,177

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	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 and Hartford HealthCare Senior Services	1,992,502	Contracting & Management	p 16 1m12
Morrison Community Living	645,291	Dietary Staff Management, Support, Food Purchase, Quantity Discount	p 18 2a1, 2a2, 2a3 & 2b
Crothall Healthcare	105,123	Environmental Services Staff Management, Support, Supplies Purchase, Quantity Discount	p 20 4a1 & 4b
Hartford Hospital	103,325	Laundry Services	p 19 3b

*** 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 Hartford Hospital d/b/a Jefferson House		License No. 993-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	289,596	289,596		
2. Non-Food Supplies	\$	96,651	59,602		37,049
3. Other (<i>Specify</i>) _____ In House food for depts and non-residents - disallowed	\$	71,864	6,472		65,392
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	196,770	196,770		
c. Other (<i>Specify</i>) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 654,881	552,440		102,441
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals:	Total no. of meals served per day:*	297	297		
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.	included below
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV1
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.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$7,187
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes <input 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.

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

Name of Facility Hartford Hospital d/b/a Jefferson House		License No. 993-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	103,325	103,325		
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	103,325	103,325		
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.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	62,900	61,674		1,226
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	42,019	41,200		819
	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	62,900	61,674		1,226
		Amt. \$	65,935	64,650		1,285
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	107,954	105,850		2,104
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from PharMerica & Neighborcare Pharmacy Services	\$	313,546	313,546		
	b. Medicine Cabinet Drugs	\$	26,701	26,701		
	c. Medical and Therapeutic Supplies	\$	287,620	283,513		4,107
	d. Ambulance/Limousine***	\$	7,487	7,487		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	36,071	36,071		
	f. X-rays and Related Radiological Procedures***	\$	25,781	25,781		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	68,829	68,829		
	i. Recreation	\$	3,044	3,044		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	24,815	1,133		23,682
5M.	Total Resident Care Expenditures (5a - 5j)	\$	793,894	766,105		27,789

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
CONTRACT LABOR - NON CLINICAL NURSING RN ADMIN - Integrated Partners - disallowed	\$ 70		
CONTRACT LABOR-CLINICAL - NURSING RN ADMIN - cardiology consolidated billing - disallowed	\$ 964		
PT Optima software fees GL 690090-409050 - disallowed			\$ 3,679
HHCRN PT Mgmt fees GL 690090-409510 and 611020-409510 - disallowed			\$ 20,003
CONSULTING ADMIN & GENERAL - Mobile Audiology - disallowed	\$ 99		
Total Other Resident Care	\$ 1,133	\$ -	\$ 23,682

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

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-C		Report for Year Ended 9/30/2018			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
See attached 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"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 190,404	186,667			3,737	
b. Heat	\$ 34,392	33,722			670	
c. Light & Power	\$ 180,465	176,948			3,517	
d. Water	\$ 54,652	53,587			1,065	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,540	9,540				
f. Other (<i>itemize</i>)	\$ 119,568	117,237			2,331	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 589,021	577,701			11,320	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 403	395			8	
b. Building & Building Improvements	\$ 360,827	353,794			7,033	
c. Non-Movable Equipment	\$ 3,481	3,413			68	
d. Movable Equipment	\$ 125,036	122,600			2,436	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 489,747	480,202			9,545	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 575	575				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 490,322	480,777			9,545	

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

Hartford Hospital d/b/a Jefferson House
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2018	Sewer and Ponding Drain	\$ 18,675	n/a	\$ 113
7/31/2018	Courtyard Concrete Walkway	\$ 47,875	n/a	\$ 290
	adjustment	\$ 0		
Total additions for Land Improvements		\$ 66,550		\$ 403 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2017	Burnham Renovation	\$ 47,059	10	\$ 4,706
Total additions for Building Improvements		\$ 47,059		\$ 4,706 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
11/30/2017	Courtyard Awning	\$ 4,950	5	\$ 495
4/30/2018	Laurel Room Shades	\$ 4,500	5	\$ 450
Total additions for Non-Movable Equipment		\$ 9,450		\$ 945 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Hartford Hospital d/b/a Jefferson House			License No. 993-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Hartford Hospital d/b/a Jefferson Hous	License No. 993-C	Report for Year Ended 9/30/2018	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes No

