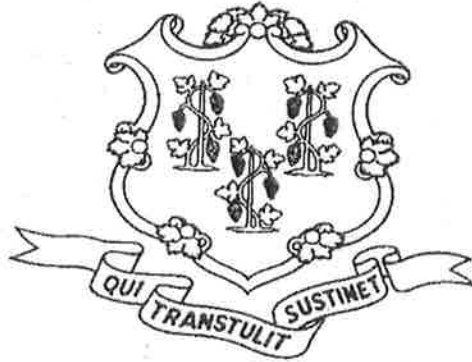


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH 20652	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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	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 Jerome Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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>[Signature]</i>		Date 2/13/17	Signed (Owner)		Date
Printed Name (Administrator) Lori Toombs			Printed Name (Owner) LORI TOOMBS		
Subscribed and Sworn to before me: 2/13/17	State of CT	Date 2/13/17	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires 10/31/18
Address of Notary Public 30 STELLA Ct Unit 30 BRISTOL, CT 06010					

(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 Jerome Home		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson		Phone Number 860-378-8022	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-3707		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Jerome Home		Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider No. 07-5343
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input checked="" 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 Lori Toombs			Nursing Home Administrator's License No.:	001985
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name			License No.:	



Jerome Home Trustees

Verified Information for 2016

<p>Mr. John Manning 118 Mooreland Road Kensington, CT 06037 (860) 225-8390 jsmanningfbk@yahoo.com Chairman</p>	<p>Mr. Daniel Daigle Smith, Daigle @ Company 115 North Main Street Southington, CT 06489 (860) 621-6888 dandaiglecpa@smithdaigle.com Vice Chairman</p>
<p>Atty. Harry Mazadoorian 175 Hillside Road Kensington, CT 06037 (860) 225-3876 hmazadoorian@comcast.net Director</p>	<p>Dr. Marie Gustin 365 Shuttle Meadow Avenue New Britain, CT 06052 (860) 224-1313 (New Trustee as of September 2016)</p>
<p>Ms. Justine Moriarty, CPA 80 Oakland Road Southington, CT 06489 (860) 212-9941 justinem@millermoriarty.com Director</p>	

**General Information and Questionnaire
 Related Parties***

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No No
 If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
See attached listing		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.				
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.) <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Jerome Home		License No. 2065C		Report for Year Ended 9/30/2016		Page 6	of 37	
Name and Address of Lessor Short term leases only	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Blum Shapiro	29 S Main St., PO Box 272000 West Hartford, CT 06127		
2	Crowe Horwath, LLP	320 E Jefferson Blvd, PO Box 7, South Bend, IN 46024		
3	Urban Associates	1001 Starkey Rd # 435, Largo, FL 34677		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Medicare Cost Report	\$	5,700	
2	Year End Audit, Form 990 preparation	\$	27,338	
3	Probate Accounting	\$	1,463	
4	Accrued Expenses for Audit 2016	\$	10,499	
			Charge for Services Provided	
			\$	45,000
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Kelley, Crispino & Kania, LLP		860-628-9617	
2	Murtha Cullina LLP		860-240-6000	
3	Wiggin & Dana LLP		203-498-4400	
4	Robinson & Cole		860-275-8200	
5	Rosenthal Law Firm, LLC		860-561-3100	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	PO Box 71, 133 Main St. Southington, CT 06489			
2	185 Asylum St., Hartford, CT 06103			
3	One Century Tower, PO Box 1832, New Haven, CT 06508			
4	280 Trumbull St. Hartford, CT 06103			
5	18 North Main St., West Hartford, CT 06107			
Services Provided by This Firm (<i>describe fully</i>)				
1	Land Records	\$	613	
2	General Legal Counsel	\$	4,208	
3	Review of Resident Agreement	\$	1,783	
4	Collections - disallow	\$	1,450	
5	Collections - disallow	\$	2,215	
			Charge for Services Provided	
			\$	10,269
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 line 1e				

Schedule of Resident Statistics

Name of Facility Jerome Home	License No. 2065C		Report for Year Ended 9/30/2016						Page 8	of 37									
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30			Period 7/1 Thru 9/30											
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home							
1. Certified Bed Capacity																			
A. On last day of PREVIOUS report period	120	94		26	94		26	94	120	94		26	94	120	94		26		
B. On last day of THIS report period	120	94		26	94		26	94	120	94		26	94	120	94		26		
2. Number of Residents																			
A. As of midnight of PREVIOUS report period	115	89		26	89		26	89	115	89		26	89	118	93		25		
B. As of midnight of THIS report period	117	91		26	91		26	91	118	93		25	91	117	91		26		
3. Total Number of Days Care Provided During Period																			
A. Medicare	3,979	3,979							2,925	2,925				1,054	1,054				
B. Medicaid (Conn.)	26,015	17,179		8,836	12,953		6,634	12,953	19,587	12,953		6,634	4,226	6,428	4,226				2,202
C. Medicaid (other states)																			
D. Private Pay	10,287	9,900		387	7,273		286	7,273	7,559	7,273		286	2,627	2,728	2,627				101
E. State SSI for RCH																			
F. Other (Specify) Mged Care & W/C & Mged Me	1,914	1,914			1,521			1,521	1,521	1,521			393	393	393				
G. Total Care Days During Period (3A thru F)	42,195	32,972		9,223	24,672		6,920	24,672	31,592	24,672		6,920	8,300	10,603	8,300				2,303
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																			
A. Medicaid Bed Reserve Days	151	10		141	8		135	8	143	8		135	2	8	2				6
B. Other Bed Reserve Days	96	96			95			95	95	95			1	1	1				
5. Total Resident Days (3G + 4A + 4B)	42,442	33,078		9,364	24,775		7,055	24,775	31,830	24,775		7,055	8,303	10,612	8,303				2,309

