February 8, 2016

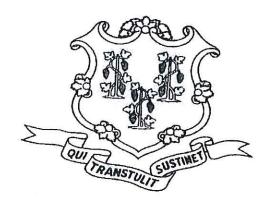
Mr. Chris LaVigne, Director Office of CON and Rate Setting Department of Social Services 25 Sigourney Street Hartford, CT 06106

Dear Chris:

Enclosed please find the 2015 Medicaid Cost Report for Connecticut Baptist Homes, Inc.

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

State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

Name of Facility (as licensed)

Connecticut Baptist								
Address (No. & Stre								
292 Thorpe Ave, Mo	eriden, CT 0645	50	•					
Type of Facility								
Chronic and	Convalescent		Rest Home wi	th Nursine	r)			
✓ Nursing Hom	ne only	☑	Supervision or		, 	Other		
(CCNH)	•		(RHNS)					
Report for Year Beg								
10/1/2014 9/30/2015								
7/30/2013								
/2	2							
License Numbers: CCNH			RHNS		Other M		edicare Provider	
		1023C	1023C	07-535		THE THE PARTY STATE OF THE STAT		
	11		743 C A A A C C C C C C C C C C C C C C C			*		01 3332
								-
Medicaid Provider N	umbers:	CC	NH	TH RHNS			ICF-IID	
-		210231		95283				
For Department Us		-						
Sequence Number	Signed and	Date	Sequence N	umber	0:1	137		
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notariz	ed	Date Received
9 E 0 B B B B B B B B B	* * * * * * * * * * * * * * * * * * *		8 30 3 B B B B B		2 4 T T T T T T		(2) N	

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		J.

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Mary Patricia Morse			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public		4.	L	1. / /

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adju	stm	ent		Page	of
		Account to the second		1A	37
Name of Facility		Period Cov	ered:	From	То
Connecticut Baptist Homes, Inc.				10/1/2014	9/30/2015
Address of Facility 292 Thorpe Ave, Meriden, CT 06450	425			W	
Report Prepared By		Phone Nun	ıber	Date	
Blum Shapiro & Co. PC		860-561-4000		2/5/2016	
Item		Total	CCNH	RHNS	Other
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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

		- 15 05	Transfer	Damant For V	Voor End	ed Page	0	f
		Phone No. of Fac	iiity K	(eport for) 0/30/2015	rear End	2	3	
		(203) 237-1206 Address (No.	-		State. Zin			
Name of Facility (as shown on license)		292 Thorpe	Ave. N	Meriden. C'	Т 06450			
Connecticut Baptist Homes, Inc.	CCNH	RHNS	7110, 1	Other		Medicare F	rovide	er No
	1023C	1023C				07-5352		
License Numbers:		102.0						
Type of Facility (Check appropriate box(ex	3))	Rest Home with	Nursin	ıg ,	☑ Other			
Chronic and Convalescent	\checkmark	Supervision only	(RHN	IS)	✓ Other			
Nursing Home only (CCNH)	· ·	oup	199					
Type of Ownership (Check appropriate bo			<u> </u>	Non-Profit (Corn (O Government	0	Trust
O Proprietorship O LLC O	Partnership	O Profit Corp.					V. 174	
			Date	Opened	Date	Closed		
If this facility opened or closed during rep	ort year provid	łe:						
in this mainly opened as	1.50							
Has there been any change in ownership			0	No	If "V	es," explain ful	lv.	
or operation during this report year?		O Yes	0	No	11 1	es, explain rai	·	
Administrator								
Name of Administrator				The second secon	g Home	000925		
Mary Patricia Morse				Admini	strator's	000923		
		/C 11	a) cf 4	The state of the s				-
Other Operators/Owners who are assistar	nt administrato	ors (full or part tim	e) oi ti	Licer	ise No.:			
Name				Dicci	100 1 1011			
N/A								
					* * = 1	v mara v n – s	\$ I 8	16 F 5
	11							

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Connecticut Baptist Homes, In	c.	1023C	9/30/2015		3 37
Legal Name of Part		Business A	Address	State(s) and/o Which R	
N/A	·				
Name of Partners/Members	Business Ac	ldress	7	Γitle	% Owned
N/A					

	Total 1880				
					,
88 × 8 × 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Budana su se				па ма е су п
	_				
			ŝ		
	a				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	nded	Page of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	46.700	3A 37
If this facility is owned or operated as a corp	poration, provide t	he following informa	ation:	
Legal Name of Corporation	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	ss Address		ich Incorporated
Connecticut Baptist Homes,	292 Thorpe Ave,	e, Meriden, CT CT		
Inc.	06450		g	
			<u> </u>	<u> </u>
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
Mary Patricia Morse	292 Thorpe Ave, 06450	Meriden, CT	Treasurer	
See attachment for full listing		3		

Names of Stockholders Owning at Least 10% of Shares				
	13.3 - 3 a s a e e, a			3 5 F 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
				3

Connecticut Baptist Homes, Inc. Board of Directors - January 2015

			Business	Home Address	Committee*
Name/Nomination	Date	Phone	203-481-4063	53 Hotchkiss Grove Rd.,	Ex-Officio
Peter C. Young		203 481-4063	205 401 1005	Branford, CT 06405	F, M&D, N, P
Ciamis person.	2009	pyoung@aesa.us	203-688-7037	391 Belleview Ave	F
Rev. Margaret D. Le	wis	860 621-6144	203-000 7057	Southington, CT 06489	1
Vice-Chairperson 2	2007	margaretdlewis@gmail.com	860 236-5421	ABCCONN	
Rev. Judy G. Allbee		860-693-6897	000 230-3-121	90A North Main Street	
Ex-Officio Director	2009	Jallbee@abcconn.org		West Hartford, CT 06107	
		860 643-1096		24 East Maple St.	M&D
Horace Brown		Hhbrown621@att.net		Manchester, CT 06040	
Director	2008	860-682-0685		87 Laurel Ridge	P
Rev. Richard J. Doy	le	Doyle42@comcast.net		East Hampton, CT 06424	
Director	2007	860-346-6489		5 Old Tpke. Rd. Apt 8	M&D
Sharon Kupiec		860-770-1557 (cell)		Southington, CT 06489	
Director	2014	skupiec@hotmail.com			
		203-237-9476	203-235-7962	387 Spring Street	M&D
Roberta Lasek		LRobel 1814@aol.com		Meriden, CT 06451	
Director	2010	860 628-8970	203-785-5762	27 Coach Dr.	N, M&D
Shirley Mason			203 703 7.12	Southington, CT 06489	
Director	2007	Shaym_34@yahoo.com 203-237-1206	203-237-1206	133 Main Street	
Patricia Morse			202 20.	Farmington, CT 06032	
President, Treasure	<u>r</u>	pmorse@ctbaptisthomes.org 203 235-4069		412 Baldwin Ave	P
Margaret Myers	1			Meriden, CT 06450	
Director	2009	d.myers4@cox.net		142 Diane Drive	M&D
Rebecca Otterbein		(860) 643-8391		Manchester, CT 06040	<u> </u>
Director	2008	rebelotto1@cox.net		5 Shepard Hill Rd	N
Shirley Ryan		203 248-6535		Hamden, CT 06514	
Secretary	2009	tryan4923@sbcglobal.net		5 Shepard Hill Rd	N
Thomas Ryan		203 248-6535		Hamden, CT 06514	
Director	2009	tryan4923@sbcglobal.net	860-550-5174		F
Bill Smith		860-649-7547	800-330-3171	Manchester, CT 06040	
Director		wmbsmi314@cox.net	860-763-7852		F
Catherine Souza		203 630-9258	800-703-7032	Meriden, CT 06450	
Director	2008	catherine.souza@lego.com	 	27 Short Rocks Road	F
Jeff Wallace		203-483-9305		Branford, CT 06405	
Director	2011	jeffwallace@livenation.com		258 Highland Avenue	P
Dan Wilder	- 1267.	203-288-4526		Hamden, CT 06518	
Director	2014	danelisha@comcast.net			
			STATE OF ACTION	N=NOMINATING P=	PERSONNEL

* Committee Key

F=FINANCE

M&D=MISSION AND DEVELOPMENT

N=NOMINATING

P=PERSONNEL

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No. 1023C	Report for Year Ended 9/30/2015	Page of 3B 3
Connecticut Baptist Homes, Inc. If this facility is owned or operated as an in	dividual proprietorship	provide the following inform	
If this facility is owned or operated as an in	Owner(s) of Facilit	v	<u></u>
	Owner(s) or rueing	,	
,			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Connecticut Baptist Homes, Inc.	nes, Inc.	License No.	No. 1023C	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility re	ated through		If "Yes," provide the Name/Address and	e Name/Ado	lress and
marriage, ability to cont	marriage, ability to control, ownership, family or business association?	ss assoc	iation? O	Yes © No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or c including the rental of p	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility,	or servi	cility,	;			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	or business cility?	o res o No	If "Yes," provide the following information:	e following	information:
	t.	Als	Also Provides		Indicate Where		
3			Goods/Services to	3	Costs are Included		
Name of Related		Non-F	ed Pe	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No %**	Provided	Page #/Line #	Reported	Related Party
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	0	0	Mgmt & Maintenance Contract Service	30 Line 1V8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	0	0	Shared CEO and AR Contract Service	30 Line 1V8		
	¥ 2	0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				

