

February 15, 2020

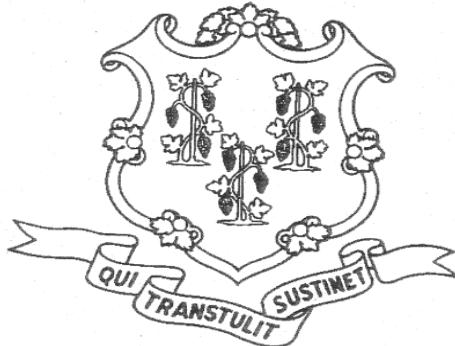
Ms. Kathleen Shaughnessy
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Kathleen:

Enclosed please find the 2019 Medicaid Cost Report for Connecticut Baptist Homes, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	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) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	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 Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Carol Anne Salvietti		Printed Name (Owner)	
Subscribed and Sworn to before me:	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 Connecticut Baptist Homes, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Company, PC	Phone Number 860-561-4000	Date 2/7/2020		
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

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Connecticut Baptist Homes, Inc.
Board of Directors - January 2019

Name/Nomination Date	Phone	Business	Home Address	Committee *
Rev. Hopeton Scott Chairperson 2016	203-335-0234 Fbcbridge@aol.com		9 Barry Road Huntington, CT 06484	EC, G/N, F, P
Rev. Richard J. Doyle Vice-Chairperson 2014	860-682-0685 Doyle42@comcast.net		87 Laurel Ridge East Hampton, CT 06424	EC, P,
Rev. Margaret D. Lewis Secretary 2018	860 621-6144 margaretdlewis@gmail.com	203-688-7037	391 Bellevue Ave Southington, CT 06489	EC, M&D
Frank Amazeen Director 2016	860-233-4033 famazeen@comcast.net	860-798-2618 (c)cell	32 South Highland Street West Hartford, CT 06119	M&D
Charles Andres, Esq. Director 2017	203 488-7994 Charles.andres@leclairryan.com	203-672-3204 (w) 203-993-0830 (c)	11 Hopkins Court Branford, CT 06040	G/N
Patricia Morse President, Treasurer	203-237-1206 pmorse@ctbaptisthomes.org	203-237-1206	133 Main Street Farmington, CT 06032	EC, F, G/N PM&D,
Margaret Myers Director 2017	203 235-4069		412 Baldwin Ave Meriden, CT 06450	P
Marcia Sarrazin Director 2016	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410	F
Bill Smith Director 2015	860-649-7547 wmbsmi314@cox.net	860-550-5174	55 Galaxy Drive Manchester, CT 06040	F, EC
Dan Wilder Director 2014	203-288-4526 danelisha@comcast.net		258 Highland Avenue Hamden, CT 06518	G/N
Rev. Dr. Harry L. Riggs Ex-Officio Director	860-693-6897 hriggs@abcconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107	

* Committee Key

F=FINANCE M&D=MISSION AND DEVELOPMENT G/N=GOVERNANCE AND NOMINATING P=PERSONNEL
EC=EXECUTIVE COMMITTEE

General Information and Questionnaire

Individual Proprietorship

General Information and Questionnaire

Related Parties*

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C			Report for Year Ended 9/30/2019			Page 4	of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					<input type="radio"/> Yes <input checked="" type="radio"/> 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?					<input checked="" type="radio"/> Yes <input type="radio"/> 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	%**					
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>		Mgmt and Maintenance Contract Services	30 Line IV8			
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input type="radio"/>	<input checked="" type="radio"/>		Shared CEO and AR Contract Service	30 Line IV8			
		<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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	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.

Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.

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.

All costs in the "Other" Column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	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 Blum, Shapiro & Company, P.C. 2 Whittlessey, P.C. 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127 280 Trumbull Street, Hartford, CT 06103
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Services Provided by This Firm (*describe fully*)

1 General accounting services in lieu of internal staff, 990 Preparation, Medicaid and Medicare Cost Reports	\$ 77,291
2 Annual audit	\$ 13,000
3	\$
4	\$
	Charge for Services Provided \$ 90,291

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 Robinson & Cole 2 Wiggin & Dana 3 4 5	Telephone Number 860-275-8200 203-498-4400
---	--

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

1 280 Trumbull St, Hartford, CT 06103 2 265 Church St, New Haven, CT 06510 3 4 5	
--	--

Services Provided by This Firm (*describe fully*)

