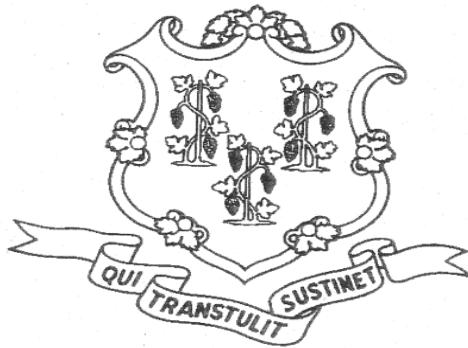


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) <i>Mary Patricia Morse</i>	Date 2/14/23	Signed (Owner)	Date	
Printed Name (Administrator) Mary Patricia Morse		Printed Name (Owner)		
Subscribed and Sworn to before me: <i>14th day of February, 2023</i>	State of <i>CT</i>	Date 2/14/23	Signed (Notary Public) <i>SARITA DARDEN</i>	Comm. Expires 03/31/2024
Address of Notary Public <i>292 Thorpe Avenue, Meriden, CT 06450</i>				

(Notary Seal)

SARITA DARDEN
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 3/31/2024

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Connecticut Baptist Homes, Inc.	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2023		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility (203) 237-1206	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.	Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450			
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
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 Mary Patricia Morse			Nursing Home Administrator's License No.: 000925	
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

CONNECTICUT BAPTIST HOMES BOARD MEMBERS

Name Position	Phone	Business	Home Address
Frank Amazeen Director	860-233-4033 (cell) famazeen@comcast.net		32 South Highland Street West Hartford, CT 06119
Robert Avena, Esq. Director	860-739-2739 ravena@sswbgg.com robavena@aol.com	860 599-3739 (work) 860-235-0060 (cell)	36 Spring Rock Rd. East Lyme, CT 06333-1440
Rev. Richard J. Doyle Director	860-467-6272 Doyle42@comcast.net	860-682-0685 (cell)	87 Laurel Ridge East Hampton, CT 06424
Dave Jones Director	413-537-9262 (cell) 413-568-1239 (home) dcarljones@aol.com		44 Robinson Drive Westfield, MA 01085-4653
Rev. Margaret D. Lewis Secretary	860 621-6144 margaretdlewis@gmail.com	860-384-4123 (cell)	391 Bellevue Ave Southington, CT 06489
William McMunn Director	860-423-1581 wmcmunn@charter.net		PO Box 387 Windham, CT 06280-0387
Marcia Sarrazin Director	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410
Rev. Hopeton Scott Vice-Chair	203-335-0234 Fbcbridge@aol.com	203-206-4084 (cell)	9 Barry Road Huntington, CT 06484
Bill Smith Director	860-649-7547 wmbsmi314@cox.net	860-670-8596 (cell)	55 Galaxy Drive Manchester, CT 06040
David Stevens Director	860-455-1355 dstevens5471@sbcglobal.net	860-450-6181 (cell)	415 Bassets Bridge Road Mansfield, CT 06250
Sandra Stevens Director	860-965-1413 sandyzero@aol.com	860-457-5283 (work) 860-965-1413 (cell)	415 Bassets Bridge Road Mansfield, CT 06250
Peter Young Board Chair	203-481-4063 (h) 203-988-6133 (c) Pcyoung1945@gmail.com		53 Hotchkiss Grove Rd Branford, CT 06405-5409
Rev. Dr. Harry L. Riggs Ex-Officio Director	860-693-6897 hriggs@abcconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107
Patricia Morse President and CEO	203-237-1206 pmorse@ctbaptisthomes.org pmorse@piercecare.org	860-878-8981 (cell)	133 Main Street Farmington, CT 06032

