February 8, 2016

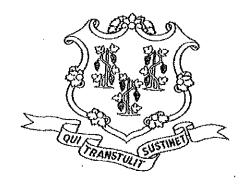
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for The Curtis Home.

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

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as	licensed)								
The Curtis Home									
Address (No. & Stre	et, City, State, Z	ip Code)	, , , , , , , , , , , , , , , , , , ,				,,		
380 Crown St., Meri	den, CT 06450								
Type of Facility		·····							
Chronic and C	Convalescent		Rest Home wit	Rest Home with Nursing					
Nursing Hom	e only		Supervision or	าโร		Residential	Care Home		
(CCNH)			(RHNS)						
Report for Year Beg	inning		Report for Year Ending						
10/1/2014			9/30/2015						
License Numbers:		CCNH 541C				Medicare Provider 07-5365			
Medicaid Provider Numbers:		CC	CNH	RHNS			ICF-IID		
For Department Us	e Only								
Sequence Number	Signed and	Date	Sequence N	lumber	Signed	nd Notarize	d Date Received		
Assigned	Notarized	Received	Assign	ied	oigucu a	iiti Motatizet	u Date Acceived		
			<u> </u>		<u> </u>	π-			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	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 The Curtis Home, 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 Pacility. 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 (Administrates)) lean	Date 2-9-10	Signed (Owner)	Date
Printed Name (Administrator) R. Paul Sprague			Printed Name (Owner)	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm, Expires
to before me:	CT	2.9-10	- Kindou Pope	12/31/19
Address of Notary Public				
17 Hillaide	road te	252001	ton CT 06037	

(Notary Seal)

Lindsey Pope NOTARY PUBLIC State of Connecticut My Commission Expires 12/31/2019 State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility		Period Cov	/ered:	From	То
The Curtis Home				10/1/2014	9/30/2015
Address of Facility					
380 Crown St., Meriden, CT 06450					
Report Prepared By		Phone Nur	nber	Date	
Blum, Shapiro & Co.		860-561-40	000	2/8/2016	
ltem		Total	CCNH	RHNS	Residentia l Care Home
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)	\$		<u> </u>		

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

			one No. of Fac -237-4338	cility	Report for Ye 9/30/2015	ear Ended	1	of
Name of Facility (as shown on license)		203		· & .	19/30/2013 Street, City, Sto	ata Zin)	2	37
The Curtis Home					Meriden, CT 06			
The Curis none	CCNH	Т	RHNS		dential Care H		Medicare I	Provider No.
License Numbers: 5	41C		TO A 15	1273			07-5365	.10 mor i to:
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)	0		t Home with ervision only			Resident	ial Care Hor	ne
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O P.	artnership	0	Profit Corp.		Non-Profit Co		Government	O Trust
If this facility opened or closed during report	year provid	e:		Date	Opened	Date Clo	sed	
Has there been any change in ownership			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		L		
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain full	y
Administrator								
Name of Administrator				-	Nursing Ho			
R. Paul Sprague					Administrat	,	001321	
	1 . t t t	70.1	•	- C45	License N	₹o.:[
Other Operators/Owners who are assistant ad Name	ministrators	(Jun	or part time) OF U	his facility. License N	Jar		
Manic					Elocuso i	VO		
								<u> </u>
								• •
						1		:

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

General Information and Questionnaire Partners/Members

Name of Facility The Curtis Home	License No. 541C	Report for Y 9/30/2015	Page of 3 37					
Legal Name of Part	nership/LLC	Business A		State(s) and/o Which R	or Town(s) in egistered			
N/A								
Name of Partners/Members	Business Ac	ldress	7	- Title	% Owned			
N/A								
		,						
·								
	·							
			1					

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

General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year I		nded	Page of	
The Curtis Home	541C	9/30/2015		3A 37	
If this facility is owned or operated as a corp	oration, provide the	e following inform	ation:		
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated	
The Curtis Home	380 Crown Street 06450	80 Crown Street., Meriden, CT CT			
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each	
See Attached					
Names of Stockholders Owning at Least 10% of Shares					
N/A					

The Curtis Home Board of Trustees 2015

David Cantor, President 86 Forest Glen Drive Woodbridge, CT 06525

Ronald Stempien, Vice President One Barrister's Court Meriden, CT 06451

Joanne Erickson 76 Pierson Drive Wallingford, CT 06492

Robert Flyntz 12 Jonathon Road Wallingford, CT 06492

Michael Gruber 42 Lydale Place Meriden, CT 06450

Richard Pendred 909 Middle Street Middletown, CT 06457 State of Connecticut
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General Information and Questionnaire Individual Proprietorship

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 3B	of 37
If this facility is owned or operated as an indi-			tion:	31
	Owner(s) of Facility	<u></u>		
N/A				

			<u> </u>	

	· · · · · · · · · · · · · · · · · · ·		· · · ·	·
	·			
	- Andrews - Andr			
				

General Information and Questionnaire Related Parties*

Name of Facility The Curtis Home		Licens	≥ No. 541C		Report for Year Ended 9/30/2015		Page 4	of 37
1 -	eiving compensation from the farol, ownership, family or busine	·-		-	Yes ⊙ No	If "Yes," provide the complete the inform		dress and age 11 of the report.
including the rental of prelated through family a	companies which provide goods property or the loaning of funds association, common ownership to owners, operators, or officials	to this f	acility, l, or bus		○ Yes ⊙ No	If "Yes," provide th	ne following	; information:
Name of Related Individual or Company	Business Address	Good	so Provi ls/Servi Related No	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
The Curtis Home	380 Crown St., Meriden, CT 06450	0	0		Elderly Apts Located on Campus	None-excluded		
The Curtis Home	380 Crown St., Meriden, CT 06450	0	0		Fixed Assets for Elderly Apts and Adult Day	None-excluded		
		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.

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General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	J,		Page	of			
The Curtis Home	541C		9/30/2015	5	37			
		AIDS or TB	I services with special Medical	id rates, c	costs			
must be allocated to CCNH and RHNS as follow	ws:			-		<u></u>		
Item								
Dietary		Number of meals served to residents						
Laundry		Number of pounds processed						
Housekeeping								
Nursing		employee classification, i.e., Director (or Charge Nurse),						
The Curtis Home If the facility is licensed as CDH and/or RCH or promust be allocated to CCNH and RHNS as follows: Item Dietary Laundry Housekeeping Nursing Direct Resident Care Consultants Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services All other General Administrative expenses The preparer of this report must answer the followir I. In the preparation of this Report, were all costs allocated as required? 2. Explain the allocation of related company expenses 3. Did the Facility appropriately allocate and self-dice.g., Assisted Living, Home Health, Outpatient is		, –	-	ırses, Aid	les and			
Direct Resident Care Consultants				d by EA	СH			
	:							
Maintenance and operation of plant								
	owing quest	tions applic						
	① Ves	O No	If "No," explain fully why suc	h allocat	ion was	;		
costs allocated as required?	0 103	O 140	not made,					
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting date	1.				
				ome cost	centers	?		
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, comust 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 Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge N Registered Nurses, Licensed Practical Nurses, Aide Attendants Direct Resident Care Consultants Number of hours of resident care provided by EACH specialist (See listing page 13) 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. I. In the preparation of this Report, were all Report were all Report must answer allocation in the preparation of this Report, were all Report must answer allocation in the preparation of this Report, were all Report must answer allocation in the preparation of this Report, were all Report must answer allocation in the preparation of this Report, were all Report must answer allocation in the preparation of this Report, were all Report must answer allocation in the preparation of this Report must answer the following questions applicable to the cost information provided.								
	• Yes	O No		h allocat	ion was	;		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

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.

		License No.	Report for Y	Year Ended		Page	of
		541C	9/30/2015				37
Relate	ed * to						
Own	ners,						
				Ì	Annual		
Off	icers		Date of	Term of	Amount	Am	lount
Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
0	Θ	Copiers	04/23/13	48 months	6,885	6,885	i
0	0	Mailing System (expired on 3/31/2015)	02/27/10	60 months	936	468	;
0	Θ	Mailing System (renewal on 4/1/2015)	04/01/15	51 months	936	468	
0	0						
0	0						
0	0					_	
0	0						
0	0						100
0	0						
0	0						
	Relate Own Oper Off Yes O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No O O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No Description of Items Leased C © Copiers	Related * to Owners, Operators, Officers	Related * to Owners, Operators, Officers Date of Lease* Lease	Related * to Owners, Operators, Officers Date of Items Leased Date of Items Lease Date of Items Items Date of Items Lease Date of Items Lease Date of Items Date of Items Lease Date of Items Date of Items	Related * to Owners, Operators, Operators, Officers

* 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.