^{*} Use additional sheets if necessary.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

N & Facility	License No	i.	Report for Year Ended	Page of		
Name of Facility Connecticut Baptist Homes, Inc.	1023C		9/30/2015	5 37		
If the facility is licensed as CDH and/or RC	CH or provides A	IDS or TB	I services with special Medic	aid rates, costs		
must be allocated to CCNH and RHNS as	follows:		**			
ltem			Method of Allocation	n		
		Number of	meals served to residents			
Dietary		Number o	pounds processed			
Laundry		Number of	square feet serviced			
Housekeeping		Number of	f hours of routine care provid	ed by EACH		
employee classification, i.e., Director (or Charge Nurse						
Nursing		Registered	Nurses, Licensed Practical N	Nurses, Aides and		
		Attendant	\$			
Direct Resident Care Consultants		Number o	f hours of resident care provi	ded by EACH		
Diffect Resident Care Consultants		specialist	(See listing page 13)			
Maintenance and operation of plant		Square fee				
Property costs (depreciation)		Square fee	et			
Employee health and welfare		Gross salaries				
Management services		Appropriate cost center involved				
Total of Direct and Allocated Costs						
All other delical Administrative experts the following questions applicable to the cost information provided.						
1. In the preparation of this Report, were	all		If "No," explain fully why	such allocation was		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		O No	not made.			
Most costs were alloacted using the method	ods above, howe	ver some e	openses are charged directly of	or allocated on a		
more appropriate method.						
more appropriate method.						
2. Explain the allocation of related compa	any expenses and	d attach co	by of appropriate supporting of	lata.		
2. Explain the anocation of related comp.	unity output	T.				
, a						
			<u> </u>			
3. Did the Facility appropriately allocate	and self-disallo	v direct an	l indirect costs to non-nursing	g home cost centers?		
(e.g., Assisted Living, Home Health, C	Jutnatient Service	es. Adult I	Day Care Services, etc.)			
(e.g., Assisted Living, Home Health, C	Juipationi Boi vie	,	If "No," explain fully why	such allocation was		
	Yes	O No		guen uno cui con		
			not made.	ormational purposes		
All costs in the "Other" column are for ro	oom and board a	partments a	na are being supplied for mic	Yanna Parkana		
only. These costs are not being submitte	d for reimburem	ent.				
			and the same of th			

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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.

Should not be included in these almounts.					100		
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Connecticut Baptist Homes, Inc.			1023C	9/30/2015			6 37
	Related * to	d * to					
8.8	Owners,	ers,					
	Operators,	tors,			,	Annual	
	Officers	Sers		Date of	Term of	Amonnt	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
None	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total ***

% O

O Yes

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page 1	of 37
Connecticut Bantist Homes, Inc.	1023C	9/30/2015			.3/
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:			
o /teoram =	Modified Cash	, , , , , , , , , , , , , , , , , , , ,			
Is the accounting basis for this		16 "Nio " aumioin			
Portou the summer	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	06127		
1 Blum, Shapiro & Co. PC		29 South Main Street, West Hartford, CT 344 North Main St., Marlborough, CT 06	117		
2 Premier Accounting Group3 Healthcare Management Solut	9	8 Research Parkway, Wallingford, CT 06	492		
	ions, Inc.	8 Research Parkway, Wallingtold, C.1 00	772		
4 Services Provided by This Firm (de	pariba fully)				74
			\$	32,040	
1 Annual Audit, 990 preparation, Med 2 General Accounting Services in Lieu			\$	62,817	
			\$	2,385	
3 General A/R Services in Lieu of Inte	emal Staff		\$		
4			Charge for	Services P	rovided
			\$	97,242	5.8.05.05.0
	the part of the Daniel 16	You Specify Evpense Classification and Line No.		27,12.12	
	Page 15, Line 1d	Yes, Specify Expense Classification and Line No.			
O Yes O No Legal Services Information	I age 15, Elite 10				
Name of Legal Firm or Independen	nt Attorney		Telephone		
Martha Cullina	,		860-240-60		
2 Hinckley, Allen & Snyder			860-725-62	200	
		Ř			
3 4 5					
5					
Address (No. & Street, City, State,	Zip Code)				
1 185 Asylum St, 29th Fl, Hartf	ord, CT 06103				
2 20 Church St, Hartford, CT 00	3103				
3					
5					
Services Provided by This Firm (d	lescribe fully)	V. N 9 202001			
1 Review of loan modification, collec			\$	1,426	
2 Attorney retained by Berkshire Ban			\$	1,328	
3			\$		
4			\$		
5			\$		
ř –			Charge for	Services I	Provided
1			\$	2,754	
Are These Charges Reflected in the Expu	enditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
	Page 15, Line 1e				
Yes O No					

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Schedule of Resident Statistics

Name of Facility			License No	ZO.	47		Report for	Report for Year Ended	9		Page	Ju
Connecticut Baptist Homes, Inc.)(1023C			9/30/2015		1		8	37
			}			Period 10/	Period 10/1 Thru 6/30	30		Period 7/1	Thru 9/30	0
	Total All	Total CCNH	Total RHNS									
	Levels	Level	Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
 Certified Bed Capacity 							0					
 A. On last day of PREVIOUS report period 	80	30	30	30	80	30	30	20	80	30	30	30
B. On last day of THIS report period	80	30	30	20	80	30	30	20	80	30	30	20
2. Number of Residents												
A. As of midnight of PREVIOUS report period	76	29	30	17	76	29	30	17	80	30	30	20
B. As of midnight of THIS report period	79	29	30	20	80	30	30	20	62	29	30	20
3. Total Number of Days Care Provided During Period	poi											
A. Medicare	175.1	. 765	909		1.124	673	451		247	92	155	
B. Medicaid (Conn.)	16.787	8.683	8.104		12,678	6.610	6.068		4.109	2,073	2.036	
C. Medicaid (other states)												
D. Private Pay	10.453	1.305	2.124	7.024	7.613	815	1.585	5.213	2.840	490	539	1.811
E. State SSI for RCH											*	
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	28.611	10.753	10,834	7.024	21,415	8.098	8,104	5.213	7.196	2.655	2.730	1.811
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	36											
Beds												
A. Medicaid Bed Reserve Days	121	74	47		82	46	36		39	28	Ξ	
B. Other Bed Reserve Days	48	61	29		35	10	25		13	6	4	
5. Total Resident Days (3G + 4A + 4B)	28.780	10.846	10,910	7.024	21.532	8.154	8,165	5.213	7.248	2,692	2.745	1.811

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	ility			Lice	nse No.				Report	t for Year	Ended		Page	of
Connecticut I	Baptist F	lomes,	Inc.	1	1023C					9/30/201	5		9	37
60			in the certified b		pacity du	ring t	he repo	ort yea	r?	0	Yes	0	No	
			f Change		Cl	nange	in Bed	S		Ca	pacity Afte	r Change		
Date of	CCNH	RHNS	Other		Lost		1	Gaine	d		1			
Changa										1			No.	
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason f	for Change
						igwdown		\square						
	-			-		 		-		,				
			in certified bed of 90 days following	10.50	1001	the re	eport ye	ear (as	report	ed in iten	ı 4 above) _l	provide the nur	nber of	
.,	311. 2.	10101					+							
3 . 1			Change in Re	esiden	it Days					CC	NH	RHNS	Or	ther
1st chang														
2nd char 3rd chan												·		
4th chan														
		ients and	d Rates on Septe	mber	30 of Co	st Ye	ar							
			Medicare		Medic					Se	lf-Pay		Other Sta	te Assisted
					3		1			U. 102 E.S				
						ĺ	1				1			
	Item		CCNH	C	CNH	RF	HNS	CC	CNH	RH	INS	Other	R.C.H.	ICF-MR
No. of R			I CCNII / I RHNS		20		23		8		6	20		
Per Dien	- Andrews													
a. One b			PPS		102.00		: (2.0)		425,00		370.00	60,00		
			PPS		199.28	—	162,81	-	383.00	**********	342.00			
c. Three		1			J	i	1		1					
bed n	nis.	1							\longrightarrow	31.34	-			
									l					
7. Total Nu	mber of	Physica	l Therapy Treati	ments	Ã				Ī	TOT	ΓAL	CCNH	RHNS	Other
Α.	Medica	re - Part	В								6,226	3,347	2,879	04.2.
В.	Medicai	id (Excl	usive of Part B)											
			Treatments									A THE RESERVE OF THE PARTY OF T		
		orative '	Treatments		NO									
	Other	launio al	Therapy Treatm	- costa								2 2 4 7	2 (170	
			Therapy Treatm		× × × ×	2 2			5 1 1		6,226	3,347	2,879	
	Medicar			ems							621	369	252	
			usive of Part B)								021	- CUI	2,32	
			Treatments						1					
	2. Resto		Freatments											7 m 5 40
	Other													
			herapy Treatme								621	369	252	
			tional Therapy T	reatn	ients									
	Medicar										4,505	2,452	2,053	
			usive of Part B) Treatments						ľ					
			reatments	-					\dashv					05,0111125-13
	Other	native i	reutificitis			-			\rightarrow	-				
		ccupatio	onal Therapy Tr	eatm	ents		-	-			4,505	2,452	2,053	

