February 6, 2016

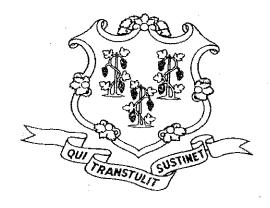
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for Pierce Memorial Baptist Home.

In preparing this cost report, we did not perform any disallowances for 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 did not record any adjustment for fair rental related to the Adult Day Care. 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

NY CE '11', /	P 1)			·				
Name of Facility (as	•							
Pierce Memorial Bap								
Address (No. & Stree		• ′						
44 Canterbury Road,	Brooklyn CT, 0	6234						
Type of Facility								
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home wit Supervision on (RHNS)	_		(Specify)		
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014	_		9/30/2015	-				
License Numbers:		CCNH 600C	RHNS		(Specify)		Me	dicare Provider 07-5243
Medicaid Provider N	umbers:	CC	CNH	RF	INS		ICI	F-IID
110010010111		206007	71 VA A				101	
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	umber	Cianad a	nd Matania	~ d	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notariz	ea	Date Received
			·					

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	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 Pierce Memorial Baptist Home, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

	Date	Signed (Owner)	Date
W-V-		Printed Name (Owner)	
State of	Date	Signed (Notary Public)	Comm. Expires
			/_/
	State of		Printed Name (Owner)

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				<u> 1A</u>	37
Name of Facility		Period Cov	ered:	From	То
Pierce Memorial Baptist Home, Inc.				10/1/2014	9/30/2015
Address of Facility					
44 Canterbury Road, Brooklyn CT, 06234					
Report Prepared By		Phone Num	ber	Date	·
Blum, Shapiro & Co. PC		860-561-40	000	2/6/2016	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

	Pł	hone No. of Fac	ility	Report for Yea	ar Ended	Page		of
	86	50-774-9050	•	9/30/2015		2		37
Name of Facility (as shown on license)		Address (No	o. & S	Street, City, Sta	te, Zip)			
Pierce Memorial Baptist Home, Inc.		44 Canterbu	ıry Ro	oad, Brooklyn (CT, 0623	4		
CCNH	I	RHNS		(Specify)		Medicare F	rovio	ler No.
License Numbers: 600C						07-5243		
Type of Facility (Check appropriate box(es))								
☐ Chronic and Convalescent ☐ Nursing Home only (CCNH)		est Home with I upervision only			(Specify)			
Type of Ownership (Check appropriate box)						-		
O Proprietorship O LLC O Partnership	, (O Profit Corp.		Non-Profit Corp		Government	0	Trust
If this facility opened or closed during report year prov	vide:		Date	Opened	Date Clo	sed		
Has there been any change in ownership								
or operation during this report year?	(O Yes	•	No	If "Yes,"	explain fully	/.	
Administrator								
Name of Administrator				Nursing Ho	I			
Laura L. Crosetti				Administrat	1	001603		
				License N	Vo.:			
Other Operators/Owners who are assistant administrat	ors (fu	Ill or part time)	of thi		Y I			
Name N/A				License N	10.:			

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of	•
Pierce Memorial Baptist Home	, Inc.	600C	9/30/2015		3 37	
Legal Name of Part	***************************************	Business	s Address		d/or Town(s) in Registered	
N/A						
Name of Partners/Members	Business A	ddress		Title	% Owned	
N/A						
	,					_
•						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	naea	Page of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informati	on:	
Legal Name of Corporation	Busines	ss Address	State(s) in Whi	ch Incorporated
Pierce Memorial Baptist Home,	44 Canterbury Ro	oad, Brooklyn CT,	CT	
Inc.	06234			
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
See schedule of Board of Trustees Attached				
See selective of Board of Trustees Attached				
Names of Stockholders Owning at Least 10%				
of Shares				
None - nonstock corporation				
				:

PIERCE MEMORIAL BAPTIST HOME BOARD OF TRUSTEES

2014 - 2015

8. Rev. Michael A. Crane

860 691-0609

Officers

			8. Rev. Michael A. Clanc	000 071 0007
1	Patty Morse - (Pres.)	203 237-1206	91 Riverside Rd. – Unit 5F	' 15
1,	President/CEO		Niantic, CT 06357-1124	(1)
	292 <u>Thorpe</u> Avenue		cranemrev@gmail.com	
				
	Meriden, CT 06450-8309		9. Rev. Samuel Chesser	860 215-1229
	morse@ctbaptisthomes.org		4 Grant Ct.	' 17
		060 400 7560	Norwich, CT 06360	(1)
2.	•	860 429-7569	sechesse@gmail.com	()
	42 Farmstead Road	'15	scenesse@gman.com	
	Storrs, CT 06268-2013	(2)	10 D'U M - M	860 423-1581
	John.Riesen@charter.net		10. Bill McMunn	°16
	_		PO Box 387	
3.	Mark Kane - (Vice Chair)	860 564-4316	Windham, CT 06280-0387	(1)
	63 Northern Drive	401 368-6700	wmcmunn@charter.net	
	Moosup, CT 06354-2018	' 16		
	mark d kane@sbcglobal.net	(2)	11. Rev. Gregory J. Thomas	207 595-1468
	mark d kane(a/300g100at.mev	()	239 Broad Street	' 17
4	Caratary)	860 965-1413	Danielson, CT 06239-3005	(1)
4.	Sandy Stevens - (Secretary)	°15	revgregory4@gmail.com	
	415 Bassetts Bridge Road			
	Mansfield Center, CT 06250-	1300 (1)	12. Charles Wyand	860 739-5129
	sandyzerio@aol.com		14 Ferro Ct.	'17
			East Lyme, CT 06333-1511	(2)
5.	David Jones - (Treasurer)	413-537-9262 (cell)	wadhoifm@ct.metrocast.net	(2)
	44 Robinson DR	413-568-1239 (home)	wadnorm(wct.metrocast.net	
	Westfield MA 01085-4653	' 16	F - Off -:-	
	dcarljones@aol.com	(1)	Ex-Officio	
				0.00 501 5401
	Members	S	13. Allbee, Judy G., The Reverend	860 521-5421
			Executive Minister ABCCONN	860 521-5422
_	Rev. Mary L. Apicella	828 442-9427 (cell)	90 A North Main Street	
0.	8 Pendleton Road	17	West Hartford, CT 06107-1924	
		(1)	Jallbee@abcconn.org	
	Granby, CT 06035-2121	(1)		
	Mary-little9@gmail.com		14. David Stevens	(860) 455-1355
		0.60 500 2720 E-+ 1	President, ABCCONN	
7.	Robert Avena, Esq.	860 599-3739 Ext. 1	415 Bassetts Bridge Road	
	36 Spring Rock Rd.	'15	Mansfield Center, CT 06250-1306	
	East Lyme, CT 06333-1440	(1)	dstevens5471@sbcglobal.net	
	ravena@avenakepplelaw.con	<u>n</u>	date verias 17 1/w/soogloodi.not	
	1			

robavena@aol.com

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

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	3B 37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following informa	ition:
	ner(s) of Facility		***************************************
	,		·
N/A			
		1	

		The state of the s	
	· · · · · · · · · · · · · · · · · · ·		

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

General Information and Questionnaire Related Parties*

Name of Facility Pierce Memorial Baptist Home, Inc.	Home, Inc.	License No.	No. 600C	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	acility rela	įĝno.	1 N O	If "Yes," provide the Name/Address and	ie Name/Add	lress and
mainage, admiy to com	marriage, aounty to control, ownership, tainify of ousmess association:	CSS 4350C		S I	complete the information on Lage 11 of the report.	Janon On La	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servic	es,				
including the rental of purelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this far. control,	cility, or business	⊙ Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?		If "Yes," provide the following information:	e following	information:

		Als	Also Provides		Indicate Where		
Name of Related	Business	Non-R	Non-Related Parties	s Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	%** ON	1	Page # / Line #	Reported	Related Party
Connecticut Baptist Homes, Inc Patricia Morse, President & CEO	292 Thorpe Ave, Meriden, CT 06450	0	0	CEO and AR Management Services	16 m12	138,309	138,309
		0	•				
		0	0				
		0	0			,	
; ;		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
* I I so odifficacia for a second	if necessary		-	:			