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	15		47		29		1	25					
Per Diem Rate													
a. One bed rm.	RUGS		228.11		471.00		223.00	129.00					
b. Two bed rms.					457.00		207.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								2,349	1,262		1,087		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								18	18				
2. Restorative Treatments													
C. Other								14,358	14,007		351		
D. Total Physical Therapy Treatments								16,725	15,287		1,438		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								247	245		2		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								502	500		2		
D. Total Speech Therapy Treatments								749	745		4		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								958	887		71		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								3	3				
2. Restorative Treatments													
C. Other								12,972	12,950		22		
D. Total Occupational Therapy Treatments								13,933	13,840		93		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	118,647	1,621			33,587	459
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	435,500	16,938			123,285	4,795
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	50,612	1,683			14,328	477
c. Dietary Workers	389,599	27,851			110,291	7,884
6. Housekeeping Service						
a. Head Housekeeper	23,586	1,320			11,506	644
b. Other Housekeeping Workers	131,946	10,589			64,368	5,167
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,865	1,457			28,230	711
b. Other Maintenance Workers	74,207	4,060			36,202	1,981
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	105,148	8,527				
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	159,372	3,292			45,117	932
b. RN						
1. Direct Care	1,572,215	41,492			89,438	2,245
2. Administrative**	313,608	8,036			9,178	245
c. LPN						
1. Direct Care	611,606	19,778				
2. Administrative**						
d. Aides and Attendants	1,766,861	119,227			167,673	8,753
e. Physical Therapists	266,898	8,723			25,106	820
f. Speech Therapists	754	14			4	
g. Occupational Therapists	212,678	5,921			1,429	40
h. Recreation Workers	154,383	7,565			43,704	2,142
i. Physicians						
1. Medical Director	19,384	1,005			5,487	285
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	92,705	3,514			26,244	995
n. Marketing						
o. Other (Specify) See Attached Schedule	62,760	2,062			68,626	4,932
<i>A-13. Total Salary Expenditures</i>	<i>6,620,334</i>	<i>294,675</i>			<i>903,803</i>	<i>43,507</i>

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
			\$ -	-		
ADMISSIONS-SALARIES - ADMISSIONS SUPERVISOR	\$ 57,506	1,736			\$ 16,279	492
ADMISSIONS-SALARIES - ADMISSIONS OTHER	\$ 5,254	326			\$ 1,487	92
GOOD LIFE FIT -SENIOR FIT - SALARIES - disallowed	\$ -	-			\$ 50,860	4,348
Total	\$ 62,760	2,062	\$ -	-	\$ 68,626	4,932

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
CONSULTANT-PROFESSIONAL SERVICES - Medical Records - disallowed	\$ 875	7	\$ -	-	\$ -	-
Total	\$ 875	7	\$ -	-	\$ -	-

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

Name of Facility Jerome Home		License No. 2065C		Report for Year Ended 9/30/2016		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							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Jerome Home		License No. 2065C		Report for Year Ended 9/30/2016		Page 12	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							
Section III - Administrators***									
Lori Toombs	118,647		33,587	Non-discriminatory except bonus	2,080	A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2016	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	27,324	687			7,735	195
2. Dentist	2,062	75			584	21
3. Pharmacist	6,678	150			1,891	42
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	76,752	982			7,220	92
b. Other						
6. Social Worker						
7. Recreation Worker	6,675	62			1,890	17
8. Physicians						
a. Medical Director (entire facility)	19,833	99			5,615	28
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	28,044	451			151	2
b. Other						
10. Occupational Therapist						
a. Resident Care	13,752	309			92	2
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	767	15				1
2. Administrative***						
b. LPN						
1. Direct Care	15,508	310				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	875	7				
B-13 Total Fees Paid in Lieu of Salaries	198,270	3,147			25,178	400

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

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

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
United Dental/Health Resources	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare of CT	Pharmacy Services	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford HealthCare Rehab Network	Physical, Speech & Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate	
Hospital for Special Care	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
William Banulski	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Paula Bradley - Moonshine Holler	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Bussmann	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Patty Carver - CT Childrens Theatre	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dancin' In the City	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Donna Gollenberg	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Beverly M Flaherty	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Kathleen Gregory	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Roger Hart	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Susan D Black - Black Eyed Susie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Michael Iarusso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Lupi	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Mosebach	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Walter Olson	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Frank Pendola	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Laura Pixley - Center Stage	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Jerome Home		2065C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Eduardo Rocha	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Anita Siarkowski	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Susan Curran - Sparkles the Clown	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Shawn Taylor	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Nancy L Trecina	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Askari Jafri	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joseph Anquillare	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Caring Nurses	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
B. Earle	Medical Records Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
	Recreation Program	<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 162,076	142,607			19,469
2. Disability Insurance	\$ 44,316	38,993			5,323
3. Unemployment Insurance	\$ 42,277	37,199			5,078
4. Social Security (F.I.C.A.)	\$ 561,492	494,045			67,447
5. Health Insurance	\$ 920,630	810,043			110,587
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 155,386	136,721			18,665
8. Uniform Allowance	\$ 436	383			53
9. Other (<i>Specify</i>) See Attached Schedule	\$ (1,974)	(1,736)			(238)
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 142,140	142,140			
d. Accounting and Auditing	\$ 45,000	35,072			9,928
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,269	8,003			2,266
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 22,198	17,300			4,898
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 19,039	14,838			4,201
2. Cellular Phones	\$				
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>)	\$				
3. Resident Day User Fee	\$ 585,239	585,239			
Subtotal	\$ 2,708,524	2,460,847			247,677