Report of Expenditures - Salaries & Wages

Report of Expanse of Facility	License No.		Report for Year E	nded	Page	of
Connecticut Baptist Homes, Inc.	1023C	9	9/30/2015		10	37
are time records maintained by all individuals receiving com	nensation?	•	Yes	O No)	
Are time records maintained by all individuals receiving essi-			Total Cost and	Hours		
				į		
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I 	41.661	373	40,804	365	6,963	62
of Schedule A1)	41,661	313	40,604			
2. Administrator(s) (Complete also Sec. III	54,075	857	52,962	840	9,039	143
of Schedule A1)	34,07.1					
3. Assistant Administrator (Complete also Sec. IV		COLUMN TO SERVICE SERV		and a second second	SOUTH AT 1818	
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	54,671	2,283	54,671	2,283	36,446	1,522
5. Dietary Service						4.4
a. Head Dictitian						
b. Food Service Supervisor	02.027	7,141	93,586	7,184	60,252	4,62
c. Dietary Workers	93,037	7,141	9.7,500			
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers	60,674	4,283	60,674	4,283	21,414	1,51
7. Repairs & Maintenance Services				0.020	20,618	73
a. Engineer or Chief of Maintenance	58,417	2,078	58,417	2,078	20,016	- 15
b. Other Maintenance Workers						
8. Laundry Service		医花虫草		MUNICIPAL AND ADDRESS OF THE PARTY OF THE PA		
a. Supervisor	21,600	1,789	7,148	592	3,276	27
b. Other Laundry Workers 9. Barber and Beautician Services						
10. Protective Services						EXPLOSES:
11. Accounting Services					DISTRIBUTION OF THE PARTY OF TH	
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents	50,715	1,114	50,715	1,114		Association and
a. Directors and Assistant Director of Nurses	30,713		- Carrier Course			
b. RN	50,660	1,230	461,058	11,154		
1. Direct Care 2. Administrative**	35,102			880		
c. LPN						
1. Direct Care	218,322	8,60	7			
2. Administrative**	411,892	29,99	7 263,340	19,178		
d. Aides and Attendants	411,892	29,99	203,340	12,175		
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists						
g. Occupational Therapists h. Recreation Workers	44,755	1,94	5 44,755	1,945		
i. Physicians						
Medical Director		-		100		
2. Utilization Review						
3. Resident Care***	MARKET - 6-3 E	Land of the land				
4. Other (Specify)	× 188					Terror House
j. Dentists						
k. Pharmacists						-
1 Podiatrists	60.04	4 2,07	57,044	2,075		1
m. Social Workers/Case Management	57,04	2,07	37,044	2,07.7		
n. Marketing						
o. Other (Specify) See Attached Schedule	11,16	5 20				1 1
A-13. Total Salary Expenditures	1,263,79		1,291,507	54,236	165,239	9,0

^{*} 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)

		CCNH		RHN	S	Otho	r
Position	\$	Hours	1	\$	Hours	\$	Hours
Salaries & Wages-Chaplain	\$ 11	,165 266	\$	11,231	267	\$ 7,231	172
			Alle				
							Name of the last
			-			CALLY TO THE	
			-				
				YAN IN			
				19/3/30 (1) (1) 19/3/3/3/19/19/3/3/3/3/3/3/3/3/3/3/3/3/3			
Total	\$ 1	1,165 26	5 \$	11,231	267	\$ 7,231	172

Schedule of Other Fees (Page 13)

	CC	NH		RHNS	0	ther
ervice	\$	Hours	\$	Hours	\$	Hours
herapies Contract	\$ 7,755	Disallow	\$ 6,4	3 Disallow	\$ -	Disallow
Terupies Consultation						
					16 16 17 19 19 19 19 19 19 19 19 19 19 19 19 19	
						重視機制動
				建 5票 6 3 3 5		
		minus está				
						A DESCRIPTION
						AN PHILE-PROPERTY
				ne la		
						e var more tito
					object to the second	
	\$ 7,755		\$ 6,4	33 -	\$ -	
Cotal	3 1,135		, o,			

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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		7	Assistan	r Administra	Assistant Administrators and Other Related Parties*	Kelare	d Parties	4		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Connecticut Baptist Homes, Inc.				1023C		9/30/2015			=	37
		Salary Paid								
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Other	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners	2 1/									
Mary Patricia Morse	41,661	40,804	6,963			008	N I A	733 CONHIBHINS		
	5 B 1						,			
	n 2 F				æ					
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).	36 × 30 0 0 0 0 0									
	e e									
	3 x									
	N # 15									
* No 11: for all and 11 La										

^{*} 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.

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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

	84	Ć	SSIStair	Administra	Assistant Administrators and Other Instance I arrest	וייומוטו	ו מו נוסט			
(bosessiles) will also as				License No.	1	Report for Year Ended	ar Ended		Page .	Jo
Name of Facility (as licensed)			4.	to to the total of	· ·				12	37
Connecticut Baptist Homes, Inc.				1023C		9/30/2013				
	**	Salary Paid		:						
	16.1			Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Mose Davidio Mores	12 498	12.241	2.090		Administrator subsequent to 7/10/15	240 A2	A2			
Mary Fautha Morse			6 040		Administrator through	1.600 A2	A2			
Teresa Wells	1/C,14									
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4										
Section IV - Assistant Administrators					5 .000					
	De g									
	34 35									
*No allowance for calaries will be considered unless full information is provided. Use additional sheets if required.	II be conside	ared unless f	full informati	on is provided. U	se additional sheets if re	quired.				

*No allowance for salaries will be considered unless full in

^{**} Include all other employment worked during the cost year.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Connecticut Baptist Homes, Inc.	License No.	3C	Report for Ye 9/30/2015		Page 13	of 37
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	Other	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						
2. Dentist	4,187	76	4,186	76		
3. Pharmacist	3,939	106	3,939	106		a discrete a
4. Podiatrist				numerous moistagement of		
5. Physical Therapy					W	
a. Resident Care	69,091	1,354	59,332	1,162		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	10,800	108	10,800	108		
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	ng				Variation of Variation	
c. Resident Care**						
d. Administrative Services facility					1. "	
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)			1			
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)	4					
9. Speech Therapist		7				
a. Resident Care	18,589	249	12,706	171		
b. Other						
10. Occupational Therapist						
a. Resident Care	77,224	Disallow	64,732	Disallow		5
b. Other					W	
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	740		6,730	99		1 1 2 1 10 14
2. Administrative***						
b. LPN						
1. Direct Care	19,728	381	*			
2. Administrative***						
c. Aides	7,246	273	4,633	175		
d. Other					Control of the Control	
12. Other (Specify)				*		
See Attached Schedule	7,755		6,433			1
B-13 Total Fees Paid in Lieu of Salaries	219,299	2,558	173,491	1,897		

^{*} 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	License No.		Report for Y	Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C		9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Operato	to Owners, rs, Officers		nation of Re	lationship
D. D. H. T. L. L. L. M. 227 I H P.	Medical Director	Yes	No			
Dr. David Taraskevich, MD, 237 Liberty St, Meriden, CT 06450		0	•			
HealthDrive Dental, 25 Needham St, Newtown, MA 02461	Dentist	0	•			
Omnicare, Inc., P.O. Box 715268, Columbus OH, 43271	Pharmacist	0	0			
Genesis Rehabilitiation Services, 200 Brickstone Sq, Andover MA, 01810	Physical, Speech and Occupational Therapist	0	0			
Key Personnel, Inc., 142 State Street, North Haven CT, 06453	Nursing Pool	0	0			
Dr. Clifford R. Dreschsker-Martell, MD, 360 Broad St, Meriden, CT 06450	Medical Director	0	0			
		0	0			A A A A A A A A A A A A A A A A A A A
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		0	0	3 5 5		