Pitney Bowes EZ Lease

THE CURTIS HON	Æ INC			Pilitoy Bowes	
Account No.: 160	67527867			Inside Sales Group	
Justall Address:				27 Waterview Drive	
380 CROWN ST				Shelton, CT 06484	
MERIDEN	CT CT	06450-6484	•	LOUISE WHITE	
Billing Address:				District:0007	
THE CURTIS HOM	AB INC		•		
380 CROWN ST					
MBRIDEN	CT	06450-6484		Template RT6	

YES, I want to take advantage of protecting my existing Pitney Bowes Equipment payment for 51 months.

We are proud to extend our loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Bifective Date"). This opportunity is only being offered to a select group of our long-term clients. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

NEW LEASE CONTRACT INFORMATION

This lease is for a fixed term of 51 months. Quarterly Payment; \$ 234

(Bxelusive of Texes and Pees for the ValueNIAX® program)

Rep ID: 185021 LOUISE WHITE

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the Equipment currently leased under existing # 5853412 * 003 at the same payment and billing frequency, commencing on the Effective Date for the term noted above. All terms and conditions of the existing lease are incorporated in this new lease except as modified above. The faxed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

Lessee Name: THE CURTIS HOME INC	Title: MANAGER
E-Signed (10/07/2014 11:00 A() CST Paul Sprague dporter@thecortshome.org to 184,185,90,24 Paul Spraguentonesinisum pacini 20141008131245003	Date:
Accepted By:	Inquiry/SR#: 3-4308107781

(Coto/cos.s)
Page 1 of 1
PAGE & EZ Leasa Agreement (Vetision 4/14)
PAGE & EZ Leasa Agreement (Vetision 4/14)
PAGE & EZ Leasa Agreement (Vetision 4/14)
PAGE & Page 8 ones fine. All right feetened. Place Bones posmol Postage, Purchase Power and Vetishas are leadernains of Place Bones inc. or a substitute.
Doc-101-20141006131245809
SetUn Electronic Signatura

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General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm				****	
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro & Co, PC		29 South Main Street, West Hartford, Ci	r 06127		
2					
3 4					
Services Provided by This Firm (de.	scribe fully)				
1 Independent Audit, Form 990, Medica	are and Medicaid Cost Reports		\$	42,817	
2			sl		
3			s		
4	····		s		
				Services Pr	ovided
			\$	42,817	Oriaca
Are These Charges Reflected in the Expend	liture Portion of This Report? If V	es, Specify Expense Classification and Line No.	٠ .	72,017	
	Page 15, Line 1D	on opening England of the control and America			
Legal Services Information					
Name of Legal Firm or Independent	Attorney		Telephone	Number	
1 Murtha Cullina LLP	•		_		
2					
3			ł		
4					
5					
Address (No. & Street, City, State, 2	Cip Code)				
1					
2 3					
4					
5					
Services Provided by This Firm (des	scribe fully)				
i General Legal			\$	3,150	
2			\$		
3			\$_		
4			\$,	
5			\$		
				Services Pr	ovided
•			\$	3,150	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	·	5,150	
	Page 15, Line 1E				

Schedule of Resident Statistics

Name of Facility The Curtis Home			License l	No. 41C			Report for Year Ended 9/30/2015				Page	of 1 37
The Curus Home		,		1		Period 10		-		Period 7/	l Thru 9/.	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	94	60		34	94	60		34	94	60		34
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34
Number of Residents A. As of midnight of PREVIOUS report period	77_	51		26	77	51,		26	\$1	55		26
B. As of midnight of THIS report period	82	52		30	\$1	55		26	82	52		30
3. Total Number of Days Care Provided During Period												
A. Medicare	1,120	1;120	l		959	959			161	161		
B. Medicaid (Conn.)	15,224	16,224			12,521	12,521			3,703	3,703		
C. Medicaid (other states)												
D. Private Pay	2,218	1,746		472	1,228	848		380	990	898		92
E. State SSI for RCH	8,889			8,889	6,490			5,490	2,399			2,399
F. Other (Specify)												
G. Total Care Days During Period (3A thru F) Total Number of Days Not Included in Figures in 3G	28,451	19,090		9,361	21,198	14,328		6,870	7,253	4,762		2,491
for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days		i i i i i i i i i i i i i i i i i i i										
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A ÷ 4B)	28,451	19,090		9,361	21,198	14,328		6,870	7,253	4,762		2,491

Schedule of Resident Statistics (Cont'd)

			C 40 A		MIN OX	***	3 X C4 C/ X		* ** **	, ,	OURAL L	•,		
Name of Faci	lity			Lice	ise No.				Report	for Year	Ended		Page	of
The Curtis H				1	541C				- top ox	9/30/201			9	37
THE CHAIS II	onic			`	410			i		7/30/201	7		<u> </u>	3,
4. Were the	ere anv	changes	in the certified l	ed és	meity du	ring t	he renc	rt vea	r?	0	Yes	0	No	
1	-	_			paorey an	в.	uo repe	nt y co	••	·	. 00	•	110	
H IES			llowing informa	HUB;							1. 10			
		Place of	f Change		CI	nange	in Bed	S		Ca	pacity Att	er Change	1	
			Residential	1									l	
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d]		j	j	
Change	1											Residential		_
Change	(1)	(2)	(3)	(1) (2) (3) (1) (2) (3) CC					(3)	CCNH	RHNS	Care Home	Reason f	or Change
							ļ						<u> </u>	
	L												L	
							L						<u> </u>	
6 TO11.		_1				. 41		/					1 0	
		-	in certified bed	_	•	, tne n	eport y	ear (as	s repon	tea in nen	1 4 above)	provide the nui	mber of	
RESID	ENT DA	YS for	90 days followir	ig the	change.									
										ĺ			Residen	ıtial Care
			Change in R	esider	it Days					CC	CNH	RHNS	Ho	ome
Ist chan	ge		Ü		•						•			
2nd char					*							, , , , , , , , , , , , , , , , , , , ,		
3rd chan														
4th chan														
		lents an	d Rates on Septe	mber	30 of Co	st Ye	ar							
			Medicare		Medi			Γ'''		Se	if-Pay		Other Sta	te Assisted
						Г		i			·			
ı		- 1				ł		ł		}		Residential	l	l
	Item		CCNH		CNH	12 1	HNS	C	CNH	10	INS	Care Home	R.C.H.	ICF-MR
No. of R			20111	H	43	- 10	110	<u> </u>	21411	- 20	110	CILCTIONS	29	
Per Dien			70-17-5											
a. One l			PPS		235,86				306.00			120.00	107.09	
b. Two			PPS		235.86				296.00	·		N/A	N/A	[
			113		233.00				270.00			140	1074	
c. Three		י ו				ŀ								
bed	ms.							<u>. </u>					!	
										1			1	D! 1!-1
a m . 135		anı ı	1001								ar: 1.7	CONTI	DID.	Residential
			al Therapy Treat	щенк	i					10	TAL	CCNH	RHNS	Care Home
	Medica										2,825	2,825		
в.			lusive of Part B)											
			e Treatments							<u> </u>			 	
		orauve	Trealments		-		····				1.001			ļ
	Other)	TI								1,021	1,021		
			Therapy Treats								3,846	3,846		
			Thorapy Treatn	ients										
	Medica										294	294		
В,			usive of Part B)							-				
			e Treatments										ļ	
		orative '	Treatments											
	Other				<u></u>						157	157		
			herapy Treatme					•			451	451		
			ntional Therapy	Freatr	uents									
	Medica										3,039	3,039		
, В.			usive of Part B)											
			e Treatments											
		orative '	Treatments											
	Other										977	977	<u> </u>	
D.	Total C	ceupati	onal Therapy T	reatn	enis					[4,016	4,016	I	