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

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

Description	Total			
1. Date Land Purchased	10/24/78			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	104			
6. Square Footage	75,000			
7. Acquisition Cost				
a. Land	262,539			
b. Building	2,038,052			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/18				
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
Hartford Hospital d/b/a Jefferson Hou		993-C	9/30/2018			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. 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
Hartford Hospital d/b/a Jefferson Hc	993-C	9/30/2018	27	37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	8,171	8,012	159
b. Insurance on Automobiles	\$	3,642	3,642	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	20,970	20,970	
2. Fire and Extended Coverage	\$			
3. Other (Specify) Crime Insurance	\$	1,025	1,025	
14d. Total Insurance Expenditures (14a + b + c)	\$	33,808	33,649	159
15. Total All Expenditures (A-13 thru C-14)	\$	20,449,447	15,980,215	4,469,232

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.	10	A12e	Outpatient Service Costs	\$ 609			609
2.	10	A4,6,	Salaries not related to Resident Care	\$ 7,493			7,493
3.	10	A12g	Occupational Therapy	\$ 5,866	5,845		21
4.			Other - See attached Schedule	\$ 2,104,945	4,260		2,100,685
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 421,987	420,498		1,489
7.			Other - See attached Schedule	\$ 705,029	624,760		80,269
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 40,242	40,242		
10.			Accounting	\$			
10a.			Legal	\$			
11.	15	1h1	Telephone	\$ 1,114			1,114
12.	15	1h2	Cellular Telephone	\$ 3,455	1,182		2,273
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1L6	Automobile Expense (e.g. personal use)	\$			
18.	16	1m3	Unallowable Advertising *	\$ 13,787	486		13,301
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 6,000			6,000
21.	16	1m12	Unallowable Management Fees	\$ 1,992,502	1,992,502		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,246,526	106,857		2,139,669
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 71,257	5,865		65,392
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)				\$ 7,620,812	3,202,497		4,418,315

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
10	A12o	SALARY AND WAGES FINANCE DECISION SUPPORT			\$ 9,560	\$ 9,560
10	A12o	SALARY RECLASS FINANCE DECISION SUPPORT			\$ 110,769	\$ 110,769
10	A12o	SALARY AND WAGES COMMUNITY NETWORK ADMIN			\$ 80,736	\$ 80,736
10	A12o	SALARY RECLASS COMMUNITY NETWORK ADMIN			\$ 2,610	\$ 2,610
10	A12o	SALARY AND WAGES CENTER FOR HEALTHY AGING			\$ 1,188,800	\$ 1,188,800
10	A12o	SALARY RECLASS CENTER FOR HEALTHY AGING			\$ 404,202	\$ 404,202
10	A12o	SALARY RECLASS GRANT ADMIN			\$ 172,202	\$ 172,202
10	A12o	SALARY RECLASS ADMIN - DR MONTI PHYSIATRIST	\$ 4,260			
10	A12k	PHARMACIST COVERED BY GRANT			\$ 131,806	\$ 131,806
						\$ -
Total Other Salaries Adjustment			\$ 4,260	\$ -	\$ 2,100,685	\$ 2,104,945

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
13	B2	CONTRACT LABOR-CLINICAL - ADMIN AND GENERAL - DENTAL	\$ 11,294			\$ 11,294
13	B5A	CONTRACT LABOR - NON CLINICAL REHAB GENERAL AND PURCHASED SERVICES AFFILIATE - PHYSICAL THERAPY	\$ 568,723		\$ 79,222	\$ 647,945
13	B9A	PURCHASED SERVICES AFFILIATE - SPEECH THERAPY	\$ 44,743		\$ 1,047	\$ 45,790
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total Other Fees Adjustments			\$ 624,760	\$ -	\$ 80,269	\$ 705,029

