# **State of Connecticut**



# **Annual Report of Long-Term Care Facility**

Cost Year 2016

Name of Facility (as	licensed)			***************************************				
The Curtis Home								
Address (No. & Stree	et, City, State, 2	'ip Code)		Rubino III				Commission of the Commission o
380 Crown St., Meric	den, CT 06450							
Type of Facility					3.30			
Chronic and C	Convalescent		Rest Home wi	th Nursing	ç			
✓ Nursing Home	e only		Supervision of	nly	V	Resident	ial Ca	re Home
(CCNH)			(RHNS)					Sa.
Report for Year Begi	nning	•	Report for Ye	ar Ending		***		
10/1/2015	~~~		9/30/2016	1 19				
Dicense Numbers.	License Numbers: CCNH 541C		RHNS				dicare Provider 07-5365	
Medicaid Provider N	umbers:	CO	CNH RHNS		- ICF-IID			
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence 1	Vumber	Signed	and Notari	zed	Date Received
Assigned	Notarized	Received	Assigned		O'Brica .			Duto Recoired
			L		1			

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#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2016	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Curtis Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	)	Date	Signed (Owner)	Date
(K.A.)	Mes	2 14 17		
Minted Name (Aliministrator)			Printed Name (Owner)	
R. Paul Sprague				
-				
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	C-T	100115	1/2 1 10	10 21 10
(indsey tope	$-1 \cup 1$	2-14-17	Vintey tope	19 13/119
Address of Notary Public			1 . 7	
	2			

(Notary Seal)

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

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

Data Required for Real Wage Adjus	Page	of			
				١٨	37
Name of Facility		Period Cov	ered:	From	To
The Curtis Home				10/1/2015	9/30/2016
Address of Facility 380 Crown St., Meriden, CT 06450					
Report Prepared By Blum, Shapiro & Co.		•	Phone Number 203-944-2100		
<u>Item</u>		Total	CCNH	RHNS	Residentia I Care Home
Dietary wages paid	\$	3			
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

							X. C.
		one No. of Fa 3-237-4338	cility	Report for \\ 9/30/2016	Year Ended	\$ 5 m	of
Name of Facility (as shown on license)	203		2 8	19/30/2016 Street, City, 5	State Tin	2	37
The Curtis Home				Meriden, CT			
CCNH	<b>—</b>	RHNS		dential Care		Medicare I	Provider No
License Numbers; 541C		жины	127			07-5365	TOVICE IN
Type of Facility (Cheek appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		st Home with pervision only			A Resident	ial Care Hor	ne
		pervision om,	(mi	110)		······································	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	0	Profit Corp.		Non-Profit C		Government	O Trust
rest to all the second			Date	Opened	Date Clo	sed	
If this facility opened or closed during report year prov	ide:						
Has there been any change in ownership			1				
or operation during this report year?	0	Yes	0	No	If "Yos,"	explain full	у.
*				Ē			
*							
197							
Administrator					*****		
Name of Administrator				Nursing I	Home		
R. Paul Sprague				Administr		001321	
				License	No.:	(40000)	
Other Operators/Owners who are assistant administrator	ors (ful	ll or part time	) of th				
Name				License	No.:		
N/A							
		***					
-							

# General Information and Questionnaire Partners/Members

Name of Facility The Curtis Home		License No. 541C	Report for Y 9/30/2016	ear Ended	Page of 3 37
Legal Name of Parti	nership/LLC	Business			or Town(s) in
N/A				1	
Name of Partners/Members	Business Ac	ddress		Title	% Owned
N/A					
	week and also yet	55.			,
				9	
15	-				
				3e	

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

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year I	Ended	Page of					
The Curtis Home	541C	9/30/2016		3A 37					
If this facility is owned or operated as a corp									
Legal Name of Corporation		ness Address		State(s) in Which Incorporated					
The Curtis Home	380 Crown Str 06450	eet., Meriden, CT	CT						
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each					
See Attached									
y .									
			The state of the s						
Names of Stockholders Owning at Least 10% of Shares		15							
N/A									
				v					

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

## General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2016	3A	37

The Curtis Home Board of Trustees 2016

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

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

Joanne Erickson 76 Pierson Drive Wallingford, CT 06492

Robert Flyntz 12 Jonathon Road Wallingford, CT 06492

Michael Gruber 42 Lydale Place Meriden, CT 06450

Richard Pendred 909 Middle Street Middletown, CT 06457 State of Connecticut 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
The Curtis Home	541C	9/30/2016	3B   37
If this facility is owned or operated as an individua	l proprietorship, p	provide the following informat	
	ner(s) of Facility		
		i i i i i i i i i i i i i i i i i i i	
N/A			
2			
		A COLUMN TO THE	
	<u> </u>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	2 V 277		
2 444-22-44-42-44-4			
	A 2 22		
a.			
MANAGEMENT AND		8 1 4 4 1 4 3 · · · · · · · · · · · · · · · · · ·	
	24		
		<b>€</b> *	
X			
*	*		