* 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**

Jerome Home
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - background checks	\$ 4,363		\$ 598	\$ 4,961
EMP BENEFITS-EMP PHYSICALS (& TESTING) pre-placement physicals - disallowed	\$ 5,698	\$ -	\$ 781	\$ 6,479
EMP BENEFITS- OTHER - credit of employee benefits for staff working off site and charged to related parties	\$ (11,797)	\$ -	\$ (1,617)	\$(13,414)
Total	\$ (1,736)	\$ -	\$ (238)	

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	2,708,524	2,460,847		247,677	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 25	19		6	
2. Holiday Parties for Staff	\$ 3,943	3,073		870	
3. Gifts to Staff and Residents	\$ 7,577	5,905		1,672	
4. Employee Travel	\$ 4,595	3,581		1,014	
5. Education Expenses Related to Seminars and Conventions	\$ 41,753	32,614		9,139	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,249	4,870		1,379	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 333	260		73	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 8,087	6,303		1,784	
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	\$ 4,551	3,547		1,004	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,638	6,732		1,906	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 617	481		136	
9. Subscriptions	\$ 2,637	2,055		582	
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>)	\$ 132,210	103,040		29,170	
12. Administrative Management Services**	\$ 232,044	7,716		224,328	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 117,044	47,898		69,146	
C-14 Total Administrative & General Expenditures	\$ 3,278,827	2,688,941		589,886	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
A & G- BUSINESS PROMOTION-ADVERTISING - disallowed	\$ 6,303	\$ -	\$ 1,784
Total Other Advertising	\$ 6,303	\$ -	\$ 1,784

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
A & G- MEMBERSHIP DUES :		\$ -	
Leading Age	\$ 5,758		\$ 1,630
ALTCFM	\$ 312		\$ 88
CAHCF	\$ 273		\$ 77
CALTC	\$ 312		\$ 88
NB Networking	\$ 78		\$ 22
Total Dues	\$ 6,732	\$ -	\$ 1,906

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
		\$ -	
EMP BENEFITS-TUITION REIMB -disallowed	\$ 1,169		\$ 331
TRANSITIONS OF CARE - disallowed	\$ 4,863		\$ 1,377
A & G- EQUIPMENT RENTAL	\$ 10,154		\$ 2,875
A & G- BANK CHARGES - disallowed	\$ 7,636		\$ 2,162
A & G-LICENSES	\$ 274		\$ 78
A & G- PENALTIES - disallowed	\$ 3,281		\$ 929
NON OPERATING-BHC - BANK FEES - disallowed			\$ 55,586
RECREATION- VOLUNTEER REL EXP - disallowed	\$ 659		\$ 186
A & G-RESIDENT RELATIONS - disallowed	\$ 6,280		\$ 1,778
PLANETREE - disallow	\$ 3,534		\$ 1,000
credit bal in medical records consultant - disallowed	\$ (19)		\$ (6)
Employee survey reclassified from p 16 1L3 - disallowed	\$ 1,411		\$ 400
CLIA lab cert fees	\$ 117		\$ 33
Cable TV expense	\$ 14,195		\$ 4,018
Cable TV revenue	\$ (11,488)		\$ (3,252)
Internet Expense	\$ 5,832		\$ 1,651
Total Other Administrative and General	\$ 47,898	\$ -	\$ 69,146

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	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 #
Hartford HealthCare Senior Services	232,044	Oversight of management staff	p. 16 line m12

*** 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
Jerome Home	2065C	9/30/2016	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 319,072	248,675		70,397
2. Non-Food Supplies	\$ 45,405	35,387		10,018
3. Other (Specify) _____ Food for employees at meetings - disallowed	\$ 8,068	6,288		1,780
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 372,545	290,350		82,195
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*	348	271		77
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	Included in 2L
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				p. 18 line 2a
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$10,686
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				p. 18 line 2a
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2016	19	37
Item	Total	CCNH	RHNS	Residential Care Home
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. \$	5,902	5,902	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) Laundry Supplies	\$	8,890	8,890	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	14,792	14,792	
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

*** 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	
Jerome Home	2065C	9/30/2016	20	37	
				Residential Care Home	
Item		Total	CCNH	RHNS	
4. Housekeeping	Sq. Ft. Serviced by Personnel	72,812	48,938		23,874
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	34,485	23,178		11,307
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	72,812	48,938		23,874
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	34,485	23,178		11,307
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare	\$	220,808	220,808		
b. Medicine Cabinet Drugs	\$	20,816	16,223		4,593
c. Medical and Therapeutic Supplies	\$	14,704	11,460		3,244
d. Ambulance/Limousine***	\$	1,487	1,487		
e. Oxygen					
1. For Emergency Use	\$	27,578	21,493		6,085
2. Other***	\$	9,394	9,394		
f. X-rays and Related Radiological Procedures***	\$	26,430	26,430		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	37,828	37,828		
i. Recreation	\$	5,680	4,427		1,253
j. Other (Specify)**** See Attached Schedule	\$	133,149	105,624		27,525
5K. Total Resident Care Expenditures (5a - 5j)	\$	497,874	455,174		42,700

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
		\$ -	
NURSING-EQUIPMENT RENTAL	\$ 4,091		\$ -
NURSING-MEDICAL SUPPLIES	\$ 88,839		\$ 25,149
NURSING-PERSONAL CARE	\$ 4,739		\$ 1,341
PT-SUPPLIES - disallowed	\$ 2,012		\$ 190
OT-SUPPLIES - disallowed	\$ 3,029		\$ 20
ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - disallowed	\$ 2,733		\$ 774
CPR supplies reclassified from p 16 1L5 seminars	\$ 181		\$ 51
Total Other Resident Care	\$ 105,624	\$ -	\$ 27,525

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2016	Total Cost/Page Ref.***				Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		Yes	No							
See attached list			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
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			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input 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).