General Information and Questionnaire Individual Proprietorship

General Information and Questionnaire

Related Parties*

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C			Report for Year Ended 9/30/2022			Page 4	of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					<input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**					
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Mgmt and Maintenance Contract Services	30 Line IV8			
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input checked="" type="radio"/>	<input type="radio"/>		Shared CEO and AR Contract Service	30 Line IV8			
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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 CliftonLarsonAllen LLP 2 Whittlessey, P.C. 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127 280 Trumbull Street, Hartford, CT 06103
--	---

Services Provided by This Firm (*describe fully*)

1 General accounting services in lieu of internal staff, Medicaid and Medicare Cost Reports	\$ 85,717
2 Annual Audit & Form 990 Preparation	\$ 11,645
3	\$
4	\$
	Charge for Services Provided \$ 97,362

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 N/A 2 3 4 5	Telephone Number
---	------------------

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

1	\$
2	\$
3	\$
4	\$
5	\$

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$

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

Yes No

Schedule of Resident Statistics

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C				Report for Year Ended 9/30/2022				Page of 8 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	80	30	30	20	80	30	30	20				
B. On last day of THIS report period	80	30	30	20					80	30	30	20
2. Number of Residents												
A. As of midnight of PREVIOUS report period	57	26	24	7	57	26	24	7				
B. As of midnight of THIS report period	66	29	29	8					66	29	29	8
3. Total Number of Days Care Provided During Period												
A. Medicare	666	344	322		469	190	279		197	154	43	
B. Medicaid (Conn.)	15,952	8,745	7,207		11,527	6,638	4,889		4,425	2,107	2,318	
C. Medicaid (other states)												
D. Private Pay	6,256	1,268	2,305	2,683	4,747	840	1,960	1,947	1,509	428	345	736
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	22,874	10,357	9,834	2,683	16,743	7,668	7,128	1,947	6,131	2,689	2,706	736
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)	22,874	10,357	9,834	2,683	16,743	7,668	7,128	1,947	6,131	2,689	2,706	736

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	4	21	22	4	7	8		
Per Diem Rate								
a. One bed rm.	PDPM			486.00	431.00	100/125		
b. Two bed rms.	PDPM	224.06	224.06	439.00	410.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	Other
		5,327	2,285	3,042	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
D. Total Physical Therapy Treatments		5,327	2,285	3,042	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		328	184	144
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments		328	184	144

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		4,801	2,571	2,230
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments		4,801	2,571	2,230

Report of Expenditures - Salaries & Wages

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022		Page 10	of 37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	Other
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	17,303	329	18,884	359	1,689
2. Administrator(s) (Complete also Sec. III of Schedule A1)	76,777	621	83,789	678	7,493
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	77,287	4,028	77,287	4,028	51,524
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	174,019	9,828	165,231	9,331	45,080
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	54,645	3,259	54,645	3,259	19,287
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	30,863	1,034	30,862	1,034	10,893
b. Other Maintenance Workers					
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	35,497	2,307	36,642	2,382	3,147
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	60,184	1,052	60,184	1,052	
b. RN					
1. Direct Care	38,835	840	642,488	13,889	
2. Administrative**	84,580	1,968	84,579	1,968	
c. LPN					
1. Direct Care	267,555	6,572			
2. Administrative**					
d. Aides and Attendants	603,384	26,998	503,743	22,539	
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	50,221	2,660	50,220	2,660	
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	56,797	2,135	56,796	2,134	
n. Marketing					
o. Other (Specify)					
See Attached Schedule	13,929	353	13,225	335	3,608
A-13. Total Salary Expenditures	1,641,876	63,984	1,878,575	65,651	142,721
					7,135

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

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Connecticut Baptist Homes, Inc.				License No. 1023C		Report for Year Ended 9/30/2022			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
Mary Patricia Morse	17,303	18,884	1,689			720	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
Connecticut Baptist Homes, Inc.			1023C		9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
Mary Patricia Morse	76,777	83,789	7,493			1,360	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	3,442	Disallowed	3,441	Disallowed	
3. Pharmacist	4,203	Disallowed	4,202	Disallowed	
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	75,700	964	100,757	1,282	
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	9,000	90	9,000	90	
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	15,047	646	11,774	505	
b. Other					
10. Occupational Therapist					
a. Resident Care	85,773	Disallowed	74,249	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					
B-13 Total Fees Paid in Lieu of Salaries	193,165	1,699	203,423	1,878	