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	•	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	provides A	IDS or TBI	services with special Medicaid	rates, co	sts
must be allocated to CCNH and RHNS as follow	ws:		-		
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
			hours of routine care provided l		
Nursing			lassification, i.e., Director (or C	_	
			Nurses, Licensed Practical Nur	ses, Aide	s and
		Attendants			
Direct Resident Care Consultants			hours of resident care provided	by EAC	H
		<u>`</u>	See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses	1		rect and Allocated Costs		
The preparer of this report must answer the following	owing questi	ons applical	ole to the cost information provi	ided.	
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	ı allocatio	on was
costs allocated as required?	0 103		not made.		
N/A					
	***************************************		recommendation of the second s		
2. Explain the allocation of related company exp	penses and a	ttach copy o	of appropriate supporting data.		
N/A					
				V	
3. Did the Facility appropriately allocate and se			-	e cost cer	nters?
(e.g., Assisted Living, Home Health, Outpation	ent Services,	Adult Day	Care Services, etc.)		
	• Yes	O NO	If "No," explain fully why such not made.	allocatio	on was
N/A			1.00.10.11.11.00		

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Pierce Memorial Baptist Home, Inc.			600C	9/30/2015			6 37
	Related * to	d * to					
	Owners,	ers,					
	Operators,	tors,			{	Annual	
	Officers	cers		Date of	I erm of	Amonut	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
GE Capital C/O Ricoh USA Program, PO Box 41564, Philadelpia, PA 19101-1564	0	0	Copy Machine	12/23/08	48 Months	4,155	4,155
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased Ve	hicles?	O Yes	0	O No	Total ***	4 155

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total ***

^{**} Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	1	Page	of
Pierce Memorial Baptist Home, Inc	600C	9/30/2015		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash			<u> </u>	
Is the accounting basis for this					
-	Yes	If "No," explain.			
previous period?	No		,,,		
Independent Accounting Firm	***		<u> </u>		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum, Shapiro & Co. PC		29 South Main Street, West Hartford, Cl			
2 Premier Accounting Group 3		344 North Main Street, Marlborough, C.	Γ 06447		
3					
4					
Services Provided by This Firm (de					
1 Annual Audit, Form 990, Bookkeepir	ng, Medicaid and Medicare	4,444	\$	37,009	
2 Internal Accounting Services		annumber de Assault and Assaul	\$	39,256	
3			\$		
4			\$		
			Charge for	Services Pr	ovided
			\$	76,265	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No					
Legal Services Information		nemer AM I Wei			
Name of Legal Firm or Independen	nt Attorney		Telephone i	Vumber	
1 Robinson & Cole					
2 Arthur Johnston, State Marsha	all				
2 Arthur Johnston, State Marsha 3 4					
5	7: (7- 1-)				
Address (<i>No. & Street, City, State,</i> 1 280 Trumbull St, Hartford, CT					
•	1 00103				
} -					
13 14					
3 4 5					
Services Provided by This Firm (de	escribe fully)				
1 EE and HR policies/handbook, Labor	r/Employment		\$	3,420	
2 Conservator			\$	64	
3			\$		
4			\$		
5			\$		
	···-		Charge for S	Services Pro	ovided
			\$	3,484	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		*	
-	Page 15, Line 1e				
O Yes O No					

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

EVIOUS report period 72 72 1751 PREVIOUS report period 69 69 69 69 THIS report period 63 63 63 Care Provided During Period 2,317 2,317			9/30/2015				∞	37
Certified Bed Capacity A. On last day of PREVIOUS report period Number of Residents A. As of midnight of PREVIOUS report period B. As of midnight of PREVIOUS report period Certified Bed Capacity A. As of midnight of PREVIOUS report period B. As of midnight of THIS report period Construction Constructio		Period 1	Period 10/1 Thru 6/30	0		Period 7/1 Thru 9/30	Thru 9/3	0
Certified Bed Capacity A. On last day of PREVIOUS report period B. On last day of THIS report period A. As of midnight of PREVIOUS report period B. As of midnight of THIS report period Consistency C	Total							
A. On last day of PREVIOUS report period 72 B. On last day of THIS report period 72 Number of Residents A. As of midnight of PREVIOUS report period 69 B. As of midnight of THIS report period 63 Total Number of Days Care Provided During Period 63 A. Medicare 2,317	(Specify)	Total CCNH	RHINS	(Specify)	Total	CCNH	RHNS	(Specify)
A. On last day of PREVIOUS report period B. On last day of THIS report period Number of Residents A. As of midnight of PREVIOUS report period B. As of midnight of THIS report period Total Number of Days Care Provided During Period A. Medicare D. Medicare	L							-
B. On last day of THIS report period Number of Residents A. As of midnight of PREVIOUS report period B. As of midnight of THIS report period Total Number of Days Care Provided During Period A. Medicare		72 72	2		72	72		
Number of Residents A. As of midnight of PREVIOUS report period 69 B. As of midnight of THIS report period 63 Total Number of Days Care Provided During Period 2,317 B. Medicare 2,317		27 27	2		72	72		
A. As of midnight of PREVIOUS report period 69 B. As of midnight of THIS report period 63 Total Number of Days Care Provided During Period 2,317 A. Medicare 2,317								
B. As of midnight of THIS report period 63 Total Number of Days Care Provided During Period A. Medicare 2,317		69 69	9		99	99		
Total Number of Days Care Provided During Period A. Medicare D. Medicare		99 99	- 2		63	63	_	
Medicare 2,317								
		1,634 1,634	4		683	683		
D. MEGICALI (COIII.)		13,626 13,626	5		4,480	4,480		
C. Medicaid (other states)								
D. Private Pay 3,084 3,084		2,282 2,282	2		802	802		
E. State SSI for RCH	,							
F. Other (Specify) Insurance 890		762 762	2		128	128		
G. Total Care Days During Period (3A thru F) 24,397 24,397		18,304 18,304	4		6,093	6,093		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
5. Total Resident Days (3G + 4A + 4B) 24,397 24,397		18,304 18,304	4		6,093	6,093		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	t for Year	Ended		Page	of
Pierce Memo	rial Bap	tist Hon	ne, Inc.	1	500C					9/30/201	.5		9	37
			in the certified l		pacity du	iring t	he repo	ort yea	r?	0	Yes	•	No	
	i i		f Change		Cl	nange	in Bed	S		Ca	pacity Aft	er Change		
Date of		RHNS	(Specify)		Lost	-		Gaine					İ	
			(-1)/											
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	<u> </u>					<u> </u>								
5. If there v	was any	change	in certified bed	capaci	ty during	the r	eport y	ear (as	report	ed in iten	14 above)	provide the nur	nber of	
RESIDI	ENT DA	YS for	90 days followir	ng the	change.									
			Change in R	esider	nt Days					CC	CNH	RHNS	(Spe	ecify)
1st chan														
2nd cha														
3rd char														
4th chan 6. Number		donte en	d Rates on Septe	mhar	30 of Co	ct Ve	o#			1			<u> </u>	
o. Number	OI KESI	Jents an	Medicare		Medi		aı			Se	lf-Pay		Other Sta	te Assisted
			Wiedicaro	 	111041	I				<u> </u>	21. 1 uj			l i i i i i i i i i i i i i i i i i i i
										:				
							NH	RF	INS	(Specify)	R.C.H.	ICF-MR		
No. of R		3	CCNH CCNH RHNS CCNH						9			(Special)	100111	101 1111
Per Dier											-95		100	
a. One l	oed rm.		PPS		238.64				365.65					
b. Two	bed rms		N/A		238.64				344.46					
c. Three	e or mor	e												
bed	rms.		N/A	<u> </u>	N/A				N/A					
7 Total Ni	h.au as	F Dlaviai a	at Thomass Treat	manta						TO	тат	CCNH	RHNS	(Specify)
		rnysici are - Par	al Therapy Treat t B	mems	•					TOTAL CCNH 3,224 3,224			KINS	(Specify)
			lusive of Part B)							3,224 3,224				
			e Treatments								114	114		
			Treatments											
	Other										172	172		
			Therapy Treat				Limen				3,510	3,510		
			Therapy Treatn	nents							251	251		
		are - Par	t B lusive of Part B)								251	251		
D.			e Treatments								7	7		
			Treatments				****			†				
C.	Other									"				
D.	Total S	Speech T	Therapy Treatm	ents							258	258		
			ational Therapy	Treatr	nents									
		are - Par									2,960	2,960		
В.			lusive of Part B)	1							150	150		
			e Treatments Treatments	*****						-	159	159		
	Other	wattve	Traments		••					 	131	131		
		Эссира	ional Therapy T	Treatr	nents						3,250	3,250		.,
										<u></u>		·	L	L