INDIVIDUALS OR FIRMS PROVIDING SERVICES BY CONTRACT OVER \$10,000

Schedule C-2 - Individuals or Firms Providing Services by Contract

Name of Individual or Company	Address	Related		Explanation of Relationship	Explanation of Service	Total Cost/Page Ref.			Pg	Line
		Yes	No			CCNH	RHNS	RCH		
ArjoHuntleigh	PO Box 640799, Pittsburgh, PA 15264-0799		x		Equipment Maintenance and Repair	11,263		5,494	22	6a & 6f
Belfor USA/Property Restoration	30 North Plains Industrial Rd., Wallingford, CT 06492		x		mitigation, plumbing, painting	14,236		8,160	22	6a
Bulk TV & Internet/Direct TV for Business	MDU Enterprises Inc., 8537 Six Forks Rd. Suite 100, Raleigh, NC 27615		x		TV & Internet	14,024		3,969	16	1m13
Connecticut Business Systems	100 Great Meadow Rd., Wethersfield, CT 06109		x		Maintenance - printers and phones	8,009		2,267	16	1m11
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479		x		computer maintenance and consulting	16,281		4,609	16	1m11
CT Natural Gas Corporation	P.O. Box 9245, Chelsea, MA 02152		x		gas and propane	39,094		19,264	22	6a & b
Dainty Rubbish	80 Industrial Park Road, Middletown, CT 06457		x		trash removal	12,487		6,091	22	6f
Distinguished Lawns/ Fruchtenicht, J.	79 Cherry Hill Drive, Bristol, CT 06010		x		grounds maintenance	7,098		3,462	22	6f
Douglas Mechanical Services Inc.	820 Four Rod Road, Berlin, CT 06037		x		HVAC repair & maintenance	12,749		6,219	22	6a
Eversource	P.O. Box 650032, Dallas, TX 75265-0034		x	Affiliate of Hartford Healthcare	electricity	40,627		19,818	22	6a & c
Hospital of Central Connecticut	100 Grand St., New Britain, CT 06050	x			lab & x ray services	37,003			20	5f & h
Kone Elevators, Inc.	P. O. Box 429, Moline, IL 61266-0429		x		Elevator maintenance	6,848		3,340	22	6a & f
Leading Age CT	110 Barnes Road, Wallingford, CT 06492		x		seminars, meetings, dues	12,676		3,589	16	1L5 & 1m8
Mace Company LLC	125 Robert Jackson Way, Unit B, Plainville, CT 06062		x		Electrical maintenance	9,048		5,268	22	6a
Matrixcare/MDI Achieve	PO Box 1414, Minneapolis, MN 55480-1414		x		software maintenance & training	8,997		2,547	16	1L5 & 1m11
MobileXUSA	P.O. Box 17462, Baltimore, MD 21297-0518		x		x-rays	25,700			20	5f
David J. Prendergast	228 Corbin Ave, New Britain, CT 06052		x		drain maintenance	6,765		3,806	22	6a
Procair, LLC/ Biomed, LLC	P. O. Box 801, Tolland, CT 06084		x		oxygen & equipment rental	31,304		6,085	20	5e1& 2 and
Proline Systems/HPC Foodservices	625 Nutmeg Rd, PO Box 1228, South Windsor, CT 06074		x		equipment maintenance	8,089		3,946	22	6a
Trans Canada Power Marketing LTD.	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808		x		electricity	52,414		25,570	22	6c
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448		x		copier/printer rental	10,134		2,869	16	m13
Universal Building Controls, Inc.	170 Research Pkwy, Meriden, CT 06450		x		repair & maintenance	8,697		4,242	22	6a & 6f

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	177,526	106,573			70,953
b. Heat	\$	65,549	44,057			21,492
c. Light & Power	\$	138,230	92,906			45,324
d. Water	\$	36,112	24,272			11,840
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	82,127	55,198			26,929
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	499,544	323,006			176,538
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	19,965	13,418			6,547
b. Building & Building Improvements	\$	441,810	246,034			195,776
c. Non-Movable Equipment	\$	80,572	54,154			26,418
d. Movable Equipment	\$	184,780	124,193			60,587
*7e. Total Depreciation Costs (7a + b + c + d)	\$	727,127	437,799			289,328
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	6,337	4,259			2,078
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	6,337	4,259			2,078
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	\$	41,305				41,305
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	774,769	442,058			332,711

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

Depreciation Schedule

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2016					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		461,771		461,771	315,836			18,863	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		11,024		11,024				1,102	
A-4. Subtotal									19,965
B. Building and Building Improvements									
1. Acquired prior to this report period		12,412,245		12,412,245	8,330,486			408,145	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		824,501		824,501				33,665	
B-4. Subtotal									441,810
C. Non-Movable Equipment									
1. Acquired prior to this report period		1,612,730		1,612,730	1,107,923			80,572	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									80,572
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.		3,000		3,000	3,000	s/l	5		
b.		46,480		46,480	46,480	s/l	5		
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period					2,910,157			158,914	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)				193,738				25,866	
D-3. Subtotal									184,780
E. Total Depreciation									727,127