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	ZS Ended	Born	~5
Name of racinty The Curtis Home	541C		9/30/2015	рэппед	Page 10	of 37
						L 31
Are time records maintained by all individuals receiving con	npensation?		Yes	0	No	
			Total Cost a	nd Hours		
<u>_</u>	20145				Residential]
Item A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	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)	73,171	1,269			41,464	719
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)				v=		
4. Other Administrative Salaries (telephone					(2.41)	
operator, clerks, receptionists, etc.) 5. Dietary Service	118,610	5,551			67,212	3,146
a. Head Dietitian						
b. Food Service Supervisor	37,093	1,350			17,520	638
c. Dietary Workers	202,738	15,503			95,758	7,323
6. Housekeeping Service						
a. Head Housekeeper	15,442	534	 		7,469	258
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	97,605	8,192			33,512	2,812
a. Engineer or Chief of Maintenance	14,946	516			7,229	250
b. Other Maintenance Workers	85,532	4,698		****	41,369	2,273
8. Laundry Service						
a. Supervisor	11,747	406			704	2.4
b. Other Laundry Workers	67,228	5,831			4,030	350
Barber and Beautician Services 10. Protective Services						<u> </u>
11. Accounting Services						
a. Head Accountant			0.000			
b. Other Accountents						
12. Professional Care of Residents						
Directors and Assistant Director of Nurses	90,739	2,224		(a)		93-11-19-10-0-19-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
b. RN	402.022	11.710				
1. Direct Care 2. Administrative**	402,833 123,163	11,718 3,857				<u> </u>
c. LPN	25,103	3,637				
Direct Care	339,414	14,248	100 marin		A CONTRACTOR OF THE CONTRACTOR	
2. Administrative**						
d. Aides and Attendants	648,539	49,637			258,356	19,774
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists	·					
h. Recreation Workers	130,503	6,865				
i. Physicians						
1, Medical Director		***************************************		·····		
2. Utilization Review 3. Resident Care***						
4. Other (Specify)	20,20 10, 2					
" some (chant))						
j. Dentists						
k. Pharmacists						
1. Podiatrists	40.000	2.502				
m. Social Workers/Case Management n. Marketing	58,871	2,400	<u></u>			
o. Other (Specify)						
		*			A TOTAL PROPERTY OF THE PARTY O	
See Attached Schedule				,		

^{*} 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)

	CC	NH	RE	INS	Residential	Care Home
Position	S	Hours	_ S	Hours	S	Hours
			Academic States			
	P. Carlotte					a autoria
		1000				
			CONTRACTOR OF THE PARTY OF THE			and the second second
					建筑建筑的	
Total	\$.		\$		\$	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	S	Hours	S	Hours	S	Hours
			and which said			
			0.000			
	National Control		S C S C S C S C S C S C S C S C S C S C			
			90.00	the state of the state of the	stational term	O TO SERVICE
		G109 A. #17 (1)	independent of the pro-	A STATE OF THE STA		
			No. of the last			Angles State
			0.0000000000000000000000000000000000000			
		1997 1979				(Single State of Stat
					140 40 45	
Total	\$		\$		\$	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

License No. Report for Year Ended Name of Facility Page of The Curtis Home 541C 9/30/2015 11 37 Salary Paid Fringe Benefits and/or Other Line Where Total Total Residential Payments Full Description of Hours Claimed on Name and Address of All Hours Compensation CCNH RHNS Care Home (describe fully) Services Rendered Worked Page 10 Other Employment** Received Name Worked Section I - Operators/Owners Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
The Curtis Home				541C		9/30/2015			12	37
		Salary Pai	Residential	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***								_		
R. Paul Sprague	73,171		41,464			1,988	A2	University of New Haven, Orange Ave, West Haven, CT	2 Classes	7,500
The state of the s										
Section IV - Assistant Administrators										
		ļ								
							-			
					122/11					

^{*}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.

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

B. Report of Expenditures - Professional Fees

B. Report of E Name of Facility	License No.	cs - X 101	Report for Y		Page	of
The Curtis Home	54.	IC	9/30/2015		13	37
			Total Cost	and Hours		<u></u>
		Γ	10000			I
					Residential	
Item	CCNH	Hours	RHNS	Hours	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)						
L. Dietitian	16,523	315				
2. Dentist	6,516	96				
3. Pharmacist			[
4. Podiatrist	1,125	Disallowed				
5. Physical Therapy						
a. Resident Care	84,414	1,641				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,250	98				
 b. Utilization Review 						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee			1	ł	İ	
(Quarterly meetings) 2. Pharmaceutical Committee			<u> </u>			
(Quarterly meetings)						
3. Staff Development Committee						
(Once aunually)		STATEMENT / No. of the parameters and the statement of th		No recommendation was a		
e. Other (Specify)						***
9. Speech Therapist						
a. Resident Care	10,552	179				
b. Other				<u> </u>		
10. Occupational Therapist						
a. Resident Care	80,896	1,608				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,044	593				
2, Administrative***						
b. LPN						
1. Direct Care	30,558	685				
2. Administrative***						
c. Aides	36,992	1,558				
d. Other						4.*
12. Other (Specify) See Attached Schedule		2.10 (2.11)				AL 18 6
3-13 Total Fees Paid in Lieu of Salaries	315,870	6,773		'22	<u> </u>	

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

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

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

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

Name of Facility The Curtis Home	License No. 541C		Report for Yo 9/30/2015	ear Ended	Page	of 37		
The Curus Home	341C	I Dalotodki	to Owners,		14	31		
Name & Address of Individual	Full Explanation of Service	Operato	rs, Officers	Evnla	nation of E	Latationship		
Tanto & Address of Mary land	run Explanation of Service	Yes	No	Explanation of Relationship				
Debra Jameson Louis Rd., Middlefield, CT	Dictioian	0	•		***************************************	·		
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	0	0					
Dr. Clifford Martel, Meriden, CF	Medical Director	0	0					
RX Pharmacy	Pharmacy	0	•	_				
Foremost Rehab, Cheshire, CT	PT/OT/ST	0	0					
Nursefinders, Dallas, TX	Nursing Pool	0	0					
Favorite Healthcare Staffing, West Hartford, CT	Nursing Pool	0	0					
Nurse Network	Nursing Pool	0	0					
Maxim Staffing	Nursing Pool	0	0		-			
Richard Mileto	Podiatrist	0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		. 0	0					
		0	0			N/49/15		
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
•		0	0					

^{*} 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 Ye	ear Ended	Page	of	
The Curtis Home	541C	9	9/30/2015		15	37	
Item			Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General	120000000000000000000000000000000000000						
a. Employee Health & Welfare Benefits		SA PARTIE		Salar S		all the second	
Workmen's Compensation		\$	276,698	225,289	at material and the second sec	51,409	
2. Disability Insurance		\$	12,434	10,124		2,310	
3. Unemployment Insurance		\$	38,363	31,235		7,128	
4. Social Security (F.I.C.A.)		\$	231,651	188,612		43,039	
5. Health Insurance		\$	307,851	250,654		57,197	
6. Life Insurance (employees only)	· · · · · · · · · · · · · · · · · · ·	BYRTESS					
(not-owners and not-operators)		\$					
7. Pensions (Non-Discriminatory)		\$	77,888	63,417		14,471	
(not-owners and not-operators)		NAMES .					
8. Uniform Allowance		\$					
9. Other (Specify)		\$					
See Attached Schedule							
b. Personal Retirement Plans, Pensions, ar	nd	\$					
Profit Sharing Plans for Owners and		Total Park					
Operators (Discriminatory)*		STATE OF THE PARTY				Market 1920 (1922)	
c. Bad Debts*		\$	-				
d. Accounting and Auditing		\$	42,817	27,330	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15,487	
e. Legal (Services should be fully describe	ed on Page 7)	\$	3,150	2,011		1,139	RFI
f. Insurance on Lives of Owners and		\$					
Operators (Specify)*		200					
g. Office Supplies		\$	6,862	4,604	V	2,258	
h. Telephone and Cellular Phones		ALC: N					
 Telephone & Pagers 		\$ <u>[</u>	24,076	22,718		1,358	
2. Cellular Phones		\$	1,202	1,202			d 846
i. Appraisal (Specify purpose and		\$					
attach copy)*							
j. Corporation Business Taxes (franchise	tax)	\$					
k. Other Taxes (Not related to property - 1	See Page 22)	1					
1. Income*	-	\$					
2. Other (Specify)		\$					
See Attached Schedule							
3. Resident Day User Fee		\$	372,852	372,852			
Subtotal		\$	1,395,844	1,200,048		195,796	

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

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

The Curtis Home 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description CCNH RHNS Care Home			VV4 T	Residential
	Description	CCNH	RHNS	Care Home
Total				
Total			Garage Control	Acceptance with
Total				
Total			and the second	
Total \$ \frac{1}{3} \frac\frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac				
Total \$ - \$\$ - \$\$				
Total		6 (2.3)		
Total \$ - \$\$ - \$\$ - \$				
Total \$ - \$\$ - \$\$ -				
Total \$ - \$ - \$				
Total \$ - \$ - \$ -				
Total				
CANAL TECHNICAL MANAGEMENT AND	Total	\$ -	\$ -	\$