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

	I icana No	2011111			Desa	
Name of Facility	License No.		Report for Yea	rended	Page	of
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015		10	37
Are time records maintained by all individuals receiving con	mpensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
						T
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*				- 1		
 Operators/Owners (Complete also Sec. I 						
of Schedule A1)					- W - W - W - W - W - W - W - W - W - W	
2. Administrator(s) (Complete also Sec. III						- 2/2/4/2014
of Schedule A1)	97,178	2,080				
3. Assistant Administrator (Complete also Sec. IV					31.0	
of Schedule A1)						
4. Other Administrative Salaries (telephone	241.752	10 707			202	
operator, clerks, receptionists, etc.) 5. Dietary Service	241,753	10,793				
a. Head Dietitian					40-30-30-31-3	
b. Food Service Supervisor	54,852	2,080				†
c. Dietary Workers	294,979	24,750				
Housekeeping Service						
a. Head Housekeeper	7,334	408				
b. Other Housekeeping Workers	112,724	12,125				
7. Repairs & Maintenance Services	27.650				100000000000000000000000000000000000000	
a. Engineer or Chief of Maintenance	27,678	1,539				
b. Other Maintenance Workers 8. Laundry Service	64,324	5,027				
a. Supervisor	2,401	133	<u> </u>			23.20
b. Other Laundry Workers	87,035					
Barber and Beautician Services	07,000	0,050				
10. Protective Services						
11. Accounting Services					99-10-20-	
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	105,081	2,080				
b. RN						
1. Direct Care	912,528	25,626				
2. Administrative** c. LPN						
1. Direct Care	635,591	24,418				
2. Administrative**	055,571	21,110				
d. Aides and Attendants	952,976	61,681				
e. Physical Therapists						
f. Speech Therapists		***************************************				
g. Occupational Therapists						
h. Recreation Workers	78,339	5,114				
i. Physicians						
Medical Director Utilization Review						
3. Resident Care***	_					-
4. Other (Specify)						
Gaile (Oppoint)	100 100 1 10			ujir	r (* 1865)	#: <u>19. 5.401(3)</u>
j. Dentists	 					
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	95,985	1,870				
n. Marketing	12,515	210				Stand Good Standard
	ASSASSAULTANOSASSAULTASAMAZIKAGI AAATTA					
o. Other (Specify) See Attached Schedule	80,858	3,952	a material section			

^{*} 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)

	CCI	NH	RH	INS	(Sp	ecify)
Position	S	Hours	\$	Hours	\$	Hours
Sal-Medical Secretary	42,315	2,080				
Sal-Volunteer Coordinator	25,843	832				
Sal-Chaplain	12,700	1,040				
						성 분들하고 말라고 있다. 1일 보기 보고 보고 보다면서
			VVVCEROUSE			
Total	\$ 80,858	3,952	\$tirdereduini		\$ 12.00	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
Nursing Consultant	93,964	1,680				
	Alexander and the second					
		Year to very			New York	
Total	\$ 93,964	1,680	\$ -		\$.	

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 State of Connecticut

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

Assistant Administrators and Other Related Parties*

Nome of Douglitte		7	TO T	T ionne No	Ticance No	Denort for	Penort for Veer Ended		Page	Of
name of Facility				Licelise Ino.		lor moday	ו כמו דוומכת		1 1 1 1 1	5
Pierce Memorial Baptist Home, Inc.	1C.			600C		9/30/2015			11	37
		Salary Paid	d							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
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).										
									* * 1000	
* Nin allowana for colonias will be someidesed unless full information is movided. The additional cheets if remined	00:5000	+ 000 are box	Sall in Comment	T Loberton of mo	· · · · · · · · · · · · · · · · · · ·	acriired				

^{*} 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-Te

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*

		7	SSIStall	L Aummena	Assistant Auministrators and Ouisi Notated Falties	Notation	raines		4	c
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	ot
Pierce Memorial Baptist Home, Inc.	ပ			900C		9/30/2015			12	37
		Salary Paid	J.							
				Fringe Benefits and/or Other			Line Where		Total	
Nome	CONH	SMH	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours	Claimed on	Name and Address of All Other Funloyment**	Hours	Compensation Received
Continu III Administratores	11100	Chitry	(Speeds)	(deserted turn)	polymor south po	DATO	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Carol tamping	powio	5010001
Section in - Auministrators										
Thomas Gaccione	97,178			Non-preferential	Administrator	2,080 A2	42			:
Section IV - Assistant Administrators										
						,				

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Pierce Memorial Baptist Home, Inc.	600)C	9/30/2015	***************************************	13	37
			Total Cost	and Hours		
<u>.</u> .		**	DIDIO		(0 :0)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	23,853	723	1965 - E. A. Min 1966			
2. Dentist	450	Disallowed				
3. Pharmacist	5,110	Monthly				
4. Podiatrist	3,110	IVIOIILITY				
5. Physical Therapy			de alle			and the second
a. Resident Care	186,648	878		A CHILL AND SECURE		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	89,500	450			**************************************	
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	825	6				
c. Resident Care**						
d. Administrative Services facility						and the second
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
 Staff Development Committee 						
(Once annually)						
e. Other (Specify)	21.000				NIE .	
Cardiac Consultant	21,600	Monthly				
9. Speech Therapist	20.000	65	200000000000000000000000000000000000000			
a. Resident Care	29,922	65				
b. Other 10. Occupational Therapist						
a. Resident Care	179,763	813				
b. Other	179,703	013				
11. Nurses and aides and attendants			100			
a. RN						
1. Direct Care	****			136 - 136 Sept. 1995		
2. Administrative***						
b. LPN						
1. Direct Care				and the second s		244 S EST & C WAR S
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	93,964	1,680				2,744,600
B-13 Total Fees Paid in Lieu of Salaries	631,635	4,615				-

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

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

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

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

Name of Facility		License No.		Report for Y	ear Ended	Page	of
Pierce Memorial Baptist Home, Inc.		600C		9/30/2015		14	37
				to Owners,			-
Name & Address of Individual	Full Expla	nation of Service	Operator	s, Officers	Explai	nation of Re	elationship
			Yes	No			non-re-ordere
See attached			0	•			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
		Amilia	0	0			
			0	0			
			0	0			
			0	0			
	_		0	0			
			0	0			
			0	0			
			0	0			
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			0	0			
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			0	0			
		444	0	0			
A CONTRACTOR OF THE CONTRACTOR			0	0			

st Use additional sheets if necessary.