1 Employment issues	\$ 3,237
2 Merger related matters	\$ 1,202
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 4,439

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 Connecticut Baptist Homes, Inc.			License No. 1023C				Report for Year Ended 9/30/2019				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	80	30	30	20	80	30	30	20	80	30	30	20
B. On last day of THIS report period	80	30	30	20	80	30	30	20	80	30	30	20
2. Number of Residents												
A. As of midnight of PREVIOUS report period	75	29	30	16	75	29	30	16	71	29	30	12
B. As of midnight of THIS report period	66	27	28	11	71	29	30	12	66	27	28	11
3. Total Number of Days Care Provided During Period												
A. Medicare	1,193	532	661		839	409	430		354	123	231	
B. Medicaid (Conn.)	15,555	8,319	7,236		11,733	6,241	5,492		3,822	2,078	1,744	
C. Medicaid (other states)												
D. Private Pay	8,673	1,540	2,590	4,543	6,804	1,142	1,977	3,685	1,869	398	613	858
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	25,421	10,391	10,487	4,543	19,376	7,792	7,899	3,685	6,045	2,599	2,588	858
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	113	47	66		78	31	47		35	16	19	
B. Other Bed Reserve Days	785	49	77	659	674	45	76	553	111	4	1	106
5. Total Resident Days (3G + 4A + 4B)	26,319	10,487	10,630	5,202	20,128	7,868	8,022	4,238	6,191	2,619	2,608	964

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	Other
2nd change						
3rd change						
4th change						

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents		23	20	4	8	11		
Per Diem Rate								
a. One bed rm.	PPS			459.00	405.00	85/100		
b. Two bed rms.	PPS	215.52	170.93	415.00	375.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	Other
	5,165	2,527	2,638	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	5,165	2,527	2,638	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	649	412	237
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other			
D. Total Speech Therapy Treatments	649	412	237

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	5,897	2,825	3,072
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other			
D. Total Occupational Therapy Treatments	5,897	2,825	3,072

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Item	CCNH	Hours	RHNS	Hours	Other
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	44,938	940	47,703	998	6,763
2. Administrator(s) (Complete also Sec. III of Schedule A1)	60,530	940	64,253	998	9,110
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	56,349	3,022	56,348	3,022	37,566
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	128,611	9,225	130,365	9,351	63,796
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	47,240	3,648	47,240	3,648	16,672
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	41,825	2,025	41,825	2,025	14,762
b. Other Maintenance Workers					
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	28,868	2,254	26,730	2,087	3,280
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	58,861	1,040	58,860	1,040	
b. RN					
1. Direct Care	91,520	2,641	450,021	13,004	
2. Administrative**	76,960	2,080	76,960	2,080	
c. LPN					
1. Direct Care	184,833	6,322			
2. Administrative**					
d. Aides and Attendants	449,380	26,245	406,582	23,790	
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	52,281	2,380	52,281	2,380	
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	53,314	2,068	53,314	2,068	
n. Marketing					
o. Other (Specify)					
See Attached Schedule	11,265	281	11,419	285	5,588
A-13. Total Salary Expenditures	1,386,775	65,112	1,523,901	66,776	157,537
					9,272

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Connecticut Baptist Homes, Inc.				License No. 1023C		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
Mary Patricia Morse	44,938	47,703	6,763			2,080	A1			
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
Connecticut Baptist Homes, Inc.			1023C		9/30/2019			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***										
Carol Anne Salvetti	60,530	64,253	9,110			2,080	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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other
*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	3,258	Disallowed	3,258	Disallowed	
3. Pharmacist	3,190	Disallowed	3,190	Disallowed	
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	70,979	1,181	74,171	1,235	
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	9,000	90	9,000	90	
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	33,088	671	19,018	385	
b. Other					
10. Occupational Therapist					
a. Resident Care	101,359	Disallowed	110,244	Disallowed	
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care	959	17			
2. Administrative***					
c. Aides	34,773	1,226	31,462	1,109	
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	256,606	3,185	250,343	2,819	

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page 15	of 37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 75,153	33,968	37,327	3,858
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 25,081	11,336	12,457	1,288
4. Social Security (F.I.C.A.)	\$ 218,884	98,931	108,714	11,239
5. Health Insurance	\$ 299,819	135,513	148,912	15,394
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 49,870	22,540	24,769	2,561
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 28,104	12,705	13,487	1,912
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 90,291	41,447	43,593	5,251
e. Legal (Services should be fully described on Page 7)	\$ 4,439	1,769	1,793	877
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 53,002	23,961	25,434	3,607
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,481	5,770	5,849	2,862
2. Cellular Phones	\$ 3,623	1,444	1,462	717
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 417,898	209,170	208,728	
Subtotal	\$ 1,280,645	598,554	632,525	49,566