#### General Information and Questionnaire Related Parties\*

Name of Facility The Curtis Home		License	No. 541C	******	Report for Year Ended 9/30/2016	·	Page 4	of 37
Are any individuals rece	iving compensation from the fa	cility re	lated the	ough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to contr	ol, ownership, family or busine	ss assoc	ciation?	0	Yes ⊙ No	complete the inform	nation on Pa	ige 11 of the report.
	- W-180-2-2-							
7	ompanies which provide goods				F. (2000)			
	roperty or the loaning of funds							
	ssociation, common ownership,		2:	ness	⊙ Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?	····		If "Yes," provide th	e following	information:
								<del></del>
			o Provid			Indicate Where		and the same of th
Name of Related	Business	200000000000000000000000000000000000000	ls/Servic Related F		Description of Goods/Services	Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
		~~~			1		XOPORTO	
The Curtis Home	380 Crown St., Meriden, CT 06450	0	0		Elderly Apts on Campus (unoccupied)	None-excluded		
The Curtis Home	380 Crown St., Meriden, CT 06450	0	0	***************************************	Fixed Assets Elderly Apts & Adult Day Car	None-excluded		
		0	0					
		0	0					
		0	0					
-		0	0					
		0	0					
	,	0	0			2	97	
	Western Co.	0	0	7				A STATE OF THE PROPERTY OF THE

<sup>\*</sup> 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	
The Curtis Home	541C	9/30/2016 5				37	
If the facility is licensed as CDH and/or RCH o	r provides /	VIDS or TB	I services with special Medical	id rates,	costs	S	
must be allocated to CCNH and RHNS as follo	ws:	344					
Item		2	Method of Allocation				
Dietary		Number of	meals served to residents			(2-354N/21VL)	
Laundry			pounds processed				
Housekeeping			square feet serviced				
*		Second straightforward house in organization — shade str	hours of routine care provided				
Nursing		186 28	classification, i.e., Director (or	_			
			Nurses, Licensed Practical Nu	rses, Aid	los a	ınd	
Total Control of the		Attendants					
Direct Resident Care Consultants			hours of resident care provide	d by EA	CH	•	
			(See listing page 13)				
Maintenance and operation of plant		Square feet	VALUE OF THE PARTY				
Property costs (depreciation)		Square feet		<u> </u>			
Employee health and welfare		Gross salar					
Management services		Appropriate cost center involved					
All other General Administrative expenses		Total of Direct and Allocated Costs					
The preparer of this report must answer the foll	owing ques	tions applic					
1. In the preparation of this Report, were all	Yes	O No	If "No," explain fully why suc	h allocat	ion	was	
costs allocated as required?		20 55	not made.				
Administrative, general costs, and insurance are	e based in pa	atient days a	ınd number of beds, consistent	with pri	or fi	lings	
which were audited by the department.							
					<u> </u>		
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	1			
			8				
3. Did the Facility appropriately allocate and se			The second secon	me cost	cent	lers?	
(e.g., Assisted Living, Home Health, Outpati	ient Services	s, Adult Day	y Care Services, etc.)				
	• Yes	O ING	If "No," explain fully why suc not made.	h allocat	ion	was	
	3						
						- 1	

### 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		Page	of
The Curtis Home			541C	9/30/2016			6	37
•	Owi Oper	ed * to ners, ators, cers		Date of	Term of	Annual Amount	Amo	unt
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clain	<u>led</u>
Great American Leasing Corp	0	•	Copiers (expired on 4/22/2016)	04/23/13	48 months	6,885	6,885	
Pitney Bowes	0	0	Mailing System	04/01/15	57 months	936	936	
	0	0						
	0	0						
941	0	0						
	0	0						
	0	0						
	0	0						
34444	0	0					s	
	0	0						
Is a Mileage Log Book Maintained for All I	eased V	ehicles	? O Yes	0	No	Total ***	7,821	

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2016		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				w
Is the accounting basis for this	120				
	Yes	If "No," explain,			
previous period? O	No				
,	,				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro & Co. PC		29 South Main Street, West Hartford, CT	06127		
2					
3					
4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Services Provided by This Firm (de					
Independent Audit, Form 990, Medic	are and Medicaid Cost Reports		\$	40,117	
2			\$		
3			\$		
4			S		
			Charge for	Services Pro	vided
ær §	390		s	40,117	
Are These Charges Reflected in the Exnen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	1	70,117	
	Page 15, Line 1D				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone l	Number	
Murtha Cullina LLP					
2					
3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)	*			
1					
2					
3					i i
4					
5					
Services Provided by This Firm (de.	scribe fully)	44444			
1 General Legal			\$	4,698	
2	Ann	And Andrew State Control of the Cont	<u> </u>		
3		The state of the s	\$		
4			\$		
5			\$		
			Charge for	Services Pro	vided
		The second states and the second states are second states as the second states are s	\$	4,698	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		<del></del>	
and the second state of the second	Page 15, Line 1E	en outdoor de trouve en Erich Land (Europa (Land Land Land Land Land Land Land Land			
O Yes O No					

#### Schedule of Resident Statistics

Name of Facility The Curtis Home			License l	No. 341C	<del></del>		Report fo 9/30/201	or Year Ende	đ		Page 8	of   37
						Period 10/				Period 7/	7/1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RFINS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity     A. On last day of PREVIOUS report period	94	60		34	94	60	·	34	94	60		34
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34
Number of Residents     A. As of midnight of PREVIOUS report period	82	52		30	82	52		30	<b>\$2</b>	56		26
B. As of midnight of THIS report period	80	56		24	82	56		26	80	56		24
Total Number of Days Care Provided During Period     A. Medicare	581	581			506	506			75	75		
B. Medicaid (Conn.)	15,043	15,043			11,478	11,478			3,565	3,565		
C. Medicaid (other states)												
D. Private Pay	1.334	813		521	875	<i>5</i> 38		337	459	275		184
E. State SSI for RCH	9,313			9,313	7,234			7,234	2,079			2,079
F. Other (Specify) VA/Optum/Managed Care	3,252	3,252			2,076	2,076			1,176	1,376		
G. Total Care Days During Period (3A thru F) Total Number of Days Not Included in Figures in 3G	29,523	19,689		9,834	22,169	14,598		7,571	7,354	5,091		2,263
4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	29,523	19,689		9,834	22,169	14,598		7,571	7,354	5,091		2,263

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
The Curtis Ho	ome			3	541C					9/30/201	6		9	37
			in the certified b		pacity du	ring tl	ne repo	rt year	r?	0	Yes	0	No	
11.,1189.	1	***************************************		non;	61					Г			1	
	ļ	Place o	f Change		Cł	ange	in Bed	3		Ca	pacity Aft	er Change		
Data -C	CCNIII	RHNS	Residential Care Home		Lost			Oalus.	4					
Date of	CUNIT	KHINS	Care Home		Lost			Gaine	1			Residential		ă .
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Doggon f	or Change
*	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCIVII	KING	Calcitonic	Acason 1	of Change
												<del> </del>		
					-					li				
											PRINCE OF STREET			
		¥				12)								
The second secon	000000000000000000000000000000000000000		in certified bed o 90 days followir			the re	port ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
			Change in Re	esiden	t Days					CC	NH	RHNS	Residential	Care Home
1st chang												ļ		
2nd char											~			
3rd chan				- 8									MIT COMPANY	
4th chan		lents on	d Rates on Septe	mher	30 of Co	of Ves	ar			L		<u> </u>	L	
O. (Yumio)	OI ICOSIC	icite aii	Medicare	111001	Media		11			Se	lf-Pay		Other Sta	te Assisted
			2110010110	1								<b>I</b>		
					Î							Residential		
	Item		CCNH	c	CNH	RI	INS	cc	NH	RI	INS	Care Home	R.C.H.	ICF-MR
No. of R			COMI		43	IG	LITO		13	- Ki	110	Caterione	22	TOPTYME
Per Dien					13235		1000		100		12264	T 1 2 2 2 2 3 3	1043934	
a. One b			PPS	300000	243.69		X. 7 22.0	2 500.00010	350.00	-		120,00	105,62	
b. Two l	ped rms.		PPS		243.69				325,00			N/A	N/A	
c. Three	or more	,											500.00	
bed r	ms.													
		2122311												
														Residential
			al Therapy Treat	ments						TO	ľAL	CCNH	RHNS	Care Home