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

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

Name of Facility Pierce Memorial Bap	stist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 14a	of 37
1 to to the total and the tota	Catagory	Consultant			

A/C#	Category	Consultant
52003	Dietician	Diane Tryon
51111	Physical Therapy	Preferred Therapy Solutions
51108	Medical Director	Dr. David Wilterdink Dr. Andrea Gutierrez
51098	Clinical Consultant	Cheryl Wilcox
51124	Dentist	Roland Lupien
51098	Cardiac Consultant	Dr. William Bradbury
51097	Pharmacist	Omnicare
51114	Speech Therapy	Preferred Therapy Solutions
51115	Occupational Therapy	Preferred Therapy Solutions

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.		Report for Yo	ear Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015		15	37
		Ť				
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits		200				
Workmen's Compensation		\$	85,721	85,721		
2. Disability Insurance		\$	12,000	12,000		
3. Unemployment Insurance		\$	33,070	33,070		
4. Social Security (F.I.C.A.)		\$	283,625	283,625		
5. Health Insurance		\$	373,287	373,287		
6. Life Insurance (employees only)		(CONTRACTOR)				
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	12,303	12,303		
(not-owners and not-operators)		92200383				
8. Uniform Allowance		\$	4,714	4,714		
9. Other (Specify)		\$	5,048	5,048		
See Attached Schedule		200000000000000000000000000000000000000				
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and		249900020				
Operators (Discriminatory)*						
		97,015,000				
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	76,265	76,265		
e. Legal (Services should be fully described	on Page 7)	\$	3,484	3,484		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*		9000000			100	
g. Office Supplies		\$	22,121	22,121		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	11,597	11,597		
2. Cellular Phones		\$	2,429	2,429		
i. Appraisal (Specify purpose and		\$				
attach copy)*						
j. Corporation Business Taxes (franchise to		\$				
k. Other Taxes (Not related to property - Se	ee Page 22)					
1. Income*		\$				
2. Other (Specify)		\$				COUNTY
See Attached Schedule		3874				
3. Resident Day User Fee		\$	458,131	458,131		
Subtotal		\$	1,383,795	1,383,795		

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

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

Pierce Memorial Baptist Home, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Physicals - Nursing	3,543		
Employee Physicals - Admin	1,505		
		V	
Total	\$ 5,048	\$ -	\$ -

Schedule of Other Taxes

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

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

1. Travel and Entertainment 1. Resident Travel and Entertainment 2. Holiday Parties for Staff 3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 1. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule	for Year Ended	Page	of
Item Subtotals Brought Forward: 1. Travel and Entertainment 1. Resident Travel and Entertainment 2. Holiday Parties for Staff 3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expenses (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org. *** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,	015	16	37
Subtotals Brought Forward: 1,383			
Subtotals Brought Forward: 1,383 Travel and Entertainment 1. Resident Travel and Entertainment 2. Holiday Parties for Staff \$ 3. Gifts to Staff and Residents \$ 1,			
1. Travel and Entertainment \$ 2. Holiday Parties for Staff \$ 3. Gifts to Staff and Residents \$ 4. Employee Travel \$ 5. Education Expenses Related to Seminars and Conventions \$ 6. Automobile Expense (not purchase or depreciation) \$ 7. Other (Specify) \$ See Attached Schedule \$ m. Other Administrative and General Expenses \$ 1. Advertising Help Wanted (all such expenses) \$ 2. Advertising Telephone Directory (all such expenses) \$ 3. Advertising Other (Specify)*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$ 7. Postage \$ * 8. Dues and Membership Fees to Professional Associations (Specify) \$ See Attached Schedule \$ 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25.	al CCNH	RHNS	(Specify)
1. Resident Travel and Entertainment 2. Holiday Parties for Staff 3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$6, * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$25,	3,795 1,383,79	5	
2. Holiday Parties for Staff 3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 1. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
3. Gifts to Staff and Residents \$ 1, 4. Employee Travel \$ 2, 5. Education Expenses Related to Seminars and Conventions \$ 12, 6. Automobile Expense (not purchase or depreciation) \$ 7. Other (Specify) \$ See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) \$ 11, 2. Advertising Telephone Directory (all such expenses) \$ 50, See Attached Schedule 4. Fund-Raising*** \$ 50, See Attached Schedule 4. Fund-Raising*** \$ \$ 5. Medical Records \$ \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, *8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,			
5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) \$\frac{1}{2}\$. Advertising Telephone Directory (all such expenses)*** \$\frac{3}{2}\$. Advertising Other (Specify)**** \$\frac{5}{2}\$. See Attached Schedule 4. Fund-Raising*** \$\frac{5}{2}\$. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$\frac{5}{2}\$. See Attached Schedule 10. Contributions*** \$\frac{5}{2}\$. See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$\frac{5}{2}\$.	,382 1,382	2	
6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,	,701 2,701		
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 3. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,	,668 12,668	3	
See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,			
m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** 5. See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete) \$ 25,			
1. Advertising Help Wanted (all such expenses) \$ 11, 2. Advertising Telephone Directory (all such expenses) *** \$ 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
1. Advertising Help Wanted (all such expenses) \$ 11, 2. Advertising Telephone Directory (all such expenses) *** \$ 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 50, See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6. * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	,386 11,386	j	
3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	,446 50,446	;	
4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	Miller Control		
5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	505 505		
directly and not by contract or fee for service)*** 7. Postage \$ 6, * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
7. Postage \$ 6, * 8. Dues and Membership Fees to Professional \$ 4, Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	,076 6,076	;	
Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	,360 4,360		
See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	in a second		2,000
9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,	24 24	.	
See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 25,			
11. Services Provided by Contract (Specify and Complete \$ 25,			
7	,515 25,515		
, 0 3 /		in the	
	,309 138,309	A YOU TO A SHIP OF THE SHIP OF	
	,056 142,056		
See Attached Schedule	17.00		
C-14 Total Administrative & General Expenditures \$ 1,779,	,223 1,779,223		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	50,446		
Total Other Advertising	\$ 50,446	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See attachment	4,360		
	12.5		
	NEWSON	No. of the last	
			Sind Williams
		Appropriate and the second	
Total Dues	\$ 4,360	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	2	\$	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Non-Cost Report Expenses	7,030	Marian Maria	
Payroll Data Service	33,479	IMALES ESTABLE	
Computer Supplies	13,188		
Computer Maintenance Expense	16,114	vystum tystolici	
Printing Expense	1,668		which was the state of
Bank Service Charges	3,122		
Information Service Fees	3,563		
Conference Expense	21		
Licensing Expense	2,652	(BREEL CONTROL	
Miscellaneous-Admin.	(30)	American (
Equip Expense-Volunteer	40		ggatapasa.
Volunteer Expense	1,071	THE PROPERTY OF	inicipality (
Bonds Fees	4,446	idig planting	
Adult Day Care Expenses	8,591		yanbinda ker
Insurance - Directors & Officers	8,445		Andreight.
Insurance - Fiduciary Liability	398		Assessments
Insurance - Surety Bond	405		
Consulting Fees - MDS training, PCC set-up, IV training	37,853		
		Service and the	AND MERCHAN
Total Other Administrative and General	\$ 142,056	\$	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	16b	37

Reference	Dues
ALTCFM	80
Brooklyn Business Assoc.	38
CAADC	500
CARCH	350
Leading Age CT	2,792
NCCC	600
	4,360

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of 17 37
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Connecticut Baptist Homes, Inc.	138,309	CEO & AR Services	16 m12

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

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

		7.	·	i Page 5)	r			Τ	
ł .	ne of Facility		License				ear Ended	Page	of
Pier	ce Memorial Baptist Home, Inc.			600C	9,	/30/2015		18	37
	Item			Total	(CCNH	RHNS	(Sp	ecify)
2.	Dietary			The state of the s			10 miles 25 miles	View service	
	a. In-House Preparation & Service								
<u> </u>	1. Raw Food		\$			245,843			
	2. Non-Food Supplies		\$		<u> </u>	28,839			
	3. Other (Specify)		\$						
			·						
	b. Purchased Services (by contract other		\$	Harris Allena Martin Ma		6530mm20m			ncides and resemble to the second
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)								
	c. Management Services**		\$						
	d. Other (Specify)		\$	9,791		9,791			
	Vending Expense								
	Special Events Expenses								
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	284,473		284,473	<u> </u>		
					T				
2F	Dietary Questionnaire			Total	(CCNH	RHNS	(St	ecify)
G.	Resident Meals: Total no. of meals served per	day	·*					(-1	
\vdash	<u> </u>	······)			1	
H.	Is cost of employee meals included in 2E?	<u> </u>	Yes		No				
I.	Did you receive revenue from employees?	\circ	Yes	0	No		If yes, specify		
1.	Did you receive revenue from employees:		103		110		amt.		
J.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)				
	Is cost of meals provided to persons other						YC		***************************************
K.	than employees or residents (i.e., Board	0	Yes	•	No		If yes, specify		
	Members, Guests) included in 2E?						cost.		
		_			3.7		If yes, specify		d c
L.	Is any revenue collected from these people?	•	Yes	O	No		amt.		\$6
M.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)			30 IV1	
	Y								
2.7	Is cost of food (other than meals, e.g., snacks	\circ	V	6	NΙα		If yes, specify		
N.	at monthly staff meetings, board meetings)	V	Yes	•	No		cost.		
	provided to employees included in 2E?								
							If yes, specify		
О.	Is any revenue collected from employees?	O	Yes	•	No		amt.		
D	Where is the revenue received reported in the	Cos	t Danort	2 (Page/Line L	temi				
P.	where is the revenue received reported in the	CUS	i report	: (rage/Line i	icili)				