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
HSA Contribution Expense	\$ 12,705	\$ 13,487	\$ 1,912
Total	\$ 12,705	\$ 13,487	\$ 1,912

Schedule of Other Taxes

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	Other
	<i>Subtotals Brought Forward:</i>	1,280,645	598,554	632,525	49,566
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,465	733	733	
3. Gifts to Staff and Residents	\$	13,250	6,625	6,625	
4. Employee Travel	\$	4,367	1,974	2,096	297
5. Education Expenses Related to Seminars and Conventions	\$	9,985	4,514	4,791	680
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	7,278	3,290	3,493	495
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	2,748	1,242	1,319	187
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	\$	5,300	2,396	2,543	361
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,426	3,809	4,044	573
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	499	226	239	34
9. Subscriptions	\$	3,362	1,520	1,613	229
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	55,211	25,073	26,543	3,596
C-14 Total Administrative & General Expenditures	\$	1,392,536	649,955	686,563	56,018

* 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
Marketing - Disallowed	\$ 1,242	\$ 1,319	\$ 187
Total Other Advertising	\$ 1,242	\$ 1,319	\$ 187

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 77	\$ 82	\$ 12
Leading Age	\$ 3,556	\$ 3,775	\$ 535
ICNC	\$ 18	\$ 19	\$ 3
CT Association of Health Care Facilities, Inc.	\$ 158	\$ 168	\$ 24
Total Dues	\$ 3,809	\$ 4,044	\$ 573

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Volunteer Parties & Gifts	\$ 207	\$ 207	\$ -
Misc. Administrative Expense	\$ 4,199	\$ 4,457	\$ 632
Bank Fees/Service Charges	\$ 1,719	\$ 1,825	\$ 259
Background Checks	\$ 2,008	\$ 2,132	\$ 302
Consultant Fees	\$ 563	\$ 597	\$ 85
Directors' Insurance	\$ 2,283	\$ 2,423	\$ 343
Paychex Service Charges	\$ 13,125	\$ 13,933	\$ 1,975
Medical Records Consultant - Disallowed	\$ 969	\$ 969	\$ -
Total Other Administrative and General	\$ 25,073	\$ 26,543	\$ 3,596

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Unidine	103,652	Food Services Contract	Page 18, Line 2c

*** 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019		Page 18 of 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 196,567	78,324	79,391	38,852
2. Non-Food Supplies	\$ 3,098	1,234	1,252	612
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 134,308	53,516	54,246	26,546
c. Other (Specify) _____ Management Services	\$ 103,652	41,301	41,864	20,487
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 437,625	174,375	176,753	86,497
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$9,101
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV1
Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	See above.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	See above.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019		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. \$	9,117	4,470	4,139	508
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. \$	7,034	3,449	3,193	392
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	16,151	7,919	7,332	900
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 22,052	9,372	9,372	3,308
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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. Other (<i>Specify</i>) Uniforms		\$ 110	47	47	16
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 22,162	9,419	9,419	3,324
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medications	\$	68,905	30,727	38,178	
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	139,518	62,216	77,302	
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,294	1,915	2,379	
f. X-rays and Related Radiological Procedures***	\$	2,381	1,062	1,319	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	211	94	117	
i. Recreation	\$	34,808	17,405	17,404	
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	12,842	5,117	5,187	2,538
5M. Total Resident Care Expenditures (5a - 5j)		\$ 262,959	118,536	141,886	2,538