	Medica									elektrika Seriesk	1,378	1,378	SATE OF SHIP TO SEE	GD-82780 NOTCOME - 20 40
В,			usive of Part B)							100				
100000			c Treatments Treatments											
	Other	oranye	1 reaiments								2 224	2,374		
		Inveloal	Therapy Treatn	lente							2,374 3,752	3,752		
			Therapy Treatn								5,702			
	Medica			101110							141	141		AND RESIDENCE OF AND
			usive of Part B)								100			-
			e Treatments							ACCESSOR SERVICES	interpulserable		x2x.ex2/23/23/24/24/2008/00	MONTH AND MINES
	2. Rest	orative '	Treatments							7.1				
	Other										222	222		
			herapy Treatme								363	363		
			ational Therapy	l'reatn	nents					100	4.034	783 6137	****	* 1 * 1 * 1
Α,	Medica	re - Pari	В								1,515	1,515		
			usive of Part B)										31 / 2 - V 2	
			Treatments		1,000									
		orative	Treatments		-						2014	2011		~
	Other	council	onal Therapy T	rontsu	onte	•					2,014 3,529	2,014 3,529		
1).	i villi O	commun	onai xnerapy x	cuttli	CHIA						3,349	3,349		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Daraii	Report for Year		Page	of
The Curtis Home	541C		9/30/2016	Lilova	10	37
Are time records maintained by all individuals receiving co			Yes	^	No No	1
			10.100		1/0	
		<b>1</b>	Total Cost au	id Hours	I	I
					Residential	
Item	CCNII	flours	RHNS	llours	Care Home	Hours
A. Salaries and Wages*	COM	TICUIS	Mark Control	710013		110013
Operators/Owners (Complete also Sec, I		144	1 - 1 - 1 - 2 2 - 1 - 2 - 2		1000	
of Schedule A1)		- ALMONDALE ACAD (BCSE)			San Zelvalie	
2. Administrator(s) (Complete also Sec. III			0.000		0.00	
of Schedule A1)	74,459	1,269			42,194	71
<ol> <li>Assistant Administrator (Complete also Sec. IV</li> </ol>	3397		X 7 8 4 X 5 X			22.85
of Schedulo A1)						872-272-272
4. Other Administrative Salaries (telephone	120 (02				90.160	2 (2
operator, clerks, receptionists, etc.)  5. Dictary Service	139,693	6,054	330000000000000000000000000000000000000		79,159	3,43
n. Head Dietitian						
b. Food Service Supervisor	37,339	1,343			17,526	63
c. Dictary Workers	209,384	16,053			98,283	7,53
6. Housekeeping Service	22.20		1,177,111			
a. Head Housekeeper	16,617	536			8,037	25
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	96,505	8,159			31,767	2,68
a. Engineer or Chief of Maintenance	15,585	502			7,538	24
b. Other Maintenance Workers	81,090	4,409			39,221	2,13
8. Laundry Service	- <b>V</b> - 1 V - 1 V					19.52.48
a. Supervisor	13,122	423			772	2
b. Other Laundry Workers	68,276	5,939			4,018	35
9. Barber and Beautician Services						
10. Protective Services 11. Accounting Services						
a. Head Accountant		<u> </u>				F060454545444
b. Other Accountants	1				~~~~~	
12. Professional Care of Residents	4.4.2.2.2.4.4.4	645000	20.00	200		er er e g
<ul> <li>a. Directors and Assistant Director of Nurses</li> </ul>	98,308	2,120		620		
b. RN	4.00				-2.0	
1. Direct Care	412,562	11,015				
2. Administrative**	141,316	3,828	A 1.2 2 2 2 2 2		5 6 8 9 4 5 9 S	****
c. LPN . 1. Direct Care	326,749	13,592	* 400 4 4 4 4		3,564	13
2. Administrative**	320,713	10,000			5,504	1.5
d. Aides and Attendants	518,215	39,953			259,196	19,98
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	101.00	5.400			40	
h. Recreation Workers i. Physicians	101,102	5,402		125 S & A T	46	5 8 C F 12 F
Medical Director			3 57 6 8 3 8 8	(		
2. Utilization Review		Swappananananan				A.000 Y - 4.000 - 200 100 0 0 100 100
3. Resident Carc***						
4. Other (Specify)		249.65	4.8 2 7 9 7 3			
j. Dentists						
k. Pharmacists	1					
I. Podiatrists					NOW IT MANUAL TEN	
m. Social Workers/Case Management	46,883	1,968				
n. Marketing	29,619	1,058	Transcond control		14,793	529
o. Other (Specify)	12022600		3000			
See Attached Schedule  A-13. Total Salary Expenditures	2,426,823	123,623			606,115	38,660

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

#### Schedule of Other Salaries and Wages (Page 10)

	CC	NII	RI	INS	Residential Care Home			
Position	S	Hours	S	Hours	S	Hours		
	446 KEE	·伊斯斯斯斯斯斯斯	\$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	HORSE TO SERVE	THE WAR HAR ST			
		West States	TRANSLAD	EFRANCE)	(A.E. Maratage 15	48英数等法		
		KILL MARKAN	MAY MA					
		\$550 EST-10	THE REPORT OF	Wester				
		White the little						
	ASSESSED AND ADMINISTRATION OF THE PARTY OF	30000000000000000000000000000000000000	15 V W W W W W	Nation 1	SESSION OF STREET			
	307, 83 (S. 10)	9840 - A 2 A 3	580 Mary 1	\$195 persona	STATE	100446755		
	SECTION.	VALUE OF STREET	73. S.		<b>自然的数据</b>	MARKE		
	\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Water the Print)	53/23/25/WWG	Alexander.	US (0.5 V size )	AVE LIVE SUP		
		With Edini	344 (N) (N)	X339 (89)	N.WANNEX	WEST SE		
	3 24 X X X X	WWW.	V544.83.84		Transhirt.			
				<b>有特集的</b> 统				
			MINIS		CHANGE CONTRACT			
				STATE OF THE PARTY				
	get element		ALWEINSE	STATE OF THE STATE OF				
		MARKET TOWN		THE PROPERTY.				
		PERMIT	Patrick Company	生物 医乳腺炎	NEW YORK			
		经的基础	A CONTRACTOR		STATE OF			
		Syraphy produces	**********					
Total	\$	FEETER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	\$	1100000	\$			

#### Schedule of Other Fees (Page 13)

	CC	NH	RF	INS	Residential	Care Home
Service	S	Hours	S	Hours	S	Hours
	SHOWN.			44.000		(15 % 35 3 4
	CONTRACTOR				0.0000000000000000000000000000000000000	SEASON
		AMEDIAN IN		aliye iyu		15 P. S.
		的例果。这些是		*IEMARES!	MANAGET	
		医巴蒙 医异异异异醇	erikating ter	导致经验的	20011250	
		v řířádká náří			SPANISHEE.	
	A CONTRACTOR	SECTION AND ADDRESS.	NEW PLEASE	主物重构设计	William (1994)	000000000000000000000000000000000000000
	HESPERIE	1888 E. N. C.	(1)			
		WATER AND				
		633000				HEARTH HA
		<b>图图图图</b>	WENTER.			
	AND MAKE		VERWEIMEED	AND LOCAL		
		75 W. V.	100 m (100 m)		31.44.5 M 64.75.54	STATE STATE
		MARKET.		Andrews Andrew		
	进行的政门的	YEAR NEW AT	VOLUMEN,	VIII Veenid	(0.8.410 k ling)	1/43/5/5
						1999年199里(
				意為美術學		1218 LANS
		girana a	SEE SEE	2000		W. Mulifar
Total	\$	MARKETER	3	NAME OF STREET	\$	AMPERANT

CSP-11 Rev. 10/2005

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

#### Assistant Administrators and Other Related Parties\*

Name of Facility	***************************************			License No.	<del></del>	Report for	Year Ended		Page	of
The Curtis Home				541C		9/30/2016			11	37
N	CCNH	Salary Pai	Residential	Fringe Benefits and/or Other Payments	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Name	CCNA	KEINS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Keceived
Section I - Operators/Owners					Lander					
Section II - Other related parties of Operators/Owners		7	-							
employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									A LAND	
					-					

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

#### Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

#### Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)				License No.		Report for	ear Ended		Page	of
The Curtis Home				541C		9/30/2016			12	37
		Salary Pa	id	D						
Name	CCNH	RHNS	Residential Care Home	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 III - Administrators***										
R. Paul Sprague	74,459		42,194			1,988	A2			
							*			
							8.			
Section IV - Assistant Administrators	,									
	9							c		
							-			

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
The Curtis Home	54	IC	9/30/2016		13	37
			Total Cost	and Hours		
- <b>-</b>	GGUTZ	a <b>gerege</b>	DYD 10	,,,	Residential	•••
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
B. Direct care consultants paid on a fee			100			
for service basis in lieu of salary						4
(For all such services complete Schedule B1)	13.710	200				
1. Dietitian	13,410	298				
Dentist     Pharmacist	6,516	60				
TO THE PARTY OF TH	200	D'1)1		<u> </u>		
Podiatrist     Physical Therapy	200	Disallowed				
a. Resident Caro	62,073	1,234		29223679	\$ ÷ *	
b. Other	02,073	1,234	<b> </b>			
6. Social Worker			<u> </u>			
7. Recreation Worker					<del> </del>	
8. Physicians	F 2 - 1			ta Yeers	4.8 C.454.2 S.	
a. Medical Director (entire facility)	12,750	102				
b. Utilization Review	12,730	102				
(Title 18 and 19 only) monthly meeting			52 10 10 10 10 10 10 10 10 10 10 10 10 10			
c. Resident Care**						-
d. Administrative Services facility	3 4 4 2 4 4 4 4	0.35	Para di Maria di Para	1		
I. Infection Control Committee		5 4 SA 15 SA 1				
. (Quarterly meetings)						
2. Pharmaceutical Committee	•		4			
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