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
15	1a4	Benefits related to Outpatient Therapy - Social Security - FICA			\$ 139,211	\$ 139,211
15	1a5	Benefits related to Outpatient Therapy, Grant Admin, Center for Healthy Aging, Finance Decision Support			\$ 385,421	\$ 385,421
15	1a5	Benefits related to inpatient Therapy	\$ 2,925			\$ 2,925
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 133,288	\$ 133,288
15	1a8	Benefits related to Outpatient Therapy - Uniforms			\$ 149	\$ 149
15	1a9	Other Employee Benefits related to Outpatient Therapy & Center for Healthy Aging			\$ 48,249	\$ 48,249
15	1a9	Background Verification Checks related to Outpatient Therapy				\$ -
15	1a9	Background Verification - Employee Physicals				\$ -
15	1g	GENERAL OFFICE SUPPLIES related to Therapy	\$ 147		\$ 21	\$ 168

15	1g	GENERAL OFFICE SUPPLIES CENTER FOR HEALTHY AGING			\$ 3,334	\$ 3,334
15	1g	PRINTING/PRINT SHOP CENTER FOR HEALTHY AGING			\$ 541	\$ 541
15	1g	PURCHASED SERVICES - AFFILIATE CENTER FOR HEALTHY AGING - digital print charges			\$ -	\$ -
15	1g	MINOR EQUIPMENT AND FURNISHING FUND DEPT			\$ 1,701	\$ 1,701
15	1g	MINOR EQUIPMENT AND FURNISHING CENTER FOR HEALTHY AGING			\$ 20,811	\$ 20,811
15	1g	MINOR IT EQUIPMENT CENTER FOR HEALTHY AGING			\$ 532	\$ 532
16	1L2	Holiday Parties to Staff in Excess of 1 party				\$ -
16	1L3	Gifts in excess of \$25 or discriminatory in nature	\$ 2,006		\$ 9	\$ 2,015
16	1L4	Travel - Center for Healthy Aging			\$ 36,560	\$ 36,560
16	1L5	Staff Development - Center for Healthy Aging and Fund Dept.			\$ 10,950	\$ 10,950
16	1m7	Postage - Center for Healthy Aging			\$ 178	\$ 178
16	1m8a	Dues to Civic Organizations - Newington Chamber of Commerce	\$ 500			\$ 500
16	1m9	Subscriptions - Center for Healthy Aging			\$ 2,003	\$ 2,003
16	1m11	IT software - Ability Network	\$ 9,439			\$ 9,439
16	1m11	IT software - Salina Office Services	\$ 11,432			\$ 11,432
16	1m11	Consulting - Admin - Harmony Healthcare Int'l	\$ 40,862			\$ 40,862
16	1m11	Purchased Services Other Admin & General - architect RLPS II LLP	\$ 30,696			\$ 30,696
16	1m13	MERCHANT FEES	\$ -		\$ 1,102	\$ 1,102
16	1m13	BANK FEES ADMIN AND GENERAL	\$ -		\$ 536	\$ 536
16	1m13	LATE FEES ADMIN & GENERAL	\$ -		\$ 90	\$ 90
16	1m13	LATE FEES OPERATION OF PLANT			\$ 213	\$ 213
16	1m13	LATE FEES NURSING DIRECT MGMT	\$ -		\$ 364	\$ 364
16	1m13	MISCELLANEOUS EXPENSE FUND DEPT			\$ (6,642)	\$ (6,642)
16	1m13	MISCELLANEOUS EXPENSE ADMIN & GENERAL			\$ (759)	\$ (759)
16	1m13	MISCELLANEOUS EXPENSE FINANCE ADMIN	\$ (2,351)		\$ -	\$ (2,351)
16	1m13	MISCELLANEOUS EXPENSE ACCOUNTING GENERAL	\$ (439)			\$ (439)
16	1m13	MISCELLANEOUS EXPENSE NURSING RN ADMIN	\$ 304			\$ 304
16	1m13	MISCELLANEOUS EXPENSE CENTER FOR HEALTHY AGING			\$ 3,451	\$ 3,451
16	1m13	FACILITY RENT/LEASE (SPACE) CENTER FOR HEALTHY AGING			\$ 264	\$ 264
16	1m13	PURCHASED SERVICES - AFFILIATE GRANT ADMINISTRATION			\$ 16,880	\$ 16,880
16	1m13	PURCHASED SERVICES - OTHER GRANT ADMIN			\$ 3,120	\$ 3,120
16	1m13	PATIENT/RESIDENT RELATIONS ADMIN & GENERAL	\$ 1,306			\$ 1,306
16	1m13	CABLE TV	\$ 10,030			\$ 10,030
16	1m13	PURCHASED SERVICE OTHER GOOD LIFE FITNESS			\$ 1,157	\$ 1,157
16	1m13	NON-OPERATING BANK FEES FUND DEPT			\$ 111,201	\$ 111,201
16	1m13	SPONSORSHIPS FUND DEPARTMENT			\$ 1,123,885	\$ 1,123,885
16	1m13	INTERNAL SPONSOR EXP AFFILIATE FUND DEPT			\$ 64,800	\$ 64,800
18	2a2	Dietary Non-resident supplies			\$ 37,049	\$ 37,049
						\$ -
						\$ -
						\$ -
Total Other A&G Adjustments			\$ 106,857	\$ -	\$ 2,139,669	\$ 2,246,526