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for	Year Ended	Page	of
The Curtis Home	541C		9/30/2015		16	37
						Residential
İtem			Total	CCNH	RHNS	Care Home
	ls Brought Forw	ard:	1,395,844	1,200,048		195,796
I. Travel and Entertainment						
Resident Travel and Entertainment		\$	2,070			2,070
2. Holiday Parties for Staff		\$	_			
3. Gifts to Staff and Residents		\$	1,467	1,457		10
4. Employee Travel	\$	280	280			
Education Expenses Related to Seminars ar	\$	1,660	1,660	,		
6. Automobile Expense (not purchase or depr	eciation)	\$				
7. Other (Specify)	\$	vv-lovikhter				
See Attached Schedule						
m, Other Administrative and General Expenses						
 Advertising Help Wanted (all such expense 		\$	7,455	7,455		
Advertising Telephone Directory (all such a	expenses)***	\$	2,737	2,684		53 0
 Advertising Other (Specify)*** 		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$	2,235	1,500		735
* 8. Dues and Membership Fees to Professional		\$	3,220	2,570		650
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	630	630		o
9. Subscriptions		\$	2,562	1,281		1,281
10. Contributions***		\$				
See Attached Schedule						
 Services Provided by Contract (Specify and 		\$				
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	89,802	66,305		23,497
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	1,509,962	1,285,870		224,092

^{*} 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
Description.	Tree de la constant		Tell Tonic
	CONTRACTOR OF THE PARTY OF THE	V	
			200000000000000000000000000000000000000
	100000000000000000000000000000000000000		242.00000000000000000000000000000000000
	Elizabete control de la con-	Average Manager	
Total Other Travel and Entertalnment	S	\$	135555

Schedule of Other Advertising

		Residentlai
CCNH	RHNS	Care Home
100000000		建筑建筑
	100000000000000000000000000000000000000	
12/10/19/20	Mary Property	
3	\$ 100	3
	CCNII	CCNII RHNS

Schedule of Dues

			Residential
Description	CCNH	RHNS	Care Home
CAIC The Alliance	\$ 2,570		\$ 650
	200	MATERIAL SECTION	Land Market Street
	100000000000000000000000000000000000000		
			20,000
			A STATE OF THE STA
	4 (m) (m) (m) (m) (m) (m) (m) (m) (m) (m)		
Total Dues	\$ 2.570	Š	\$ 650

Schedule of Contributions

			Residential
Description	CCNH	RHNS	Care Home
			The state of the s
			SEE SEE SEE
			STORY OF STREET
Total Contributions	\$	2. 国际影响的 通過	3

Schedule of Other Administrative and General

Description	CCNH	RIINS	Residential Caré Hôme
Pre-employment Screenings	\$ 10,309		\$ 2352
Computer Supplies/Programs	\$ 11,306		\$ 6,406
SNF Admin Contracts	\$ 3,336		\$
Bank Service Charges	S. 66		S. 3B
Payroll Service Pees	\$ 17,294		\$ 9,800
Admin Outside Services	S. 8,648		\$ 300 4,900
Miso Expenses	\$ 422		
Claims Loss	\$ 5,000		
Penalties	\$ 9,925		
Total Other Administrative and General	\$ 66,305		\$ 23,497

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Schedule C-1 - Management Services*

License No.	Report for Year Ended	Page of 17 37
Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs
		Tupovi ugo in zino ii
	541C Cost of	Cost of Management Full Description of Mgmt. Service

^{*} 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)

	A 441.	Τ.		u rage 3)	ls.			T vs	
Name of Facility			Licens		Report for Year Ended			Page	of
The	Curtis Home			541C	<u> '</u>	/30/2015		18	37
									ntial Care
<u></u>	<u> Item </u>			Total		CCNH	RHNS	Н	lome
2.	Dietary								
1	a. In-House Preparation & Service								
	1. Raw Food		\$		<u> </u>	174,029			82,198
<u> </u>	2. Non-Food Supplies		\$	36,910		25,069			11,841
1	3. Other (Specify)		. \$		-				
1									
<u> </u>									
l	b. Purchased Services (by contract other		\$			See Assessment of the Section of the			ESSENCE AND RESIDENCE
l	than through Management Services)								
<u> </u>	(Complete Schedule C-2 att. Page 21)								
<u> </u>	c, Management Services**		\$		 			<u> </u>	
	d. Other (Specify)		\$		-				
Ì									
<u> </u>									
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	293,137	<u>L</u>	199,098		<u> </u>	94,039
								Reside	ntial Care
2F.	Dietary Questionnaire			Total	(CCNH	RHNS	H	lome
G.	Resident Meals: Total no. of meals served per	da	 /:*						
H,			Yes	•	No			.1	
I.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)			
_	Is cost of meals provided to persons other								
K.	than employees or residents (i.e., Board	O	Yes	•	No		If yes, specify		
	Members, Guests) included in 2E?						cost.		
		_					If yes, specify		
L.	Is any revenue collected from these people?	O	Yes	Θ	No		amt.		
М.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,								
.	snacks at monthly staff meetings, board	\sim	37	•	X T-		If yes, specify		
N.	meetings) provided to employees included	J	Yes	• •	No		cost.		
	in 2E?								
	-	~				110-01-1-11	If yes, specify		
O.	Is any revenue collected from employees?	O	Yes	•	No		amt.		
P.	Where is the revenue received reported in the	Cos	of Range	t? (Page/Line	Itom	`			<u>-</u>
1.	Mucto is the teacure received rehorica III the	ψŲ:	r vehor	e (ragerbile	T(C(I)	,			_

^{*} 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		No.	Report for Y	Year Ended	Page of
The Curtis Home	1	541C	9/30/2015	T	19 37
					Residential Care
Item		Total	CCNH	RHNS	Home
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	222,076	209,516		12,560
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	11,972	11,295		677
 Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 	Lbs.		m A =		
processed.***	Amt. \$				
 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.				
wasted, noted, did of processed.	Amt, \$				
4. Repair and/or purchase of linens.***	Lbs.				
b. Purchased Services (by contract other	Amt. \$				
than through Management Services)	۳				
(Complete Schedule C-2 att. Page 21)		ARREST			
c. Management Services**	\$				
d. Other (Specify)	\$				
3E, Total Laundry Expenditures (3a + b + c + d)	\$	11,972	11,295		677
3F. Laundry Questionnaire			<u> </u>		
G. Is cost of employee laundry included in 3E? O	Yes	0	No	If yes, specify cost.	
	Yes		No	If yes, specify amt.	
 Where is the revenue received reported in the Cos 	t Report?		(Page/Line	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
	Yes		No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost			(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			Rep	ort for Year E	Inded	Page	of	
The	Curtis Home	541C		9/30/2015		20	37	
	_		-		B 65 ***		Residential	
<u> </u>	Item	,		Total	CCNH	RHNS	Care Home	
4.	Housekeeping	Sq. Ft. Serviced		44,240	29,818	}	14,422	
	a. In-House Care	by Personnel						
	 Supplies - Cleaning (Mops, 	Amt.	\$	27,574	17,600		9,974	
	pails, brooms, etc.)							
	b. Purchased Services (by contract other	Sq. Ft. Serviced	Ì					
	than through Management Services)	by Personnel						
	(Complete Schedule C-2 att.	Amt.	\$				-	
	Page 21)							
	c. Management Services*		\$					
	d. Other (Specify)		\$					
4E.	Total Housekeeping Expenditures (4a +	-b+c+d)	\$	27,574	17,600		9,974	
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy		\$					
	2. Purchased from		\$	51,199	51,199			d
	Medicine Center							
	b. Medicine Cabinet Drugs		\$	42,551	42,551			400.7
	c. Medical and Therapeutic Supplies		\$	109,696	108,933	-	763-	d. ACH
	d. Ambulance/Limousine***		\$	5,885	5,885			ol
	e. Oxygen							Ť
	1. For Emergency Use		\$	AC 54 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1				
	2. Other***		\$					
	f. X-rays and Related Radiological		\$	1,459	1,459			d
	Procedures***							- (
	g. Dental (Not dentists who should be inc	luded under	\$					
	salaries or fees)		ĺ					
	h. Laboratory***	——————————————————————————————————————	\$	2,308	2,308			d
	i. Recreation		\$	12,040	8,079		3,961	-
	j. Other (Specify)****		\$	5,956	5,956		-,	d coble
	See Attached Schedule		-		.,			TUID
CYZ	Total Resident Care Expenditures (5a - 5	5i)	\$	231,094	226,370		4,724	Level

^{*} 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
SNF Personal Needs	\$ 5,956		\$ - d
		D-18 FEED & S. C.	
The second secon			
and the second of the second o			
Total Other Resident Care	\$ 5,956	\$	\$

