

February 15, 2020

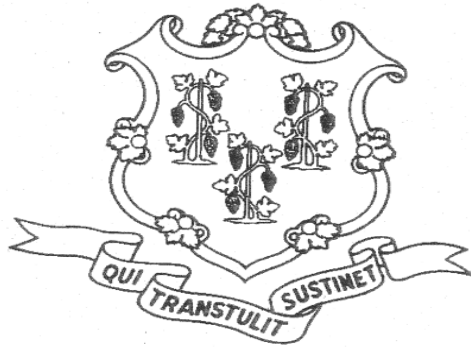
Ms. Kathleen Shaughnessy
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Ms. Shaughnessy:

Enclosed please find the 2019 Medicaid Cost Report for The Curtis Home.

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. We did not disallow bad debts as it is now netted against Private Pay Revenue. 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) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown Street, Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
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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

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General Information

Name of Facility (as licensed) The Curtis Home	License No. 541C	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 The Curtis Home [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) Paul R. Sprague			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Curtis Home		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 380 Crown Street, Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/15/2020	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-237-4338		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown Street, Meriden, CT 06450		
License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Paul R. Sprague		Nursing Home Administrator's License No.:	001321	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
The Curtis Home	380 Crown Street, Meriden, CT 06450	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**The Curtis Home
Board of Trustees 2019**

David Cantor, President

86 Forest Glen Drive
Woodbridge, CT 06525

Ronald Stempien, Vice President

450 Broad St
Meriden, CT 06451

Robert Flyntz

12 Jonathon Road
Wallingford, CT 06492

Michael Gruber

42 Lydale Place
Meriden, CT 06450

Richard Pendred

909 Middle Street
Middletown, CT 06457

**General Information and Questionnaire
Related Parties***

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	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	%**				
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apts on Campus (unoccupied)	None - Excluded		
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets Elderly Apts & Adult Daycare	None - Excluded		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Curtis Home	License No. 541C	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.

Administrative, general costs, and insurance are based on patient days and number of beds, consistent with prior filings which were audited by the department.

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 The Curtis Home			License No. 541C	Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	08/01/18	51 months	942		942
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	04/21/17	48 month	7,521		7,521
	<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"/>						
							Total ***	8,463

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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.



Master Agreement

0040742189

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

THE CURTIS HOME INC

Sold-To: Address

380 Crown St, Meriden, CT, 06450-6484, US

Sold-To: Contact Name

Dawn Warncke

Sold-To: Contact Phone #

(203) 237-4338

Sold-To: Account #

0012162753

Bill-To: Address

380 Crown St, Meriden, CT, 06450-6484, US

Bill-To: Contact Name

Dawn Warncke

Bill-To: Contact Phone #

(203) 237-4338

Bill-To: Account #

0012162753

Bill-To: Email

dwarncke@thecurtishome.org

Ship-To: Address

380 Crown St, Meriden, CT, 06450-6484, US

Ship-To: Contact Name

Dawn Warncke

Ship-To: Contact Phone #

(203) 237-4338

Ship-To: Account #

0012162753

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROC SERIES	SENDPRO C200, C300, C400
1	1H00	SendPro C Series Meter
1	2H00	C Series Base
1	793-5	DM100I RED INK CART 1BOX
1	C200	SendPro C200
1	DM1RKL	RETURN KIT FOR DM100/125 - LARGE
1	F9S1	F9S1-SENDPRO C INSTALL TRNG WO SHIPPING
1	HZ80001	SendPro C Series Drop Stacker
1	MP81	C Series Integrated Scale
1	PTJ1	Postal Shipping
1	PTJA	SendPro Basic 1 User
1	PTJN	SINGLE USER ACCESS

1	PTK1	WEB BROWSER INTEGRATION
1	PTK2	SendPro C Series Shipping Integration
1	SJS1	C200 Softguard
1	SL-798-0	SENDPRO C200/C300/C400 RED INK CTG
1	STDSLA	Standard SLA-Equipment Service Agreement (for SENDPRO C200, C300, C400)
1	ZH24	MANUAL WEIGHT ENTRY
1	ZH25	HZ02 40 LPM SPEED
1	ZHC2	SENDPRO C200 BASE SYSTEM IDENTIFIER
1	ZHD5	USPS RATES WITH METERED LETTER
1	ZHWL	5 lbs. / 3 kg Weighing Option for MP81

Your Payment Plan

Initial Term: 51 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
51	\$ 78.54	\$ 235.62

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- () Tax Exempt Certificate Attached
 () Tax Exempt Certificate Not Required
 (X) Purchase Power® transaction fees included
 () Purchase Power® transaction fees extra