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

Name of Facility				License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House				993-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 7,620,812	3,202,497		4,418,315
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 313,546	313,546		
28.	20	5d	Ambulance/Limousine	\$ 7,487	7,487		
29.	20	5f	X-rays, etc	\$ 25,781	25,781		
30.	20	5h	Laboratory	\$ 68,829	68,829		
31.	20	5c	Medical Supplies	\$ 33,106	28,999		4,107
32.	20	5e2	Oxygen (non emergency)	\$ 36,071	36,071		
33.	20	5L	Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,919	1,133		25,786
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,968	1,532		2,436
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10a,c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 11,459	131		11,328
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	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	\$ 1,868,101	2,979,684		(1,111,583)
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 7,101			7,101
49. Total Amount of Decrease (Items 1 - 48)				\$ 10,023,180	6,665,690		3,357,490

*** 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.

Hartford Hospital d/b/a Jefferson House
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
20	5L	CONTRACT LABOR - NON CLINICAL NURSING RN ADMIN - Integrated Care Partners - Medicare - disallowed	\$ 70			\$ 70
20	5L	Consolidated Billing - disallowed	\$ 964			\$ 964
20	5L	Mobile Audiology - disallowed	\$ 99			\$ 99
20	5L	PT Optima software fees - disallowed			\$ 3,679	\$ 3,679
20	5L	HHCRN PT Management fees - disallowed			\$ 20,003	\$ 20,003
20	4a	HOUSEKEEPING SUPPLIES OUTPATIENT - DISALLOWED			\$ 819	\$ 819
20	4b	HOUSEKEEPING PURCHASED SERVICES - OUTPATIENT - DISALLOWED			\$ 1,285	\$ 1,285
						\$ -
						\$ -
						\$ -
Total Other Ancillary Costs			\$ 1,133	\$ -	\$ 25,786	\$ 26,919