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

rumo or ruemy	nse No.	Report for Y	ear Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	1	15	37
Item		Total	CCNH	RHNS	Other
Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation		\$ 159,770	74,219	75,847	9,704
2. Disability Insurance	2	\$			
3. Unemployment Insurance		\$ 19,729	9,165	9,366	1,198
4. Social Security (F.I.C.A.)		\$ 183,017	85,018	86,883	11,110
5. Health Insurance	-	\$ 333,524	154,935	158,333	20,250
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$	V		Try Americanity
7. Pensions (Non-Discriminatory)		\$ 53,151	24,691	25,232	3,228
(not-owners and not-operators)					
8. Uniform Allowance		\$ 341	129	129	8:
9. Other (Specify)		\$ 25,249	11,763	11,520	1,96
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		\$			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
Operators (Discriminatory)					
c. Bad Debts*		\$		V	
d. Accounting and Auditing		\$ 97,242	45,749	44,943	6,55
e. Legal (Services should be fully described on l	Page 7)	\$ 2,754	1,038	1,044	67:
f. Insurance on Lives of Owners and	**	\$	U		
Operators (Specify)*					
g. Office Supplies		\$ 28,668	13,356	13,080	2,23
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 15,174	5,718	5,752	3,70
2. Cellular Phones		\$ 2,551	961	967	62
i. Appraisal (Specify purpose and		\$		V	
attach copy)*					
i. Corporation Business Taxes (franchise tax)		\$	V	,	
k. Other Taxes (Not related to property - See Pa	ge 22)				
1. Income*	Section 1	\$	7	10/	2.00
2. Other (Specify)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$ 427,840	211,902	215,938	
Subtotal		\$ 1,349,010		649,034	61,332

^{*} 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

Connecticut Baptist Homes, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	57-2	CCNH	1	RHNS	0	ther
FSA Dependent Expense	\$	11,763	\$	11,520	\$	1,966
			10.00			
Total	\$	11,763	\$	11,520	\$	1,966

Schedule of Other Taxes

Description	CC	CNH	RHN	NS	Othe	r
Fotal	\$		\$	- 1	\$	-

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

Name of Facility Lic	ense No.	Report for Y	ear Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015		16	37
Itam		Total	CCNH	RHNS	Other
Item Subtotals B	ought Forward:	1,349,010	638,644	649,034	61,332
	ought Forward.	1,545,010	030,011		
 Travel and Entertainment Resident Travel and Entertainment 	\$		10 mart 1 mart 1		
	\$	2,448	1,224	1,224	
Holiday Parties for Staff Gifts to Staff and Residents	\$	11,628	5,814	5,814	
	\$	813	379	371	63
4. Employee Travel	The second livery was a second	9,081	4,231	4,144	706
5. Education Expenses Related to Seminars and C		9,061	4,231	4,144	700
6. Automobile Expense (not purchase or deprecia	tion)				
7. Other (Specify)	Ф	.168			
See Attached Schedule					
m. Other Administrative and General Expenses	ф	0.44	1.001	1.006	206
1. Advertising Help Wanted (all such expenses)	\$	2,643	1,231	1,206	206
2. Advertising Telephone Directory (all such expe	nses)*** \$				
3. Advertising Other (Specify)*****	\$	7	0		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is su	ipplied \$				
directly and not by contract or fee for service)*	**				
7. Postage	\$	5,347	2,491	2,440	416
* 8. Dues and Membership Fees to Professional	\$	6,827	3,180	3,115	532
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allow	able Org.*** \$				
9. Subscriptions	\$	6,105	2,844	2,786	475
10. Contributions***	\$			ń	2=0110
See Attached Schedule					
11. Services Provided by Contract (Specify and Contract)	nplete \$		76) =	Topological Control	New Stylen
Schedule C-2, Page 21 for each firm or individ					
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$		22,619	22,176	3,596
See Attached Schedule	4				
C-14 Total Administrative & General Expenditures	\$	1,442,293	682,657	692,310	67,326
C-14 Total Auministrative & General Experiments				Edge Money S.	Anna Caller

^{*} 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

	CCNH	RH	INS	Oth	er
Description				(44H) 169	
			XIIII N	13.4	
				W. D. L.	
	TORNESS OF BUILDING				
			N.C.	V 11.71	Silin
		N Deck			
				10:54	
a Lost Tour Porter to Imment	\$.	\$		\$	940 ·
Total Other Travel and Entertainment		001000000000000000000000000000000000000			

Schedule of Other Advertising

E 7.10	CCNH_	RHNS	Other
Description			
	<u> </u>	\$. \$.
Fotal Other Advertising	The second secon	Name of Tax	

Schedule of Dues

9 9	C	CNH	P	HNS	0	ther
Description	S	3,031	S	2,969	\$	507
Leading Age CT	\$	149	S	146	\$	25
ALTCFM	The second second second					
					II.	
				Windles		
		telling of	Silly			
The state of the s	Control of the Sale	H Val	10			
		1200	WEN!		200	NA
		e Whia	(ATIL	訓養物		
					18.32	
	\$	3,180	\$	3,115	\$	532
Total Dues	THE DAY OF STREET, ST. ST.					

Schedule of Contributions

CCNH	RHNS	Other
	in a state of	4000000
	Se synthesis	r sa diousianes.
		- 00 W-34-01
\$ -	\$ -	3 .
	CCNH S -	CCNH RHNS

Schedule of Other Administrative and General

	cc	NH		RHNS	0	ther
Description		55	\$	55	\$	
Volunteer Parties & Gifts	S	2,737	s	2,681	\$	458
Misc. Administrative Expense		3,907	\$	3,827	\$	653
Bank Fees/Svc. Charges	3	430	\$	421	s	71
Background Checks	S	2,360	\$		S	395
Consultant Fees	S (2,126	6	2,082	s	355
Directors' Insurance	- 5	9,951	0	9,746	S	1,664
Paychex Service Charges	3	1,053	6	1,053	100	
Medical Records Consultant	<u> </u>	1,033	,	1,055		
Name of Colons as an analysis of the Colons as an analysis of the Colons as an analysis of the Colons as an an		22,619	•	22,176	S	3,596
Total Other Administrative and General	\$	22,017	1	22,170	-	

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Schedule C-1 - Management Services*

Name of Facility	License No. 1023C	Report for Year Ended 9/30/2015	Page of 17 37
Connecticut Baptist Homes, Inc. 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	93,017	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)

	lic	ense N	Page 5)	Report for	Year	r Ended	Page	of
ame of Facility) Lic		023C	9/30/20			18	37
onnecticut Baptist Homes, Inc.			Total	CCNH		RHNS		Other
Item	-							
Dietary a. In-House Preparation & Service		٥	239,274	90,1	73	90,705		58,396
1. Raw Food		\$	18,035	6,7		6,837		4,401
2. Non-Food Supplies		ф ф	10,033					
3. Other (Specify)		Φ						
19 ' - (he contract other		\$	245,684	92,5	88	93,135		59,961
b. Purchased Services (by contract other than through Management Services)								
(Complete Schedule C-2 att. Page 21)		\$						
c. Management Services**		\$					and the second	
d. Other (Specify)		Ψ						
- 12		Φ.	502.002	189,	558	190,677		122,758
2E. Total Dietary Expenditures $(2a + b + c + d)$		\$	502,993	102,.	330		T	
			Total	CCNI	Н	RHNS		Other
m . 1 - f mode carved per	day:	k						
G. Resident Meals: Total no. of filears served per	0 Y	es es		No No				
H. Is cost of employee means included in 220	o \) No		If yes, specify amt.		\$7,157
I. Did you receive revenue from employees.			+2 (Doge/Line	e Item)		am.	Page	30, Line IV1
J. Where is the revenue received reported in the	Cost	Repor	t: (Tage/Dim	o item,		-10.		
Is cost of meals provided to persons other K. than employees or residents (i.e., Board	0	Yes	() No		If yes, specify cost.	See a	above.
Members, Guests) included in 2E?	0	Yes	(If yes, specify amt.	Y.	See above
L. Is any revenue collected from these people?			+0 (Dago/I in	e Item)		dint.		
M. Where is the revenue received reported in the	Cost	керо	II! (Fagerin	C Itom)	100			
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included	0	Yes	0 0 38 3 3 3	⊙ No		If yes, specify cost.	v 8 v 9	
in 2E? O. Is any revenue collected from employees?	0	Yes		⊙ No		If yes, specify amt.	′	
- received reported in the	e Cos	t Repo	ort? (Page/Li	ne Item)				
P. Where is the revenue received reported in the				25 04	,,,	between meal" s	macks	

^{*} 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)

	ne of Facility	_	License		Report for Y		Page		of
Con	necticut Baptist Homes, Inc.	_		023C	9/30/2015		19		37
	Item			Total	CCNH	RHNS		Oth	er
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items		Lbs.	6,970	4,701	1,556			713
	washed, ironed, and/or processed.***				1,70	1,550			
	Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.						
	processed.***	_	Amt. \$						_
	 Personal clothing of residents washed, ironed, and/or processed.*** 		Lbs. Amt. \$						
	4. Repair and/or purchase of linens.***		Lbs.					-10	
			Amt. \$	4,898	3,304	1,093			501
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
	c. Management Services**		\$						
	d. Other (Specify)		\$						
3E.	Total Laundry Expenditures $(3a + b + c + d)$	_	\$	11,868	8,005	2,649			1,214
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?	0	Yes	•	No	If yes,	-		
H.	as cost of company and an analysis of the cost of the	_	Yes		No	specify cost. If yes, specify amt.		-	
I.	Where is the revenue received reported in the Co	st	Report?		(Page/Line				
J.	In Cost of Jounday provided to persons other		Yes	0	No	If yes, specify cost.			
K.	Did you receive revenue from these people?	0	Yes	0	No	If yes, specify amt.		Ø 70	
L.	Where is the revenue received reported in the Co	st	Report?		(Page/Line	ltem)			