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

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

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

Name of Facility	License		Report for Y	ear Ended	Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2015	1	19	37
Item		Total	CCNH	RHNS	(S	pecify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	5,258	5,258			
washed, ironed, and/or processed.***						
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					and the latest of the latest o
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					 .
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.				-	
	Amt. \$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Management Services**	\$					
d. Other (Specify)	\$	697	697			We The second
Laundry Equipment 3E. Total Laundry Expenditures (3a+b+c+d)	\$	5,955	5,955			
3F. Laundry Questionnaire					. L	
) Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?) Yes	•	No	If yes, specify amt.		•
I. 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	0	No	If yes, specify cost.		
K. Did you receive revenue from these people?) Yes	0	No	If yes, specify amt.	·	
L. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)		

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

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

^{***} Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Repo	ort for Year E	nded	Page	of
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	21,103	21,103		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$:			
d. Other (Specify)		\$			V/00/00752/PSQU6765000004/PO/02-72/V/00060/A/4000-1-4-4	CONTRACTOR AND CONTRA
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	21,103	21,103		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	131,799	131,799		
Pharmacy						
b. Medicine Cabinet Drugs		\$	67,840	67,840		
c. Medical and Therapeutic Supplies		\$	92,947	92,947		
d. Ambulance/Limousine***		\$	5,155	5,155		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	30,578	30,578		
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be incl	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	8,572	8,572		
i. Recreation		\$	27,664	27,664		
j. Other (Specify)****		\$	21,359	21,359		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	i)	\$	385,914	385,914	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Common of the co

^{*} 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	(Specify)
Social Services - Care (Resident Needs)	635		
Other Nursing	498		
Programs & Supplies-Christian Ministaries	66		
Equipment Chaplain	74		
Nursing Equipment	20,086		
Total Other Resident Care	\$ 21,359	\$ -	\$ -

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Pierce Memorial Baptist Home, Inc.	, Inc.			License No. 600C	Report for Year Ended 9/30/2015		ALAMAS ARTITION AND A TOTAL AN		Page c 21 3	of 37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Fotal Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	Pg Li	Line
Connecticut Baptist Homes		0	•		CEO and A/R Management Services	138,309			16 m12	12
Wescom Solutions		0	•		PCC Software	12,577			16 m11	
ACPL		0	0		Therapy Equipment Lease	19,264			22 6f	
Paychex		0	•		Payroll Services	33,479			16 m13	13
Willimantic Waste		0	•		Waste & Trash Removal	13,547			22 6f	
Celtic Consulting		0	•		MDS training, set-up of care plans in PCC and IV training	43,728			Var. Ve	Var.
		0	0							
		0	0							
And the second s		0	0							
The state of the s	T THE STATE OF THE	0	0							
		0	0							
- TOTAL CONTRACTOR CON		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 Ye	ear Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant		10101	001111	141110	(-1-	
a. Repairs & Maintenance	\$	42,612	42,612			
b. Heat	\$	83,358	83,358			
c. Light & Power	\$	83,254	83,254			
d. Water	\$	39,347	39,347			i .
e. Equipment Lease (Provide detail on p		4,155	4,155			****
f. Other (itemize)	\$	126,557	126,557			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	-6f) \$	379,283	379,283	979397772973047959888852888888888888888888888888888888		
7. Depreciation (complete schedule page 23						
a. Land Improvements	\$	4,074	4,074			
b. Building & Building Improvements	\$	170,219	170,219			
c. Non-Movable Equipment	\$	49,051	49,051			
d. Movable Equipment	\$	70,825	70,825			
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	294,169	294,169			
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	4,248	4,248			
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + c	s)	4,248	4,248			
9. Rental payments on leased real property le	ess					
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	\$	741	741			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	299,158	299,158			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment-Admin.	2,162		
Hazardous Waste	17,226		
Service Contracts-Main.	43,392		
Maintenance Supplies	4,115		
Maintenance Supplies-Plumbing	4,024		
Maintenance Supplies-Electrical	2,104		
Maintenance Supplies-Paint	2,058		
Grounds Maintenance	972		
Main. Supplies Tools/Eqp. Small	25,114		
Other- Maintenance	122		
Tools	100		
Items not meeting Pg. 6 Leased Equipment Criteria	25,168		
Total Other Repairs and Maintenance	\$ 126,557	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

1000			Sidos	The course we wanted						
Name of Facility			License No.			Report for Year Ended	nded		Page	of
Pierce Memorial Baptist Home, Inc.			09	600C		9/30/2015			23	37
			Historical			Accumulated				•
			Cost	ress		Depreciation to	Method of			
			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										
1. Acquired prior to this report period			161,337		161,337	125,759	SL	Varions	4,074	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										4,074
B. Building and Building Improvements										
1. Acquired prior to this report period			6,892,569		6,892,569	4,513,177	SL	Varions	169,667	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		114,049			- Constitution of the Cons	SI	Varions	552	
B-4. Subtotal				100						170,219
C. Non-Movable Equipment										
			756,925		756,925	370,077	SL	Varions	44,521	
3. Acquired during this report period (attach schedule)	ch schedule)		83,843				TS	Various	4.530	
			,							49,051
	Is a mileage	ı								
	logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	ress		Depreciation to	Method of			
			Exclusive of	U 2	Cost to Be	Beginning of	Computing	_	Depreciation	
	Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment1. Motor Vehicles (Specify name, model										
and year of each vehicle)										
a. 1980 Dodge		3 80	12,000		12,000	12,000	SL			
b.										
C.										
2. Movable Equipment										
a. Acquired prior to this report period			1,145,543		1,145,543	824,026	SL	Various	68,330	10
b. Disposals (attach schedule)								·		
c. Acquired during this report period										
(attach schedule)			52,682						2,495	
D-3. Subtotal			i i		9					70,825
E. Total Depreciation										294,169

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for	Land Improvements	\$ -		\$ -
Deletions:				
			NAMES AND ASSESSMENT	HEREKA HAR
			Paratakan parati	
				STATE OF THE STATE
Total deletions for	Land Improvements	S -	AMERICAN SANSANS	\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	-			_
10/6/2014	Move call lights	\$ 1,285	10	\$ 129
3/9/2015	Deposit for doors, demolition	\$ 7,715	15	\$ 300
6/22/2015	Repairs to office / S.S., admissions	\$ 7,735	30	\$ 64
7/17/2015	Carpet for payroll office	\$ 1,781	5 (Sept. 1988)	\$ 59
9/30/2015	Completion of Roof - Move from CIP	\$ 95,533	30	\$ 1244
Total additions for	Building Improvements	\$ 114,049	THE RESERVE	\$ 552
Deletions:				
			White Street	
Total deletions for l	Building Improvements	\$ -	BENEFIT BENEFI	\$