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
22	7d	DEP EXP - EQUIPMENT ADMIN & GENERAL			\$ 144	\$ 144
22	7d	DEP EXP - EQUIPMENT HHC FOOD & NUTRITION			\$ 381	\$ 381
22	7d	DEP EXP - EQUIPMENT SYSTEM FEE GEN ALLOCATION			\$ 33	\$ 33
22	7d	DEP EXP - EQUIPMENT LAUNDRY			\$ 3	\$ 3
22	7d	DEP EXP - EQUIPMENT FACILITIES DEV SAFETY			\$ 10	\$ 10
22	7d	DEP EXP - EQUIPMENT NURSING SERVICE OFFICE4			\$ 7	\$ 7
22	7d	DEP EXP - EQUIPMENT NURSING RN ADMIN			\$ 1,012	\$ 1,012
22	7d	DEP EXP - EQUIPMENT SOCIAL WORK			\$ 2	\$ 2
22	7d	DEP EXP - EQUIPMENT RECREATIONAL THERAPY			\$ 11	\$ 11
22	7d	DEP EXP - EQUIPMENT ENVIRONMENTAL SERVICES GENERAL			\$ 33	\$ 33
22	7d	DEP EXP - EQUIPMENT OPERATION OF PLANT			\$ 759	\$ 759
22	7d	DEP EXP - EQUIPMENT REHAB GENERAL	\$ 1,532		\$ 30	\$ 1,562
22	7d	DEP EXP - CAP LEASE EQUIP ENVIRONMENTAL SERVICES GEN			\$ 11	\$ 11
						\$ -
Total Excess Movable Equipment Depreciation			\$ 1,532	\$ -	\$ 2,436	\$ 3,968

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
22	6a	MAINT & REPAIR BUILDING OPERATION OF PLANT			\$ 582	\$ 582
22	6a	CLEANING & MAINT SUPPLIES OPERATION OF PLANT			\$ 1,088	\$ 1,088
22	6a	CONTRACT LABOR - NON CLINICAL OPERATION OF PLANT			\$ 288	\$ 288
22	6a	MAINT & REPAIR - EQUIPMENT OPERATION OF PLANT			\$ 1,513	\$ 1,513
22	6a	MAINT & REPAIR - EQUIPMENT NURSING RN ADMIN			\$ -	\$ -
22	6a	MAINT & REPAIR - EQUIPMENT CENTER FOR HEALTHY AGING			\$ 15	\$ 15
22	6a	MAINT & REPAIR - EQUIPMENT REHAB GENERAL	\$ 131		\$ 18	\$ 149
22	6a	MAINT & REPAIR - AUTO/LOGISTIC OPERATION OF PLANT			\$ 3	\$ 3
22	6a	GENERAL MAINTENANCE OPERATION OF PLANT			\$ 2	\$ 2
22	6a	PURCHASED SERVICES - OTHER OPERATION OF PLANT			\$ 228	\$ 228
22	6b	NATURAL GAS/PROPANE/THERMAL OPERATION OF PLANT			\$ 670	\$ 670

22	6c	ELECTRIC OPERATION OF PLANT			\$ 3,517	\$ 3,517
22	6d	WATER OPERATION OF PLANT			\$ 1,065	\$ 1,065
22	6f	MAINTENANCE - GROUNDS/LANDSCAPING OPERATION OF PLANT			\$ 941	\$ 941
22	6f	WASTE REMOVAL OPERATION OF PLANT			\$ 1,023	\$ 1,023
22	6f	STORAGE RENT/LEASE OPERATION OF PLANT			\$ 80	\$ 80
22	6f	PURCHASED SERVICES - AFFILIATE OPERATION OF PLANT			\$ 97	\$ 97
22	6f	OTHER NON-BILLABLE MED/SURG OPERATION OF PLANT			\$ 190	\$ 190
22	7a	DEP EXP - LAND IMPROVEMENTS OPERATION OF PLANT			\$ 8	\$ 8
					\$ -	\$ -
					\$ -	\$ -
Total Other Property Adjustments			\$ 131	\$ -	\$ 11,328	\$ 11,459