General Information and Questionnaire
Accounting Basis

Name of Facility The Curtis Home	License No. 541C	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 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
---	--

Services Provided by This Firm (*describe fully*)

1 Independent Audit, Form 990, Medicare and Medicaid Cost Reports	\$ 33,300
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 33,300

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 Murtha Cullina LLP 2 3 4 5	Telephone Number 860-240-6000
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1 185 Asylum Street, 29th Floor, Hartford, CT 06103
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 General Legal	\$ 12,653
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 12,653

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

Schedule of Resident Statistics

Name of Facility The Curtis Home		License No. 541C			Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	94	60		34	94	60		34	94	60		34
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34
2. Number of Residents												
A. As of midnight of PREVIOUS report period	78	50		28	78	50		28	84	51		33
B. As of midnight of THIS report period	83	52		31	84	51		33	83	52		31
3. Total Number of Days Care Provided During Period												
A. Medicare	852	852			783	783			69	69		
B. Medicaid (Conn.)	10,472	10,472			7,440	7,440			3,032	3,032		
C. Medicaid (other states)												
D. Private Pay	677	677			677	677						
E. State SSI for RCH	10,899			10,899	8,085			8,085	2,814			2,814
F. Other (Specify) VA/Optum/Managed Care	6,007	5,896		111	4,511	4,400		111	1,496	1,496		
G. Total Care Days During Period (3A thru F)	28,907	17,897		11,010	21,496	13,300		8,196	7,411	4,597		2,814
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	28,907	17,897		11,010	21,496	13,300		8,196	7,411	4,597		2,814

Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	Residential Care Home	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	1		34		17				31				
Per Diem Rate													
a. One bed rm.	PPS		247.96		350.00		120.00		106.92				
b. Two bed rms.	PPS		N/A		325.00		N/A		N/A				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B										2,242	2,242		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										5,294	5,294		
D. Total Physical Therapy Treatments										7,536	7,536		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										377	377		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,058	1,058		
D. Total Speech Therapy Treatments										1,435	1,435		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,172	3,172		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										6,277	6,277		
D. Total Occupational Therapy Treatments										9,449	9,449		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	80,319	1,317			45,514	746
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	160,697	6,188			91,062	3,507
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	36,018	1,319			20,313	744
c. Dietary Workers	200,916	15,533			113,306	8,760
6. Housekeeping Service						
a. Head Housekeeper	13,058	434			6,316	210
b. Other Housekeeping Workers	61,172	5,414			35,709	3,161
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	17,460	580			8,445	281
b. Other Maintenance Workers	87,311	4,901			42,229	2,371
8. Laundry Service						
a. Supervisor	15,936	530			836	28
b. Other Laundry Workers	79,686	7,950			4,181	417
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	99,195	2,200				
b. RN						
1. Direct Care	464,502	11,650				
2. Administrative**	131,992	3,542				
c. LPN						
1. Direct Care	404,343	14,924				
2. Administrative**	14,630	444			46,390	1,905
d. Aides and Attendants	614,208	39,976			274,864	17,890
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	56,970	2,282				
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	42,670	2,003				
n. Marketing	11,762	Disallowed			7,236	Disallowed
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,592,845	121,189			696,401	40,018

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

Name of Facility The Curtis Home				License No. 541C	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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Curtis Home				541C	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	Residential Care Home							
Section III - Administrators***										
Paul Sprague	80,319		45,514			2,063	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	12,859	286				
2. Dentist	5,973	Disallowed				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	169,164	2,290				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,500	100				
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) VA Doctor Expense	5,368	Disallowed				
9. Speech Therapist						
a. Resident Care	84,114	1,139				
b. Other						
10. Occupational Therapist						
a. Resident Care	222,287	2,877				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,461	762				
2. Administrative***						
b. LPN						
1. Direct Care	38,503	911				
2. Administrative***						
c. Aides	91,950	3,911				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	687,179	12,276				