^{*} 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Con	necticut Baptist Homes, Inc.	1023C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced		53,000	22,500	22,500	8,000
	a. In-House Care	by Personnel					- N-
	1. Supplies - Cleaning (Mops,	Amt.	\$	16,697	7,096	7,096	2,505
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced				4	
	than through Management Services)	by Personnel		n de possenimentos	te municipality (A)		
	(Complete Schedule C-2 att.	Amt.	\$				
Y.	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$	879	374	374	131
	Housekeeping Uniforms						
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	17,576	7,470	7,470	2,636
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	69,121	38,569	30,552	
8	Medications						
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$	138,101	77,059	61,042	
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	For Emergency Use		\$				
	2. Other***		\$	21,475	11,983	9,492	
	f. X-rays and Related Radiological		\$	2,110	1,177	933	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	42,264	21,132	21,132	
	j. Other (Specify)****		\$	9,543	3,596	3,618	2,329
	See Attached Schedule						
5K	Total Resident Care Expenditures (5a - 5	5i)	\$	282,614	153,516	126,769	2,329

^{*} 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

	C	CNH	R	HNS	Ot	her
Description	\$	3,596	\$	3,618	\$	2,329
Religious Services - Music						
			N. N.			
			WARRE			
					VIII.	
Total Other Resident Care	\$	3,596	\$	3,618	\$	2,32

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

	Page of 21 37	41	Do I in		16 m13												I
	<u> </u>	ige Ref.**		-	1,664												
		Total Cost/Page Ref.***	NHA	17.053	9,746												
			CCNH	17.053	156'6												
	Report for Year Ended 9/30/2015		Full Explanation of Service Provided*	HVAC and Refrigeration	Payroll Services									4			
	License No. 1023C		Explanation of Relationship														
		o Owners, Officers	°Z	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Related ** to Owners, Operators, Officers	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	
¥:	.c.		Address	12 Second Ave, Chicopee, MA 01020	714 Brooks St. Suite 120, Rocky Hill CT 06067	5 -	7				8 0		v a	2 4		3 =	
	Name of Facility Connecticut Baptist Homes, Inc.		Name of Individual or Company	, Inc.	Paychex, Inc.												

^{*} 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	cense No.	100	Report for Yes	ar Ended		Page 22	of 1 37
Connecticut Baptist Homes, Inc.	1023C	9	9/30/2015			22	
Item			Total	CCNH	RHNS		Other
6. Maintenance & Operation of Plant			=		222222		4.160
a. Repairs & Maintenance		\$	27,746	11,792	11,792		4,162
b. Heat		\$	42,637	18,121	18,121		6,395
c. Light & Power		\$	106,625	45,316	45,316		15,993
		\$	37,545	15,957	15,957		5,631
d. Watere. Equipment Lease (<i>Provide detail on pag</i>	e6)	\$					
		\$	81,380	34,587	34,587	ASSESSMENT OF THE	12,206
f. Other (itemize) See Attached Schedule							
See Attached Schedule	f)	\$	295,933	125,773	125,773		44,387
 6g. Total Maint. & Operating Expense (6a - 6 7. Depreciation (complete schedule page 23*) 	•/	-		2,039	2,039		
a. Land Improvements		\$	4,078	76,987	76,987		31,563
b. Building & Building Improvements	1	\$	185,537		3,403		1,830
c. Non-Movable Equipment		\$	8,642	3,403	18,329		7,39
d. Moyable Equipment		\$	45,794	20,071	-		40,79
*7e. Total Depreciation Costs $(7a + b + c + d)$		\$	244,051	102,500	100,758	-	10,77
8. Amortization (Complete att. Schedule Page	e 24*)	\$		_			
a. Organization Expense		\$		2,589	2,589		73
b. Mortgage Expense		\$					
c. Leasehold Improvements		\$					Western Co.
d. Other (Specify)		\$		2,589	2,589		73
*8e. Total Amortization Costs (8a + b + c + d)	.00	Ψ					
Rental payments on leased real property le real estate taxes included in item 10b		\$					
10. Property Taxes		100					
a. Real estate taxes paid by owner		\$				+-	
b. Real estate taxes paid by lessor		\$					
c. Personal property taxes	4 90 t 2 m	\$			102.24	,	41,5
11. Total Property Expenses $(7e + 8e + 9 + 1)$	0)	\$	249,963	105,089	103,34	<u> </u>	41,0

^{*} 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	\$ 8,633	\$ 8,633	\$	3,047
Dietary Equipment Repairs	\$ 221	\$ 221	\$	78
Elevator Maint Contract	\$ 3,230	\$ 3,230	\$	1,140
Heating & Cooling Main Cont	\$ 14,434	\$ 14,434	\$	5,095
Refrigeration Main Contract	\$ 2,619	\$ 2,619	\$	924
Sprinkler/Fire Equip Main Cont	\$ 935	\$ 935	\$	330
Security/Payroll Main Contract	\$ 61	\$ 61	\$	21
Trash Removal	\$ 3,859	\$ 3,859	\$	1,361
Pest Control	\$ 595	\$ 595	\$	210
Total Other Repairs and Maintenance	\$ 34,587	\$ 34,587	\$	12,206

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			Depreci	Depreciation Schedule						
Name of Facility			License No.	ن		Report for Year Ended 9/30/2015	papu		Page 23	37
Connecticut Baptist Homes, inc.			Historical			Accumulated				
			Cost	Less	900	Depreciation to	Method of	Useful	Depreciation	
Decreety Item			Exclusive of Land	Salvage Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
I and Improvements									4 070	
Aconied prior to this report period			67,928		67,928	28,158	SL	Various	0/0,4	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	chedule)									4.078
B. Building and Building Improvements			000		6 002 572	3 251 500	J.	Various	184,998	
1. Acquired prior to this report period			6,983,523		0,903,02	100,100,0	3			
2. Disposals (attach schedule)									539	
3. Acquired during this report period (attach schedule)	chedule)	J	26,613							185,537
C. Non-Movable Equipment			1		200 200	737 017	_ 5	Varions	8.642	
			295,025		C70°C67	116,162	700	200		
3 Acquired during this report period (attach schedule)	schedule)									8.642
C-4. Subtotal										
	Is a mileage logbook maintained?	Date of Acquisition	Historical Cost	Less		Accumulated Depreciation to	Method of			
X	Yes	Σ	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful	Depreciation for This Year	Totals
-	5000	100000			Ţ.					
1. Motor Vehicles (Specify name, model										
and year of each vehicle)			25,223	-	25,223	2	SL	S		
b. Snow Plow	Н		8,784		8.784	8,784				
C.										
d,	4									
2. Movable Equipment			1.049.800		1,049,800	888,856	S SL	Various	38,810	
a. Acquired prior to this report period				_						
b. Disposals (attach schedule)										
c. Acquired during this report penod			79,851						6,984	VOC 34
(attach schedule)										244.051
E. Total Depreciation										200,114
1										

Useful

Connecticut Baptist Homes, Inc. 9/30/2015

Schedule of Land Improvements	Acquired	during this	s report	period
-------------------------------	----------	-------------	----------	--------

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			no (homat cruzo	
			Section 1	
		THE RESERVE		
Total additions for Land Impro	vements	\$ -	到的意识	\$ -
				The same of the sa
Deletions:				
Control Section 1 (1997)				
				- S -
Total deletions for Land Impro	ovements	\$ -		,

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Schedule of Buildi Acquisition Date	ng Improvements Acquired during this report period Description of Item		Cost		eful ife	Depre	ciation
Additions:		S	2,000	\$	20	\$	92
11/1/2014	Access System	\$	1,525		20	\$	58
1/1/2015	New insulation and ceiling	\$		\$	20	\$	87
4/1/2015	Circulating pump for heating system	\$	1,292	The second second	5	\$	86
6/1/2015	Keypads	\$	15,200	\$	20	S	190
6/1/2015	PVC Piping for Hair Salon	8	3,122	\$	20	\$	26
8/1/2015	Electric Improvements	\$	26,613	III OLIVEST		\$	539
Total additions fo	r Building Improvements	**************************************					
Deletions:				HAME		到別是	
		ing an eliteration		建			
				lines.			
Sissing in the same		\$				\$	
Total deletions fo	r Building Improvements						

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Schedule of Non-Movable Equ Acquisition Date	ipment Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Move	able Equipment	s -		\$ -
Deletions:				
Total deletions for Non-Move	shle Kayinment	5 -		\$.