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
30	IV8	MISC OTHER OPERATING INCOME GRANT ADMIN			\$ 378,803	\$ 378,803
30	IV8	MISC OTHER OPERATING INCOME FINANCE ADMIN	\$ 5,719,063			\$ 5,719,063
30	IV8	MISC OTHER OPERATING INCOME RC ADMIN	\$ 226			\$ 226
30	IV8	MISC OTHER OPERATING INCOME FITNESS CENTER			\$ 2,762	\$ 2,762
30	IV8	MISC OTHER OPERATING INCOME CENTER FOR HEALTHY AGING			\$ (6,798)	\$ (6,798)
30	IV8	INCOME FROM RESTRICTED FUNDS CLIENT FACILITY	\$ 1,844			\$ 1,844
30	IV8	INVESTMENT INC - FUNDS HELD IN TRUST FINANCE ACCRUALS	\$ 1,534,923			\$ 1,534,923
30	IV8	INVESTMENT INCOME FUND DEPT			\$ (1,486,350)	\$ (1,486,350)
30	IV8	INVESTMENT INCOME ADMIN AND GENERAL	\$ 40			\$ 40
30	IV8	INVESTMENT INCOME FINANCE ADMIN	\$ (5,719,063)			\$ (5,719,063)
30	IV8	INVESTMENT INCOME FINANCE ACCRUALS	\$ 1,469,861			\$ 1,469,861
30	IV8	DIVIDEND INCOME FINANCE CORP TREASURY	\$ 64,789			\$ 64,789
30	IV8	RESTRICTED FUNDS - SNF	\$ (92,039)			\$ (92,039)
30	IV8	FREE BED INCOME	\$ 40			\$ 40
					\$ -	\$ -
					\$ -	\$ -
Total Other Adjustments			\$ 2,979,684	\$ -	\$ (1,111,583)	\$ 1,868,101

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other	
22	7b	DEP EXP - BUILDING ADMIN & GENERAL			\$ 6,813	\$ 6,813
22	7b	DEP EXP - BUILDING OPERATION OF PLANT			\$ 220	\$ 220
22	7c	DEP EXP - NON MOVABLE EQUIPMENT			\$ 68	\$ 68
					\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ 7,101	\$ 7,101