Jerome Home
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/29/2016	Driveway Parking Expansion	6,324	5	632
7/22/2016	DRAINAGE / COURTYARD	4,700	5	470
Total additions for Land Improvements		11,024		\$ 1,102 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/22/2016	133 aka 135 Black Rock Ave	232,197	30	3,870
8/17/2016	117-119 BLACK RK/ BATH	2,661	3	444
5/31/2016	26 Hamilton St Hot water Heater	1,271	3	212
9/30/2016	Resident Room Bathroom Renovation	6,882	10	345
9/26/2016	North Air Conditioner Project	98,800	20	2,475
4/13/2016	East Air Conditioner Project	199,646	20	5,001
6/30/2016	Back Flow Preventor East	19,290	15	644
8/25/2016	East 1 Corridor Paintng	38,381	5	3,847
10/14/2015	North Shower Room Renovation	15,108	14	541
9/20/2016	Security Camera Upgrade	22,000	10	1,102
8/7/2016	PAINT / FIRST FLOOR CONFERENCE RM	3,089	5	310
8/7/2016	NORTH UTILITY DOOR	1,528	3	255
8/16/2016	CABINET REPLACEMENT PROJECT	12,973	5	1,300
7/20/2016	HEAT PUMP ADMINISTRATOR OFFICE	4,827	5	484
7/22/2016	EAST ONE WING CARPET	33,623	5	3,370
12/4/2015	JH NORTH CORRIDOR Carpet	22,824	5	2,287
12/21/2015	Window Replacement East Wing	4,383	5	439
11/27/2015	Resident Room Flooring	31,850	5	3,192
3/29/2016	Electrical Room Heat Pump	7,390	5	741
6/17/2016	Annunciator Replacement	16,678	15	557
5/31/2016	Mason Restoration Chimney Atwood	20,148	15	673
5/31/2016	INSTALL LEADERS GUTTERS - EAST	6,175	5	619
5/31/2016	EPDM ROOF SYSTEM	19,842	15	663
6/22/2016	Controls Boiler #1	2,935	5	294
Total additions for Building Improvements		\$ 824,501		\$ 33,665 *
Deletions:				

10/7/2015	GREAT PLAINS PROJECT	21,248	3	3,551	4
Total additions for Movable Equipment		\$ 193,738		\$ 25,866	*
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 Improvement		\$ -		\$ -	*
Deletions:					
Total deletions for Leasehold Improvement		\$ -		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Jerome Home	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	of Page 24	of 37
	Month	Year								
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Bond Issue Costs	11	2007	30 years	412,492	60,210	s/l		6,337		
2.										
3.										
B-4. Subtotal										6,337
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										6,337

* 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	License No.	Report for Year Ended	Page	of	
Jerome Home	2065C	9/30/2016	25	37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> 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		1923			
2. Date Structure Completed		1923			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		Mid 1970's			
5. Total Licensed Bed Capacity		120			
6. Square Footage		72,812			
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)		CHEFA variable			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year		varies			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed		11,895,000			
f. Principal balance outstanding as of 9/30/16		9,835,000			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jerome Home		2065C	9/30/2016		26	37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 11,895,000			
2. Loan Origination Date			03/29/07			
3. Interest Rate %			varies			
4. Term			30 years			
5. CHEFA Interest Expense			(216,513)	(145,521)		(70,992)
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ (216,513)	(145,521)		(70,992)

(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
Jerome Home		2065C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				(216,513)	(145,521)		(70,992)	
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)				\$	(216,513)	(145,521)		(70,992)
14. Insurance								
a. Insurance on Property (buildings only)				\$	31,560	18,838		12,722
b. Insurance on Automobiles				\$	3,013	2,348		665
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	60,906	47,467		13,439
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	95,479	68,653		26,826
15. Total All Expenditures (A-13 thru C-14)				\$	13,099,387	10,979,235		2,120,152

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 214,107	212,678		1,429
4.			Other - See attached Schedule	\$ 117,659	9,352		108,307
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 13,844	13,752		92
7.			Other - See attached Schedule	\$ 129,532	121,485		8,047
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 142,140	142,140		
10.	15	1e	Accounting & Legal	\$ 3,665	2,856		809
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,500	1,169		331
16.	16	1L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 2,214	1,725		489
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2&	Unallowable Advertising *	\$ 8,087	6,303		1,784
19.			Income Tax / Corporate Business Tax	\$			
20.	16		Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 232,044	7,716		224,328
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 212,550	107,646		104,904
Page 18 - Dietary Expenditures							
24.	18	3	Meals to employees, guests and others who are not residents	\$ 8,068	6,288		1,780
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4a1	Housekeeping services to employees, guests and others who are not residents	\$ 542			542
Subtotal (Items 1 - 26)				\$ 1,085,952	633,110		452,842

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
10	A2	Administrator - at risk bonus - discriminatory	\$ 9,352		\$ 2,648	\$ 12,000
10	A6a	Outpatient portion Head Housekeeper Wages			\$ 551	\$ 551
10	A6b	Outpatient portion Housekeeper Wages			\$ 3,084	\$ 3,084
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,353	\$ 1,353
10	A7b	Outpatient portion Maintenance Wages			\$ 1,735	\$ 1,735
10	A12b1	To adjust wages - APRN RCH wages in excess of Aides			\$ 1,960	\$ 1,960
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 46,116	\$ 46,116
10	A12o	Good Life Fitness Wages			\$ 50,860	\$ 50,860
						\$ -
						\$ -
Total Other Salaries Adjustment			\$ 9,352	\$ -	\$ 108,307	