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Depr	eciation
Additions:			200 and 200 Alexander (of grade unit	
12/1/2014	Mattress Systems	\$	5,359	10	\$	447
4/1/2015	Medical Bed	\$	1,987	. 5	\$	199
5/1/2015	Medical Bed	\$	1,987	5	\$	166
7/1/2015	Medical Bed	\$	2,013	5	\$	134
8/1/2015	Medical Bed	\$	4,025	5	\$	201
12/1/2014	Guard for Blender	\$	2,084	10	\$	174
12/1/2014	Steamer/Installation	\$	19,397	10	\$	1,616
9/1/2015	Ice Machine	\$	3,722	10	\$	31
11/1/2014	Office Equipment	\$	1,956	3	\$	598
5/1/2015	Computer Station	\$	12,896	3	\$	1,791
6/1/2015	Hagar Computers - router and switches	\$	8,250	5	\$	413
5/1/2015	Computer	\$	3,248	3	\$	451
7/1/2015	Hagar Computers - router and switches	\$	11,527	5	\$	576
2/1/2015	Snowblower	\$	1,400	5	\$	187
	r Movable Equipment	\$	79,851		\$	6,984
Deletions:		Statement and about			Profile	
	r Movable Equipment	S			S	

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2h

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			= Setulo de la constitu	
Total additions for Leasehold 1	mprovement	S -		\$ -
Deletions:			0 K WWW	
				N. C. A. C. A. C.
Total deletions for Leasehold I	mprovement	S .		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2015	r Ended		Page 24	of 37
					Accumulated				
	Dat	Date of			Amort. to			f	
* *	Acqu	Acquisition	,		Beginning of	Basis for			
8			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	2%	for This Year	Totals
A. Organization Expense	5					.00.53			
1.						0			
2.									
3.									
A-4. Subtotal						0		OR A STATE OF THE	
B. Mortgage Expense 1. Deferred Financing Costs	April	2013	120 Mo.	58,447	8,780 B	В		5,824	
2. Deferred Financing Costs	Oct	2013	120 Mo.	875	88	В		88	
3.									
B-4. Subtotal									5,912
C. Leasehold Improvements and Other						,			
 Acquired prior to this report period 									
2. Disposals (attach schedule)									
3. Acquired during this report period				=					
(attach schedule)									
C-4. Subtotal									
D. Total Amortization									5,912
* Straight-line method must be used.									

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year En	ded		Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015			25	37
11. Property Questionnaire						
Part A		The state of the s				
Is the property either owned by th	e Facility		_	2.0	If "Yes," comple	te Part B.
or leased from a Related Party?*	C	Yes	Θ	No	If "No," complet	
*If any owner or operator of this fac	tility is related by family,	marriage, ownership, abil	lity to control or		90 (20 0	
business association to any person of	or organization from who	n buildings are leased, the	en it is considered			
a related party transaction.						
Description		Total				
Date Land Purchased						
2. Date Structure Completed	CD l	01/01/02				
3. If NOT Original Owner, Date	of Purchase	01/01/83				
4. Date of Initial Licensure		80	AT THE REAL PROPERTY.			
5. Total Licensed Bed Capacity		53,000				
6. Square Footage7. Acquisition Cost		3,3,000				
a. Land		133,155				
b. Building	A STATE OF THE STA	319,500				
Part B - Owner and Related Pa	rties	1st Mortgage		3rd Mortgage	4th Mortg	gage
1. Financing		AND DESCRIPTION OF				
a. Type of Financing (e.g., fi	xed, variable)					
b. Date Mortgage Obtained		04/25/13	7			
c. Interest Rate for the Cost	Year	3.75%				
d. Term of Mortgage (number	er of years)	10				
e. Amount of Principal Borro		4,000,000				
f. Principal balance outstand		1,457,699				
Complete if Mortgage was I						
During Current Cost Ye		医大阪医安全公共协会员				
g. Type of Financing (e.g., fi	xed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number						***************************************
k. Amount of Principal Borro I. Principal Outstanding on 1	Note Paid-Off					
Part C - Arms-Length Lease		Improvements Only	l V		Andrew Committee of the	
Name and Address of Lesso		operty Leased	Date of Lease	Term of Lease	Annual Amoun	t of Lease
Name and Address of Lesso	1.	openy zieuse				O1-01-12-12-12-12-12-12-12-12-12-12-12-12-12
555 585 1					E. J	
of Sammer of the same						
a a a a a a a a a a a a a a a a					issis en a	
2.00	2					
16000 5 57 000000						

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.	iris di Periodi	Report for Yea	ar Ended		Page	of
Connecticut Baptist Homes, Inc. 1023C		9/30/2015		-	26	37
Item		Total	CCNH	RHNS	Otl	1er
12. Interest	**	Total	CCIVII	KIING	- Oil	101
A. Building, Land Improvement & Non-Movable	3	_				
Equipment		8				
First Mortgage	\$	101,524	44,468	44,468		12,588
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$	T 141-11 CV			11 21 21	
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	8 68 83			81 (85) 18 B 42 B	8 8 1 3 9 3	20/20 t t t
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	101,524	44,468	44,468		12,588

(Carry Subtotals forward to next page)

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C		Report for Ye 9/30/2015	ear Ended		Page of 27 37
lte	em		Total	CCNH	RHNS	Other
	Subtotals Bro	ought Forward:	101,524	44,468	44,468	12,588
12. C. Movable Equipment					2	
1. Automotive Equipme	The same of the sa	\$				
A. Item	Rate	Amount				
Lender	(In) the transfer of the same					
Address of Lender		anning seed to M				
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender	P. LANGE PRESIDENCE	1				
Address of Lender	To the Control of the					
12. C. 3. Total Movable Equip	ment Interest	\$				
Expense (C1 + 2) 12. D. Other Interest Expense (A)	Specify)	\$				
	-195 /					
13. Total All Interest Expense (1	12B7 + 12C3 + 12D) \$	101,524	44,468	44,468	12,588
14. Insurance	***************************************					
 a. Insurance on Property (b 	ouildings only)	\$	16,007	6,691	6,691	2,625
b. Insurance on Automobile		\$	2,311	1,077	1,054	180
c. Insurance other than Pro	친 경에 화 경찰	bove)	8 427 W 13	V = C 2 24	E 10 10 10 1	
 Umbrella (Blanket Ca 		\$.	44,731	18,698	18,698	7,335
2. Fire and Extended Co	overage	\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditure	es(14a+b+c)	\$	63,049	26,466	26,443	10,140
15. Total All Expenditures (A-1.		\$	6,081,139	2,826,091	2,784,904	470,144

D. Adjustments to Statement of Expenditures

	e of Fa		tist Homes, Inc.	Lice	ense No. 1023C	Report for Year 9/30/2015	r Ended	Page of 28 37
No.	Page No.	No.	Item Description		Total Amount of Decrease	CCNH	RHNS	Other
Page	10 - S	alarie	es and Wages					
1.			Outpatient Service Costs	\$	3			
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$	01.500	22.242	20.004	15.15
4.	10 7		Other - See attached Schedule	\$	91,593	38,043	38,084	15,466
The state of the s	13 - P	rofes	sional Fees	Φ.				
5. 6.	12	D 10-	Resident Care Physicians **	\$	141.056	77 224	64 722	
7.	13	BTOa	Occupational Therapy Other - See attached Schedule	\$	141,956 30,439	77,224 15,881	64,732 14,558	
	15 8	16	Administrative and General	φ	30,439	13,001	14,336	
8.	13 &	10 -	Discriminatory Benefits	\$				
9.	-,		Bad Debts	\$			- Excess	
10.	15	le	Accounting & Legal	\$	2,754	1,038	1,044	672
11.		Ih1	Telephone	\$	15,174	5,718	5,752	3,704
12.		lh2	Cellular Telephone	\$	1,831	690	694	447
13.			Life insurance premiums on the life	7				
			of Owners, Partners, Operators	\$		(Principles of Section 1997)		
14.			Gifts, flowers and coffee shops	\$				pieces and a second
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$	3,563	1,660	1,626	277
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 *	\$, and the same of			
19.	15		Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$	100			
21.			Unallowable Management Fees	\$				·····
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	24,293	11,659	11,523	1,111
24.	18 - D		Meals to employees, guests and others who are not residents	\$				
Page	19 - L		ry Expenditures	1				
25.			Laundry services to employees, guests and others who are not residents	\$				
Page .	20 - H	ousek	keeping Expenditures					
26.			Housekeeping services to employees, guests and others who are not residents	\$				
			Subtotal (Items 1 - 26)		311,603	151,913	138,013	21,677

^{*} 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

gement Contract Cedar Ridge - Admin enance Contract Salaries - Cedar Ridge	\$	6,916	\$	6,957	\$	4,479
enance Contract Salaries - Cedar Ridge	2	CANADA SERVI			4	4,479
	3	31,127	\$	31,127	\$	10,987
		20.042	4	20.004		15,466
	ment	ment S	ment S 38,043	ment S 38,043 \$	ment S 38,043 \$ 38,084	ment S 38,043 \$ 38,084 \$

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCN	IH	I	RHNS	(Other
13	B12	Therapies Contract	\$	7,755	\$	6,433	\$	tes -
13	B2	Dentist	\$	4,187	\$	4,186	\$	
13	В3	Pharmacist	\$	3,939	\$	3,939	\$	
Fotal Othe	r Fees Adj	ustments	\$ 1	5,881	\$	14,558	\$	•