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

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

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

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

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 15	of 37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 97,283	43,603	49,890	3,790
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 4,758	2,133	2,440	185
4. Social Security (F.I.C.A.)	\$ 264,937	118,748	135,867	10,322
5. Health Insurance	\$ 321,399	146,975	160,000	14,424
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,208	24,297	27,799	2,112
8. Uniform Allowance	\$ 2,137	968	918	251
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,909	3,613	3,943	353
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 97,362	45,046	48,560	3,756
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 54,206	24,763	27,025	2,418
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,539	7,036	6,680	1,823
2. Cellular Phones	\$ 2,820	1,277	1,211	332
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	\$ 410,479	210,600	199,879	
Subtotal	\$ 1,333,037	629,059	664,212	39,766

* 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	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	Other
	<i>Subtotals Brought Forward:</i>	1,333,037	629,059	664,212	39,766
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	9,648	4,824	4,824	
3. Gifts to Staff and Residents	\$	9,121	4,561	4,561	
4. Employee Travel	\$	5,438	2,484	2,711	243
5. Education Expenses Related to Seminars and Conventions	\$	7,530	3,440	3,754	336
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>)	\$	27,558	12,590	13,739	1,229
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
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	\$	6,366	2,908	3,174	284
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,315	3,342	3,647	326
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	3,763	1,719	1,876	168
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	\$	206,835	95,002	103,075	8,757
C-14 Total Administrative & General Expenditures	\$	1,616,611	759,929	805,573	51,109

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 39	\$ 42	\$ 4
Leading Age Connecticut	\$ 3,198	\$ 3,490	\$ 312
APIC Membership	\$ 105	\$ 115	\$ 10
Total Dues	\$ 3,342	\$ 3,647	\$ 326

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Misc. Administrative Expense - Disallowed	\$ 51,916	\$ 56,657	\$ 5,067
Bank Fees/Service Charges - Disallowed	\$ 2,139	\$ 2,335	\$ 209
Background Checks	\$ 2,283	\$ 2,492	\$ 223
Consultant Fees - Disallowed	\$ 198	\$ 216	\$ 19
Directors' Insurance	\$ 14,702	\$ 16,045	\$ 1,435
Paychex Service Charges	\$ 17,139	\$ 18,704	\$ 1,672
Medical Records Consultant - Disallowed	\$ 6,158	\$ 6,159	
Amortization of Bond Discount	\$ 467	\$ 467	\$ 132
Total Other Administrative and General	\$ 95,002	\$ 103,075	\$ 8,757

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Unidine	100,726	Food Services Contract	Page 18, Line 2c

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022		Page 18 of 37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 208,491	94,402	89,634	24,455
2. Non-Food Supplies	\$ 8,409	3,807	3,615	987
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 134,301	60,809	57,739	15,753
c. Other (Specify) _____ Management Services	\$ 100,726	45,607	43,304	11,815
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 451,927	204,625	194,292	53,010
2E. Dietary Questionnaire	Total	CCNH	RHNS	Other
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$11,163
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV1
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	See above.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	See above.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 19	of 37
Item	Total	CCNH	RHNS	Other
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	17,596	8,297	8,564
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)	\$			
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$ 17,596	8,297	8,564	735
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
		9/30/2022		20	37
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,406	6,548	6,548	2,310
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	15,406	6,548	6,548	2,310
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medications	\$	20,803	10,745	10,058	
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	128,972	66,616	62,356	
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,637	2,395	2,242	
f. X-rays and Related Radiological Procedures***	\$	1,725	891	834	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	26,942	13,472	13,471	
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	3,640	1,648	1,565	427
5M. Total Resident Care Expenditures (5a - 5j)	\$	186,719	95,767	90,526	427