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
13	B1	Dental Purchased Services	\$ 2,062		\$ 584	\$ 2,646
13	B5	Purchased Services - Physical Therapist	\$ 76,752		\$ 7,220	\$ 83,972
13	B9	Purchased Services - Speech Therapist	\$ 28,044		\$ 151	\$ 28,195
13	B10a	Purchased Services - Occupational Therapist	\$ 13,752		\$ 92	\$ 13,844
13	B12	Medical Records Consultant	\$ 875			\$ 875
						\$ -
Total Other Fees Adjustments			\$ 121,485	\$ -	\$ 8,047	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
15	1a	Employee Benefits related to APRN RCH wages			\$ 568	\$ 568
15	1a	Employee Benefits related to RN Supervisor RCH wages			\$ 13,374	\$ 13,374
15	1a	Employee Benefits related to Occupational Therapists SNF & RCH portion (the outpatient portion is included below)	\$ 53,271		\$ 8	\$ 53,279
15	1a1	Benefits Related to Outpatient Therapy - Workers Comp			\$ 1,810	\$ 1,810
15	1a2	Benefits Related to Outpatient Therapy - Disability			\$ 495	\$ 495
15	1a3	Benefits Related to Outpatient Therapy - Unemployment Tax			\$ 472	\$ 472
15	1a4	Benefits Related to Outpatient Therapy - FICA			\$ 6,270	\$ 6,270
15	1a5	Benefits Related to Outpatient Therapy - Health Insurance			\$ 10,281	\$ 10,281
15	1a7	Benefits Related to Outpatient Therapy - Pension			\$ 1,735	\$ 1,735
15	1a8	Benefits Related to Outpatient Therapy - Uniform Allowance			\$ 5	\$ 5
15	1a9	Benefits Related to Outpatient Therapy - Other Benefits			\$ (22)	\$ (22)

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,085,952	633,110		452,842
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 220,808	220,808		
28.	20	5d	Ambulance/Limousine	\$ 1,487	1,487		
29.	20	5f	X-rays, etc	\$ 26,430	26,430		
30.	20	5h	Laboratory	\$ 37,828	37,828		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 9,394	9,394		
33.	20	5j	Occupational Therapy	\$ 3,049	3,029		20
34.	20	5j	Other - See Attached Schedule	\$ 5,709	4,745		964
Page 22 - Maintenance and Property							
35.	20	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,903			2,903
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 41,305			41,305
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 29,781	1,949		27,832
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 3,973			3,973
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	16	1m13	Radio and Television Revenue	\$ 14,740	11,488		3,252
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,520,695	20,768		1,499,927
Not For Profit Providers Only							
50.	22	7b&c	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 82,767			82,767
51. Total Amount of Decrease (Items 1 - 50)				\$ 3,086,821	971,036		2,115,785

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
30	II 6b	APRN REVENUE	\$ 6,421			\$ 6,421
30	IV8	GLF REVENUE - SENIOR FIT PROGRAM			\$ 30,123	\$ 30,123
30	IV8	CONTR ALLOW - SENIOR FIT PROGRAM			\$ (6,250)	\$ (6,250)
30	IV8	TRANSPORTATION - VAN FEE INCOME	\$ 10,007		\$ 2,833	\$ 12,840
30	IV 8	MISCELLANEOUS INCOME - Accounts Receivable - disallowed	793		\$ 224	\$ 1,017
30	IV 8	MISCELLANEOUS INCOME - Flu Shots - disallowed	3547		\$ 1,004	\$ 4,551
30	IV8	NON OPERATING-RENTAL INCOME			\$ 119,025	\$ 119,025
30	IV8	UNREALIZED GAIN / (LOSS)			\$ 1,202,929	\$ 1,202,929
30	IV8	GAIN ON SALE			\$ 150,039	\$ 150,039
Total Other Adjustments			\$ 20,768	\$ -	\$ 1,499,927	

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7b	Depreciation - Building related to Outpatient			\$ 1,609	\$ 1,609
22	7b	Depreciation - Building Improvements related to Outpatient			\$ 4,143	\$ 4,143
22	7b	Non-Operating Depreciation - Rental building			\$ 75,749	\$ 75,749
22	7c	Depreciation -Fixed Equipment related to Outpatient			\$ 1,266	\$ 1,266
Total Unallowable Building Interest			\$ -	\$ -	\$ 82,767	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,716,143	8,140,010		1,576,133		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,552,609)	(4,141,398)		(411,211)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,885,865	1,885,865				
b. Medicare Room and Board Contractual Allowance **	\$ 193,566	193,566				
4. a. Private-Pay Residents and Other	\$ 5,798,301	5,716,681		81,620		
b. Private-Pay Room and Board Contractual Allowance **	\$ 41,430	41,430				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 139,995	139,995				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (139,995)	(139,995)				
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	\$ 449,071	401,043		48,028		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (376,887)	(367,261)		(9,626)		
c. Physical Therapy - Non-Medicare	\$ 43,522	40,705		2,817		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (40,172)	(39,828)		(344)		
4. a. Speech Therapy - Medicare	\$ 45,598	45,598				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (30,711)	(30,711)				
c. Speech Therapy - Non-Medicare	\$ 1,223	1,223				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,244)	(5,244)				
5. a. Occupational Therapy - Medicare	\$ 370,201	370,201				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (342,783)	(343,917)		1,134		
c. Occupational Therapy - Non-Medicare	\$ 40,491	40,435		56		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (40,814)	(40,115)		(699)		
6. a. Other (<i>Specify</i>) - Medicare	\$ 891	891				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 6,592	6,592				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,203,674	11,915,766		1,287,908		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 446,771	348,200		98,571		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,543,695	37,276		1,506,419		
V. Total Other Revenue (1 thru 8)	\$ 1,990,466	385,476		1,604,990		
VI. Total All Revenue (III +V)	\$ 15,194,140	12,301,242		2,892,898		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
II 6a	MEDICARE A - X-RAY	\$ 16,918	\$ -	\$ -
II 6a	MEDICARE A - LAB	\$ 8,976		
II 6a	LAB - MEDICARE B	\$ 2,931		
II 6a	CONTR ALLOW - X RAY MED A	\$ (16,918)		
II 6a	CONTR ALLOW - LAB MED A	\$ (9,533)		
II 6a	MEDICARE B MPPR	\$ (1,483)		
Total Other Resident Revenue - Medicare		\$ 891	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
II 6b	MANAGED MEDICARE ANCILLARY	\$ 171		
II 6b	APRN	\$ 6,421		
Total Other Resident Revenue		\$ 6,592	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
IV 5	INTEREST INCOME		\$ 347,685		\$ 98,425
IV 5	GALAXY FUND INT. INCOME		\$ 282		\$ 80
IV 5	INTEREST INCOME - EARNINGS FUND		\$ 233		\$ 66
Total Interest Income			\$ 348,200	\$ -	\$ 98,571