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,660,643	10,660,643				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,179,061)	(5,179,061)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,366,108	2,366,108				
b. Medicare Room and Board Contractual Allowance **	\$ 390,232	390,232				
4. a. Private-Pay Residents and Other	\$ 4,864,901	4,864,901				
b. Private-Pay Room and Board Contractual Allowance **	\$ 183,503	183,503				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 183,566	183,566				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (196,568)	(196,568)				
c. Prescription Drugs - Non-Medicare	\$ 135,128	135,128				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (135,549)	(135,549)				
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	\$ 682,097	558,049		124,048		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (533,499)	(514,811)		(18,688)		
c. Physical Therapy - Non-Medicare	\$ 398,239	398,239				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (373,441)	(373,441)				
4. a. Speech Therapy - Medicare	\$ 55,493	53,634		1,859		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (36,359)	(36,557)		198		
c. Speech Therapy - Non-Medicare	\$ 28,540	28,540				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,540)	(28,540)				
5. a. Occupational Therapy - Medicare	\$ 514,490	479,605		34,885		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (480,844)	(480,739)		(105)		
c. Occupational Therapy - Non-Medicare	\$ 352,407	352,407				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (348,607)	(348,607)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,374)	(2,374)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 127,304	1,060		126,244		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,627,809	13,359,368		268,441		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 7,187	7,187				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 7,906,388	7,906,388				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,961,133	3,072,716		(1,111,583)		
V. Total Other Revenue (1 thru 8)	\$ 9,874,708	10,986,291		(1,111,583)		
VI. Total All Revenue (III +V)	\$ 23,502,517	24,345,659		(843,142)		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II6a	IP LAB SERVICES MEDICARE ANCILLARY SRV	\$ 31,853		
30 II6a	IP RADIOLOGY SERVICES MEDICARE ANCILLARY SRV	\$ 10,695		
30 II6a	IP OXYGEN MEDICARE ANCILLARY SRV	\$ 3,338		
30 II6a	IP LAB SERVICES PROF CA MEDICARE ANCILLARY SRV	\$ (33,310)		
30 II6a	IP RADIOLOGY SERV PROF CA MEDICARE ANCILLARY SRV	\$ (11,295)		
30 II6a	IP OXYGEN PROF CA MEDICARE ANCILLARY SRV	\$ (3,655)		
Total Other Resident Revenue - Medicare		\$ (2,374)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II6b	IP LAB SERVICES MGD MEDICARE ANCILLARY SRV	\$ 17,295		
30 II6b	IP LAB SERVICES MEDICAID ANCILLARY SRV	\$ 40		
30 II6b	IP LAB SERVICES OTHER MANAGED CARE ANCILLARY SRV	\$ 4,096		
30 II6b	IP RADIOLOGY SERVICES MANAGED MEDICARE ANCILLARY SRV	\$ 1,790		
30 II6b	IP RADIOLOGY SERVICES OTHER MANAGED CARE	\$ 150		
30 II6b	IP RADIOLOGY SERVICES OTHER MANAGED CARE	\$ 225		
30 II6b	OP OTHER SERVICES SELF PAY FITNESS CENTER	\$ -		\$ 141,842
30 II6b	IP OXYGEN MANAGED MEDICARE ANCILLAR SRV	\$ 3,235		
30 II6b	IP OXYGEN MEDICAID ANCILLARY SRV	\$ 5,573		
30 II6b	IP OXYGEN OTHER MANAGED CARE ANCILLARY SRV	\$ 358		
30 II6b	IP OXYGEN SELF APY ANCILLARY SRV	\$ 1,069		
30 II6b	OP OTHER SERVICES SELF PAY CENTER FOR HEALTHY AGING	\$ -		\$ (15,598)
30 II6b	IP LAB SERVICES PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (17,295)		
30 II6b	IP LAB SERVICES PROF CA MEDICAID ANCILLARY SRV	\$ (40)		
30 II6b	IP OTHER SERV PROF CA OTHER MANAGED CARE	\$ (4,097)		
30 II6b	IP RADIOLOGY SERV PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (1,790)		
30 II6b	IP RADIOLOGY SERV PROF CA OTHER MANAGED CARE ANCILLARY SRV	\$ (150)		
30 II6b	IP OXYGEN PROF CA MANAGED MEDICARE ANCILLARY SRV	\$ (3,235)		
30 II6b	IP OXYGEN PROF CA MEDICAID B ANCILLARY SRV	\$ (5,573)		
30 II6b	IP OXYGEN PROF CA OTHER MANAGED CARE B ANCILLARY SRV	\$ (358)		
30 II6b	IP OXYGEN PROF CA SELF PAY ANCILLARY SRV	\$ (233)		
Total Other Resident Revenue		\$ 1,060	\$ -	\$ 126,244

