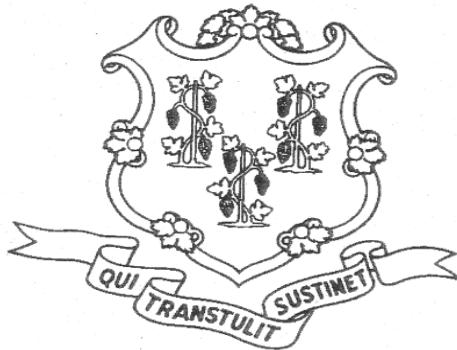


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 44 Canterbury Road, Brooklyn CT, 06234	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 600C	RHNS	(Specify)	Medicare Provider 07-5243
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Medicaid Provider Numbers:	CCNH 206007	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) Pierce Memorial Baptist Home, Inc.	License No. 600C	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 Pierce Memorial Baptist Home, 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) Judy Johnson		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 Pierce Memorial Baptist Home, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 44 Canterbury Road, Brooklyn CT, 06234				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 2/13/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 860-774-9050	Report for Year Ended 9/30/2019	Page 2
Name of Facility (as shown on license) Pierce Memorial Baptist Home, Inc.		Address (No. & Street, City, State, Zip) 44 Canterbury Road, Brooklyn CT, 06234	
License Numbers:	CCNH 600C	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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 Judy Johnson		Nursing Home Administrator's License No.:	1317
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation Pierce Memorial Baptist Home, Inc.	Business Address 44 Canterbury Road, Brooklyn CT, 06234	State(s) in Which Incorporated CT	
Name of Directors, Officers See Schedule of Board of Trustees Attached	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			
None - nonstock corporation			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
Connecticut Baptist Homes, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		CEO and AR Management Services	16 / m12	281,141
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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.

N/A

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

N/A

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.

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 Pierce Memorial Baptist Home, Inc	License No. 600C	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 Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 Blum, Shapiro & Company, P.C. 3 Whittlesey PC 4 Jyoti Ajodhi	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107 344 North Main Street, Marlborough, CT 06447 280 Trumbull Street, Hartford, CT 06103
--	---

Services Provided by This Firm (*describe fully*)

1 Form 990, Medicaid and Medicare Cost Reports	\$ 12,266
2 Internal Accounting Services	\$ 49,460
3 Annual Audit	\$ 14,500
4 AR Services	\$ 9,870
	Charge for Services Provided \$ 86,096

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 Goldman, Gruder & Woods 2 Robinson & Cole LLP 3 Wiggin & Dana 4 5	Telephone Number 203-899-8900 860-275-8200 860-297-3700
---	--

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

1 200 Connecticut Avenue, Norwalk, CT 06854	
2 280 Trumbull St, Hartford, CT 06103	
3 20 Church Street, Hartford, CT, 06103	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Employee Matters	\$ 227
2 General labor and employment review	\$ 1,812
3 Merger related issues - Disallowed	\$ 1,691
4	\$
5	\$
	Charge for Services Provided \$ 3,730

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 Pierce Memorial Baptist Home, Inc.			License No. 600C				Report for Year Ended 9/30/2019				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					72	72			72	72		
A. On last day of PREVIOUS report period	72	72			72	72			72	72		
B. On last day of THIS report period	72	72			72	72			72	72		
2. Number of Residents					67	67			71	71		
A. As of midnight of PREVIOUS report period	67	67			67	67			71	71		
B. As of midnight of THIS report period	67	67			71	71			67	67		
3. Total Number of Days Care Provided During Period					1,230	1,230			321	321		
A. Medicare	1,551	1,551			1,230	1,230			321	321		
B. Medicaid (Conn.)	19,147	19,147			14,207	14,207			4,940	4,940		
C. Medicaid (other states)												
D. Private Pay	3,285	3,285			2,413	2,413			872	872		
E. State SSI for RCH												
F. Other (Specify) Insurance	788	788			636	636			152	152		
G. Total Care Days During Period (3A thru F)	24,771	24,771			18,486	18,486			6,285	6,285		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					67	67			9	9		
A. Medicaid Bed Reserve Days	76	76			67	67			9	9		
B. Other Bed Reserve Days	31	31			15	15			16	16		
5. Total Resident Days (3G + 4A + 4B)	24,878	24,878			18,568	18,568			6,310	6,310		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(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	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
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	(Specify)	R.C.H.	ICF-MR
No. of Residents	2	53		12				
Per Diem Rate								
a. One bed rm.	PPS	253.15		374.00				
b. Two bed rms.								
c. Three or more bed rms.	PPS	253.15		352.00				