* 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

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

Name of Facility Connecticut Baptist Homes, Inc.				License No. 1023C	Report for Year Ended 9/30/2019			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	
All Waste Inc.	143 Murphy Rd, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	4,676	4,676	1,650	22	6a/6f
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Refrigeration	18,569	18,569	6,553	22	6a/6f
Facilities Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	22,949	22,949	8,099	22	6f
Unidine	1000 Washington St, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	53,516	54,246	26,546	18	2b
Custom Exterior Landscape	632 N Mountain Rd, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	5,908	5,908	2,085	22	6a
Paychex	714 Brook St. #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	13,125	13,933	1,975	16	m13
		<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 Connecticut Baptist Homes, Inc	License No. 1023C	Report for Year Ended 9/30/2019			Page 22 37
Item	Total	CCNH	RHNS	Other	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 59,317	25,209	25,210	8,898	
b. Heat	\$ 42,849	18,211	18,211	6,427	
c. Light & Power	\$ 100,453	42,693	42,693	15,067	
d. Water	\$ 37,863	16,092	16,092	5,679	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 126,080	53,585	53,585	18,910	
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 366,562	155,790	155,791	54,981	
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 3,648	1,824	1,824		
b. Building & Building Improvements	\$ 197,516	81,828	81,828	33,860	
c. Non-Movable Equipment	\$ 8,641	3,419	3,420	1,802	
d. Movable Equipment	\$ 58,229	24,439	23,762	10,028	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 268,034	111,510	110,834	45,690	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$ 5,912	2,589	2,589	734	
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 5,912	2,589	2,589	734	
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	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 273,946	114,099	113,423	46,424	

* 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	Other
Repairs Contract	\$ 26,469	\$ 26,469	\$ 9,343
Dietary Equipment Repairs	\$ 826	\$ 826	\$ 291
Elevator Maintenance Contract	\$ 3,029	\$ 3,029	\$ 1,069
Heating & Cooling Maintenance Contract	\$ 14,431	\$ 14,431	\$ 5,093
Refrigeration Maintenance Contract	\$ 2,547	\$ 2,547	\$ 898
Sprinkler/Fire Equipment Maintenance Contract	\$ 1,139	\$ 1,139	\$ 401
Trash Removal	\$ 4,179	\$ 4,179	\$ 1,475
Pest Control	\$ 965	\$ 965	\$ 340
Total Other Repairs and Maintenance	\$ 53,585	\$ 53,585	\$ 18,910

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

***Ties to Page 23, Line B3**

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***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:				
5/1/2019	Office Renovation Furnishings	\$ 2,310	5	\$ 192
6/1/2019	Downstairs Renovation Furnishings	\$ 2,800	5	\$ 187
6/1/2019	Downstairs Renovation Furnishings	\$ 4,250	5	\$ 283
10/1/2018	Air Mattress	\$ 6,300	5	\$ 1,260
Total additions for Movable Equipment		\$ 15,660		\$ 1,922 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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 Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2019			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. Deferred Financing Costs	April	2013	120 Mo.	58,447	32,076	B		5,824	
2. Deferred Financing Costs	Octobe	2013	120 Mo.	675	440	B		88	
3.									
B-4. Subtotal									5,912
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									5,912

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/01/83			
4. Date of Initial Licensure	01/01/83			
5. Total Licensed Bed Capacity	80			
6. Square Footage	53,000			
7. Acquisition Cost				
a. Land	133,155			
b. Building	319,500			

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	04/25/13			
c. Interest Rate for the Cost Year	3.75%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	4,000,000			
f. Principal balance outstanding as of 9/30/2019	1,069,921			

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 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 42472	18,603	18,603		5,266
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)		\$ 42,472	18,603	18,603		5,266

(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 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:			42,472	18,603	18,603	5,266
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)			\$	686	300	300
Ford Motor Credit						86
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	43,158	18,903	18,903
14. Insurance						
a. Insurance on Property (buildings only)			\$	24,624	10,293	10,293
b. Insurance on Automobiles			\$	2,573	1,163	1,235
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	33,578	14,036	14,036
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$	60,775	25,492	25,564
15. Total All Expenditures (A-13 thru C-14)			\$	6,451,036	2,917,869	3,109,878
						423,290

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		1023C	9/30/2019	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 77,013	33,335	33,955	9,724
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 211,603	101,359	110,244	
7.			Other - See attached Schedule	\$ 12,896	6,448	6,448	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 1,202	479	486	237
11.	15	1h1	Telephone	\$ 14,481	5,770	5,849	2,862
12.	15	1h2	Cellular Telephone	\$ 2,543	1,014	1,026	503
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,928	868	925	135
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	15	m3	Unallowable Advertising *	\$ 2,748	1,242	1,319	187
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 52,659	23,860	24,463	4,336
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)			\$ 377,073	174,373	184,715	17,985	

* 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	a2	Administrative Contract Salaries - Cedar Ridge	\$ 10,085	\$ 10,705	\$ 1,518
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 23,250	\$ 23,250	\$ 8,206
Total Other Salaries Adjustment			\$ 33,335	\$ 33,955	\$ 9,724