	5522952553555532	outset trouble to their	VB0001.719.08.20198.319.302.20		Cycle Constitution Constitution	
9. Speech Therapist					1	
a. Resident Care	13,421	260				
b. Other						2.5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10, Occupational Therapist			10000			
n. Resident Care	92,270	1,800				
b. Other						
11. Nurses and aides and attendants			1000			
a. RN					100000	
1. Direct Care	25,241	404				
2, Administrative***						
b. LPN				1 - 1 - 1		
1, Direct Care	73,526	1,723				
2, Administrative***						
c. Aides	131,814	5,913				
d. Other	Second second	PENEDURA MENERAL MENERAL	E HOLD IN COLUMN			
12. Other (Specify)	2.5		100		2777	1 . 1 4 /
See Attached Schedule						
3-13 Total Fees Paid in Lieu of Salaries	431,221	11,794				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> Administrative - costs and hours associated with the fellowing positions: MDS Coordinater, Inservice Training Coordinater 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 Year	Ended	Page	of
The Curtis Home	541C		9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers	Expla	nation of I	Relationship
Debra Jameson Louis Rd., Middleffeld, CT	Dietician	0	0			
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	0	0			
Dr. Clifford Martel, Meriden, CT	Medical Director	0	0			
Richard Mileto	Podiatrist	0	0			***************************************
Foremost Rehab, Cheshire, CT	PT/OT/ST	. 0	0	·····	11000	
Nursefinders, Dallas, TX	Nursing Pool	o	0		w standardo	
Favorite Healthcare Staffing, West Hartford, CT	Nursing Pool	0	0			
Nurse Network	Nursing Pool	0	0			Action .
Maxim Staffing	Nursing Pool	0	0			
		0	0			
		0	0			0.000
		0	0			
		0	0			
		0	0			
		0	0	700		500
	W 4000	0	0			
		0	.0			
		0	0			
		0	0			
		0	0			
		0	0			_
		0	0			<u> </u>

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Li	cense No.	]	Report for Y	ear Ended	Page	of
The Curtis Home	541C	- 1	9/30/2016		15	37
		Ť				
						Residential
Item		-	Total	CCNH	RHNS	Care Home
1. Administrative and General	***************************************					
a. Employee Health & Welfare Benefits		ALC: NO.				
1. Workmen's Compensation		\$	250,587	200,509		50,078
2. Disability Insurance		\$	10,967	8,775		2,192
3. Unemployment Insurance	3.000	\$	31,875	25,505		6,370
4. Social Security (F.I.C.A.)		\$	231,291	185,069	ra dilata	46,222
5. Health Insurance		\$	342,171	273,790		68,381
6. Life Insurance (employees only)	X 60	Se tolera				
(not-owners and not-operators)		\$	THE PROPERTY OF STREET			Carried States
7. Pensions (Non-Discriminatory)		\$	67,951	54,371		13,580
(not-owners and not-operators)		74-MASSAN				
8. Uniform Allowance		\$	100			
9. Other (Specify)		\$			es sees esses assessed excess	
See Attached Schedule		STATE OF			To a dopen a select	10000
b. Personal Retirement Plans, Pensions, and		\$	A000 X221			
Profit Sharing Plans for Owners and		200				
Operators (Discriminatory)*		200				
		266				
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	40,117	25,607		14,510
e. Legal (Services should be fully described on	Page 7)	\$	4,698	2,999		1,699
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*		NO.				
g. Office Supplies		\$	9,470	6,316		3,154
h. Telephone and Cellular Phones		S. 100 KB			10.00	
1. Telephone & Pagers		\$	27,027	25,624		1,403
Cellular Phones		\$	1,657	1,657	A Parameter	
i. Appraisal (Specify purpose and		\$				
attach copy)*		0.00		1.0		
		Z.S.				
j. Corporation Business Taxes (franchise tax)		\$				4. 100000
k. Other Taxes (Not related to property - See P	age 22)	180%				
1. Income*		\$				
2. Other (Specify)		\$				
See Attached Schedule	v	200				13.00
3. Resident Day User Fce		\$	399,233	399,233		
Subtotal		\$	1,417,044	1,209,455		207,589

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

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

The Curtis Home 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

				Residential
Description	CCN	H J	RHNS	Care Home
			1000	
	The state of the s			
The state of the s				
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	W. C. CONTROL OF THE			
THE RESERVE OF THE PARTY OF THE			-	, , , , , , , , , , , , , , , , , , ,
l'otal	\$	- \$		\$ -

Schedule of Other Taxes

Description	CCN	н	RI	INS	lential Home
				- Line and the same	
Total	\$		\$		\$ <u>.</u>

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

Name of Facility L	icense No.	Report for	Year Ended	Page	of
The Curtis Home	541C	9/30/2016		16	37
Item		Total	CCNH	RHNS	Residential
	Brought Forward:	1,417,044	1,209,455	, and	207,589
l. Travel and Entertainment		10 4 5 3 4 6 3 5	.,,,		201,50
1. Resident Travel and Entertainment	\$	2,370			2,370
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,101	3,100		1
4. Employee Travel	\$		530		
5. Education Expenses Related to Seminars and			3,251		
6. Automobile Expense (not purchase or deprec				***************************************	
7. Other (Specify)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses		, Table 3			
1. Advertising Help Wanted (all such expenses	\$	763	763		
2. Advertising Telephone Directory (all such exp		6,799	6,799		
3. Advertising Other (Specify)***	\$				
See Attached Schedule		411-111			13513
4. Fund-Raising***	\$				
5. Medical Records	. \$				
6. Barber and Beauty Supplies (if this service is					
directly and not by contract or fee for service)	***	6.5			
7. Postage	\$	2,420	1,614		806
* 8. Dues and Membership Fees to Professional	\$	1,849	1,609		240
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allo	wable Org.*** \$	645	645		•
9. Subscriptions	\$	3,582	1,791		1,791
10. Contributions***	\$				
See Attached Schedule		1000			
11. Services Provided by Contract (Specify and C	omplete \$				
Schedule C-2, Page 21 for each firm or indivi	dual)		e grande and	F . T . T	
12. Administrative Management Services**	\$			0.077.0 TEMPOR V. 1.0.	
13. Other (Specify)	\$	102,961	67,412		35,549
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,545,315	1,296,969		248,346

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### Schedule of Other Travel and Entertalnment

Description	ССИН	RHNS	Residential Care Home
	\$350 Diffs	2555 (122)	Market Control
		"我们是	SWALLEY ST
	postal and the	25 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>PROPERCY</b>
		Printing and	gasginak k
	SEEFECTMEN	don't have	NVA(Andreas)
	1959255298	ALCOHOLDS.	
	NAMES DE LES	VERNESSEX	STANCTED
Total Other Travel and Entertainment	\$ 5000 000.200	\$	\$ 100000

#### Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
	19040000		
	CN4.0.237.2		a Production
	-682-88-98-68	1200 Sept. 200	dwikenaby.
Total Other Advertising	\$	\$545.55	. * 1.000 p. * 5. 8.

#### Schedule of Dues

Description	CCNII	RIINS	Residential Care Home
Dues - Alliance, AANAC, ALTOFM, CAHOF	\$ 1,609	(A) \$18 \$17 \$18	\$ 240
	BEEFFERENCE	3019538304	
ACCUSED OF AN AND ACCUSED TO A STATE OF A ST	\$ 100 m	VEW MEN	
	Table Services	WW. 1995	NAME OF THE
	22.547.592	4505000	VI-Western
	BANGE TO SWIP	1889-04-058	
	\$250 CO. (10.0)		61 YEAR - 1. 1
	Third NAS		Participation of the second
	3400 (340)		Palatawa
	Contact (	46.	English State
Total Dues	\$ 1,600	S	\$ 240

#### Schedule of Contributions

Description	CCNH	RIINS	Residential Care Home
	Caramanas	din antara	145053.3
	Checke (said	drawa kaba	KARALANA
	1850 DX	<b>公会公安</b> (3)	OKE STOLE
Total Contributions	Same and	\$ 65.000	3)

#### Schedule of Other Administrative and General

Description	CCNII	RIINS	Residential Care Home
Pre-employment Streenings	\$ 3,633	(1) 计分别统约	\$ 507
Computer Supplies/Programs	\$ 16,028	1000000	\$ 9,083
SNF Admin Contracts	\$ 3,589	1000年12	3
Bank Service Charges	\$ (22)	10 H ( 10 H )	\$ (12
Payroll Service Pecs	\$ 20,564	Salata Salat.	\$ 11,653
Admin Outside Services	\$ 8,771	<b>€</b> ************************************	\$ 4,971
Penalties	\$ 274	201-8 17 B	\$
Miso Expenses	\$ 8,882	<b>福建设设施</b>	\$ 5,722
Crime Insurance	\$ 1,483	Y85 - 155	\$ 843
Management Liability Insurance	\$ 4,204		\$ 2,383
	SERVICE SERVICE	NUMBER OF STREET	<b>WARRANT</b>
Total Other Administrative and General	\$ 67,412	\$	\$: 35,549

# Schedule C-1 - Management Services\*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
None			
			A
		-	
		ar .	
,			

<sup>\*</sup> 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)

Man	ne of Facility	1	,		No.	Ros	out for V	oar Ruded	Page	of
	of Facility License No. Report for Year E rtis Home 541C 9/30/2016				18	1 37				