* 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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Leanne Carlson, 561 High Road, Kensington, CT 06037	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Jennifer Catalono, 55 St. James Pl. Berlin, CT 06037	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental, 88 Worcester St. Ste. 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy, 850 Silas Deane Highway 2nd Floor, Wethersfield, CT 06109	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Heritage at Home, LLC, 307 International Circle Suite 100, Hunt Valley, MD 21086	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford Martel, 360 Broad Street, Meriden, 06450, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, 7 S Main Street, West Hartford, CT 06107	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nursefinders Inc., 1341 W Mockingbird Lane, Dallas, TX 75247	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main Street, Plantsville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Mobile X USA/ TridentCare 930 Ridgebrook Rd. Sparks Glencoe, MD 21152	Physicians - Other/ X-Ray	<input type="radio"/>	<input checked="" type="radio"/>		
Giosa and Brown Pulmonary Associates, 455 Lewis Ave Ste 206, Meriden, CT 06451	Physicians - Other/ Pulmonary Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry Group, 85 Barnes Road Suite 207, Wallingford, CT 06492	Physicians - Other/ Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Broad St, Suite 302, Newark, NJ 07102	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Staff 221 Chelmsford St., Chelmsford, MA 01824	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
CareerStaff Unlimited, 360 Bloomfield Ave #303, Windsor, CT 06095	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2019	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 137,959	108,750		29,209
2. Disability Insurance	\$ 19,214	15,146		4,068
3. Unemployment Insurance	\$ 38,507	30,354		8,153
4. Social Security (F.I.C.A.)	\$ 242,180	190,906		51,274
5. Health Insurance	\$ 365,859	288,399		77,460
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,368	42,857		11,511
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 33,300	21,255		12,045
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,653	8,076		4,577
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 4,332	4,316		16
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,511	12,220		2,291
2. Cellular Phones	\$ 1,242	1,242		
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	\$ 359,317	359,317		
Subtotal	\$ 1,283,442	1,082,838		200,604

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2019		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	1,283,442	1,082,838		200,604	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 173	107		66	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 1,437	1,098		339	
4. Employee Travel	\$ 201	201			
5. Education Expenses Related to Seminars and Conventions	\$ 1,920	1,920			
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>)	\$ 206	206			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 292	292			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
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	\$ 1,318	816		502	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 255	163		92	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 680	434		246	
9. Subscriptions	\$ 999	499		500	
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	\$ 105,099	69,238		35,861	
C-14 Total Administrative & General Expenditures	\$ 1,396,022	1,157,812		238,210	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
ALTCFM	\$ 163		\$ 92
Total Dues	\$ 163	\$ -	\$ 92

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-Employment Screenings	\$ 5,616		\$ 1,508
Computer Supplies / Programs	\$ 15,706		\$ 8,900
SNF Administration Contracts	\$ 3,625		
Crime Insurance	\$ 1,730		\$ 980
Management Liability Insurance	\$ 5,534		\$ 3,136
Bank Service Charges	\$ 570		\$ 323
Payroll Service Fees	\$ 17,068		\$ 9,672
Administration Outside Services	\$ 12,076		\$ 6,843
Miscellaneous Expenses	\$ 7,313		\$ 4,499
			\$ -
Total Other Administrative and General	\$ 69,238	\$ -	\$ 35,861

Schedule C-1 - Management Services*

Name of Facility The Curtis Home	License No. 541C	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 #
None			

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2019		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 219,311	140,229			79,082
2.	Non-Food Supplies	\$ 34,535	22,082			12,453
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 253,846	162,311			91,535
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
K.	Is any revenue collected 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)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.	207,004	196,684	10,320
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	9,417	8,948	469
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	9,417	8,948	469
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
The Curtis Home	541C	9/30/2019	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	44,240	29,818		14,422
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	35,581	22,029		13,552
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>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	35,581	22,029		13,552
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Third Party and Med A	\$	170,068	170,068		
b. Medicine Cabinet Drugs	\$	15,386	15,386		
c. Medical and Therapeutic Supplies	\$	97,285	97,214		71
d. Ambulance/Limousine***	\$	1,133	1,133		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	1,030	1,030		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	8,554	8,554		
i. Recreation	\$	7,990	7,737		253
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	2,714	2,714		
5M. Total Resident Care Expenditures (5a - 5j)	\$	304,160	303,836		324

* 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.

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

Name of Facility The Curtis Home			License No. 541C		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	Residential Care Home	Pg	Line
PrimePay	5 Commerce Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	17,068		9,672	16	m13
General Technology Group	164 Scott Street, Suite 1, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	7,671		4,347	16	m13
CWPM, LLC.	P.O. Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Management	14,590		8,866	22	6f
A & R Landscaping	15 James Avenue, New Britain, CT 06503	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	10,761		6,539	22	6f
		<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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 17,888	15,729			2,159	
b. Heat	\$ 63,468	32,286			31,182	
c. Light & Power	\$ 73,137	55,404			17,733	
d. Water	\$ 49,548	32,687			16,861	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,463	5,402			3,061	
f. Other (<i>itemize</i>)	\$ 87,058	54,151			32,907	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 299,562	195,659			103,903	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 8,225				8,225	
b. Building & Building Improvements	\$ 118,064	116,936			1,128	
c. Non-Movable Equipment	\$ 12,391	9,796			2,595	
d. Movable Equipment	\$ 33,076	29,206			3,870	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 171,756	155,938			15,818	
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	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 171,756	155,938			15,818	