State of Connecticut
Annual Report of Long-Term Care Facility
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Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility The Curtis Home				License No. 541C	Report for Year Ended 9/30/2015				Page 21	of 37
		Related ** to Owners, Operators, Officers				Total Cost/Page Ref.**				
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	1	Line
Paychex	100 Great Meadow Road, Wethersfield, CT 06109	0	•		Payroll Services	17,294		9,800		m13
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
	<u> </u> :	0	Q							
		0	o							
		0	0_							
		0	0							
		0	0							
		0	0			_				
		0	0							

^{*} 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	License No.	Report for Y	Page of		
The Curtis Home	541C	9/30/2015		. <u></u>	22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	33,054	22,847		10,207
b. Heat	\$	85,223	46,158		39,065
c. Light & Power	\$	83,671	66,307		17,364
d. Water	\$	49,210	31,468		17,742
e. Equipment Lease (Provide detail on	page 6) \$	7,821	4,992	-	2,829
f. Other (itemize)	\$	75,748	71,436		4,312
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a	- 6f) \$	334,727	243,208		91,519
7. Depreciation (complete schedule page 2.	3*)				
a. Land Improvements	\$_	7,969	5,375		2,594
b. Building & Building Improvements	\$	160,722	153,182		7,540
c. Non-Movable Equipment	\$	11,734	11,512		222
d. Movable Equipment	\$	36,485	36,485		
*7e. Total Depreciation Costs (7a+b+c+	i) \$	216,910	206,554		10,356
8. Amortization (Complete att. Schedule Pa	nge 24*)				}
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a+b+c+c	d) \$				<u> </u>
9. Rental payments on leased real property	less]
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 +	10) \$	216,910	206,554		10,356

^{*} 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	RHINS	Residential Care Home
Maintenance services	\$ 21,682		\$ 4,312
Maintenance contract - SNF	\$ 49,754		\$ -
		Carlotte de la Francia	
Total Other Repairs and Maintenance	\$ 71,436	\$:	\$ 4,312

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Depreciation Schedule

					Depres.	iation Sc						
tame of the many					License No.			Report for Year Ended			Page	of
The Curtis Home	The Curtis Home				541	<u>C</u>		9/30/2015			23	37
					Historical			Accumulated				
					Cost	Less		Depreciation to	Method of	ļ		
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					184,515		184,515	88,861	SL	Various	7,969	
Disposals (attach schedule)												
 Acquired during this report period (atta 	. Acquired during this report period (attach schedule)											
A-4. Subtotal	77											7,969
. Building and Building Improvements												
Acquired prior to this report period			4,552,395		4,552,395	2,882,516	SL	Various	160,722			
Disposals (attach schedule)												
Acquired during this report period (attach schedule)												
B-4. Subtotal												160,722
C. Non-Movable Equipment												
1. Acquired prior to this report period					330,127		330,127	139,600	SL	Various	11,734	
Disposals (attach schedule)												
Acquired during this report period (attach schedule)												
C-4. Subtotal												11,734
	ĭs a m	nileage										
·		book	l	te of	Historical			Accumulated				
		ained?		isition	Cost	Less		Depreciation to	Method of			
				T	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated		Depreciation		for This Year	Totals
D. Movable Equipment									EN LA CULTE			
Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.	- Ingilization	The same same										
ъ.	1		1	İ								
] D.												
р. С.												
c.												
Ċ.					A ANGLES HARROWS STREET, AND THE ANGLES I		THE CORRESPONDED TO SERVICE STREET	Reduce and a literature of the second				
c. d. 2. Movable Equipment a. Acquired prior to this report period					1.081,535		1,081,535	\$56,039	SL	Various	34,718	
c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule)					1.081,535		THE CORRESPONDED TO SERVICE STREET	Reduce and a literature of the second		8 1996 SECRETARY 280	34.718	
c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period					1,081,535		1,081,535	Reduce and a literature of the second		Various		
c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule)					1.081,535		THE CORRESPONDED TO SERVICE STREET	Reduce and a literature of the second		8 1996 SECRETARY 280	34,718 1,767	
c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period					1,081,535		1,081,535	Reduce and a literature of the second		Various		36,485 216,910

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:		I	[
				Section 1
		y source		elegration of the
			(2000)	
	Construction and the construction of the const		4.04.01.00.0	
		Walker of the Company		E C
otal additions for La	and Improvements	\$		\$
Peletions:				
The state of the s		in the second		
				Accept Service to
			0.00	
			200	
		200000000000000000000000000000000000000		No.
		Service Administra	A STATE OF THE STA	
otal detetions for La	and Improvements	3		•
400° - P 42 V		Water Company	AUStrange Handle Brange Libration	ALTERNATION OF STREET

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				the state of the
				is a second
		Orac Annual Control		Mark to the state of
				美国基金金额
				Name of the
rotal additions for	Bullding Improvements	Section	100000000000000000000000000000000000000	\$
Deletions:				
North Company (1997)		Water San	500000000000000000000000000000000000000	
		THE RESERVE	F. 10 . 37 . 03 . 004	WIND POST
		Under The Control		
		1046 (80 (60 (60		Parisas
description somewhat		000000000000000000000000000000000000000		SCHOOL STATE OF
Catal Halatians for	Building Improvements	\$	0.000 0.000	(C + 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

^{*}Ties to Page 23, Line B3 **Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:		[
		985 S. C. C. C. C. C. C. C. C. C. C. C. C. C.	93295935	
	200 X 201 X			
			3/53/50000000000	(A) A CONTRACTOR
(20)			100	
re la visco de la				75,000,000,000
			Name of the last	
Total additions for	Non-Movable Equipment	\$ 1000000000000000000000000000000000000		\$
Deletions			7	
ACTIVITY OF THE STATE OF			Committee of the	
120 St. March 200		West Brooks	E 000 - 200	(2)
		změnicí výlodí	(2.20)	21/20/01/20
			100000000000000000000000000000000000000	
constitution and the second			1014000000000000	doctors of the sames
651,610,020,000,000		I THE REAL PROPERTY.	THE CONTRACTOR AND THE VALUE OF	
Total deletions for	Non-Movable Equipment	S	Ecological Constitution of the	\$

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

^{*}Ties to Page 23, Line C3
*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Ostini	
Description of Item	Cost	Life	Depreciation
12 Matresses	2,770	5.	554
42" Snow Blower	4,400	5	660
	3,541	- 5	472
	4,860		81
	and the second		
Moyable Equipment	\$ 15,571	Section Section	\$ 1,767/
	CONTROL DE	Section 1	Delengang da
	Contagnition		
			100
	5-70 (0.00)		
			and will select
Movable Equipment	\$	to see a see	'S
	12 Matresses 422 Saoy Bloyer Hoyer Lift 10 Oxygen Concentrator	12 Mairrsses	Description of Item

^{*}Ties to Page 23, Line D2c ^*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

		Uselul	
Description of Item	Cost	Life	Depreciation
`			
	500		
		300000	7500
Leasehold Improvement	S A		\$ -
		1	
			Control of the Control
	Charles and		
Leaschold Improvement		ACCOUNT AND ADDRESS OF THE PARTY OF THE PART	S. A.
	Accepted Improvement	Leasthold Improvement	Description of Item Cost Life Life

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

Amortization Schedule*

Name				License No.		Report for Year Ended			Page	of
The (The Curtis Home			541C		9/30/2015			24	37
						Accumulated				
1		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				1					ļ	
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1									
	2									
<u></u>	3.							A parativa and a salar salar salar		
A-4.	Subtotal									
B.	Mortgage Expense			<u> </u>					:	
	1.									
	2.									
	3.	Subseque a management de	patti interioraja da	n patridatakan (mp) kanan kematika dan Badasana	me annie prose dis neglico britani in en en			THE SECTION AND ADDRESS OF	A particular de la companya de la co	
B-4.							Lakva ana kada ka	0.00		
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									

^{*} Straight-line method must be used.

- 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.