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

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

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

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

Schedule of Other Resident Care

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

Name of Facility Connecticut Baptist Homes, Inc.				License No. 1023C	Report for Year Ended 9/30/2022				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	Other			
All Waste Inc.	143 Murphy Road, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	5,645	5,645	1,992	22	6f	
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Refrigeration	18,290	18,290	6,456	22	6a/f	
Unidine	1000 Washington Street, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	60,809	57,739	15,753	18	2b	
Custom Exterior Landscape	632 N Mountain Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	6,118	6,118	2,159	22	6a	
Paychex	714 Brook St. #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	17,139	18,704	1,672	16	m13	
Facilities Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	49,847	49,847	17,595	22	6f	
MidState Paving	257 Gracey Ave, Meriden, CT 06451	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Paving	10,391	10,391	3,668	22	6f	
Celtic Consulting	339 Main St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	6,158	6,159		16	m13	
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022			Page 22 37
Item		Total	CCNH	RHNS	Other
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 70,994	30,172	30,172		10,650
b. Heat	\$ 40,803	17,341	17,341		6,121
c. Light & Power	\$ 97,293	41,350	41,350		14,593
d. Water	\$ 38,815	16,496	16,496		5,823
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 181,002	76,927	76,927		27,148
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 428,907	182,286	182,286		64,335
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 2,387	1,193	1,194		
b. Building & Building Improvements	\$ 202,009	83,687	83,687		34,635
c. Non-Movable Equipment	\$ 8,641	3,436	3,436		1,769
d. Movable Equipment	\$ 101,416	44,025	42,682		14,709
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 314,453	132,341	130,999		51,113
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)	\$ 314,453	132,341	130,999		51,113

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
Repairs Contract	\$ 54,270	\$ 54,270	\$ 19,155
Dietary Equipment Repairs	\$ 694	\$ 694	\$ 244
Elevator Maintenance Contract	\$ 3,702	\$ 3,702	\$ 1,306
Heating & Cooling Maintenance Contract	\$ 14,794	\$ 14,794	\$ 5,221
Refrigeration Maintenance Contract	\$ 2,611	\$ 2,611	\$ 921
Pest Control	\$ 856	\$ 856	\$ 301
Total Other Repairs and Maintenance	\$ 76,927	\$ 76,927	\$ 27,148