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		4,978	4,978	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	4,978	4,978		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B		278	278	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	278	278		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B		2,843	2,843	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	2,843	2,843		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		600C	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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	104,503	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	116,122	4,830			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	12,348	320			
c. Dietary Workers	234,784	17,959			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	24,279	947			
b. Other Maintenance Workers	25,870	2,147			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	94,121	2,080			
b. RN					
1. Direct Care	550,496	13,565			
2. Administrative**	71,540	2,044			
c. LPN					
1. Direct Care	752,472	25,844			
2. Administrative**					
d. Aides and Attendants	973,770	60,819			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	88,301	4,923			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	100,914	3,334			
n. Marketing	25,228	834			
o. Other (Specify) See Attached Schedule	65,495	3,120			
<i>A-13. Total Salary Expenditures</i>	3,240,243	144,846			

* 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 Pierce Memorial Baptist Home, Inc.			License No. 600C		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	(Specify)							
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.

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
Pierce Memorial Baptist Home, Inc.				600C		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	(Specify)							
Section III - Administrators***										
Thomas Sullivan (10/1/2018 - 12/6/2018)	20,192			Non-preferential	Administrator	400	A2			
Judy Johnson (12/6/2018 - Present)	84,311			Non-preferential	Administrator	1,680	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
	600C	9/30/2019		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	430	10			
2. Dentist					
3. Pharmacist	7,820	Disallowed			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	237,519	5,886			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,000	104			
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	32,154	771			
b. Other					
10. Occupational Therapist					
a. Resident Care	171,083	Disallowed			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	1,666	Disallowed			
B-13 Total Fees Paid in Lieu of Salaries	480,672	6,771			

* 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	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 85,185	85,185		
2. Disability Insurance	\$ 14,776	14,776		
3. Unemployment Insurance	\$ 16,273	16,273		
4. Social Security (F.I.C.A.)	\$ 238,852	238,852		
5. Health Insurance	\$ 393,691	393,691		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,243	3,243		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,183	17,183		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 9,454	9,454		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 86,096	86,096		
e. Legal (Services should be fully described on Page 7)	\$ 3,730	3,730		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 24,491	24,491		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,331	8,331		
2. Cellular Phones	\$ 3,424	3,424		
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	\$ 471,563	471,563		
Subtotal	\$ 1,376,292	1,376,292		

* 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

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
	600C	9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,376,292	1,376,292		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	16,327	16,327		
4. Employee Travel	\$	2,367	2,367		
5. Education Expenses Related to Seminars and Conventions	\$	13,965	13,965		
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>)	\$	5,252	5,252		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	4,099	4,099		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,689	4,689		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,747	7,747		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	650	650		
9. Subscriptions	\$				
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>)	\$	19,452	19,452		
12. Administrative Management Services**	\$	281,141	281,141		
13. Other (<i>Specify</i>) See Attached Schedule	\$	104,375	104,375		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,836,356	1,836,356		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising / Marketing Expense	\$ 4,099		
Total Other Advertising	\$ 4,099	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
Leading Age	\$ 6,985		
Society of Human Resource Management	\$ 287		
CT Association of Healthcare Facilities	\$ 350		
ICNC	\$ 40		
Total Dues	\$ 7,747	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Directors & Officers Insurance	\$ 8,813		
Insurance - Surety Bond	\$ 450		
Payroll Data Service	\$ 23,673		
Bank Fees / Service Charges - Disallowed	\$ 5,878		
Computer Supply & Expense	\$ 591		
Fees and Subscriptions	\$ 14,621		
Service Contracts - Software / IT	\$ 50,309		
Licenses	\$ 40		
Total Other Administrative and General	\$ 104,375	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2019	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 #
Connecticut Baptist Homes, Inc.	281,141	CEO & AR Services	16 m12
Unidine	83,333	Dietary	18/ 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	License No.	Report for Year Ended		Page of
	600C	9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 189,731	189,731		
2. Non-Food Supplies	\$ (450)	(450)		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 93,358	93,358		
c. Other (Specify) _____ Management Services	\$ 83,333	83,333		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 365,972	365,972		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$3,123
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30 IV1
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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	132,728	132,728	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	132,728	132,728	
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
	600C	9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	20,478	20,478		
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. \$	208,640	208,640		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	229,118	229,118		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy	\$	81,166	81,166		
b. Medicine Cabinet Drugs	\$	34,896	34,896		
c. Medical and Therapeutic Supplies	\$	108,313	108,313		
d. Ambulance/Limousine***	\$	4,531	4,531		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	16,788	16,788		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	10,993	10,993		
i. Recreation	\$	31,337	31,337		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	27,182	27,182		
5M. Total Resident Care Expenditures (5a - 5j)	\$	315,206	315,206		