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH		RHNS	(Other
16	m13	Bank Fees/Svc. Charges	\$	3,907	\$	3,827	\$	653
16	m13	Misc. Administrative Expenses	\$	2,737	\$	2,681	\$	458
16	m13	Volunteer Parties & Gifts	\$	55	\$	55	\$	-
16	13	Employee Gifts	\$	4,960	\$	4,960	\$	
Total Othe	r A&G Ad	iustments	8	11,659	s	11,523	\$	1,111

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

			D. Adjustments to Statemen					Trade (1997)	
	e of Fa			Lic	ense No.	Report for Y	ear Ended	Page	of
Conn	ecticu	t Bapt	tist Homes, Inc.		1023C	9/30/2015	0	29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	onerve.	Other
		95	Subtotals Brought Forward	\$	311,603	151,913	138,013		21,677
Page	20 - K		nt Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	69,121	38,569	30,552		
28.			Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	2,110	1,177	933		
30.			Laboratory	\$					
31.	20	5c	Medical Supplies	\$	13,810	7,706	6,104		
32.	20	5e 2	Oxygen (non emergency)	\$	21,475	11,983	9,492		
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
Page	22 - N	1ainte	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$				Ween the second	
38.			Rental of Building Space or Rooms	\$					
39.		6	Other - See Attached Schedule	\$	50,403	22,600	22,566		5,237
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$		7			
41.	-		Property Insurance	\$					
Other	- Mis	cella							
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$			1		
46.			Duplications of functions or services	\$				7.55	
47.			Expenditures made for the protection,		NEW SALES				E STEP A
			enhancement or promotion of the						
			providers interest	\$	H HO 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
48.			Interest Income on Accounts Rec	\$					
49.	2 2	1 2	Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$	8,867	3,448	3,463		1,956
Not F	or Pr	ofit P	roviders Only	1					
50.		J-2-	Building/Non Movable Eq. Depreciation						
-0.			Unallowable Building Interest -						
			See Attached Schedule	\$		Large Large and 1			1
51	Total	Amor	unt of Decrease (Items 1 - 50)	\$	477,389	237,396	211,123		28,870

^{***} 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 entegory as indicated on Page 20.

Connecticut Baptist Homes, Inc. 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHNS	Other
					12 (0.11)	
			6		¢	•
Cotal Other	r Ancillary	Costs		•	Φ •	Ψ

Schedule of Excess Movable Equipment Depreciation

age Ref	Line Ref	Description	CCNH	RHNS	Other
	7000				
	140 PM				
		ACMOUNT BEING STANFARD TO SELECT			
ntal Eve	se Movable	Equipment Depreciation	\$	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCI	NH	RHNS	(Other
22		Mortgage Expense	\$ 100	2,589	\$ 2,589	\$	734
20	THE PARTY OF THE P	Cable TV Expense	\$	4,224	\$ 4,224	\$	
-	12Λ	Interest Expense	\$	5,386	\$ 15,386	\$	4,355
22		Shared Depreciation on Equipment	\$	401	\$ 367	\$	148
Total Othe	r Property	Adjustments	\$	22,600	\$ 22,566	\$	5,237

Page Ref	Line Ref	Description		CCNH		RHNS		Other
	IV I	Meals sold to guests, employees & others	\$	2,697	\$	2,713	\$	1,747
30	IV 8	Discounts Taken	\$	36	\$	35	\$	6
30	IV 8	Insurance Proceeds	S	715	\$	715	\$	203
100				888				
							Silile III	
							EURIN	
								a v
				Total Sale	YEAR			
Total Othe	Total Other Adjustments		\$	3,448	\$	3,463	\$	1,956

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
					6
otal Unal	lowable Bu	lding Interest	\$ -	- \$) -

F. Statement of Revenue

Name of Facility License No.	100	Report for Ye	ar Ended		Page 30	of 37
Connecticut Baptist Homes, Inc. 1023C		9/30/2015			30	31
Item		Total	CCNH	RHNS	Ot	her
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	6,170,611	3,445,625	2,724,986		
b. Medicaid Room and Board Contractual Allowance **	\$	(3,059,630)	(1,529,815)	(1,529,815)		
2. a. Medicaid (All other states)	\$					63
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	486,454	271,436	215,018		
b. Medicare Room and Board Contractual Allowance **	\$	203,165	113,363	89,802		
4. a. Private-Pay Residents and Other	\$	1,714,007	533,308	760,269	<u> </u>	420,430
b. Private-Pay Room and Board Contractual Allowance **	\$					
1. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	49,651	27,705	21,946		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(49,954)	(27,874)	(22,080)		
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	9,404	5,247	4,157		
b. Medical Supplies - Medicare Contractual Allowance **	\$	(9,404)	(5,247)	(4,157))	
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	287,220	154,524	132,696		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(129,136)	(69,475)	(59,661))	
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	47,596	28,272	19,324		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(16,444)	(9,768)	(6,676))	
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	246,068	133,861	112,207		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(129,991)	(70,716)	(59,275)	
c. Occupational Therapy - Non-Medicare	\$				<u> </u>	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$			<u> </u>		
b. Other (Specify) - Non-Medicare	\$				-	
III. Total Resident Revenue (Section I. thru Section II.)	\$	5,819,617	3,000,446	2,398,741		420,430
IV. Other Revenue*						
Meals sold to guests, employees & others	\$	7,157	2,697	2,713		1,74
2. Rental of rooms to non-residents	\$					
3. Telephone	\$	18,831	7,097	7,139	E .	4,595
Rental of Television and Cable Services	\$			ļ		
5. Interest Income (Specify)	\$		(52,994	(52,994)	(15,002
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$				-	
8. Other (Specify)	\$		52,660			20,35
V. Total Other Revenue (1 thru 8)	\$	30,554	9,460	9,403	3	11,69
VI. Total All Revenue (III +V)	\$	5,850,171	3,009,906	2,408,144		432,12

^{*} 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	O	ther
age Rei Description			N. S. C.		
			Kara Ya		
Total Other Resident Revenue - Medicare	S S	5	10.0	\$	A

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Dana Daf	Description		CCNH	 RH	INS	O	her
age iver							
				81/5			
			HORES OF	 All All B			
				•		\$	
otal Oth	er Resident Revenue	AND THE REAL PROPERTY OF THE PARTY.	P	3		-	

Interest Income

Account

n n.	11	Bulance		CCNH		RHNS		Other
Page Ref	Account		S	(126,278)	\$	(126,278)	\$	(35,750)
	Unrealized Gain/(Loss) on Inv	villa de la compania	5	25,923	\$	25,923	\$	7,340
Man dy Sa	Realized Gain/(Loss) on Inv		8	13,946	\$	13,946	\$	3,948
	Interest Income		4	33,415	5	33,415		9,460
	Dividend Income		Φ	35,413	-	DOTTE	A. W.	Canvilla .
				ON THE REAL PROPERTY.	-			
			+-					
			+		-		TV A	
			+-		-			
					-		-	TOWN THE
Amaria (1)			-		-	455.004	-	(15.000)
Total Inte	erest Income		\$	(52,994)	15	(52,994)	1	(15,002)

Schedule of Other Revenue

**		CCNH		RHNS		Other
The state of the s	s	715	\$	715	\$	203
	S S	11.826	\$	11,896	\$	7.658
	S	36	\$	35	\$	6
	\$	8,956	\$	8,772	\$	1,497
		-				10,987
Maintenance Contract Income						
					V S	
		El Empire			1111	
			104			
or Pavantia		52,660	\$	52,545	\$	20,351
	Description Insurance Proceeds Contributions Discounts Taken Management Contract Income Maintenance Contract Income	Insurance Proceeds Insurance Proceeds Contributions Discounts Taken Management Contract Income Maintenance Contract Income S S S S S S S S S S S S S	Insurance Proceeds	Insurance Proceeds	S 715 S 715 Insurance Proceeds	Description