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/13/2014	Radiator cover	\$ 4,137	10	\$ 414
11/1/2014	New parts on sprinkler	\$ 21,208	10	\$ 1,944
12/1/2014	Alarm upgrade	\$ 12,000	10	\$ 1,000
1/1/2015	Completed fire panel	\$ 1,222	10	\$ 92
2/23/2015	Remove & replace call bell	\$ 1,808	10	\$ 105
3/31/2015	Alarm upgrade	\$ 9,000	10	\$ 450
5/15/2015	Garbage disposal in kitchen	\$ 1,960	10	\$ 82
6/30/2015	New fire board	\$ 6,660	10	\$ 167
7/29/2015	New sewer pump	\$ 7,215	10	\$ 120
9/1/2015	Remove old tank, put in concrete pad & pallards	\$ 12,900	10	\$ 108
9/8/2015	Grease trap for sinks & dishwasher	\$ 5,733	10	\$ 48
				#HARRIE

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

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

	n	22	0.4
Attachment	rages	23	24

Total additions for	Non-Moyable Equipment	\$ 83,843	\$ 4,530
Deletions:			
Total deletions for l	Non-Moyable Equipment	\$ -	\$

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/22/2014	Otis Handsoff Phone	\$ 3,375	3	\$ 1,031
11/19/2014	10 Bed Pads, 10 Pad Alarms, 10 Magnet Alarms	\$ 1,011	10	\$ 84
1/1/2015	Web Based GL/AP	\$ 3,000	3	\$ 750
1/9/2015	Cross Trainer	\$ 4,292	10	\$ 322
4/14/2015	3 Wheelchairs	\$ 1,401	10	\$ 70
5/1/2015	6 Mattress	\$ 1,674	10	\$ 70
7/1/2015	Fire Alarm in Elevator	\$ 2,132	10	\$ 53
7/30/2015	Miscellaneous Furniture (chairs, table, desk, file cabinet)	\$ 2,610	10	\$ 44
8/31/2015	Miscellaneous equipment (Ice Maker, Medical Equipment, Med Cart)	\$ 8,550	10	\$ 71
9/30/2015	Room Furnishings	\$ 24,637	10	\$ -
Total additions for	Movable Equipment	\$ 52,682		\$ 2,495
Deletions:				
				Carry Salving
Total deletions for	Movable Equipment	\$ -		\$

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

	and the state of t	.	Useful	D
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for	Leasehold Improvement	\$ -		\$ -
Deletions:				
Fotal deletions for	Leasehold Improvement	\$		\$

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Pierce Memorial Baptist Home, Inc.		900C)C	9/30/2015			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2.							-	
3.								
A-4. Subtotal								
B. Mortgage Expense								
1. Refinancing Costs	9 2012	30	15,646	2,566	В	N/A	4,248	
2.								
3.								
B-4. Subtotal					, and a second		e e e e e e e e e e e e e e e e e e e	4,248
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								4,248
* Clausial 1200 and all and answer 1.00 and								

* Straight-line method must be used. ** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

1 -	License No.	Report for Year End	ded	· · · · · · · · · · · · · · · · · · ·	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015			25	37
11. Property Questionnaire						
Part A					· •	
Is the property either owned by the	Facility	Yes	0	No	If "Yes," complet	e Part B.
or leased from a Related Party?*	•	9 Yes	O	INU	If "No," complete	Part C.
*If any owner or operator of this faci						
business association to any person or	organization from whom	buildings are leased, then i	t is considered a			
related party transaction. Description		Total				
1. Date Land Purchased		1950s				
Date Early Turchased Date Structure Completed		Renovation 1991				
3. If NOT Original Owner, Date	of Purchase	N/A				
4. Date of Initial Licensure		06/16/75				
5. Total Licensed Bed Capacity		72				
6. Square Footage		61,407		4.5		
7. Acquisition Cost						
a. Land						
b. Building						
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing						
a. Type of Financing (e.g., fi	xed, variable)	Fixed				
b. Date Mortgage Obtained		03/01/13				
c. Interest Rate for the Cost		3.39%				
d. Term of Mortgage (number e. Amount of Principal Borro		11,454,000				
f. Principal balance outstand		10,723,589				
Complete if Mortgage was I		= 10,723,503				
During Current Cost Ye						4
g. Type of Financing (e.g., fi						
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number						
k. Amount of Principal Borro						
Principal Outstanding on						
Part C - Arms-Length Leas				1		
Name and Address of Lesso	r Pi	roperty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease
	_					
		w Accounted to the				
					<u> </u>	

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

1	License No.		Report for Yea	ar Ended		Page of
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015			26 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest			Total	CCIVII	КШК	(Specify)
A. Building, Land Improveme	nt & Non-Movable					
Equipment						
1. First Mortgage		\$			216	
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender			general de la companya de la company			
3. Third Mortgage		\$	1 Marie Control of Con			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$	11,454,000			
2. Loan Origination Date			03/01/13			
3. Interest Rate %			3.39%			
4. Term			25			
5. CHEFA Interest Expen	se		133,982	133,982		
12 B7. Total Building Interest Expen		\$	133,982	133,982		
			(Cann	Subtotals f	omnand to m	aut maga)

(Carry Subtotals forward to next page)

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

Name of Facility License 1	<u></u>		Report for Y	ear Ended		Page	of
	0C		9/30/2015			27	37

Item			Total	CCNH	RHNS	(Spe	cify)
	totals Bro	ught Forward:	133,982	133,982			
12. C. Movable Equipment							
1. Automotive Equipment		\$					3
A. Item	Rate	Amount				and the second	
Lender							
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
73, 100111	Rate	rinount					
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender		110					ju i
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	est	\$					
12. D. Other Interest Expense (Specify)		\$					
13. Total All Interest Expense (12B7 + 12	C3 + 12D) \$	133,982	133,982			
14. Insurance							
a. Insurance on Property (buildings or	ıly)	\$	21,764	21,764			
b. Insurance on Automobiles		\$	4,143	4,143			
c. Insurance other than Property (as s	pecified ab						
1. Umbrella (Blanket Coverage)		\$	14,675	14,675			
2. Fire and Extended Coverage		\$					
3. Other (Specify)		\$	23,430	23,430			
See attachment page 27a							
14d. Total Insurance Expenditures (14a + 1	b+c	\$	64,012	64,012			
15. Total All Expenditures (A-13 thru C-1		\$	7,848,869	7,848,869			

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	27a	37

Summary of Insurance Expense	Total	Amount		ССН	RHNS	0	ther
Insurance-Other		2,860		2,860			
Insurance - Liability		20,570	\$	20,570			
Total Insurance	\$	23,430	<u>\$</u>	23,430	\$ -	\$	

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page		of
Pierce	e Men	orial	Baptist Home, Inc.		600C	9/30/2015		28		37
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	pecif	ỳ)
Page	10 - 5	Salari	es and Wages		100					
1.			Outpatient Service Costs	\$						
2.			Salaries not related to Resident Care	\$						
3.			Occupational Therapy	\$						
4.			Other - See attached Schedule	\$	19,361	19,361				
Page	13 - I	Profes	sional Fees							
5.			Resident Care Physicians **	\$						
6.	13	b10a	Occupational Therapy	\$	179,763	179,763				
7.			Other - See attached Schedule	\$	40,045	40,045	:			
Page.	s 15 &	2 16 -	Administrative and General							
8.			Discriminatory Benefits	\$						
9.			Bad Debts	\$						
10.	15	1e	Accounting & Legal	\$	64	64			***	
11.	30	IV 3	Telephone	\$	6,922	6,922				
12.	15	1h2	Cellular Telephone	\$	989	989			-	
13.			Life insurance premiums on the life			0.00				
			of Owners, Partners, Operators	\$,				nica)carjasji;yycj	DIAMETER PROPERTY.
14.			Gifts, flowers and coffee shops	\$						
15.	16	15	Education expenditures to colleges or				us a series		%	
			universities for tuition and related costs					7		
			for owners and employees	\$	501	501	1990 H2009 - HANDE BERTHANNESS -			- 1640 - 17 July 19 Ju
16.			Travel for purposes of attending							
			conferences or seminars outside the		B 1					
			continental U.S. Other out-of-state							
			travel in excess of one representative	\$	N	6 Am		100000000000000000000000000000000000000		Marie Provide Co
17.			Automobile Expense (e.g. personal use)	\$						
18.	16	m3	Unallowable Advertising *	\$	50,446	50,446				
19.			Income Tax / Corporate Business Tax	\$						
20.			Fund Raising / Contributions	\$						
21.			Unallowable Management Fees	\$						
22.			Barber and Beauty	\$						
23.			Other - See attached Schedule	\$	33,773	33,773				
	18 - 1	Dietar	y Expenditures				e We se to			
24.			Meals to employees, guests and others							4
			who are not residents	\$	6	6				
Page	19 - I	Launa	lry Expenditures							
25.			Laundry services to employees, guests				9			
			and others who are not residents	\$					au (1996) (1994)	
Page	20 - 1	House	keeping Expenditures							
26.			Housekeeping services to employees, guests							
			and others who are not residents	\$						
	<u> </u>	J	Subtotal (Items 1 - 26)	-\$	331,870	331,870				
.,,			Montad ⁿ	4		rry Suhtotal fe		L		