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/22/2022	Smoke Detectors	\$ 1,217	20	\$ 48
10/19/2021	Saloon Remodeling	\$ 3,000	20	\$ 150
12/3/2021	Saloon Remodeling	\$ 3,900	20	\$ 163
Total additions for Building Improvements		\$ 8,117		\$ 361 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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	Pick One	Cost	Useful Life	
		Movable Category		Depreciation	
Additions:					
7/9/2022	Beds	Standard Resident	\$ 4,030	5	\$ 202
2/8/2022	Steam Boiler	Administrative	\$ 1,808	10	\$ 181
6/22/2022	Boiler Repair	Administrative	\$ 1,300	10	\$ 130
9/8/2022	Dishwasher Repairs	Administrative	\$ 961	10	\$ 96
9/21/2022	Steam Boiler	Administrative	\$ 1,246	10	\$ 125
12/1/2021	Computer Monitors	Administrative	\$ 2,690	5	\$ 448
5/17/2022	Computer Monitors	Administrative	\$ 4,216	5	\$ 351
5/11/2022	POC Kiosk	Administrative	\$ 4,141	5	\$ 345
7/31/2022	Computer	Administrative	\$ 1,652	5	\$ 275
7/31/2022	Computer	Administrative	\$ 1,639	5	\$ 137
7/31/2022	Armrests	Administrative	\$ 969	5	\$ 81
8/10/2022	Pagers	Administrative	\$ 1,224	5	\$ 41
10/26/2021	Dryers	Administrative	\$ 9,256	5	\$ 1,851
4/6/2022	Laundry Label Heat Press	Administrative	\$ 1,342	5	\$ 134
10/27/2021	Boiler	Administrative	\$ 168,330	10	\$ 33,666
11/1/2021	Install New Dryer	Administrative	\$ 2,329	5	\$ 427
11/1/2021	Fire Sprinkler Repair	Administrative	\$ 4,398	5	\$ 806
12/21/2021	Bearing	Administrative	\$ 2,985	5	\$ 498
2/2/2022	Beauty Parlor Equipment	Administrative	\$ 1,619	5	\$ 216
3/24/2022	Washers	Administrative	\$ 6,824	5	\$ 796
4/1/2022	Gasket/Drain Repair	Administrative	\$ 5,781	5	\$ 578
5/31/2022	Washer Plumbing	Administrative	\$ 2,617	5	\$ 218
5/31/2022	Washers	Administrative	\$ 27,298	5	\$ 1,820
6/9/2022	Load Bank	Administrative	\$ 619	5	\$ 41
7/20/2022	Camera System	Administrative	\$ 2,750	5	\$ 138
8/4/2022	Fire Damper Moter	Administrative	\$ 1,765	5	\$ 59
8/29/2022	Air Conditioning Repair	Administrative	\$ 2,346	5	\$ 78
9/26/2022	Cast Iron Repair	Administrative	\$ 3,557	5	\$ 59
9/26/2022	Repair Evaporator	Administrative	\$ 4,300	5	\$ 72
Total additions for Movable Equipment			\$ 273,990		\$ 43,868
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
			Depreciation		
Additions:					
Total additions for Leasehold Improvement		\$ -		\$ -	*
Deletions:					
Total deletions for Leasehold Improvement		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2022			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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/01/83			
4. Date of Initial Licensure	01/01/83			
5. Total Licensed Bed Capacity	80			
6. Square Footage	53,000			
7. Acquisition Cost				
a. Land	133,155			
b. Building	319,500			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	05/01/22			
c. Interest Rate for the Cost Year	4.87%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	996,421			
f. Principal balance outstanding as of 09/30/2022	988,063			

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	Other	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 76,364	33,447	33,447		9,470
Name of Lender	Rate					
M&T Bank	4.87%					
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)		\$ 76,364	33,447	33,447		9,470

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:			76,364	33,447	33,447	9,470
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)			\$			
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 (<i>Specify</i>)			\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 76,364	33,447	33,447	9,470
14. Insurance						
a. Insurance on Property (buildings only)			\$ 36,196	15,130	15,130	5,936
b. Insurance on Automobiles			\$ 2,342	1,070	1,168	104
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)			\$ 15,347	6,415	6,415	2,517
2. Fire and Extended Coverage			\$			
3. Other (<i>Specify</i>)			\$			
14d. Total Insurance Expenditures (14a + b + c)			\$ 53,885	22,615	22,713	8,557
15. Total All Expenditures (A-13 thru C-14)			\$ 7,221,628	3,280,895	3,556,945	383,787

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.	1023C	9/30/2022		28 37	
				Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 91,257	39,700	40,900	10,657
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 160,022	85,773	74,249	
7.			Other - See attached Schedule	\$ 15,288	7,645	7,643	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.	15	1h1	Telephone	\$ 15,539	7,036	6,680	1,823
12.	15	1h2	Cellular Telephone	\$ 43		43	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,600	1,645	1,795	161
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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 161,707	74,011	79,194	8,502
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 447,456	215,810	210,504	21,142	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	a2	Administrative Contract Salaries - Cedar Ridge	\$ 13,141	\$ 14,341	\$ 1,282
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 26,559	\$ 26,559	\$ 9,374
Total Other Salaries Adjustment			\$ 39,700	\$ 40,900	\$ 10,657