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

Depreciation Schedule

Name of Facility The Curtis Home		License No. 541C			Report for Year Ended 9/30/2019			Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements										
1. Acquired prior to this report period		201,115		201,115	118,084	SL	Various	8,225		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal									8,225	
B. Building and Building Improvements										
1. Acquired prior to this report period		4,584,137		4,584,137	3,505,486	SL	Various	116,063		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)		120,050		120,050		SL	Various	2,001		
B-4. Subtotal									118,064	
C. Non-Movable Equipment										
1. Acquired prior to this report period		406,628		406,628	181,798	SL	Various	12,391		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal									12,391	
	Is a mileage logbook maintained?	Date of Acquisition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Truck & Plow				37,904	37,904	8,686	SL	4	9,476	
b.						9,476	Reclass PY	truck dep.		
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period				1,170,975	1,170,975	1,017,623	SL	Various	23,205	
b. Disposals (attach schedule)						(9,476)	Reclass PY	truck dep.		
c. Acquired during this report period (attach schedule)				7,570	7,570		SL	Various	395	
D-3. Subtotal										33,076
E. Total Depreciation										171,756

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/1/2019	Generator	\$ 120,050	20	\$ 2,001
Total additions for Building Improvement		\$ 120,050		\$ 2,001 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/10/2019	Speed Queen Classic Washer	\$ 1,022	10	\$ 26
10/22/2018	TV	\$ 190	2	\$ 35
12/20/2018	2 TVs	\$ 319	2	\$ 47
1/8/2019	Mechanical Bed	\$ 1,802	12	\$ 113
3/4/2019	Mattress	\$ 679	5	\$ 79
3/6/2019	Vacuum Pump	\$ 525	5	\$ 61
8/20/2019	2 TVs	\$ 358	5	\$ 6
8/31/2019	Compressor for Walk-in Freezer in Kitchen	\$ 1,650	5	\$ 28
9/26/2019	Wheelchair Cushions	\$ 1,025	5	\$ -
Total additions for Movable Equipmen		\$ 7,570		\$ 395 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		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.									
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 The Curtis Home	License No. 541C	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	06/01/84			
2. Date Structure Completed	07/23/85			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	07/23/85			
5. Total Licensed Bed Capacity	94			
6. Square Footage	33,683			
7. Acquisition Cost				
a. Land	Gifted			
b. Building	3,300,000			

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 _____				
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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
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 The Curtis Home		License No. 541C		Report for Year Ended 9/30/2019			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
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)				\$ 36,570	23,343		13,227	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 12,558	8,016		4,542	
2. Fire and Extended Coverage				\$				
3. Other (Specify) Liability				\$ 31,408	20,048		11,360	
14d. Total Insurance Expenditures (14a + b + c)				\$ 80,536	51,407		29,129	
15. Total All Expenditures (A-13 thru C-14)				\$ 6,527,305	5,337,963		1,189,342	

D. Adjustments to Statement of Expenditures

Name of Facility The Curtis Home			License No. 541C	Report for Year Ended 9/30/2019	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 39,600	19,262		20,338
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 222,287	222,287		
7.			Other - See attached Schedule	\$ 11,341	11,341		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1e	Cellular Telephone	\$ 882	882		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,920	1,920		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M2	Unallowable Advertising *	\$ 292	292		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 23,514	12,898		10,616
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 123	123		
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)				\$ 299,959	269,005		30,954

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	n	Marketing Salaries	\$ 11,762		\$ 7,236
10	c1	LPN Reduction to CNA Rate			\$ 13,102
10	c1	Severance Pay	\$ 7,500		
Total Other Salaries Adjustment			\$ 19,262	\$ -	\$ 20,338

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 5,973		
13	B8e	VA Doctor	\$ 5,368		
Total Other Fees Adjustments			\$ 11,341	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ 570		\$ 323
16	m9	Newspaper Subscription	\$ 499		\$ 500
16	m13	Miscellaneous Expense	\$ 7,313		\$ 4,499
16	m8a	Unallowable Dues - Chamber of Commerce	\$ 434		\$ 246
		Benefits on Salary (Above)	\$ 2,352		\$ 4,068
16	m13	Crime Insurance	\$ 1,730		\$ 980
Total Other A&G Adjustments			\$ 12,898	\$ -	\$ 10,616