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
IV 8	CONTR ALLOW - SENIOR FIT PROGRAM - disallowed	\$ -		\$ (6,250)
IV 8	GLF REVENUE - disallowed	\$ -		\$ 30,123
IV 8	TRANSPORTATION - VAN FEE INCOME - disallowed	\$ 10,007		\$ 2,833
IV 8	UNRESTRICTED DONATIONS	\$ 19,928		\$ 5,642
IV 8	MISCELLANEOUS INCOME - Accounts Receivable - disallowed	\$ 793		\$ 224
IV 8	MISCELLANEOUS INCOME - Flu Shots - disallowed	\$ 3,547		\$ 1,004
IV 8	TEMP NET ASSET RELEASED FROM RESTR-OPERATIONS	\$ 3,001		\$ 850
IV 8	NON OPERATING-RENTAL INCOME - disallowed	\$ -		\$ 119,025
IV 8	UNREALIZED GAIN / (LOSS) - disallowed	\$ -		\$ 1,202,929
IV 8	GAIN ON SALE - disallowed	\$ -		\$ 150,039
	Total Other Revenue	\$ 37,276	\$ -	\$ 1,506,419

JEROME HOME
FY 2016
MISCELLANEOUS INCOME PAGE 30 IV8

TRX Date	Account Account Description	Amount	Reference
10/31/2015	4750-091 MISCELLANEOUS INCOME	226.50	HealthMedX revenue Oct
11/30/2015	4750-091 MISCELLANEOUS INCOME	32.57	HealthMedX revenue Nov
12/31/2015	4750-091 MISCELLANEOUS INCOME	124.90	HealthMedX revenue Nov
12/31/2015	4750-091 MISCELLANEOUS INCOME	4,551.12	FLU SHOTS MISC REV
1/31/2016	4750-091 MISCELLANEOUS INCOME	12.34	January 2016 Revenue
2/29/2016	4750-091 MISCELLANEOUS INCOME	40.34	Matrix revenue Feb. 2016
3/31/2016	4750-091 MISCELLANEOUS INCOME	334.40	Matrix revenue March 2016
4/30/2016	4750-091 MISCELLANEOUS INCOME	75.38	Matrix revenue
5/31/2016	4750-091 MISCELLANEOUS INCOME	32.35	Matrix revenue May SNF
7/31/2016	4750-091 MISCELLANEOUS INCOME	28.12	Matrix revenue July
8/31/2016	4750-091 MISCELLANEOUS INCOME	109.75	Matrix revenue August 2016
		<u>5,567.77</u>	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,249,440
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,055,491
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	128,142
a. Prepaid Other Expenses (see attached)	69,503			
b. Good Life Fitness Receivable	5,310			
c. A/R Miscellaneous - Good Life Fitness off site	53,329			
d.				
6. Interest Receivable			\$	19
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	157,717
Debt Service Funds	115,567			
Due from Affiliates	6,206			
Arbor Rose Other Assets	35,944			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,590,809
B. Fixed Assets				
1. Land			\$	316,555
2. Land Improvements	*Historical Cost	472,795	\$	136,994
	Accum. Depreciation	335,801	Net	
3. Buildings	*Historical Cost	13,236,746	\$	4,464,450
	Accum. Depreciation	8,772,296	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,612,730	\$	424,235
	Accum. Depreciation	1,188,495	Net	
6. Movable Equipment	*Historical Cost	3,673,310	\$	578,373
	Accum. Depreciation	3,094,937	Net	
7. Motor Vehicles	*Historical Cost	49,480	\$	
	Accum. Depreciation	49,480	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,035,745
Investment in Arbor Rose	9,986,942			
Fixed Asset Clearing Account	48,803			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	15,956,352

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

(Carry Total forward to next page)