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 3,442	\$ 3,441	
13	B3	Pharmacist	\$ 4,203	\$ 4,202	
Total Other Fees Adjustments			\$ 7,645	\$ 7,643	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 2,139	\$ 2,335	\$ 209
16	m13	Misc. Administrative Expenses	\$ 51,916	\$ 56,657	\$ 5,067
15		Benefits related to Cedar Ridge Administrative Contract	\$ 2,492	\$ 2,719	\$ 243
16	m13	Consulting Fees	\$ 198	\$ 216	\$ 19
16	m13	Medical Records Consultant	\$ 6,158	\$ 6,159	
15		Benefits related to Cedar Ridge Maintenance	\$ 8,397	\$ 8,397	\$ 2,964
16	l3	Gifts to Staff and Residents	\$ 2,711	\$ 2,711	
Total Other A&G Adjustments			\$ 74,011	\$ 79,194	\$ 8,502

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 Connecticut Baptist Homes, Inc.				License No. 1023C	Report for Year Ended 9/30/2022		Page of 29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other	
				Subtotals Brought Forward	\$ 447,456	215,810	210,504	21,142
Page 20 - Resident Care Supplies***								
27.	20	5a2	Prescription Drugs	\$ 20,803	10,745	10,058		
28.			Ambulance/Limousine	\$				
29.	20	5f	X-rays, etc	\$ 1,725	891	834		
30.	20	5h	Laboratory	\$				
31.	20	5c	Medical Supplies	\$ 15,907	8,216	7,691		
32.	20	5e2	Oxygen (non emergency)	\$ 4,637	2,395	2,242		
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$				
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 4,796	881	3,622	294	
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	\$ 11,208	5,074	4,819	1,315	
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)				\$ 506,532	244,011	239,769	22,751	

*** 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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022			Page 30 37
Item		Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,785,579	3,836,869	2,948,710		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,168,195)	(1,795,453)	(1,372,742)		
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 267,217	138,022	129,195		
b. Medicare Room and Board Contractual Allowance **	\$ 170,407	88,018	82,389		
4. a. Private-Pay Residents and Other	\$ 1,758,153	575,180	957,698	225,275	
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 10,413	5,378	5,035		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (10,413)	(5,378)	(5,035)		
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 476	246	230		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (476)	(246)	(230)		
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (163)	(74)	(70)	(19)	
3. a. Physical Therapy - Medicare	\$ 248,820	106,744	142,076		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (89,776)	(38,514)	(51,262)		
c. Physical Therapy - Non-Medicare	\$ 6,651	2,853	3,798		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 39,169	21,974	17,195		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,127)	(5,121)	(4,006)		
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 229,560	123,045	106,515		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (84,110)	(45,083)	(39,027)		
c. Occupational Therapy - Non-Medicare	\$ 1,132	607	525		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,155,317	3,009,067	2,920,994	225,256	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 11,163	5,054	4,799	1,310	
2. Rental of rooms to non-residents	\$				
3. Telephone	\$ 13,104	5,933	5,634	1,537	
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ (706,700)	(309,534)	(309,535)	(87,631)	
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 317,284	135,975	136,800	44,509	
V. Total Other Revenue (1 thru 8)	\$ (365,149)	(162,572)	(162,302)	(40,275)	
VI. Total All Revenue (III +V)	\$ 5,790,168	2,846,495	2,758,692	184,981	

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

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

Schedule of Other Resident Revenue - Medicare**Related Exp**

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

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

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

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
Page 30, Li	Trust Income	\$ 2,692	\$ 2,691	\$ 762	
Page 30, Li	Dividend Income	\$ 43,768	\$ 43,767	\$ 12,391	
Page 30, Li	Interest Income	\$ 681	\$ 681	\$ 193	
Page 30, Li	Unrealized Gain/Loss on Inv	\$ (380,514)	\$ (380,514)	\$ (107,726)	
Page 30, Li	Investment Fees	\$ (4,990)	\$ (4,989)	\$ (1,413)	
Page 30, Li	Realized Gain/Loss on Inv	\$ 28,829	\$ 28,829	\$ 8,162	
	Total Interest Income	\$ (309,534)	\$ (309,535)	\$ (87,631)	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
IV8	Contributions	\$ 4,976	\$ 4,724	\$ 1,289
IV8	Management Contract Income	\$ 11,793	\$ 12,870	\$ 1,150
IV8	Maintenance Contract Income	\$ 34,956	\$ 34,956	\$ 12,337
IV8	HHS Relief Stimulus	\$ 84,230	\$ 84,230	\$ 29,728
IV8	Other Income	\$ 20	\$ 20	\$ 5
	Total Other Revenue	\$ 135,975	\$ 136,800	\$ 44,509