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12n	Wages - Marketing	\$ 12,515		
10	A2	Administrator Salary over allowable	\$ 6,211		
10	A120	5% of Chaplain per audit	\$ 635		
Total Othe	r Salaries	Adjustment	\$ 19,361	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 450		
13	b8e	Cardiac Consultant	\$ 21,600		
13	b8a	Medical Director in excess of Allowable	\$ 17,995		
Total Othe	r Fees Ad	justments	\$ 40,045	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous - Admin.	\$ (30)		
16	m13	NonCost Report Expenses	\$ 7,030		
16	m13	Bank Service Charges	\$ 3,122		
16	m13	Bond Fees	\$ 4,446		
16	m13	Adult Day Care Expenses	\$ 8,591		
16	m13	Consulting fees related to IV traning	\$ 2,605		
15	la	Benefits on Unallowed Salaries above	\$ 8,009		
(Hillian)					
Alam Carin					
Total Oth	er A&G A	ljustments	\$ 33,773	\$ 471444444	\$

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

Item F	Men Page No. 20 - F	Line No.	Baptist Home, Inc.	Lic	ense No. 600C Total	Report for Y 9/30/2015	ear Ended	Page 29	of 37
Item No. 1 Page 2 27. 28. 29. 30.	Page No. 20 - R 20	Line No.	Baptist Home, Inc.			9/30/2015		29	37
Page 2 27. 28. 29. 30.	No. 20 - R	No.			Total				
Page 2 27. 28. 29. 30.	No. 20 - R	No.							
Page 2 27. 28. 29. 30.	2 0 - F				Amount of				
27. 28. 29. 30.	20		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
27. 28. 29. 30.	20		Subtotals Brought Forward	\$	331,870	331,870			
28. 29. 30.			nt Care Supplies***						
29. 30.	20	5a2	Prescription Drugs	\$	131,799	131,799			
30.	20	5d	Ambulance/Limousine	\$	5,155	5,155			
			X-rays, etc	\$					
31.	20	5h	Laboratory	\$	8,572	8,572			
	20	5c	Medical Supplies	\$	9,295	9,295			
32.	20	5e2	Oxygen (non emergency)	\$	30,578	30,578			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	73,668	73,668			
Page 2	22 - N	<i>Lainte</i>	enance and Property				0.00		
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page 2	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.	27	14b	Property Insurance	\$	4,143	4,143			
Other -	- Mis	cella	neous						
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.	30	IV8	Vending Machine Revenue	\$	21,172	21,172			
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
. 1			costs unrelated to resident care) - See						
, l			Attached Schedule	\$	- Comment of the Comm				
Not Fe	or Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$			Sind Sind Sind Sind Sind Sind Sind Sind		
51. 7	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	616,252	616,252			

^{***} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Expense	\$ 18,126		
20	5j	Nursing Equipment	\$ 20,086		
18	2d	Vending Expense and Special Events Expense	\$ 9,747		
20	5i	Newspaper	\$ 541		
22	6f	Items not meeting Pg. 6 Leased Equipment Criteria	\$ 25,168		
Total Othe	r Ancillary	y Costs	\$ 73,668	\$	\$ 11.11

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	MARKET STATE				
	Addition to the con-				
Total Othe	r Property	y Adjustments	\$ -	\$ -	\$

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustm	ents	\$ -	\$	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bu	ailding Interest	\$ -	\$ -	\$

F. Statement of Revenue

Name of Facility	License No.	7 (11)	Report for Y	ear Ended		Page o
Pierce Memorial Baptist Home, Inc.	600C		9/30/2015	car Ended		30 37
1				<u> </u>		
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routin	I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT on	ly)	\$	6,534,879	6,534,879		
b. Medicaid Room and Board		\$	(2,303,606)	(2,303,606)		
2. a. Medicaid (All other states)		\$				
b. Other States Room and Boa	rd Contractual Allowance **	\$				
3. a. Medicare Residents (all inc.	lusive)	\$	1,215,690	1,215,690		
b. Medicare Room and Board	Contractual Allowance **	\$				
4. a. Private-Pay Residents and C		\$	998,338	998,338		
b. Private-Pay Room and Boar		\$				
II. Other Resident Revenue						
a. Prescription Drugs - Medica	are	\$				
b. Prescription Drugs - Medica		\$				
c. Prescription Drugs - Non-M		\$				
	ledicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicar		\$				
b. Medical Supplies - Medicar		\$				
c. Medical Supplies - Non-Me		\$				
***************************************	dicare Contractual Allowance **	\$				·
3. a. Physical Therapy - Medicar-		\$	95,901	95,901		***
b. Physical Therapy - Medicar		\$,		*****
c. Physical Therapy - Non-Me		\$				
	dicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare		\$	17,244	17,244		
b. Speech Therapy - Medicare		\$,			
c. Speech Therapy - Non-Med		\$				
	icare Contractual Allowance **	\$				-
5. a. Occupational Therapy - Me		\$	82,978	82,978		
	edicare Contractual Allowance **	\$				
c. Occupational Therapy - No		\$	***************************************	**************************************	-	
	n-Medicare Contractual Allowance **	\$	·			~-
6. a. Other (Specify) - Medicare		\$				
b. Other (Specify) - Non-Medi	care	\$				
III. Total Resident Revenue (Section		\$	6,641,424	6,641,424		
IV. Other Revenue*				-,,		
Meals sold to guests, employee	es & others	\$	6	6	20.00	
Rental of rooms to non-residen		\$	· ·			
3. Telephone		\$	6,922	6,922		
Rental of Television and Cable	Services	\$	0,722	0,722		
5. Interest Income (Specify)		\$	1	1		
6. Private Duty Nurses' Fees		\$	1	1		
7. Barber, Coffee, Beauty and Git	ft shops	\$				
8. Other (Specify)	шоро	\$	251,185	251,185		
V. Total Other Revenue (1 thru 8)		\$	258,114	258,114		
						, <u>.</u>
VI. Total All Revenue (III+V)	w	\$	6,899,538	6,899,538		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare	\$ -	\$ 1000000000000000000000000000000000000	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Descript	on	CCNH	RHNS	(Specify)
				Naja Santa
Total Other Resider	it Revenue	`\$	\$ -	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest Income		1		
SHEETS SHE					
(Childhia)					
SANAHWI					
Total Inter	rest Income		\$ 1	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Vending Income	21,172		
30	Individual Donations	4,255		
30	Church Donations	6,286		
30	Business Donations	300		
30	Special Events	1,118		
30	Other Income	103		
30	Restricted Contributions	210		
30	Net Income for Non-Cost Report Entities:			
	Creamery Brook	\$ 184,170		
	Adult Day Care	\$ 4,540		
	Cottage	\$ 84,278		
	Long Term Investments	\$ (316,410)		
	New Projects	\$ (6,764)		
	Assisted Living	\$ 267,927	Value Value	
otal Othe	r Revenue	\$ 251,185	\$	\$ -