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV8	INVESTMENT INC - ENDOWMENT LLC FUND DEPT		\$ 7,906,388		
Total Interest Income			\$ 7,906,388	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV8	MISC OTHER OPERATING INCOME GRANT ADMIN	\$ -		\$ 378,803
30 IV8	MISC OTHER OPERATING INCOME FINANCE ADMIN	\$ 5,719,063		
30 IV8	MISC OTHER OPERATING INCOME RC ADMIN	\$ 226		
30 IV8	MISC OTHER OPERATING INCOME FITNESS CENTER			\$ 2,762
30 IV8	MISC OTHER OPERATING INCOME CENTER FOR HEALTHY AGING			\$ (6,798)
30 IV8	INCOME FROM RESTRICTED FUNDS CLIENT FACILITY	\$ 1,844		\$ -
30 IV8	INVESTMENT INC - FUNDS HELD IN TRUST FINANCE ACCRUALS	\$ 1,534,923		\$ -
30 IV8	INVESTMENT INCOME FUND DEPT	\$ -		\$ (1,486,350)
30 IV8	INVESTMENT INCOME ADMIN AND GENERAL	\$ 40		\$ -
30 IV8	INVESTMENT INCOME FINANCE ADMIN	\$ (5,719,063)		\$ -
30 IV8	INVESTMENT INCOME FINANCE ACCRUALS	\$ 1,469,861		\$ -
30 IV8	DIVIDEND INCOME FINANCE CORP TREASURY	\$ 64,789		\$ -
30 IV8	RESTRICTED FUNDS - SNF	\$ (92,039)		\$ -
30 IV8	FREE BED INCOME	\$ 93,072		\$ -
Total Other Revenue		\$ 3,072,716	\$ -	\$ (1,111,583)

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,533,958
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	867,287
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,050
4. Inventories			\$	
5. Prepaid Expenses			\$	74,136
a. Prepaid General				
b. _____				
c. _____				
d. See Schedule		74,136		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(1,064,795)
Due Affiliates				

See Schedule		(1,064,795)		
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,411,636
B. Fixed Assets				
1. Land			\$	262,536
2. Land Improvements	*Historical Cost	66,550	\$	66,147
	Accum. Depreciation	403		Net
3. Buildings	*Historical Cost	8,508,947	\$	2,220,571
	Accum. Depreciation	6,288,376		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,960,501	\$	18,609
	Accum. Depreciation	1,941,892		Net
6. Movable Equipment	*Historical Cost	2,752,796	\$	487,533
	Accum. Depreciation	2,265,263		Net
7. Motor Vehicles	*Historical Cost	131,320	\$	31,242
	Accum. Depreciation	100,078		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	110,161
Capital in Process and Equipment in Process				
See Schedule		110,161		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,196,799

* 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
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	7,608,435
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>)			\$	154,083,400
Investment in Endowment, Temp Restricted Cash				
Assets Held in Trust by Others				
See Schedule				154,083,400
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	154,083,400
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	161,691,835

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House		993-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	104,866
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>)				\$	569,573
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	745
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>)				\$	1,216,862

See Schedule				1,216,862	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,892,046

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,892,046
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>)				\$ 5,622
See Schedule				5,622
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 5,622
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,897,668

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson Hous	993-C	9/30/2018	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			\$	156,741,097
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	3,053,070
7. Total Net Worth			\$	159,794,167
C. Total Reserves and Net Worth			\$	159,794,167
D. Total Liabilities, Reserves, and Net Worth			\$	161,691,835

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Hartford Hospital d/b/a Jefferson House	993-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	155,273,111
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	23,502,517
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	20,449,447
D. Net Income or Deficit			\$	3,053,070
E. Balance			\$	158,326,181
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
	TR Contributions & TR Investment Held by End	372,620		
	TR Investment Income	(120,702)		
	TR NA Released & TR Other	(7,052)		
	PR Unrealized Gain on Funds Held in Trust	1,223,120		
F-3. Total Additions			\$	1,467,986
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
	Purpose	Amount		
3. Total Deductions			\$	
H.	Balance at End of Period	09/30/18	\$	159,794,167

I. Preparer's/Reviewer's Certification

Name of Facility Hartford Hospital d/b/a Jefferson House	License No. 993-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
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 181 Patricia M. Genova Drive, Newington, CT 06111			860-696-6438	
Annual Report Contact			Phone Number	
Dorothy Robinson			860-696-6438	
Annual Report Contact Email Address				
Dorothy.Robinson@hhchealth.org				