^{**} Specify which of the following bases were used:

State of Connecticut Annual Report of Long-Term Care Facility CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year En	ided		Page of
The Curtis Home	541C	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ne Facility	Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*				NU	If "No," complete Part C.
*If any owner or operator of this fa-					
business association to any person of a related party transaction.	or organization from whon	n bulldings are leased, th	en it is considered		
Description		Total			
Date Land Purchased		06/01/84			
2. Date Structure Completed		07/23/85			
3. If NOT Original Owner, Date	of Purchase				
Date of Initial Licensure Total Licensed Bed Capacity	<u></u>	07/23/85			
6. Square Footage		33,683			
7. Acquisition Cost		30,003			
a. Land		Gifted			
b. Building		3,300,000			
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fi b. Date Mortgage Obtained	xed, variable)	Variable 03/02/12			
c. Interest Rate for the Cost	Year	3.19%			
d. Term of Mortgage (number		5			
e. Amount of Principal Borro	owed	630,170			
f. Principal balance outstand		98,498			
Complete if Mortgage was I					
During Current Cost Ye					
g. Type of Financing (e.g., fi	xed, variable)				
i. New Interest Rate					
j. Term of Morigage (number	er of years)		L.,,		
k. Amount of Principal Borro	owed				
i, Principal Outstanding on I				<u></u>	
Part C - Arms-Length Lease					
Name and Address of Lesson	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
				!	
			L		

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		Report for Ye	ar Ended			of	
The Curtis Home	541C		9/30/2015				37_
Item			Total	CCNH	RHNS	Residential (Home	Care
12. Interest			10tai	CCINIT	Krivo	nome	-
A. Building, Land Improvem	ant & Nav.Movable			•			
Equipment	cut of 14011-14104 tiole	′					
1. First Mortgage		\$	7,807	7,807			
Name of Lender		Rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TD Bank	İ	3.19%					
Address of Lender	<u> </u>						
191 Orange StreetNew Haven, CT 065	10						
2. Second Mortgage		\$					
Name of Lender	j	Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender	<u> </u>						
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expen	se						
12 B7. Total Building Interest Expen	se (A1 - A4 + B5)	\$	7,807	7,807			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
The Curtis Home	541C		9/30/2015			27 37
			TT-1-1	COM	MINIO	Residential
Iter	n Subtotals Broi	ight Formoude	Total 7,807	CCNH	RHNS	Care Home
12. C. Movable Equipment	Subtotals Brot	ight rorward:	7,807	7,807		
1. Automotive Equipme	nt.	\$				
A. Item	Rate	Amount				
7x, nom	Tutto	2 Amount				
Lender	<u> </u>	<u>. </u>				
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender		<u> </u>				
Lender				L-		
Address of Lender						
, "						
12. C. 3. Total Movable Equip.	ment Interest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)	\$				
13. Total All Interest Expense (1	2D7 : 1202 : 12F	<u>,, e</u>	4.004	7.007		
	12D/ T 12C3 T 12L)) \$	7,807	7,807		
14. Insurance a. Insurance on Property (b	uildinge only)	\$	80,372	51,301		29,071
b. Insurance on Automobile		\$	21 کرون	31,301	•	29,071
c. Insurance other than Pro						1,
1. Umbrella (Blanket Co		\$				
2. Fire and Extended Co						
3. Other (Specify)		<u>\$</u>				
14d. Total Insurance Expenditure		\$	80,372	51,301		29,071
15. Total All Expenditures (A-1:	o infu (~14)	\$	6,122,223	5,083,147		1,039,076

D. Adjustments to Statement of Expenditures

Name				Li	cense No.	Report for Ye	ar Ended	Page	of
1 116 (Curtis	1101116		<u> </u>	541C	9/30/2015		28] 37
T4	В	7 !			Total	[S 1 .	.d.t.O.
	Page				Amount of		27210		ntial Car
	No.		Item Description		Decrease	CCNH	RHNS	H	ome
	10 - 8	alarie	es and Wages						
1.			Outpatient Service Costs	_\$					
2.			Salaries not related to Resident Care	\$				<u> </u>	
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$				See a series	
Page	13 - I		sional Fees						
5,			Resident Care Physicians **	\$					
6,	13	B10a	Occupational Therapy	\$	80,896	80,896			,
7.			Other - See attached Schedule	\$	7,641	7,641			
Pages	15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9,			Bad Debts	\$					
10.			Accounting & Legal	\$	······································	<u> </u>	L		
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	842	842			
13.	-		Life insurance premiums on the life	Ť					
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	_ <u>*</u>		<u> </u>		 -	
15.			Education expenditures to colleges or	_ ~_					
, ,			universities for tuition and related costs						
1			for owners and employees	\$				5	
16.			Travel for purposes of attending	Ψ,					
10.			conferences or seminars outside the						
			continental U.S. Other out-of-state						
		: :	travel in excess of one representative	é					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16		Unallowable Advertising *	\$	0.727	2 (04			
19.	10	WIZ		\$	2,737	2,684	,		53
			Income Tax / Corporate Business Tax			ļ <u>.</u>			
20. 21.			Fund Raising / Contributions	\$					
			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$		15.001			
23.			Other - See attached Schedule	\$	18,643	17,324		e e e e e e e e e e e e e e e e e e e	1,319
			Expenditures						
24.	30		Meals to employees, guests and others						
l			who are not residents	\$	3,526	3,526			
	19 - L		ry Expenditures					erre (SP)	
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page .	20 - H		keeping Expenditures	7					
26.		[Housekeeping services to employees, guests						****
.])		and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	114,285	112,913			1,372

^{*} All except "Help Wanted".

RFI WHILE EXPENSE FEBRUAL

⁽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
				100 100 100 100 100	
Total Other	· Salayies	Adjustment	S -	\$ -	\$.

Schedule of Fees Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
13	B2	Dentist	\$ 6,516		V
13	B4	Podiatrist	\$ 1,125		V
					Section of the
					0.00
Total Othe	r Fees Adj	ustments	\$ 7,641	\$	\$
•					

Schedule of Other A&G Adjustments

					Residential
Page Ref		Description	CCNH	RHNS	Care Home
16	ml3	Bank Service Charges	\$ 66		\$ 38 1
		Newspaper/Subscription	\$ 1,281		\$ 1,281
16	m13	Pénaltics	\$ 9,925		/
16	m13	Misc. Expense	\$ 422		V
16		Unallowable Dues - Chamber of Commerce	\$ 630		V
16%	m13	Claims Loss	\$ 5,000		√
Total Othe	rA&GAi	ljustments	\$ 17,324	\$	\$ 1,319

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			D. Adjustments to Statemen							_
Nam	e of Fa	cility		Li	cense No.	Report for Y	ear Ended	Page	of	
The C	Curtis	Home	3		541C	9/30/2015		29	37	
					Total					
	Page				Amount of			Residen	tial Care	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	He	me	_
			Subtotals Brought Forward	\$	114,285	112,913	e Transconne antonomy district con transconne	074 D-10 T-10 T-10 T-10 T-10 T-10 T-10 T-10 T	1,372	
			nt Care Supplies***							/
27.		5a2	Prescription Drugs	\$		51,199				1/
28.			Ambulance/Limousine	\$		5,885				V
29.	20	5f	X-rays, etc	\$		1,459				ľ.
30.	_20	5h	Laboratory	\$		2,308				_
31.			Medical Supplies	\$]
32.			Oxygen (non emergency)	\$						
33.	<u> </u>		Occupational Therapy	\$						
34.	<u> </u>		Other - See Attached Schedule	\$	5,956	5,956				√
	22 - A	gainte	enance and Property		* K				100102	
35.			Excess Movable Equipment Depreciation							
		ļ	See Attached Schedule	\$			r			
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						ļ
37.			Unallowable Property and Real							
			Estate Taxes	\$						{
38.			Rental of Building Space or Rooms	\$		10.010	·			reclass 29/50 V
39.	25 7		Other - See Attached Schedule	\$	10,810	10,810				recians
	27 - 1		·							
40.			Mortgage Insurance	\$				<u> </u>		
41.			Property Insurance	\$						
	r - Mis	scella		•						
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$				 		
44.		<u> </u>	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							
			•	٥						
40			providers interest Interest Income on Accounts Rec	<u>\$</u>						
48.				Ф						
49.			Other (include personnel and other costs unrelated to resident care) - See							redass 28 24 V
				\$	3 027	1 034			O LO	vecass or or
Not I	Zon D-		Attached Schedule roviders Only	.	2,837	1,927			910	
1	or Pr		Building/Non Movable Eq. Depreciation							
50.					N. C. Alexandra					
			Unalfowable Building Interest - See Attached Schedule	¢						
51	Total		see Anachea Schedule Int of Decrease (Items 1 - 50)	\$ \$	194,739	192,457			2,282	
31.	10tal	Amol	in of Declease (Hems 1 - 20)	Ф	194,739	192,437			۷,۷۵۷	

^{***} Hems 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.