* 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 Pierce Memorial Baptist Home, Inc.				License No. 600C	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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
Facilities Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	61,356				22	6a
Healthcare Services Group, Inc.	3220 Tillman Dr # 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	132,728				19	2b
Healthcare Services Group, Inc.	3220 Tillman Dr # 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	208,640				20	4b
Point Click Care	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>		PCC Software and Employee Training	26,678				16	15 & r
IT Direct	67 Prospect Ave STE 202, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	31,505				16	m13
Willimantic Waste	121 Chronicle Rd, Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Waste and Trash Removal	11,501				22	6a
Paychex	714 Brook St Suite 120 Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	23,673				16	m13
Accelerated Care Plus Leasing, Inc.	Suite 103 Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>		Lease/ Nursing Equipment	19,431				20	51
River Valley Construction and Landscaping	50 North Moodus Road, Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	31,272				22	6f
Celtic Consulting	507 E Main St #308, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		PDPM Medicare Consulting	18,952				16	m11
		<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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	116,224	116,224			
b. Heat	\$	72,144	72,144			
c. Light & Power	\$	74,489	74,489			
d. Water	\$	70,433	70,433			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$	121,035	121,035			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	454,325	454,325			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	4,005	4,005			
b. Building & Building Improvements	\$	165,058	165,058			
c. Non-Movable Equipment	\$	59,400	59,400			
d. Movable Equipment	\$	52,594	52,594			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	281,057	281,057			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	4,248	4,248			
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	4,248	4,248			
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	\$	24	24			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	285,329	285,329			

* 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

Depreciation Schedule

Name of Facility Pierce Memorial Baptist Home, Inc.				License No. 600C			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				161,337		161,337	141,975	SL	Various	4,005		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal											4,005	
B. Building and Building Improvements												
1. Acquired prior to this report period				7,014,042		7,014,042	5,203,792	SL	Various	165,058		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal											165,058	
C. Non-Movable Equipment												
1. Acquired prior to this report period				911,748		911,748	579,869	SL	Various	56,471		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				14,644		14,644		SL	Various	2,929		
C-4. Subtotal											59,400	
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1980 Dodge			3	80	12,000		12,000	12,000	SL	7		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,326,701		1,326,701	1,090,598	SL	Various	45,366	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					36,522		36,522		SL	Various	7,228	
D-3. Subtotal											52,594	
E. Total Depreciation											281,057	

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/3/2019	Toilets	\$ 1,450	5	\$ 290
11/14/2018	Mixing Valve	\$ 3,854	5	\$ 771
11/20/2018	Booster Hubbel Heater	\$ 2,705	5	\$ 541
5/16/2018	Mixing Valve	\$ 3,977	5	\$ 795
5/26/2018	Seal and Bearing Assembly	\$ 2,658	5	\$ 532
Total additions for Non-Movable Equipment		\$ 14,644		\$ 2,929
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:				
11/8/2018	APC Spart UPS 1500V Battery	\$ 1,338	7	\$ 191
11/8/2018	Industrial Washer	\$ 2,250	5	\$ 450
2/22/2019	Wheelchair	\$ 1,293	5	\$ 259
3/31/2019	7 Mattress and Extender	\$ 1,816	5	\$ 363
6/1/2019	Dell Optiplex	\$ 1,465	5	\$ 293
6/12/2019	Sling for Lift	\$ 2,347	5	\$ 469
9/3/2019	2 Prime Care model bed	\$ 2,158	5	\$ 432
9/3/2019	Prime Care Model Bed	\$ 1,412	5	\$ 283
9/26/2019	4 Prime Care Model Bed	\$ 4,316	5	\$ 863
7/29/2019	Sara Flex Lift	\$ 6,546	5	\$ 1,309
7/31/2019	10 Maximove DPS Scales	\$ 11,581	5	\$ 2,316
Total additions for Movable Equipment		\$ 36,522		\$ 7,228 *
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 Pierce Memorial Baptist Home, Inc.			License No. 600C		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. Refinancing Costs	9	2012	25	19,558	19,558	B			
2. Refinancing Costs - See checklist #1	9	2012	25	86,633	Not included in prior years	B		4,248	
3.									
B-4. Subtotal									4,248
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									4,248

* 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 Pierce Memorial Baptist Home, Inc.	License No. 600C	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	1950s			
2. Date Structure Completed	Renovation 1991			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	06/16/75			
5. Total Licensed Bed Capacity	72			
6. Square Footage	61,407			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	03/01/13			
c. Interest Rate for the Cost Year	3.39%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	11,454,000			
f. Principal balance outstanding as of 9/30/2019	9,375,761			