THO	Cuttis Home		<u> </u>	-	3410	+	73072010			ntial Care
	Item				Total	١.	CCNH	RHNS		innai Care Iome
2.	Dietary			-	Total	3/8	CCIVIT	KHNS		OHIC
4.	a. In-House Preparation & Service						1 k ( ) ( ) ( )			
	Raw Food			\$	262,256		178,479			83,777
_	2. Non-Food Supplies		-	\$	32,684	+	22,243		<del> </del>	10,441
-	3. Other (Specify)			\$	52,001	1	DD,113			10,111
	s. carr (4press) /			*						
	b. Purchased Services (by contract other			\$		CONTRACTOR OF THE PARTY OF THE			2000000	
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)									
	c. Management Services**			\$			2000 17			
	d. Other (Specify)			\$				100 mm		
					**************************************					
									\$ 1. * * * * * * * * * * * * * * * * * *	
2E.	Total Dietary Expenditures (2a + b + c + d)			\$	294,940	1	200,722		<u> </u>	94,218
									Reside	ntial Care
2F.	Dietary Questionnaire				Total		CCNH	RHNS	H	lome
G.	Resident Meals: Total no. of meals served per	da	y:*	1						12 (helv = 3.1)
Н.	Is cost of employee meals included in 2B?		Yes		•	No				
I.	Did you receive revenue from employees?	0	Yes		•	No		If yes, specify aut.		٠
J.	Where is the revenue received reported in the	Co	st Rep	ort	? (Page/Line	Item	)			
	Is cost of meals provided to persons other	***						YC		
K.	than employees or residents (i.e., Board	0	Yes		•	No		If yes, specify	8	
	Members, Guests) included in 2E?				Landa			cost.		
Υ	Is any revenue collected from these people?	0	Vac		0	No		If yes, specify		
L.	is any revenue conected from these people?	U	1 62		•	140		amt.		
M.	Where is the revenue received reported in the	Cos	st Rep	ort	7 (Page/Line	Item	)			
	Is cost of food (other than meals, e.g.,									
NI	snacks at monthly staff meetings, board	$\circ$	Yes		Φ	No		If yes, specify		
N.	meetings) provided to employees included	V	1 65		· ·	IVO		cost.		
	in 2E?									
0	Is any rayanya collected from anniances?	0	Yes		Θ	No		If yes, specify	0	
O.	Is any revenue collected from employees?	U	1 62		•	140		amt.		
P.	Where is the revenue received reported in the	Cos	st Rep	ort	? (Page/Line	Item	)			
					***************************************					

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

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

	ne of Facility	Licens		Report for Y		Page	of
The Curtis Home			541C	9/30/2016		19	37
						Residen	tial Care
	Item		Total	CCNH	RHNS	Но	ome
3.	Laundry						
•	a. In-House Processing*	Lbs.	223,805	211,365			12,440
	<ol> <li>Bed linens, cubicle curtains, draperies,</li> </ol>		1				
	gowns and other resident care items	Amt. S	18,576	17,650			926
	washed, ironed, and/or processed.***						
	<ol><li>Employee items including uniforms,</li></ol>	Lbs.					
	gowns, etc. washed, ironed and/or						
	processed.***	Amt. §					
_		Ant. 4	-			<u> </u>	
	<ol><li>Personal clothing of residents</li></ol>	Lbs.					
	washed, ironed, and/or processed.***	Amt. §					
		Amr. 3	P	<b> </b>			
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. §					
	b. Purchased Services (by contract other	Anna					
٠	than through Management Services)	1	2				
	(Complete Schedule C-2 att, Page 21)						
<u> </u>	c. Management Services**	\$			6 - 3 Ta - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
	d. Other (Specify)	1 5					
	(i, (viner (ppecify)	1 "	1				
3E.	Total Laundry Expenditures (3a+b+c+d)	1 9	18,576	17,650			926
3F.	Laundry Questionnaire		7 10,570	17,000	<u> </u>		720
					If yes,		************
G.	Is cost of employee laundry included in 3E?	Yes	•	No	specify cost.		e
					If yes,	The state of the s	
H.	Did you receive revenue from employees?	Yes	. •	No	specify amt.		
Ï.	Where is the revenue received reported in the Cos	t Report	7	(Page/Line		TE FEBRUARY	
	Is Cost of laundry provided to persons other				If yes,		
J.	than employees or residents included in 3E?	Yes	•	No	specify cost.		
					If yes,		
K.	Did you receive revenue from these people?	Yes	•	No	specify amt.		
1	Where is the revenue received reported in the Cos	t Report	7	(Page/Line			
. / .	Do not include salaries from page 10 as part of dollar values			(r ager Dine	,,,,,,,		

<sup>\*</sup> 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.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> 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)

	ne of Facility	License No.	Rep	ort for Year E	Page	of	
The Curtis Home				9/30/2016		20	37
	· Item	31.37		Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		44,240	29,818	Kinto	14,422
	a. In-House Care	by Personnel		44,240	25,010		17,722
	1. Supplies - Cleaning (Mops,	Amt.	\$	26,554	25,441		1,113
	pails, brooms, etc.)	Ann.	Ψ	20,554	23,441	æ	1,112
_	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					######################################
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)	Zint.	Ψ				
	c. Management Services*		\$				
	d. Other (Specify)		\$			* * * * * * * * * * * * * * * * * * * *	
	u. Ollio (b)cety)	40	ا				
4E.	Total Housekeeping Expenditures (4a+	b+c+d	\$	26,554	25,441		1,113
5.	Resident Care (Supplies)**	0 . 0 . 4)	-	20,001	22,		1,113
	a. Prescription Drugs***			2444 524 54			********
	1. Own Pharmacy	\$					
	2. Purchased from		.\$	35,119	35,119		
	Medicine Center		- "	,			
	b. Medicine Cabinet Drugs		\$	118,215	118,215		
	c. Medical and Therapeutic Supplies		\$	143,287	142,489		798
	d. Ambulance/Limousine***		\$	140	140		
-	e. Oxygen						
	1. For Emergency Use		\$		2000 S S S S S S S S S S S S S S S S S S		
	2. Other***		\$			,	
	f. X-rays and Related Radiological		\$	1,333	1,333		
	Procedures***				,		
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***	10000	\$	1,109	1,109		
	i. Recreation		\$	10,916	10,715		201
	j. Other (Specify)****		\$	6,179	4,627		1,552
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	i)	\$	316,298	313,747		2,551

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

#### Schedule of Other Resident Care

Description	CCNII	RIINS	Residential Care Home
SNF Personal Needs	\$ 4,249		
RCH Personal Needs			\$ 1,552
Other - Orthopedic	\$ 378	3435 (0A), (1),	
		32.50	
		EVENT SERVE SOL	
		4 - 3 - 3 - 3 Y N	100000000000000000000000000000000000000
		100000000000000000000000000000000000000	
	W4.0223.11		
	The state of the s		
	Charles and the control of the contr		
Total Other Resident Care	\$ 4,627	\$ -	\$ 1,552

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

Name of Facility The Curtis Home			License No. 541C	Report for Year Ende 9/30/2016	d			Page 21	of 37	
		Related ** t				4.1,0	Total Cost/Page Ref.***			
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Paychex	Road, Wethersfield, CT 06109	0	0		Payroll Services	20,564	. 12 at 10, 10 to 10, 10, 10, 10, 10	11,653	16	m13
		0	0						•	
		0	0							
		0	0			- 35-35 j				
		0	0							
		0	0							
		0	0			and the second s				
		. 0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page of
The Curtis Home	541C	9/30/2016			22   37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	36,685	27,764		8,921
b. Heat	\$	74,148	39,346		34,802
c. Light & Power	\$	88,765	70,334		18,431
d. Water	\$	43,360	31,061		12,299
e. Equipment Lease (Provide detail on pa	ıge б) \$	7,821	4,992		2,829
f. Other (itemize)	\$	68,268	60,134		8,134
See Attached Schedule			7.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1		
6g. Total Maint. & Operating Expense (6a -	6f) \$	319,047	233,631	•	85,416
7. Depreciation (complete schedule page 23*	*)				
a. Land Improvements	\$	6,938			6,938
b. Building & Building Improvements	\$	155,592	154,308		1,284
c. Non-Movable Equipment	\$	9,067	8,845		222
d. Moyable Equipment	. \$	40,642	35,764		4,878
*7e. Total Depreciation Costs (7a + b + c + d)	\$	212,239	198,917		13,322
8. Amortization (Complete att. Schedule Pag	re 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				7
*8e. Total Amortization Costs (8a+b+c+d)	\$				
9. Rental payments on leased real property le	ss				
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	)			
11. Total Property Expenses (7e + 8e + 9 + 1	0) \$	212,239	198,917		13,322

<sup>\*</sup> 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	Residential Care Home
Maintenance services	\$ 22,681		
Maintenance contract - SNF	\$ 37,453		
Maintenance service - RCH			\$ 8,134
			VAN DE LE
		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Total Other Repairs and Maintenance	\$ 60,134	\$	\$ 8,134