The Curtis Home 9/30/2015

Schedule of Other Ancillary Costs

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
20		Personal Needs	\$ 2,956		
				and the second of	
No.					
200					
STOR THE YE	(68) 86 (84) 84			0.00	
	0.00			100	
		Company of the Compan			
	Mark and			and the same	
				A STATE OF STATE	or constant
olal Othe	r Augillary	Cosis	\$ 5,956	\$.	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
2180 to Mark Transport			150		994 0000 0000
					0.000
					District Control
			A SECULIAR SECU	CONTRACTOR CONTRACTOR	
Total Exce	ss Movable	Equipment Depreciation	\$	\$	\$

Schedule of Other Property Adjustments

			oostr.	D.F.T.YA	Residential	
Page Ref		Description	CCNH	RHNS	Care Home	reclass 29/50
22	7b 《	Unallowable building depreciation	\$ 10,810		ELECTRICAL STREET,	160 MAG OF HOYS
					25.25.25.25.25	
N 10 10 10 10 10 10 10 10 10 10 10 10 10						
12 X X						
	100000000000000000000000000000000000000					
600E86						
Total Othe	r Property	Adjustaienis	\$ 10,810	\$	\$	

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,927		\$ 910
经被政治的					
					1000
100				1000000	
Total Othe	r Adjustma	ents	\$ 1,927	\$	\$ 910

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	ausuraniani Karanjaa				
				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					4 4 3 44
	hara-crosses		100		
				0.0000000000000000000000000000000000000	
rotat Unal	lowable Bu	iliding Interest	\$	\$	\$

F. Statement of Revenue

Item I. Resident Room, Board & Routine Care Revenue 1. a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance ** 2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** 3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** 4. a. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** 11. Other Resident Revenue 1. a. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** 2. a. Medical Supplies - Medicare b. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Speech Therapy - Medicare ontractual Allowance ** s. Coccupational Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Coccupational Therapy - Non-Medicare	Report for Yo 0/30/2015 Total 5,791,706 (987,036) 438,200 (28,424) 438,098 (28,399)	CCNH 4,852,620 (987,012) 438,200 (28,424) 381,458 (28,399)	RHNS	Page of 37 Residential Care Home
Item I. Resident Room, Board & Routine Care Revenue 1. a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance ** 2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** 3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** 4. a. Private-Pay Residents and Other b. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** II. Other Resident Revenue 1. a. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** 2. a. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Medical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** d. Speech Therapy - Medicare d. Physical Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare d. Speech Therapy - Non-Medicare d. Cocupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Non-Medicare c. Occupational Therapy - Non-Medicare	Total 5,791,706 (987,036) 438,200 (28,424) 438,098	4,852,620 (987,012) 438,200 (28,424) 381,458		Residential Care Home 939,086 (24
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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 Contractual Allowance ** b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare c. Speech Therapy - Medicare d. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Non-Medicare				
c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare c. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare s. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare s. Speech Therapy - Non-Medicare Contractual Allowance ** Speech Therapy - Non-Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Non-Medicare				
c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare c. Speech Therapy - Medicare d. Speech Therapy - Non-Medicare s. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare s. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare s. Speech Therapy - Non-Medicare Contractual Allowance ** s. Occupational Therapy - Medicare s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Non-Medicare				I .
d. Medical Supplies - Non-Medicare Contractual Allowance ** 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare Contractual Allowance ** d. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare s. Coccupational Therapy - Medicare Contractual Allowance ** s. Coccupational Therapy - Medicare Contractual Allowance ** s. Coccupational Therapy - Medicare Contractual Allowance ** s. Coccupational Therapy - Medicare Contractual Allowance ** s. Coccupational Therapy - Non-Medicare			J	
b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Medicare Contractual Allowance ** s. Occupational Therapy - Non-Medicare s. Occupational Therapy - Non-Medicare				
c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare S c. Occupational Therapy - Non-Medicare \$	42,668	42,668		
d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare \$				
d. Physical Therapy - Non-Medicare Contractual Allowance ** 4. a. Speech Therapy - Medicare				
4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare \$				
c. Speech Therapy - Non-Medicare \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 5. a. Occupational Therapy - Medicare S b. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare \$	6,338	6,338		
c. Speech Therapy - Non-Medicare \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 5. a. Occupational Therapy - Medicare S b. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare \$				
5. a. Occupational Therapy - Medicare \$ b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare \$				
b. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare \$				
c. Occupational Therapy - Non-Medicare \$	32,883	32,883		
10 0 1 1 1 1 0 0 1 1 1 1 1				
d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$				
6, a. Other (Specify) - Medicare \$	239,253	239,253		
b. Other (Specify) - Non-Medicare \$				
III. Total Resident Revenue (Section I. thru Section II.)	5,945,287	4,949,585		995,702
IV. Other Revenue*				State Control of the
1. Meals sold to guests, employees & others \$	3,526	3,526		
2. Rental of rooms to non-residents				
3. Telephone S				
4. Rental of Television and Cable Services \$				
5. Interest Income (Specify) \$	1,264	1,049		215
6. Private Duty Nurses' Fees \$				
7. Barber, Coffee, Beauty and Gift shops S		"		
8. Other (Specify) \$	6,286	5,376		910
V. Total Other Revenue (1 thru 8)	0,200	9,951		1,125
VI. Total All Revenue (III +V)	11,076	4,959,536		996,827

^{*} 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

			Residential
ge Ref Description	CCNH_	RHNS	Care Home
Contractual Allowances - Medicare A	\$ 40,245		
Contractual Allowances - Ancillaries - Medicare A	\$ 199,008		
nial Other Resident Revenue Medicare	\$ 239,253	Sattagaine	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

			Residential
Page Ref Description	CCNH_	RHNS	Care Home
		ALCOHOL: COMPA	
			fill below as to a
	anga pangangan		and the other
	, in	e next legal in	
Total Other Resident Revenue	S	\$	\$

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	Care Home
30, IV5 Interest Income - Money Market Account	1,264	\$ 1,049		\$ 215 0
			A Land	
		100000000000000000000000000000000000000		
Total Interest Income		\$ 1,049.	\$	\$ 215

Schedule of Other Revenue

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
0, IV8	Food Rebates - Disallowed	\$ 1,927		\$ 910
0. IV8	Unrestricted Donations	\$ 3,449		
			Santana da Santa Santa	200
de de la Cali		1,000		Contract Con
the file				Colores A.
				3 532 3553 6
		200000000		
经特别的				No. of the last of
otal Oth	er Revenue	\$ 5,376	\$	\$ 910

G. Balance Sheet

Name of Facility			License No.	Report for Year Ended	Page	of
The	Cur	tis Home	541C	9/30/2015	31	37
	<u> </u>		Account			Amount
Asse	ts					
A.		rrent Assets				
<u> </u>		Cash (on hand and in banks			\$	886,992
<u> </u>		Resident Accounts Receivab			\$	739,056
		Other Accounts Receivable (Excluding Owners or	Related Parties)	\$	
		Inventories			\$	
	5.	Prepaid Expenses		40	\$	40,780
]		a. Prepaid Insurance		40,780		
		b	<u>.</u>		_	
		C.			_ -	
		d.			d	
	6.	Interest Receivable			\$	
		Medicare Final Settlement R			\$	20.501
	8,	Other Current Assets (itemize Prepaid Personal Funds	e)	26,148	\$	39,581
ŀ		Loan Closing Costs		13,433		
	T.	tal Current Assets (Lines Al	40 (2)		Δ.	1.706.400
<u> </u>			thru 8)		\$	1,706,409
В.		ked Assets			٨	
	_	Land	*Historical Cost	194 616	\$	97.695
	2.	Land Improvements		184,515	Ф	87,685
	-	Buildings	Accum. Depreciation *Historical Cost	on 96,830 Net 4,552,395	\$	1,509,157
	J.	Bundings	Accum. Depreciation		₽ P	1,509,157
	1	Leasehold Improvements	*Historical Cost	91 3,043,236 INCL	\$	
	4.	Leasenoid improvements	Accum, Depreciation	n Net	Φ	
	~	Non-Movable Equipment	*Historical Cost	330,127	\$	178,793
	٠,	MOTE TATOLOGIC Edulburont	Accum, Depreciation		۳	170,793
	6	Movable Equipment	*Historical Cost	1,097,106	\$	204,582
	U.	TITO LEGIS TAIGHT PRINTERS	Accum. Depreciation		Ψ	207,302
ļ	7	Motor Vehicles	*Historical Cost	074,047 110t	\$	
		TITOSOL I OTHOLOG	Accum. Depreciation	n Net	Ψ	
	8.	Minor Equipment-Not Depre		* 134	\$	
	9.	Other Fixed Assets (itemize)			\$	85,351
		Construction in Progress		19,300		,
		Misc. Amount added to tie	e to F/S	66,051		
B-10		Total Fixed Assets (Lines B	1 thru 9)		\$	2,065,568