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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019			Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 11,454,000			
2. Loan Origination Date			03/01/13			
3. Interest Rate %			3.39%			
4. Term			25			
5. CHEFA Interest Expense			\$ 118,037	118,037		
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 118,037	118,037		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2019			27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			118,037	118,037		
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)		\$	118,037	118,037		
14. Insurance						
a. Insurance on Property (buildings only)		\$	16,529	16,529		
b. Insurance on Automobiles		\$	2,097	2,097		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	12,457	12,457		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	19,670	19,670		
Liability (\$17,599), Cyber Liability (\$2,071)						
14d. Total Insurance Expenditures (14a + b + c)		\$	50,753	50,753		
15. Total All Expenditures (A-13 thru C-14)		\$	7,508,739	7,508,739		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		600C	9/30/2019	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 50,868	50,868		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 171,083	171,083		
7.			Other - See attached Schedule	\$ 21,590	21,590		
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 1,691	1,691		
11.	30	IV3	Telephone	\$ 4,440	4,440		
12.	15	Ih2	Cellular Telephone	\$ 1,984	1,984		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 4,099	4,099		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 48,505	48,505		
<i>Page 18 - Dietary Expenditures</i>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 3,123	3,123		
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 307,383	307,383			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12n	Wages - Marketing	\$ 25,228		
10	A2	Administrator Salary over allowable	\$ 23,918		
10	A12o	5% of Chaplain per audit	\$ 1,318		
10	A2	Administrator Overlap	\$ 404		
Total Other Salaries Adjustment			\$ 50,868	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b8a	Medical Director in excess of Allowable	\$ 12,104		
13	B12	Other Therapy	\$ 1,666		
13	B3	Pharmacist	\$ 7,820		
Total Other Fees Adjustments			\$ 21,590	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank Service Charges	\$ 5,878		
		Benefits on Disallowed Salaries above	\$ 10,174		
30	IV8	Other Income	\$ 943		
16	8a	Chamber of Commerce Dues	\$ 650		
16	m13	Fees and Subscriptions - CHEFA Administrative Fee	\$ 8,665		
15	6	Life Insurance	\$ 3,243		
16	m11	Consulting Fees - Medicare PDPM	\$ 18,952		
Total Other A&G Adjustments			\$ 48,505	\$ -	\$ -

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	
Pierce Memorial Baptist Home, Inc.			600C	9/30/2019		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 307,383	307,383		
			Page 20 - Resident Care Supplies***				
27.	20	5a2	Prescription Drugs	\$ 81,166	81,166		
28.	20	5d	Ambulance/Limousine	\$ 4,531	4,531		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 10,993	10,993		
31.	20	5c	Medical Supplies	\$ 10,831	10,831		
32.	20	5e2	Oxygen (non emergency)	\$ 16,788	16,788		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 45,647	45,647		
			Page 22 - Maintenance and Property				
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
			Page 27 - Insurance				
40.			Mortgage Insurance	\$			
41.			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	\$ 6,598	6,598		
			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)			\$ 483,937	483,937			

*** 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	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Total Other Adjustments	\$ -	\$ -	\$ -
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Schedule of Other - Miscellaneous Administrative 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	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,992,898	6,992,898				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,312,716)	(2,312,716)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 583,814	583,814				
b. Medicare Room and Board Contractual Allowance **	\$ 379,594	379,594				
4. a. Private-Pay Residents and Other	\$ 1,786,213	1,786,213				
b. Private-Pay Room and Board Contractual Allowance **	\$ (45,515)	(45,515)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 49,218	49,218				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (49,218)	(49,218)				
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	\$ 359,199	359,199				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (204,465)	(204,465)				
c. Physical Therapy - Non-Medicare	\$ 100,967	100,967				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 55,846	55,846				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (32,895)	(32,895)				
c. Speech Therapy - Non-Medicare	\$ 11,908	11,908				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 259,936	259,936				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (171,235)	(171,235)				
c. Occupational Therapy - Non-Medicare	\$ 85,017	85,017				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (178,838)	(178,838)				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 7,669,728	7,669,728			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 3,123	3,123				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 4,440	4,440				
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 771,290	771,290				
V. Total Other Revenue (1 thru 8)		\$ 778,853	778,853			
VI. Total All Revenue (III +V)		\$ 8,448,581	8,448,581			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Line 6b	Pharmacy Insurance	\$ 24,081		
Page 30 Line 6b	Ancillaries - Insurance (Contractual Allowance)	\$ (202,919)		
Total Other Resident Revenue		\$ (178,838)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Line IV8	Vending Income	\$ 253		
Page 30 Line IV8	Unrestricted Contributions	\$ 9,947		
Page 30 Line IV8	Other Income	\$ 943		
Page 30 Line IV8	Net Income for Non-Cost Report Entities:			
	Creamery Brook	\$ 75,625		
	Long-Term Investments	\$ 433,948		
	New Projects	\$ (3,713)		
	Assisted Living	\$ 2,423		
	Cottages	\$ 251,864		
Total Other Revenue		\$ 771,290	\$ -	\$ -