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of		
The Curtis Home	*			541	С		9/30/2016			23	37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
. Land Improvements											
Acquired prior to this report period			 	184.515		184,515	96.830	SL	Various	6,938	
2. Disposals (attach schedule)											
<ol><li>Acquired during this report period (atta</li></ol>	ch sch	edule)									
A-4. Subtotal											6,938
B. Building and Building Improvements			 								
<ol> <li>Acquired prior to this report period</li> </ol>				4,552,395		4,552,395	3,043,238	SL	Various	154,785	
Disposals (attach schedule)		00X 0									
<ol><li>Acquired during this report period (atta</li></ol>	ch sch	edule)		18,492	J	18,492		SL	Various	807	
B-4. Subtotal					A STAR STAR		A 10				155,592
C. Non-Movable Equipment											0.00
<ol> <li>Acquired prior to this report period</li> </ol>				330,127		330,127	151,334	SL	Various	8,705	
Disposals (attach schedule)											
3. Acquired during this report period (atta	ich sch	edule)		9,050		9,050		SL	Various	362	
C-4. Subtotal										0.000	9,067
	logi	nileage book ained?	 e of isition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle)  a.  b.  c. d.  2. Movable Equipment									Various		
a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) D-3. Subtotal				1,097,106			892,324		Various	1.188	40,642
E. Total Depreciation						4 4					212,239

The Curtis Home 9/30/2016

#### Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Uscful Life	Depreciation
Additions:		6.7.7V		
<b>HAVE METER</b>		PARTIES AND A STATE OF THE PARTIES AND A STATE O	(M) 444 (M)	<b>建筑建筑</b>
		7.排除数数数	<b>北京的自由</b> 该	pelviversi.
SAME TO A		VIII	WEST COM	COLOR STATE
TAIN BEYON		(12.50) P.S	NOT SECTION.	1880 1880 1880
exspandings		BANGSTAN	<b>经内部公司</b>	<b>电影影响的</b>
Visit Astronom		33/18/3/19	10000 54000	SCHOOL SANGE
Total additions for	Land Improvements	\$	18 18 18 18 18 18 18 18 18 18 18 18 18 1	\$
Deletions:				
		Mantenan	With the Res	WELLIAM SERVICE
RESERVANCES.		AWAR SAN	AMERICAN	MANAGE ASSAULT
		United States	\$5.50 M = 430.0	門的學術學
Walte avery		WENTERS		<b>经验的证据</b>
		VASAMA S	18.842, 48.6	848 (# A) A list
SHIMWWKK		7.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	WAS TRACKS	超级数数数
l'otal deletions for	Land Improvements	\$ 4.000 - 100	Gent Victorial	\$
				2-1/2

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Hern	Cost	Useful Life	Depreciation
Additions:				
1/8/2016	Vinyl Flooring - Units 204 & 307	\$ 2,732	10	\$ 205
6/20/2016	Paying	\$ 9,900	8	\$ 309
4/14/2016	Roof repair/replacement - F.J. Dahill Co	\$ 5,860	10	\$ 293
DELED HILLIAM		AND AND AREA	CONTRACTOR	301540300
en fortilen in		We 20 40 50	4.445	819818
		Water Service	180000000000000000000000000000000000000	BANCE BANCES
Total additions for	Building Improyements	\$ 18,492	BRANCE	\$ 807
Deletions:				
(%):435Y.335		<b>建筑设施设施设</b>	State of the state	Market William
18/2/8/45/33				NAME OF STREET
		THE POST OF	WARREN STATE	(2) 特别等特别
			GNOW'S	MINING WA
		ALSO BEEN	8.3.X3.44	G SEL AND
tactions and a			SE SEE	alter vivos
Total deletions for	Building Improvements	\$	MANY PARKET	\$

<sup>\*</sup>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:		1	T ZNY	I
1/21/2016	Water Heater Expansion Tank	\$ 3,250	10	\$ 217
	Physical Firewall	\$ 5,800	20	\$ 145
PER HOLDER		0.000	WANTE OF	2000年5月38年
			<b>强约第5</b> 0	3/27/02/02/07
PERSONAL MARKET		ALCOHOLD)	7.4.2.3.3	
NEWS PARTY		(15) 5346 (6)Y	# * V * * * * * * * * * * * * * * * * *	<b>被关系的模型</b>
Total additions for	Non-Movable Equipment	\$ 9,050	XXXXXX	\$ 362
Deletions:				
PORTER TO THE			0.00 C 0.00 C	地位的
		1175	WELL THE	
No Balaniha.		4140000000	\$4564.V320X	25.52
NO COMMITTEE		NAMES OF THE PARTY	NEW YORK	質は変更が変更
		<b>可提供会议</b>		50 MAY (1987) (1987)
		SECTION SECTION	AND THE SERVICES	· · · · · · · · · · · · · · · · · · ·
Total defetions for	Non-Moyable Equipment	\$		\$

<sup>&</sup>quot;Fies to Page 23, Line C3

<sup>\*\*</sup> Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Acquisition Date	Description of Item	Cost	Uscful Life	Danvielett-
Additions;	Description of Reta	Cost	Lite	Depreciatio
	Refurbished PC Prodesk 600	\$ 749	3	\$ 8
WARRY	Samsung 23 monitor	\$ 158	5	\$ 14.00
	2 TVs Samsung \$295.64 Rm 110, Element \$244.59 Rm 104	\$ 540	3	8
	Piredoor installation & equipment	\$ 2,250	Parallel States	\$ 30
	2 Element TV's SNF rooms 115 & 120	\$ 478	5	\$
	2 Sceptor TV's SNF rooms 110 & 102	\$ 423	5.5	\$
	Bed Prime Plus Bari 750lb electric	\$ 3,066	12	\$ 10
Commence of the Commence of th	New Compressor for Outdoor Walk-in Freezor	\$ 3,126	12	s 10
	One Gallon Stainless Steel 3 speed blender, Hot Blending lid, Liftgate	\$ 1,454	5	\$
	Groen Vortex 9-Pan Steamer	\$ 3,533.	10	\$ 1
	4-Slot Teaster	\$ 263	10	\$
	No Trax Sanitop open grease kitchen matting (6)	\$ 293	5	\$
	Manual Water Drain Kit for Groen Vortex Steamer	\$ 590	10	\$ 1
7/18/2016	Dishes	\$ 1,595	3.	\$
7/20/2016	Scepter TV SNF Room 125	\$ 223	5	\$
7/20/2016	Sceptre TV's (3) SNF Rooms 109 & 105 (2)	\$ 603	S S	\$
	Checkerboard Cushions (8)	\$ 1,392		\$
7/31/2016	SNF Payroll Timeclock	\$ 2,337	10	\$
8/22/2016	2 Sceptre TV's SNF Rooms 123 & 114	\$ 382	S	\$
8/22/2016	IS TV Wall Mounts	\$ 216		\$
	3 Haier IV's SNF Rooms 117, 119, & 106	\$ 540	5	\$
	2 Sceptre TV's SNF rooms 118 & 119	\$ 428	3	\$:
9/26/2016	Chairs - Purple 1x\$49, B. Mesh 8x\$119, B. wood 10x\$69, B. Desk Shell Ix	\$ 1,901	15	\$
				<b>注题的</b> 符
<b>用的证据</b>				
			(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	
		\$1,000 A \$1,000		
		\$\\@@\\\\\\\\		deployment.
		Karawa az		
	Moyable Equipment	\$ 26,540		\$ 1,18
Deletions:		to a decident de la compansión de la compa	8 NY - 8 SECTION	Area Santa
ASTA DESCRIPTION (SEE		Andronaum Control	AND TO STATE OF THE STATE OF TH	RESERVED AND THE RESERVED
		\$809700NS		1444 AV
			Market Committee	***********
		Wall BANGERSAS	Megaliarupoliili sea la compositor	Man Calgarya
Market Colonial				
	T-1179	5-85440000000000000000000000000000000000		Action and
total detections for l	Moyable Equipment	P	A-338-1-1-1-1-1-1	ð

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
<b>网络克尔克斯克斯</b> 克斯		等级1868年2	多数高温效率	3473 5 5 5 5 5
1970334V449X		Sacrement.	MARKET NA.	KRINELE
		WANTED SET		respectation.
		ACTORISE.	THE WAY	SEESE CO.
<b>电影电影的</b>			Salaman (Salaman)	Maria de la compansión de
980000000000000000000000000000000000000		3400000	MANNAMA	WEST TO SEE
Total additions for	Leaschold Improvement	\$1000000	STATE OF STATES	\$
Deletions:	:			3,4
<b>以及其外外</b>		5050 E A N C		SALES CONTRACT
		Jan Karley	2*10 Miles	NEW DAY
MARKET STATES	1972-00-014-00-0-00-00-00-00-00-00-00-00-00-00-00-	<b>经营销的</b>	*****	100 S 100 NO.
AND THE PROPERTY OF		整独的 4.00%		<b>高學表於</b>
				92.302.10 BA
vije er skrije		No. 14 Person		White Early
Total deletions for	Leasehold Improvement	\$	(0.58.40 (16))	\$

<sup>\*</sup>Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

### Amortization Schedule\*

Name	of Facility	20/0411		License No.		Report for Year Ended			Page	of
The C	Curtis Home			541C		9/30/2016			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	<b>~</b> .		~~	Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense					1				100000000000000000000000000000000000000
	1.		·							
<u> </u>	2.		······································		***************************************					
	3-									
A-4.	Subtotal	Selection of the selection of	44.00						# Y'	
B.	Mortgage Expense				The second secon					
	1.				3/29					
	2.				77.55.45.45.45.45.45.45.45.45.45.45.45.45.	Season Market Season Se				
	3.									
B-4.	Subtotal					1			**************************************	
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)		***************************************							SOUTH STOP
	3. Acquired during this report period						Secretaria de la compansión de la compan		a de relación de	CALACTO STATE
	(attach schedule)							THE PERSON NAMED IN		
C-4.	Subtotal									
D.	Total Amortization					10 m				

<sup>\*</sup> Straight-line method must be used.

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

<sup>\*\*</sup> Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En	nded		Page of
The Curtis Home	541C	9/30/2016			25   37 .
11. Property Questionnaire					
Part A					· · · · · · · · · · · · · · · · · · ·
Is the property either owned by	the Facility	V	^	N.,	If "Yes," complete Part B.