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 299,959	269,005		30,954
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 170,068	170,068		
28.	20	5d	Ambulance/Limousine	\$ 1,133	1,133		
29.	20	5f	X-rays, etc	\$ 1,030	1,030		
30.	20	5h	Laboratory	\$ 8,554	8,554		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,714	2,714		
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	\$ 14,838	14,838		
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	\$ 7,887	7,224		663
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)				\$ 506,183	474,566		31,617

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	51	SNF Personal Needs	\$ 1,225		
20	51	Other Orthopedic	\$ 1,489		
Total Other Ancillary Costs			\$ 2,714	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 9,519		
22	7b	Depreciation on TVs Purchased for Resident Rooms	\$ 1,354		
20	5i	Cable TV	\$ 3,965		
Total Other Property Adjustments			\$ 14,838	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,176		\$ 663
30	IV8	Miscellaneous Income	\$ 6,048		
Total Other Adjustments			\$ 7,224	\$ -	\$ 663

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Curtis Home	541C	9/30/2019			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,357,854	3,190,855		1,166,999		
b. Medicaid Room and Board Contractual Allowance **	\$ (791,777)	(791,777)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 369,646	369,646				
b. Medicare Room and Board Contractual Allowance **	\$ (66,545)	(66,545)				
4. a. Private-Pay Residents and Other	\$ 2,858,174	2,842,406		15,768		
b. Private-Pay Room and Board Contractual Allowance **	\$ (555,039)	(555,040)		1		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 99,269	99,269				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 2,932	2,932				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 38,467	38,467				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 815	815				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 144,048	144,048				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 294	294				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 231,711	231,711				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,689,849	5,507,081		1,182,768		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 123	123				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,555	1,291		264		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 18,048	17,385		663		
V. Total Other Revenue (1 thru 8)	\$ 19,726	18,799		927		
VI. Total All Revenue (III +V)	\$ 6,709,575	5,525,880		1,183,695		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6a	Contractual Allowances - Ancillaries - Medicare A	\$ 102,129		
30, II6a	Contractual Allowances - Medicare A	\$ 129,582		
Total Other Resident Revenue - Medicare		\$ 231,711	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income		\$ 1,291		\$ 264
Total Interest Income			\$ 1,291	\$ -	\$ 264

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Food Rebates	\$ 1,176		\$ 663
30, IV8	Donations	\$ 2,165		
30, IV8	Miscellaneous Income	\$ 6,048		
30, IV8	Discounts Earned	\$ 7,996		
Total Other Revenue		\$ 17,385	\$ -	\$ 663

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	458,718
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,921,831
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	20,203
a. Prepaid Insurance	18,601			
b. Prepaid Expenses	1,602			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	62,400
Prepaid Personal Funds	62,400			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,463,152
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	201,115	\$	74,806
	Accum. Depreciation	126,309		
	Net			
3. Buildings	*Historical Cost	4,704,187	\$	1,080,637
	Accum. Depreciation	3,623,550		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	406,628	\$	212,439
	Accum. Depreciation	194,189		
	Net			
6. Movable Equipment	*Historical Cost	1,178,545	\$	146,798
	Accum. Depreciation	1,031,747		
	Net			
7. Motor Vehicles	*Historical Cost	37,904	\$	10,266
	Accum. Depreciation	27,638		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	73,058
See Schedule		73,058		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,598,004

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
31	B9	Construction in Progress	\$ 16,626
31	B9	Misc Amount to Tie to Financial Statements	\$ 56,432
Total Other Other Fixed Assets (Itemize)			\$ 73,058

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,061,156	
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>)			\$ 1,078,393	
Affiliate Assets not for Cost Report Purposes		1,078,393		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,078,393	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,139,549	

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

G. Balance Sheet (cont'd)

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				813,936
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>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 813,936

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2019	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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,143,343
6. Gain or Loss for Period			\$	182,270
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	4,325,613
C. Total Reserves and Net Worth			\$	4,325,613
D. Total Liabilities, Reserves, and Net Worth			\$	5,139,549

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H. Changes in Total Net Worth

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	4,024,909
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,709,575
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,527,305
D. Net Income or Deficit			\$	182,270
E. Balance			\$	4,207,179
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Current Year Net Income Activities		118,434		
Affiliate (not in cost report)				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	118,434
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		09/30/19	\$	4,325,613

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title		Date Signed 2/12/2020	
Printed Name of Preparer Blum, Shapiro & Company, P.C.					
Address 29 South 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					