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 3,258	\$ 3,258	
13	B3	Pharmacist	\$ 3,190	\$ 3,190	
Total Other Fees Adjustments			\$ 6,448	\$ 6,448	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 1,719	\$ 1,825	\$ 259
16	m13	Misc. Administrative Expenses	\$ 4,136	\$ 4,390	\$ 623
16	m13	Volunteer Parties & Gifts	\$ 207	\$ 207	\$ -
15		Benefits related to Cedar Ridge Administrative Contract	\$ 1,459	\$ 1,486	\$ 426
16	8a	Chamber of Commerce Dues	\$ 226	\$ 239	\$ 34
16	m13	Consulting Fees	\$ 237	\$ 252	\$ 36
16	m13	Medical Records Consultant	\$ 969	\$ 969	\$ -
15		Benefits related to Cedar Ridge Maintenance	\$ 10,144	\$ 10,332	\$ 2,959
16	3	Gifts to Staff and Residents	\$ 4,763	\$ 4,763	
Total Other A&G Adjustments			\$ 23,860	\$ 24,463	\$ 4,336

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Connecticut Baptist Homes, Inc.			1023C	9/30/2019		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
			Subtotals Brought Forward	\$ 377,073	174,373	184,715	17,985
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 68,905	30,727	38,178	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,381	1,062	1,319	
30.	20	5h	Laboratory	\$ 211	94	117	
31.	20	5c	Medical Supplies	\$ 13,952	6,222	7,730	
32.	20	5e2	Oxygen (non emergency)	\$ 4,294	1,915	2,379	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
			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	\$ 30,873	14,065	14,051	2,757
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.			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	\$ 10,197	4,106	4,155	1,936
			Not For Profit Providers Only				
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)		\$ 507,886	232,564	252,645	22,677	

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Mortgage Expense	\$ 2,589	\$ 2,589	\$ 734
20	5i	Cable TV Expense	\$ 4,551	\$ 4,551	\$ -
26	12A	Interest Expense	\$ 6,437	\$ 6,437	\$ 1,822
22	7d	Shared Depreciation on Equipment	\$ 489	\$ 475	\$ 201
Total Other Property Adjustments			\$ 14,065	\$ 14,051	\$ 2,757

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$	6,199,255	3,482,590	2,716,665		
b. Medicaid Room and Board Contractual Allowance **	\$	(3,198,585)	(1,792,167)	(1,406,418)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$	442,732	197,430	245,302		
b. Medicare Room and Board Contractual Allowance **	\$	201,301	89,767	111,534		
4. a. Private-Pay Residents and Other	\$	2,068,055	696,565	1,015,535		355,955
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	49,466	22,059	27,407		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(50,396)	(22,473)	(27,923)		
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	2,410	1,075	1,335		
b. Medical Supplies - Medicare Contractual Allowance **	\$	(2,410)	(1,075)	(1,335)		
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	286,607	140,151	146,456		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(131,849)	(64,475)	(67,374)		
c. Physical Therapy - Non-Medicare	\$	11,654	5,699	5,955		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	87,371	55,480	31,891		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(30,053)	(19,083)	(10,970)		
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	332,092	159,072	173,020		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(147,653)	(70,726)	(76,927)		
c. Occupational Therapy - Non-Medicare	\$	14,919	7,146	7,773		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(4,060)	(1,945)	(2,115)		
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$	6,130,856	2,885,090	2,889,811		355,955
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$	9,101	3,626	3,676		1,799
2. Rental of rooms to non-residents	\$					
3. Telephone	\$	16,089	6,411	6,498		3,180
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$	168,858	73,961	73,960		20,937
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	130,580	55,399	56,197		18,984
V. Total Other Revenue (1 thru 8)	\$	324,628	139,397	140,331		44,900
VI. Total All Revenue (III +V)	\$	6,455,484	3,024,487	3,030,142		400,855

* 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
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
Page 30, Line 5	Dividend Income	\$ 44,348	\$ 44,348	\$ 12,555	
Page 30, Line 5	Interest Income	\$ 5,191	\$ 5,191	\$ 1,469	
Page 30, Line 5	Unrealized Gain/Loss on Inv	\$ (1,780)	\$ (1,780)	\$ (505)	
Page 30, Line 5	Realized Gain/Loss on Inv	\$ 26,202	\$ 26,201	\$ 7,418	
Total Interest Income		\$ 73,961	\$ 73,960	\$ 20,937	