or leased from a Related Party?	*	Yes	U	No	If "No," complete Part C.
*If any owner or operator of this					
business association to any person a related party transaction.	n or organization from whom	n buildings are leased, th	en it is considered		
Description		Total			
1. Date Land Purchased		06/01/84			
2. Date Structure Completed		07/23/85			
3. If NOT Original Owner, Da	to of Purchase				
4. Date of Initial Licensure		07/23/85	1 2 1 - 2 2		
5. Total Licensed Bed Capacit	у	94			
6. Square Pootage		33,683		- 17	
7. Acquisition Cost					e de la la la Company de la company de la company
a, Land b. Building	******	Gifted			
Part B - Owner and Related P	outlos	3,300,000 1st Mortgage	Ond Mortages	2 d Madana	40.14
1. Financing	arties	1st Mortgage	Ziid Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g.,	fixed, variable)	Variable			
b. Date Mortgage Obtained		03/02/12			210.5
c. Interest Rate for the Cos		3.19			
'd. Term of Mortgage (num	ber of years)	5			
e. Amount of Principal Bor		630,170			
f. Principal balance outstar		Paid in Full			
Complete if Mortgage was					
During Current Cost Y					
g. Type of Pinancing (e.g., h. Date of Refinancing	lixed, variable)				
i. New Interest Rate	198 3 BB			4.4	
j. Term of Mortgage (num	her of years)				
k. Amount of Principal Bor					
<ol> <li>Principal Outstanding or</li> </ol>					
Part C - Arms-Length Lea	ses for Real Property	Improvements Only	Y		
Name and Address of Less	or Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
φ					
•					
· · · · · · · · · · · · · · · · · · ·					
	. Secondaria de la constanta d				
			-		
	***************************************	,			

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

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

Name of Facility	License No.		Report for Ye	ar Ended		Page	of
The Curtis Home	541C		9/30/2016			26	] 37
						Resid	ential Carc
Item			Total	CCNH	RHNS	I	Iome
12. Interest							
A. Building, Land Improvem	ent & Non-Movable	E .					
Equipment		d,	971	971			
1. First Mortgage     Name of Lender		\$ Rate	971	911			
TD Bank		3.19%				47.5	eka erak
Address of Lender							
191 Orange StreetNew Haven, CT 065	10						
2. Second Mortgage	324	\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage	energy .	\$					20024000
Name of Lender		Rate					
Address of Lender	The Alexander						
4. Fourth Mortgage		\$					
Name of Lender		Rate					
- Commence of the commence of							
Address of Lender							
B. CHEFA Loan Information		****					
1. Original Loan Amount		\$					
2. Loan Origination Date				4 - 4			
3. Interest Rate %				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4. Term		35000					
5. CHEFA Interest Expen	se						
12 B7. Total Building Interest Expen	se (A1 - A4 + B5)	\$	971	971			
			10	Subtotale f			. \

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	· · · · · · · · · · · · · · · · · · ·		Report for Y	ear Ended		Page of
The Curtis Home	541C			9/30/2016			27   37
							Residential
	Item			Total	CCNH	RHNS	Care Home
	Subtotals	Brough	Forward:	971	971		
12. C. Moyable Equipment			6				
1. Automotive Equips A. Item		ate .	\$ Amount				
A. Ren	1 10	ate ,	Minouni				
Lender				1111		4,750	
Address of Lender		***************************************		1 1 1			
	* *	(3)					
2. Other (Specify)			\$				
A. Item	Ra	ate .	Amount	10.9.11.22			
							100
Lender							
Address of Lender							
Address of Lender		*					
B. Item	l Ra	ate 7	Amount				
B, Itom	100	10   1	Milouin	0.000			
Lender		Limitaria					
Address of Lender	-	3000			-		
						- 24	
12. C. 3. Total Movable Equ	ipment Interest		23				
Expense (C1 + 2)			\$				
12. D. Other Interest Expense	e (Specify )		\$				2
13. Total All Interest Expense	(12B7 + 12C3 +	13D)	\$	971	. 971	A SANTAN	
14. Insurance	(1207 12031	LEDI		711	. 9/1		
a. Insurance on Property	(buildings only)		\$	34,434	21,979		12,455
b. Insurance on Automol		*****	\$	W 1370 1		4800	
c. Insurance other than P	roperty (as specif	fied abov					
1. Umbrella (Blanket	Coverage)		\$	10,920	6,970		3,950
<ol><li>Fire and Extended</li></ol>	Coverage	3	\$				
3. Other (Specify)			\$	51,113	32,625		18,488
Liability							
					400 3444		
144 Total Yangana Francisco	unag (1 de . L. b.) -1	1	d)	07.477	61 car		24.000
14d. Total Insurance Expenditutes (A. Total All Expenditures (A.			\$ \$	96,467 6,294,566	61,575 5,207,668		34,892
13. 10tal 21t Expenditures (A-	-13 turu (-14)		.Φ]	0,294,300	3,207,008		1,086,898

## D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Li	cense No.	Report for Yea	r Ended	Page	of
The (	Curtis	Home			541C	9/30/2016		28	37
					Total				AULEWATER.
Item	Page	Line			Amount of			Reside	ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$			78.00		
4.		100	Other - See attached Schedule	\$					
Page	13 - F	rofes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	92,270	92,270			- SAME
7.		950	Other - See attached Schedule	\$	6,716	6,716			
Page.	s 15 &	16 -	Administrative and General				and the second		
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$			2920		
10.	15	e	Accounting & Legal	\$	1,233	1,233			
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	1,297	1,297			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	S					
15.	16	L5	Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$	3,251	3,251			
16.			Travel for purposes of attending						
			conferences or seminars outside the				or the grade wheel on		
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	M2	Unallowable Advertising *	\$	6,799	6,799	33.00		
19.			Income Tax / Corporate Business Tax	\$	a .				
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	S					
23.			Other - See attached Schedule	\$	19,071	11,570			7,501
Page	18 - D	ietary	Expenditures						
24.	30	IVI	Meals to employees, guests and others						
			who are not residents	\$	3,202	3,202			415
Page	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$			2007 NP 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Page	20 - H	Touse	keeping Expenditures	20					
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	133,839	126,338			7,501
		700000	Wantad"			grav Subtotal for	- Norman de como con la mar		

<sup>\*</sup> Ali except "Help Wanted".

(Carry Subtotal forward to next page )

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

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				Spanical allowances of the control o	
Total Othe	r Salaries .	Adjustment	\$ -	\$ -	\$ -

### Schedule of Fees Adjustments

Page Ref	Line Ref	<b>Description</b>	(	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$	6,516		
13	B4	Podiatrist	\$	200		
	Assertion to					
Total Othe	r Fees Adi	usiments	S	6,716	s -	\$ -

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS		idential e Home
16	ml3	Bank Service Charges	\$	(22)		\$	(12)
16	m9	Newspaper Subscription	S	1,791		\$	1,791
16	m13	Penalties	\$	274		\$	
16	ml3	Misc, Expense	\$	8,882		\$	5,722
16	m8a	Unallowable Dues - Chamber of Commerce	\$	645		\$	
Total Othe	l er A&G Ad	ljustments	\$	11,570 \$	}	S	7,501

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

			D. Adjustments to Statement	nt	of Expend				
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of
The (	Curtis	Home			541C	9/30/2016		29	37
					Total				
Item	Page	Line			Amount of			Reside	ential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	F	Iome
			Subtotals Brought Forward	\$	133,839	126,338		STATUS TO SECURIO (1990)	7,501
Page	20 - 1	Reside	ent Care Supplies***						
27.			Prescription Drugs	\$	35,119	35,119	3480000		
28.	20	5d	Ambulance/Limousine	\$	140	140			
29.	20	5f	X-rays, etc	\$	1,333	1,333			
30.	20	5h	Laboratory	\$	1,109	1,109			
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$	PRAGRAM			2027/0	
33.			Occupational Therapy	\$				1000	
34.			Other - See Attached Schedule	\$	6,179	4,627			1,552
Page	22 - N	Mainte	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	S			S And Co		
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	\$	12,397	12,397			
Page	27 - 1	nsura	nce						
40.			Mortgage Insurance	\$					
41.		,	Property Insurance	\$					32.00
Other	- Mis	scella	neous						
42.			Research or Experimental Activities	\$			-000	lance to News	
43.			Radio and Television Revenue	\$				211	
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	S					
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	S		1 1000000000			