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

G. Balance Sheet (cont'd)

	ne of Facility	t,	License No.		or Year Ended		Page		of
The Curtis Home			541C	9/30/201	15		32		37
<u> </u>		<u> </u>	Account		<u> </u>	1.	An	nount	·, ·
					Brought Forward	l: \$		3,771	<u>,977</u>
[C.	Leasehold or like pr	operty recor	ded for Equity Purp	oses.		1.			
	1. Land					\$			
]	2. Land Improvem	ents	*Historical Cost			1.			
L			Accum, Deprecia	tion	Net	\$	· · · · · · · · · · · · · · · · · · ·		
	3. Buildings		*Historical Cost						
<u> </u>			Accum, Deprecia	tion	Net	\$			
	4. Non-Movable Equipment	*Historical Cost							
<u> </u>			Accum, Deprecia	tion	Net	\$			
	5. Movable Equips	nent	*Historical Cost	p					
L			Accum. Deprecia	tion	Net	\$			
	6. Motor Vehicles		*Historical Cost	<u> </u>		1			
 	·		Accum. Deprecia	tion	Net	\$.,
	7. Minor Equipmen					\$			
C-8	Total Leasehold or	Like Proper	tles (C1 thru 7)			\$			
D.	Investment and Other	er Assets							
	1. Deferred Deposi	ts				\$			
	2. Escrow Deposits	3				\$			
	3. Organization Ex	pense	*Historical Cost			Τ			
			Accum, Deprecia	tion	Net	\$			
	4. Goodwill (Purch	ased Only)				\$			
	5. Investments Rela	ated to Resid	cnt Care (itemize)			\$			
	6. Loans to Owners	or Related	Parties (<i>itemize</i>)			\$		-	
	Name and	1 Address	Amount		Loan Date				
			[ľ					
				1					
	7. Other Assets (ite	mize)				\$		1,299	,481
	Affiliate Asse	ts not for co	st report purposes	1,2	99,481				
		 		·····					
	1			*****					
D-8.	Total Investments a	nd Other As	sets (Lines D1 thru	7)	<u> </u>	\$		1,299	,481
D-9.	Total All Assets (Li	nes A9 + B1	0 + C8 + D8)			\$		5,071	<u> </u>

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

G. Balance Sheet (cont'd)

Name of Facility The Curtis Home			License No.	Report for Year I	∃nded	Page	of
The Curtis F	iome		541C	9/30/2015		33	37
			Account			Ame	ount
Liabilities	σ				ļ		
A.		rrent Liabilities			l d		075 705
	$\frac{1.}{2.}$	Trade Accounts Payable Notes Payable (itemize)	<u> </u>		\$ \$		275,725
	۵.	Note Payable - TD Bankno	orth QT Portion	98,498	leas.		98,498
		Note Payable - 11) Balkin	Aut - 31 x ornon	70,470	·		
	3.	Loans Payable for Equipm	ent (Current portion	n) (itemize)	\$		
		Name of Lender	Purpose	Amount	Date Due		
			1				
				1			
		1 ED (1 CM 1)	10 11	<u> </u>			
	4,	Accrued Payroll (Exclusive			\$		144,509
	5.	Accrued Payroll (Owners of	.,	only)	\$		
	6,	Accrued Payroll Taxes Pay			\$		
	7.	Medicare Final Settlement			\$		
	8.	Medicare Current Financin	<u> </u>		\$		
	9,	Mortgage Payable (Curren		1	\$		
		Interest Payable (Exclusive	of Owner and/or R	elaled Parlies)	\$		
		Accrued Income Taxes*		· · · · · · · · · · · · · · · · · · ·	\$		10 5 10 7
	12,	Other Current Liabilities (i			\$		426,427
		Personal Funds - Exchange		947 Due to Third Party	85,239		
		Accrued Waler & Sewer	24,2				
		Accrued Expenses	287,2			a de se estado	
A-13,	To	Retirement Due <i>al Current Liabilities</i> (Line		798			046 160
A-13.	10	at Carrent Entotates (Ellis	vo 111 tiltu 12)		\$		945,159

^{*} 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		Ended	Page	of
The Curtis Home	541C 9/30/2015			34	37
Account				Am	ount
		Total Brough	t Forward:		945,159
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
	ļ				
]			
	!				
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)	\$		
Name and Address of Lender	Amount	Loan Da			
		1		27.	
	1				
				a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
		Ì			
		-			
4. Other Long-Term Liabilitie	\$				
	`				
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-	(3 + B-5)		\$		945,159

State of Connecticut Annual Report of Long-Term Care Facility CSP-35 Rev. 6/95

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

	ne of Facility Licens		Report for	Year Ended	Page	of
The	Curtis Home Acco	541C	9/30/2015		35	37 Amount
A.	Reserves	uitt_				Amount
	1. Reserve for value of leased land				\$	
	2. Reserve for depreciation value of le	ased buildi	ngs and appurt	enances		
	to be amortized	A1111112			\$	
	3. Reserve for depreciation value of le	ased persoi	nal property (E	quity)	\$	<u></u>
	4. Reserve for leasehold real properties	s on which	fair rental valu	ie is based	\$	
*****	5. Reserve for funds set aside as donor	restricted			\$	
	6. Total Reserves	······································			φ. Φ	
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock	····			\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	4,292,159
	6. Gain or Loss for Period	10/1/20	14 thru	9/30/2015	\$	(165,860)
	7. Total Net Worth				\$	4,126,299
C.	Total Reserves and Net Worth				\$	4,126,299
D,	Total Liabilities, Reserves, and Net Wo	rth			\$	5,071,458

H. Changes in Total Net Worth

Name of	f Facility	License No.	Report for Year	Ended	Page	of
	tis Home	541C	9/30/2015		36] 37
		Account			Α	mount
A. Ba	lance at End of Prior Period as s	hown on Report of	09/30/2014	\$		2,708,812
В. То	Total Revenue (From Statement of Revenue Page 30)					5,956,363
C. To	otal Expenditures (From Statemen	nt of Expenditures I	Page 27)	\$		6,122,223
D. Ne	et Income or Deficit			\$		(165,860
	lance			\$		2,542,952
	lditions					
1.	Additional Capital Contributed					
	Current Year Net Income A					
	Affiliate (not in cost repor		142,521			
	Beginning Net Worth Affili		1,156,960			
	True-Up Beginning Net Wo	orth - Skilled Nursir	ng 283,866			
2.	Other (itemize)					
_,						
						200
					_	
F-3. To	tal Additions		<u></u>	\$		1,583,347
G. De	eductions					
1.	Drawings of Owners/Operators	/Partners (Specify)]\$		
	Name and Address (No., City,	State, Zip)	Title	Amount		
2.	Other Withdrawings (Specify)			\$		
	Purpose		Amou	ınt	- acres	agus asa
	•					
			į			
1						
. 3	Total Deductions		<u> </u>	\$		
	lance at End of Period	09/30/1	5	<u> </u> \$		4,126,299
	<u> </u>	0713011		<u> </u>		1,140,277

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of		
The Curtis Home	541C	9/30/2015	37 37		
	Check appropriate category				
☑ Chronic and Convalescent Nursing Home only (CCNH)					
	Preparer/Reviewer Certifica	tion			
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.					
Signature of Preparer	Title	Date Signed			
			:		
Printed Name of Preparer					
Blum Shapiro & CO, PC					
Addres Address		Phone Number			
29 S. Main St, West Hartford, CT 06127		860-561-4000			

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Na	ime The Curtis Home
	following check list. Provide an explanation for any "No" answers. Attachets to explain further, if necessary.
Yes No Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No Zylanation:	2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.
Yes No Explanation:	Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation. Administrative, general costs, and insurance are based on patient days and number of beds, consistent with prior filings which were audited by the department
Yes No Zxplanation:	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No ———————————————————————————————————	6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health? N/A
Yes No ———————————————————————————————————	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12? N/A
Yes No Sxplanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No / Explanation;	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3? Except for items which were disallowed
Yes No. Sxplanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes? N/A
Yes No Z Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?
Yes No Cxplanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32? Annual variance noted
Yes No Explanation:	Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines? It has been used for all current year additions
Yes No Explanation:	Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines? It has been used for all current year additions

Yes No Explanation:	17. Have all contractual allowances been properly reported on Page 30? Certain medicare ancillarys are shown on line 6a
Yes No Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? If detail is not provided, appropriate disallowances will be made.
Yes No Calculation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No Sexplanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?