**JEROME HOME
PREPAID OTHER**

#1013-000

FYE 9/30/16

<u>Description</u>	<u>Account #</u>	<u># Months</u>	<u>Balance @ 9/30/16</u>
Bulk T.V. Last Month	6820-003-000	Future	1,104.36
Dakium Brainfit Subscription	6420-001-000	12/13-11/16	139.04
ADI Software	6420-028-000	10/15-11/16	346.38
MATRIXCARE	6420-028-000	FIRST/LAST	1,639.84
VMWare 1 year support	6420-028-000	11/15-10/16	357.67
Trend Anti Virus	6420-028-000	11/15-10/16	93.38
CT Comp Trend Cisco	6420-028-000	12/15-11/16	278.16
CT Comp Wireless Cont	6420-028-000	12/15-11/16	499.88
Leading Age Dues	6420-024-000	1/16-12/16	2,893.71
Arjo Inc Maint Agreement	6820-001-000	12/15-11/16	1,270.00
Cisco Support	6420-028-000	12/15-11/16	300.96
Hartford Courant	6420-096-000	1/16-12/16	323.31
It's never 2 Late	6420-001-000	1/16-12/16	300.00
Kone Elevator	6820-046-000	1/16-12/16	2,048.90
SBS GP Maint	6420-028-000	3/16-2/17	1,502.25
IN2L Liscense	6420-001-000	2/16-1/17	450.00
Gavlak Water	6820-001-000	4/16-3/17	750.00
Springbrook	9020-056-000	3/16-2/17	343.75
Relias Learning	6420-080-000	4/16-3/17	5,584.62
CRM Liscense	6420-028-000	6/16-5/17	1,154.50
Elevator Renewal	6420-082-000	7/16-6/17	360.00
CT Computer Lisc.	6420-028-000	6/16-5/17	1,246.40
Prop Tax Rentals	9020-052-000	7/16-6/17	30,523.92
Health Care Source	6920-030-000	6/16-5/17	2,129.21
Cisco Phone Sys Support	6420-028-000	8/16-7/17	1,075.76
Allscripts	6420-028-000	8/16-10/16	250.07
Johnson Controls	6820-046-000	8/16-1/17	1,484.00
5 yr San Svc Contract	6420-028-000	11/15-10/20	4,083.37
UPS Svc Contract 3 yr	6420-028-000	11/15-10/20	943.08
EMR Kiosk Support	6420-028-000	4/16-3/19	966.68
MatrixCare GLF	6420-028-000	9/16-4/17	966.00
Matrixcare	6420-028-000	9/16-4/17	1,271.66
Planetree Deposit	6420-078-000	10/16	250.00
CT Computer Cisco Phone	6420-028-000	10/16-9/17	3,023.25
Misc Rec Item			-450.78

69,503.33

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	19,547,161
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			\$	
3. Buildings			*Historical Cost _____ Net	
			\$	
4. Non-Movable Equipment			*Historical Cost _____ Net	
			\$	
5. Movable Equipment			*Historical Cost _____ Net	
			\$	
6. Motor Vehicles			*Historical Cost _____ 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 _____ 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>)			\$	20,248,010
Endowment Fund		19,443,467		
Deferred Financing		497,685		
Permanently Restricted Investments		306,858		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	20,248,010
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	39,795,171

* 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
Jerome Home		2065C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	346,684
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	388,596
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	325,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	6,586
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,125,188
Accrued Expenses		158,467	Accrued Employee Benef	288,828	
Due to Related Parties		61,495	Due to Third Parties	22,828	
Due to CT Provider Taxes		145,481	Arbor Rose Accrued Exp	429,137	
Deferred Revenue		18,952			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,192,054

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

(Carry Total forward to next page)

**JEROME HOME
ACCRUALS
FYE SEPT 30, 2016**

**Account #
2103-040**

9/30

<u>Description</u>	<u>Acct #</u>	
Audit Fees	6420-054	77,406.71
Travelers Rental Fire in House	2103-040	24,476.73
Unemployment	6920-036-000	7,500.00
Water Usage - Rental	9020-056	4,746.14
Med Records Consultant	6420-044	900.00
Jordan Actuary	6920-034	2,910.00
CHEFA Semi Annual Fees	6420-024	1,302.06
Trustees Expense	6420-052-000	900.00
At Risk Bonus	6410-000	12,000.00
Int Exp Funds	7020-086	1,592.82
Swap	9020-084	7,271.34
Pharmacy	6224	21,242.94
Gas	6820-036	6,000.00
Medical Dir Jaffri Aug & Sept	6320-020	3,600.00
Belfor - Waiting for Ins Check	6820-024	(13,382.37)
GENERAL LEDGER BALANCE	9/30/2016	158,466.37

G. Balance Sheet (cont'd)

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,192,054	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 9,510,000
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>)				\$ 400,007
Accrued Workers' Compensation		318,522	\$	
Accrual for Swap Agreement		81,485		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,910,007
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,102,061

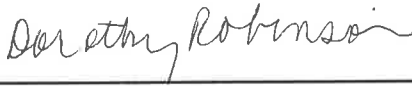
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2016	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			\$	79,715
6. Total Reserves			\$	79,715
B. Net Worth				
1. Owner's Capital			\$	25,518,642
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	\$ 2,094,753
7. Total Net Worth			\$	27,613,395
C. Total Reserves and Net Worth			\$	27,693,110
D. Total Liabilities, Reserves, and Net Worth			\$	39,795,171

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	25,518,637
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,194,140
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,099,387
D. Net Income or Deficit			\$	2,094,753
E. Balance			\$	27,613,390
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Temp Restricted	1,205			
2. Other (<i>itemize</i>)				
Arbor Rose Net Income	67,347			
Change in PERM Restricted assets	11,163			
To tie Balance at End of Prior Period 9/30/15 to (5			
F-3. Total Additions			\$	79,720
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period	09/30/16		\$	27,693,110

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Senior Financial Analyst	Date Signed 2/13/17		
Printed Name of Preparer Dorothy Robinson				
Address Address Hartford HealthCare Senior Services, 80 Meriden Ave. Southington, CT 06489		Phone Number 860-378-8022		