G. Balance Sheet

Name of Facility	License No.	100 Tel 100 May	r Year Ended	Page 31	of 1 37
Connecticut Baptist Homes, Inc.	1023C	9/30/2015)		Amount
	Account				Amount
Assets					
A. Current Assets	a.)			\$	278,049
Cash (on hand and in bank Resident Accounts Receive	ble (Less Allowance t	for Rad Debts)	\$	359,524
				\$	14,467
Other Accounts Receivable Inventories	(Excluding Owners C	71 Rolated Fai		\$	33,224
5. Prepaid Expenses			1	\$	5,754
a. Prepaid Elevator Contra	ct		1,150		
b. Prepaid Dues			1,081		
c. Prepaid Maintenance Co	ontract		2,086		
d. Prepaid Insurance	, intraor	- W	1,437		
6. Interest Receivable				\$	
7. Medicare Final Settlement	Receivable		The state of the s	\$	
8. Other Current Assets (item				\$	729,593
Short Term Investments			495,632		
Investment in 288 Thorpe A	ve, LLC		233,961		
A-9. Total Current Assets (Lines A	1 thru 8)			\$	1,420,611
B. Fixed Assets					
1. Land				\$	133,155
2. Land Improvements	*Historical Cost		67,928	\$	35,692
Z. Zana improvement	Accum. Deprecia	tion 3	32,236 Net	ESS 20 3	
3. Buildings	*Historical Cost		10,136	\$	3,573,090
5. Danaings	Accum. Deprecia	tion 3,43	37,046 Net	6	
4. Leasehold Improvements	*Historical Cost			\$	
. Loudenete Impression	Accum. Deprecia	tion	Net		
5. Non-Movable Equipment	*Historical Cost		95,025	\$	48,466
3. Item inc. acr = 4-1	Accum, Deprecia	tion 24	46,559 Net		
6. Movable Equipment	*Historical Cost	1,12	29,651	\$	195,00
0, 1,10,4001 – 1,11,1	Accum. Deprecia	tion 9	34,650 Net		
7. Motor Vehicles	*Historical Cost	The state of the last of the l	34,007	\$	
, Motor Compres	Accum. Deprecia	tion	34,007 Net		
8. Minor Equipment-Not Dep		100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	
9. Other Fixed Assets (itemiz	e)			\$	4,78
Variance	2 0		4,781		
T MIMILOU			A STATE OF THE PARTY OF THE PAR		

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Yo	ear Ended	Page 32		of 37
Conr	necti	cut Baptist Homes, Inc.	1023C	9/30/2015			mount	
			Account	m . 1 D				0,796
					ught Forward:	Ф	3,41	0,750
C.	Lea	sehold or like property record	ded for Equity Purpo	oses.		\$		
		Land				φ		
	2.	Land Improvements	*Historical Cost		— Net	\$		
			Accum. Deprecia	tion	inet	φ		
	3.	Buildings	*Historical Cost		— Net	\$		
			Accum. Deprecia	tion	Net	Ψ		Andrew Indian
	4.	Non-Movable Equipment	*Historical Cost		— Net	\$		
			Accum. Deprecia	tion	ivet	Ψ		
	5.	Movable Equipment	*Historical Cost	z • 708	Net	\$		
			Accum. Deprecia	tion	Net	Ψ		
	6.	Motor Vehicles	*Historical Cost		— Not	\$		
			Accum. Deprecia	tion	Net	\$		
	7.	Minor Equipment-Not Depr	eciable			\$		
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)			φ		
D.		estment and Other Assets				\$		
		Deferred Deposits				\$		
		Escrow Deposits				Ψ		
	3.	Organization Expense	*Historical Cost		Not	\$		
			Accum. Deprecia	ition	Net	\$		
	4.	Goodwill (Purchased Only)				\$		
	5.	Investments Related to Resi	dent Care (itemize)			J.		
		2				\$		
	6.	Loans to Owners or Related		7 -	Doto	φ		STEEL THE
		Name and Address	Amount	Loa	n Date			
					100 x 80 x x x x			
	1. 11					\$	3.3	59,579
	7.	Other Assets (itemize)		2 174	073	AND AND A	A SHARM	
		Long Term Investments		3,174,	542			
		Deferred Financing Cost						
		Interest in Perpetual Tru	st / Deposits	140,	004	\$	3 3	359,579
D-8	. Te	otal Investments and Other A	Issets (Lines D1 thr	\$		770,37		
D-9	To	otal All Assets (Lines A9 + E	310 + C8 + D8)			lΨ		10,010

^{*} 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. 1023C	Report for Year I	Ended	Page 33	of 37
Connecticut	Bapti	st Homes, Inc.	The state of the s			mount	
			Account				-1
Liabilities	~	. 1 * 1/11/4"					
Α.	Cu	rrent Liabilities				\$	86,903
	<u> </u>	Trade Accounts Payable Notes Payable (<i>itemize</i>)	- W			\$	
	2.	Notes Payable (nemize)					
	3.	Loans Payable for Equip	ment (Current portion	on) (itemize)		\$	
	.,,	Name of Lender	Purpose	Amount	Date Due		
				1			
		8			,c.		
				Gr. 11. 11 are public		\$	96,713
	4.	Accrued Payroll (Exclusion		\$	70,7 10		
	5.	Accrued Payroll (Owner	rs and/or Stockholde	rs only)		\$	19,860
	6.	Accrued Payroll Taxes l	Payable			\$	
	7.	Medicare Final Settleme	ent Payable			\$	
	8.		cing Payable			\$	91,385
	9.	Mortgage Payable (Cur	rent Portion)	D / I D // \		\$	4,555
	1(). Interest Payable (Exclus	rive of Owner and/or	Related Parties)		\$	1,000
	1	 Accrued Income Taxes' 	<u> </u>			\$	333,407
	12	2. Other Current Liabilitie	s (itemize)	one rela			
		Due to Third Party Payor		42,421			
		Accrued Audit Fees		19,000			
FIX # 1 # 5		Accrued Vacation		62,892 09,094			
		Accrued Provider Tax		\$	632,823		
A-1	3. T	otal Current Liabilities (Lines AT unu 12)				

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

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Page 34	1	of 37	
Connecticut Baptist Homes, Inc.	1023C	9/30/2015			mount	
	Account	Total Broug	ght Forward:			32,823
7.1.111.		Total Broug	Sik i Oi wardi			
Liabilities (cont'd)						
B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)					-	
Name of Lender	Purpose	Amount	Date Due			
Name of Lender						
		i				
		•				
Davida				\$		
2. Mortgages Payable						
3. Loans from Owners or Related Parties (itemize) Nome and Address of Lender Amount Loan Date				\$		HENRY.
Name and Address of Lender	Amount	Loan	Date			
1						
				10000000000000000000000000000000000000		
	2					
	2					
				\$	1	366,314
4. Other Long-Term Liabilities (itemize)					1,	500,514
Note Payable to Berkshire Bank 1,366,314						
			The state of the s		16.0	
B-5. Total Long-Term Liabili	ties (Lines B1 thru 4)			\$		366,314
C. Total All Liabilities (Lin	es A-13 + B-5)			\$	1,	999,137

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

	ne of Facility	License No.	Report for	Year Ended	Page	•	of
Con	necticut Baptist Homes, Inc.	1023C	9/30/2015		35	Amount	37
A	Reserves	Account				Amount	
A.					e.		
	1. Reserve for value of leased				\$		
	2. Reserve for depreciation v	alue of leased build	ings and appurt	enances			
	to be amortized				\$		***
	3. Reserve for depreciation v	alue of leased perso	onal property (E	quity)	\$		
	4. Reserve for leasehold real	properties on which	n fair rental valu	e is based	\$		10000
	5. Reserve for funds set aside	e as donor restricted			\$		
	6. Total Reserves		- Leaders	Same and the same	\$	***	
В.	Net Worth						
	Owner's Capital	1/			\$		
	2. Capital Stock				\$		
	3. Paid-in Surplus				\$		
	4. Treasury Stock				\$		¥)
	5. Cumulated Earnings				\$	7,00	2,206
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	(23	0,968
12	7. Total Net Worth				\$	6,77	1,238
C.	Total Reserves and Net Wort	h			\$	6,77	1,238
D.	Total Liabilities, Reserves, ar	nd Net Worth			\$	8,77	0,375

H. Changes in Total Net Worth

Nan	ne of Facility	License No.	Report for Year	Ended	Page	of
Con	necticut Baptist Homes, Inc.	1023C	9/30/2015		36	37
		Account				mount
A.	Balance at End of Prior Period a	s shown on Report of	f 09/30/2014		\$	7,002,206
B.	Total Revenue (From Statement				\$	5,850,171
C.	Total Expenditures (From States	ment of Expenditures	Page 27)		\$	6,081,139
D.	Net Income or Deficit				\$	(230,968)
E.	Balance	Divined Occ.	in the second of the second		\$	6,771,238
F.	Additions					
	Additional Capital Contribution	ted (itemize)				
	2. Other (itemize)	distance for a period of the second	y haddana			
F-3.	Total Additions				\$	
G.	Deductions	LIP ALVEL P			Ψ	
.	Deductions Drawings of Owners/Operators/Partners (Specify)				\$	20
	Name and Address (No., Ci		Title	Amount		
		.,,,,- /	0			
	2. Other Withdrawings (Specify	(v)			\$	H = 0
	Purpose	//	Amount			
	Turpose	NOTE THE RESIDENCE OF THE PARTY				
			2			
	3. Total Deductions			P	\$	
H.	Balance at End of Period	09/30	/15		\$	6,771,238

I. Preparer's/Reviewer's Certification

N 00 10							
Name of Facility	License No. Report for Year En		Page	of			
Connecticut Baptist Homes, Inc.	nes, Inc. 1023C 9/30/2015 37		37	37			
Check appropriate category							
☐ Chronic and Convalescent Nursing ☐ Home only (CCNH)	Doot Home with Numing	☑ 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 P.C. 2/6/16							
Printed Name of Preparer							
Blum, Shapiro & Co, PC							
Addres Address		Phone Number					
29 South Main St, West Hartford, CT 06127		860-561-4000					