G. Balance Sheet

Name o	of Facility	License No.	Report for Year Ended	Page	of
Pierce l	Memorial Baptist Home, Inc.	600C	9/30/2015	31	37
		Account		Α	mount
Assets					
A. C	Current Assets				
1.	. Cash (on hand and in banks)			\$	1,488,019
2.				\$	1,055,414
3.		Excluding Owners or	Related Parties)	\$	1,330
4		to some of the sound of the sou		\$	39,436
5.	. Prepaid Expenses			\$	55,432
	a. Prepaid Insurance		40,414		
	b. Prepaid Sewer Usage		8,985	4.00	
	c. Prepaid Other		6,033		
	d.				
6.				\$	
7.				\$	
8.	. Other Current Assets (itemize	?)	16011	\$	16,311
	Resident Funds		16,311	_	
.	Cotal Current Assets (Lines A1	thru 8)		\$	2,655,942
	ixed Assets				
	. Land			\$	
2.	. Land Improvements	*Historical Cost	161,337	\$	31,504
		Accum. Depreciation			
3.	. Buildings	*Historical Cost	7,006,618	\$	2,323,222
		Accum. Depreciation	on 4,683,396 Net		
4.	. Leasehold Improvements	*Historical Cost		\$	
		Accum. Depreciation			
5.	. Non-Movable Equipment	*Historical Cost	840,768	\$	421,640
		Accum. Depreciation			
6.	. Movable Equipment	*Historical Cost	1,198,225	\$	303,374
		Accum. Depreciation			
7.	. Motor Vehicles	*Historical Cost	12,000	\$	
		Accum. Depreciation	on 12,000 Net		
8.	. Minor Equipment-Not Depre	ciable		\$	
9,	. Other Fixed Assets (itemize)			\$	6,671,989
	Creamery Brook Fixed As	sets	6,671,989		•
B-10.	Total Fixed Assets (Lines B	l thru 9)		\$	9,751,729

^{*} 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 Facilit	у	License No.	Report for Year Ended		Page		of
Pierce Memoria	al Baptist Home, Inc.	600C	9/30/2015		32		37
		Account			Ar	nount	
		THE COLUMN THE STATE OF THE STA	Total Brought Forward	: \$		12,40	7,671
C. Leasehold	l or like property record	ed for Equity Purposes	•				
1. Land				\$			
2. Land	Improvements	*Historical Cost					
		Accum. Depreciation	Net	\$			
3. Buildi	ings	*Historical Cost					
		Accum. Depreciation	Net	\$			
4. Non-N	Movable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
5. Mova	ble Equipment	*Historical Cost					
		Accum. Depreciation	Net Net	\$			
6. Motor	Vehicles	*Historical Cost					
		Accum. Depreciation	Net Net	\$			
7. Minor	Equipment-Not Depre	ciable		\$			
C-8 Total Lea	sehold or Like Properi	ies (C1 thru 7)		\$			
D. Investmer	nt and Other Assets						
1. Defer	red Deposits			\$			
2. Escro	w Deposits		1000-000-00-00-000000000000000000000000	\$			
3. Organ	nization Expense	*Historical Cost					
		Accum. Depreciation	Net	\$			
4. Good	will (Purchased Only)			\$			
5. Invest	ments Related to Reside	ent Care (itemize)		\$		1,41	8,642
Int	erest in Perpetual Trusts	8	1,418,642				
6. Loans	to Owners or Related I	Parties (itemize)		\$			
	Name and Address	Amount	Loan Date		100		
				10			
<u>-</u>							
i	Assets (itemize)			\$	res and a second and a second	8,51	9,117
	sets Limited As To Use	& Investments	8,089,423				
	ferred Financing, Net		264,219				
	try Fee Mortgage Recei		165,475				
	estments and Other As			\$			7,759
D-9. Total All	Assets (Lines A9 + B1	0 + C8 + D8)		\$		22,34	5,430

^{*} 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 Fac	ame of Facility License No. Report for Year Ended		Page	of			
Pierce Memo	rial E	Baptist Home, Inc.	600C	9/30/2015		33	37
			Account			An	nount
Liabilities						11	
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	195,262
	2.	Notes Payable (itemize)				\$	344,463
		Current Portion of Bonds I		319,4			
		Current Portion of Notes P	'ayable	24,9	99		
						ф.	
	3.	Loans Payable for Equipm				\$	
		Name of Lender	Purpose	Amount	Date Due		
							Windows A
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)		\$	49,292
	5.	Accrued Payroll (Owners of				\$	77,272
	6.	Accrued Payroll Taxes Pay		only j		\$ \$	
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financia				\$	
	9.	Mortgage Payable (Currer				\$ \$	
		. Interest Payable (Exclusive		elated Parties)		\$	
		. Accrued Income Taxes*	J			\$	
		Other Current Liabilities (itemize)			\$	359,052
		Accrued Pension		618 Accrued Interest	30,294		
		Accrued Provider Tax	113,	718 Deferred Revenue	14,651		
		401k Withholding Payable	1,	053 Resident Funds	50,000		
		Compensated Absences		407 Due to Third Party	16,311		
A-13.	. To	tal Current Liabilities (Lit	nes A1 thru 12)			\$	948,069

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015		34	37
Į.	Account			Amoi	unt
	nt Forward:		948,069		
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (\$		
Name of Lender	Purpose	Amount	Date Due		
					1.0
					2.75
					75.75
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ted Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan Da	ate		
4. Other Long-Term Liabilities	\$	1	1,692,813		
Bonds Payable, Net of Current Portion 10,404,125					
Note Payable, Net of Curre		41,665			
Security Deposits		286,022			
Deferred Revenue and Entry		e 961,001		- W - W - W - W - W - W - W - W - W - W	
B-5. Total Long-Term Liabilities (I			\$		1,692,813
C. Total All Liabilities (Lines A-1	3 + B-5)		\$	1	2,640,882

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Pag	е	of
Pier	ce Memorial Baptist Home, Inc.	600C	9/30/2015		35		37
<u> </u>	D	Account				Amount	
A.	Reserves						
	1. Reserve for value of leased la	nd			\$		
	2. Reserve for depreciation valu	e of leased building	ngs and appurter	nances			
	to be amortized	· · · · · · · · · · · · · · · · · · ·			\$		
	3. Reserve for depreciation valu	e of leased persor	nal property (Equ	uity)	\$		
	4. Reserve for leasehold real pro	operties on which	fair rental value	is based	\$		
	5. Reserve for funds set aside as	donor restricted			\$		
	6. Total Reserves				\$		
B.	Net Worth						
	1. Owner's Capital				\$		
	2. Capital Stock				\$		
	3. Paid-in Surplus				\$		
	4. Treasury Stock				\$		
	5. Cumulated Earnings				\$	10,65	3,879
	6. Gain or Loss for Period	10/1/20)14 thru	9/30/2015	\$	(94	19,331)
	7. Total Net Worth				\$	9,70)4,548
C.	Total Reserves and Net Worth				\$	9,70	04,548
D.	Total Liabilities, Reserves, and I	Net Worth			\$	22,34	5,430

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	r Ended	Page	of
Piero	ce Memorial Baptist Home, Inc.	600C	9/30/2015		36	37
		Account			Ar	nount
A.	Balance at End of Prior Period as s	hown on Report of	09/30/2014		\$	10,653,879
B.	Total Revenue (From Statement of				\$	6,899,538
C.	Total Expenditures (From Statemen	nt of Expenditures I	Page 27)		\$	7,848,869
D.	Net Income or Deficit				\$	(949,331)
E.	Balance				\$	9,704,548
F.	Additions					
	 Additional Capital Contributed Other (<i>itemize</i>) 	(itemize)				
	2. Sum (nonize)					
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators				\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)		o .		\$	
	Purpose		Amo	ount		
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30/	/15		\$	9,704,548

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page of					
Pierce Memorial Baptis	t Home, Inc.	9/30/2015	37 37						
	Check appropriate category								
Chronic and Cor	nvalescent Nursing NH)	□ (Specify)							
9-55]	Preparer/Reviewer Certific	ation						
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 Preparety pino y Company Title. Date Signed 2 6 / 16									
Printed Name of Preparer									
Blum, Shapiro & Co. F Addres Address			Phone Number						
Address Address			vacentari						
29 South Main St, Wes	st Hartford, CT 06127		860-561-4000						