Schedule of Other Revenue

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 795,198
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 217,976
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$ 44,478
4 Inventories				\$ 30,084
5. Prepaid Expenses				\$ 49,963
a. Prepaid Property Insurance				13,211
b. Prepaid Elevator Contract				1,956
c. Prepaid Dues				1,766
d. See Schedule				33,030
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$ 242,162
Investment in 288 Thorpe Ave, LLC				242,162
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 1,379,861
B. Fixed Assets				
1. Land				\$ 133,155
2. Land Improvements				\$ 19,869
*Historical Cost				67,298
Accum. Depreciation				47,429 Net
3. Buildings				\$ 3,142,294
*Historical Cost				7,345,289
Accum. Depreciation				4,202,995 Net
4. Leasehold Improvements				\$
*Historical Cost				_____
Accum. Depreciation				Net
5. Non-Movable Equipment				\$ 40,339
*Historical Cost				321,465
Accum. Depreciation				281,126 Net
6. Movable Equipment				\$ 106,647
*Historical Cost				1,239,608
Accum. Depreciation				1,132,961 Net
7. Motor Vehicles				\$ 8,773
*Historical Cost				40,498
Accum. Depreciation				31,725 Net
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$ 5,210
Variance				5,210
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 3,456,287

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Health Insurance	\$ 29,920
31	A5	Prepaid Telephone Maintenance	\$ 3,110
Total Prepaid Expenses			\$ 33,030

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

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	32	37
Account		Amount		
		Total Brought Forward:		\$ 4,836,148
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>)			\$	4,141,392
Long Term Investments		3,967,908		
Deferred Financing Costs		20,693		
See Schedule		152,791		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,141,392
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,977,540

* 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								
Connecticut Baptist Homes, Inc.	1023C	9/30/2019	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 162,815								
2. Notes Payable (<i>itemize</i>)			\$								
See Schedule											
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$ 7,743								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr> <td>Ford</td> <td></td> <td style="text-align: right;">7,743</td> <td></td> </tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due	Ford		7,743	
Name of Lender	Purpose	Amount	Date Due								
Ford		7,743									
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 264,217								
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$								
6. Accrued Payroll Taxes Payable			\$ 19,638								
7. Medicare Final Settlement Payable			\$								
8. Medicare Current Financing Payable			\$								
9. Mortgage Payable (<i>Current Portion</i>)			\$ 106,430								
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$ 3,344								
11. Accrued Income Taxes*			\$								
12. Other Current Liabilities (<i>itemize</i>)			\$ 156,551								
Accrued Audit Fees			21,000								
Accrued Provider Tax			102,199								
Due to Third Party			33,352								
			See Schedule								
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 720,738								

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			720,738	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$ 1,995	
Name of Lender	Purpose	Amount	Date Due	
Ford		1,995		
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>)			\$ 963,491	
Note Payable to Berkshire Bank	963,491			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 965,486	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 1,686,224	

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page 35	of 37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	7,286,868
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ 4,448
7. Total Net Worth			\$	7,291,316
C. Total Reserves and Net Worth				\$ 7,291,316
D. Total Liabilities, Reserves, and Net Worth				\$ 8,977,540

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of			
Connecticut Baptist Homes, Inc.	1023C	9/30/2019	36	37			
Account				Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 7,286,864			
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 6,455,484			
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 6,451,036			
D. Net Income or Deficit				\$ 4,448			
E. Balance				\$ 7,291,312			
F. Additions							
1. Additional Capital Contributed (<i>itemize</i>)							
2. Other (<i>itemize</i>)							
F-3. Total Additions				\$			
G. Deductions							
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$			
Name and Address (No., City, State, Zip)	Title	Amount					
2. Other Withdrawings (<i>Specify</i>)				\$			
Purpose	Amount						
3. Total Deductions				\$			
H. Balance at End of Period				\$ 7,291,312			

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2019	Page of 37 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other
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Preparer/Reviewer Certification

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.

Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>	Title <i>Blum, Shapiro & Company, P.C.</i>	Date Signed <i>2/12/2020</i>
Printed Name of Preparer Blum, Shapiro, & Company, PC		
Address 29 S Main Street, 4th Floor, West Hartford, CT 06127		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address JFINK@blumshapiro.com		