G. Balance Sheet

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 355,559		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 420,151		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$ 46,378		
4. Inventories		\$ 120,190		
5. Prepaid Expenses		\$ 7,451		
a. Prepaid Elevator Contract	2,212			
b. Prepaid Dues	1,750			
c. Prepaid Telephone Maintenance	3,489			
d. See Schedule				
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$ 256,155		
Investments - LLC (Corp)	256,155			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)		\$ 1,205,884		
B. Fixed Assets				
1. Land		\$ 133,155		
2. Land Improvements	*Historical Cost 67,298	\$ 11,710		
	Accum. Depreciation 55,588	Net		
3. Buildings	*Historical Cost 7,490,078	\$ 2,675,301		
	Accum. Depreciation 4,814,777	Net		
4. Leasehold Improvements	*Historical Cost	\$		
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost 321,465	\$ 14,414		
	Accum. Depreciation 307,051	Net		
6. Movable Equipment	*Historical Cost 1,630,460	\$ 278,408		
	Accum. Depreciation 1,352,052	Net		
7. Motor Vehicles	*Historical Cost 40,498	\$		
	Accum. Depreciation 40,498	Net		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ 14,142		
Variance	14,142			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 3,127,130		

* 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

Total Other Other Fixed Assets (Itemize)		\$ -

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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 4,333,014
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	4,263,131
Long Term Investments	4,155,826			
Perpetual Trust	107,305			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,263,131
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,596,145

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable		\$ 123,385	
2. Notes Payable (<i>itemize</i>)		\$	
See Schedule			
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)		\$	
Name of Lender	Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)		\$ 273,729	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)		\$	
6. Accrued Payroll Taxes Payable		\$ 20,533	
7. Medicare Final Settlement Payable		\$	
8. Medicare Current Financing Payable		\$	
9. Mortgage Payable (<i>Current Portion</i>)		\$ 21,167	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)		\$ 4,006	
11. Accrued Income Taxes*		\$	
12. Other Current Liabilities (<i>itemize</i>)		\$ 447,066	
Accrued Audit Fees 21,000 Due To Pierce 240,020			
Accrued Provider Tax - CT 109,788 Due To Thorpe 40,000			
Resident Funds 36,243			
Life Insurance Payable 15 See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)		\$ 889,886	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			889,886	
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>)				\$ 937,265
Construction Loan - M&T	937,265			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 937,265
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,827,151

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	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			\$	8,200,454
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (1,431,460)
7. Total Net Worth			\$	6,768,994
C. Total Reserves and Net Worth				\$ 6,768,994
D. Total Liabilities, Reserves, and Net Worth				\$ 8,596,145

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 8,204,161		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 5,790,168		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 7,221,628		
D. Net Income or Deficit				\$ (1,431,460)		
E. Balance				\$ 6,772,701		
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>)				\$ 3,707		
Purpose		Amount				
Prior Period Adjustment		3,707				
3. Total Deductions				\$ 3,707		
H. Balance at End of Period				\$ 6,768,994		

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 37	of 37
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Check appropriate category

Chronic and Convalescent Nursing
Home only (CCNH)

Rest Home with Nursing
Supervision only (RHNS)

Other

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 2/15/2023
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Printed Name of Preparer

CliftonLarsonAllen LLP

Address 29 S Main Street, 4th Floor, West Hartford, CT 06107	Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink	Phone Number 860-561-4000
Contact Email Address Jonathan.Fink@CLAConnect.com	