G. Balance Sheet

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 2,159,611	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 469,611	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 984	
4. Inventories			\$ 20,743	
5. Prepaid Expenses			\$ 122,615	
a. <u>Prepaid Insurance</u>		101,161		
b. <u>Prepaid Sewer Useage</u>		16,658		
c. <u>Prepaid Other</u>		4,796		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 28,842	
Resident Funds		28,842		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 2,802,406	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	161,337	\$	15,357
	Accum. Depreciation	145,980	Net	
3. Buildings	*Historical Cost	7,014,042	\$	1,645,192
	Accum. Depreciation	5,368,850	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	926,392	\$	287,123
	Accum. Depreciation	639,269	Net	
6. Movable Equipment	*Historical Cost	1,363,223	\$	220,031
	Accum. Depreciation	1,143,192	Net	
7. Motor Vehicles	*Historical Cost	12,000	\$	
	Accum. Depreciation	12,000	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	7,791,136
Creamery Brook Fixed Asset		7,668,081		
See Schedule		123,055		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,958,839

* 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	Merger related CIP	\$ 50,829
31	B9	Construction in Progress - Pierce	\$ 72,226
Total Other Other Fixed Assets (Itemize)			\$ 123,055

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	License No.	Report for Year Ended	Page of
		9/30/2019	32 37
Account		Amount	
		Total Brought Forward:	\$ 12,761,245
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 (itemize)			\$ 1,586,360
Interest in Perpetual Trusts	1,586,360		
6. Loans to Owners or Related Parties (itemize)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (itemize)			\$ 10,691,739
Investments	10,474,716		
Deferred Financing, Net	217,023		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 12,278,099
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 25,039,344

* 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					
Pierce Memorial Baptist Home, Inc.	600C	9/30/2019	33	37					
Account				Amount					
Liabilities									
A. Current Liabilities									
1. Trade Accounts Payable				\$ 305,947					
2. Notes Payable (<i>itemize</i>)				\$ 366,605					
Current Portion of Bonds Payable				366,605					
See Schedule									
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of Lender</th> <th style="text-align: left;">Purpose</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Date Due</th> <th></th> </tr> </thead> </table>					Name of Lender	Purpose	Amount	Date Due	
Name of Lender	Purpose	Amount	Date Due						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>									
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 114,256					
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$					
6. Accrued Payroll Taxes Payable				\$					
7. Medicare Final Settlement Payable				\$					
8. Medicare Current Financing Payable				\$					
9. Mortgage Payable (<i>Current Portion</i>)				\$					
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$					
11. Accrued Income Taxes*				\$					
12. Other Current Liabilities (<i>itemize</i>)				\$ 602,559					
Accrued Payables				247,250					
Resident Funds				28,842					
Compensated Absences				96,261					
Due to Third Party				81,676					
Accrued Interest- Bonds Payable				26,487					
Accrued Provider Tax				122,043					
See Schedule									
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,389,367					

* 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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,389,367	
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>)				\$ 9,349,117
Bonds Payable, Net of Current Portion				
Security Deposits				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,349,117
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,738,484

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	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				\$ 13,361,018
6. Gain or Loss for Period		10/1/2018	thru	9/30/2019
				\$ 939,842
7. Total Net Worth				\$ 14,300,860
C. Total Reserves and Net Worth				\$ 14,300,860
D. Total Liabilities, Reserves, and Net Worth				\$ 25,039,344

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 13,361,018
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 8,448,581
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 7,508,739
D. Net Income or Deficit				\$ 939,842
E. Balance				\$ 14,300,860
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				\$ 14,300,860

I. Preparer's/Reviewer's Certification

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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 type="checkbox"/> (Specify)		

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	Title	Date Signed
Printed Name of Preparer		
Blum, Shapiro & Company, P.C.		
Address	Phone Number	
29 South Main Street, 4th Floor, West Hartford, CT 06127	860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Jonathan Fink	860-561-4000	
Contact Email Address		
jfink@blumshapiro.com		