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$	13,960	13,248			712
Not I	or Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	204,076	194,311			9,765

<sup>\*\*\*</sup> 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.

The Curtis Home 9/30/2016

### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHNS	Residential Care Home
20	5j	SNF Personal Needs	\$	4,249		
20	5j	RCH Personal Needs				\$ 1,552
20	5j	Other - Orthopedic	8	378	628 108 EUROSE	
32.42						
Total Othe	r Ancillary	Costs	\$	4,627	\$ -	\$ 1,552

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			6.6552.555		
Total Exce	ss Moyable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 12,397		
CONTRACTOR OF THE PARTY OF THE					
Total Othe	r Property	Adjustments	\$ 12,397	\$ -	s .

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,518	500000000000000000000000000000000000000	\$ 712
30	IV8	Misc. Income	\$ 11,730		
Total Othe	r Adjustme	ents	\$ 13,248	\$ .	\$ 712

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	37373				
Total Unal	lowable Bu	illding Interest	\$ -	\$ .	\$ -

### F. Statement of Revenue

Name of Facility The Curtis Home	License No. 541C		Report for Y 9/30/2016	ear Rnded		Page of 30   37
	Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Ro	utine Care Revenue					
1. a. Medicaid Residents (C	T only)	\$	5,846,263	4,864,412		981,851
b. Medicald Room and B	oard Contractual Allowance **	\$	(1,208,128)	(1,208,128)	eschiological de	
2. a. Medicaid (All other sta	ites)	\$				
b. Other States Room and	Board Contractual Allowance **	\$				
3. a. Medicare Residents (al	l inclusive)	\$	297,546	297,546		
b. Medicare Room and Bo	oard Contractual Allowance **	\$	(20,783)	(20,783)		
4. a. Private-Pay Residents	and Other	S	1,290,804	1,228,284		62,520
b. Private-Pay Room and	Board Contractual Allowance **	\$	(197,874)	(194,771)		(3,103)
II. Other Resident Revenue						
1. a. Prescription Drugs - M	edicare	\$	THE PROPERTY OF THE PROPERTY O	\$5000000000000000000000000000000000000	500001040000000000000000000000000000000	344550000000000000000000000000000000000
	edicare Contractual Allowance **	\$	The state of the s			
c. Prescription Drugs - No		\$				
	on-Medicare Contractual Allowance **	. \$				
2. a. Medical Supplies - Me		\$	•			-
	dicare Contractual Allowance **	\$				-M-M-//-
e. Medical Supplies - Nor		\$				
The second secon	n-Medicare Contractual Allowance **	\$	******			-n
3. a. Physical Therapy - Med		\$	38,625	38,625		
	dicare Contractual Allowance **	\$				
e. Physical Therapy - Nor	**** ****	\$	2,136	2,136		
	1-Medicare Contractual Allowance **	\$			J	
4. a. Speech Therapy - Med		\$	5,918	5,918		
	icare Contractual Allowance **	\$				
c. Speech Therapy - Non-		\$	548	548	4.14	
	Medicare Contractual Allowance **	\$	- 10			
5. a. Occupational Therapy		\$	44,231	44,231		
	- Medicare Contractual Allowance **	\$	71,231	71,2.74		
c. Occupational Therapy		\$	2,223	2,223		
	- Non-Medicare Contractual Allowance **	\$	2,023	6,423		
6. a. Other (Specify) - Medi		\$	125,857	125,857		
b. Other (Specify) - Non-		\$	123,037	123,037		***
III. Total Resident Revenue (Se		\$	6,227,366	5,186,098	14 4000	1,041,268
IV. Other Revenue*	onon i, unu occion ii.)	Ψ.	0,227,300	3,160,098		1,041,208
	0 4		2 202	2 222		
1. Meals sold to guests, empl		\$	3,202	3,202		
2. Rental of rooms to non-res	sidents	\$				***************************************
3. Telephone	N. C. C.	\$				
4. Rental of Television and C	Andie Services	\$				
5. Interest Income (Specify)		\$	1,143	949		194
6. Private Duty Nurses' Fees	1600 1	\$				
7. Barber, Coffee, Beauty and	1 GIR snops	\$	07.66	0		
8. Other (Specify)		\$	37,007	36,295		712
V. Total Other Revenue (1 thru	8)	\$	41,352	40,446		906
VI. Total All Revenue (III+V)	8	\$	6,268,718	5,226,544		1,042,174

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

The Curtis Home 9/30/2016

#### Schedule of Other Resident Revenue - Medicare

Related Exp

	Description	CCNH	RHNS	Residential Care Home
ACCESS.	Contractual Allowances - Medicare A	\$ 87,722	NAME OF THE	TENNIE DE
	Contractual Allowances - Ancillaries - Medicare A	\$ 38,135	· · · · · · · · · · · · · · · · · · ·	SENSON SERVICE
			《新文學》等等	ASTA (1995)
				200
STANTAN				NATE OF
274-Y.		Move we	28 20 6 CO.	<b>3000000000000000000000000000000000000</b>
Cotal Othe	r Resident Revenue - Medicare	\$ 125,857	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
	MARKET	经国际的经	86800000000000000000000000000000000000
		38 27 33	
			2000年100年
		150 67 WASTE	在被砂沟流淌
	4.000	WWW. SAA	-4.50.60.40.00
		STATE OF THE PARTY	WWW.
Total Other Resident Reyenue	\$	\$	\$

#### Interest Income

Account

Director Accessed	Dalana	COM	DIME	Residential Care Home
Page Ref Account 30, IV5 Interest Income - Money Market Account	Balance	CCNH 949	RHNS	Care frome
			73.77.473.47	New York Control
	Car Market Carl	1015,000		
	ha account to the	Part Contract	903830383337	100 X 200 EV
Total Interest Income	24 STATES	\$ 949	\$	\$ 194

Schedule of Other Revenue

Page Rcf	Description	CCNII	RHNS	Residential Care Home
30, IV8	Food Rebates - Disallowed	\$ 1,518		\$ 712
30, IV8	Unrestricted Donations	\$ 2,244	Market Contract	\$
	Misc. Income	\$ 29,537	GWGGGWGV	\$
30, IV8	Vaccine Revenue	\$ 2,996	ON THE PARTY OF TH	\$ 7.7
				<b>建筑设置的</b>
20,000		2000/200	NV ASSAULTS.	MARK HEARS
(A)-(X-X)		950721W	WAR STATE	NE CONTROL
500 to . Yo			MINNEY THE	55150772989
Charles Co.		5.85 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$20 MEN AND	1.50
55.A%.91		10.500.825.8	William Control	
		MEANINE.	\$400 janasan	TERLEAUTONION
			NO POTENTIAL PROPERTY OF THE PARTY OF THE PA	Part of the San
Total Othe	r Revenue	\$:::36,295	\$	\$ 712

### G. Balance Sheet

Name of Facility				Page	of	
The	Cur	tis Ilome	541C	9/30/2016	31	37
			Account			Amount
Asse	ts					
A.	Cu	irrent Assets	29			
	1.	Cash (on hand and in banks	)		\$	853,745
		Resident Accounts Receival			\$	840,678
	3.	Other Accounts Receivable	(Excluding Owners or	Related Parties)	\$	
	4	Inventories		•	\$	
	5.	Prepaid Expenses		q.	\$	49,891
		a. Prepaid Insurance		49,891		
		b				
		c				
	2252	d.				
12.2	6.	Interest Receivable			\$	
	7.	Medicare Final Settlement R	teceiyable		\$	
	8.	Other Current Assets (itemiz	re)		\$	30,458
		Prepaid Personal Funds Employee Loan Receivable		30,358		erakus kiras
		Employee Loan Receivable		100		
		Company of the second			100	CONTROL CONTROL
A-9.	To	tal Current Assets (Lines Al	thru 8)		\$	1,774,772
В.	Fix	ked Assets	¥			
	1.	Land			\$	
	2.	Land Improvements	*Historical Cost	184,515	\$	80,747
			Accum. Depreciatio	n 103,768 Net		
	3.	Buildings	*Historical Cost	4,570,887	\$	1,372,057
			Accum, Depreciatio	n 3,198,830 Net		<b>₹</b> 5
	4.	Leasehold Improvements	*Historical Cost		\$	
Y U.D. 1/2/2/2.		-	Accum. Depreciatio	n Net		
5	5.	Non-Movable Equipment	*Historical Cost	339,177	\$	178,776
			Accum, Depreciation	n 160,401 Net		3,500
	6.	Movable Equipment	*Historical Cost	1,123,646	\$	190,480
			Accum. Depreciation	n 933,166 Net		
	7.	Motor Vehicles	*Historical Cost		\$	
		uniformity and a second	Accum. Depreciation	n Net		
	8.	Minor Equipment-Not Depre	eciable		\$	101 U.S. & 10-25
	9.	Other Fixed Assets (itemize)	)	* ** ** ** ** ** ** ** ** ** ** ** ** *	\$	85,351
		Construction in Progress		19,300		
		Misc. Amount added to ti	e to F/S	66,051		
3-10		Total Fixed Assets (Lines B	1 thru 9)	at a transmission of the second	\$	1,907,411

<sup>\*</sup> Historical Costs must agree with Historical Cost reported in Schedules on (Corry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

# G. Balance Sheet (cont'd)

	ne of Facility	License No.	Report for Year Ended		Page		of
The Curtis Home		541C	9/30/2016	L	32		_ 37
		Account	•		Ar	nount	
			Total Brought Forward:	\$		3,68	2,183
C.	Leasehold or like property reco	orded for Equity Purpose	S.				
	1. Land			\$			•
	2. Land Improvements	*Historical Cost				,,,,,,	
		Accum. Depreciation	n Net	\$			
	3. Buildings	*Historical Cost			Y 200433 B 23504100		
		Accum. Depreciation	Net	\$			
ħ	4. Non-Movable Equipment	*Historical Cost					24
		Accum, Depreciation	n Net	\$			
	<ol><li>Movable Equipment</li></ol>	*Historical Cost					
		Accum. Depreciation	Net	\$	15/4000		
	6. Motor Vehicles	*Historical Cost					
		Accum. Depreciation	Net	\$			
	7. Minor Equipment-Not Dep	reciable		\$			
C-8	Total Leasehold or Like Prope	erties (C1 thru 7)		\$			
D.	Investment and Other Assets						
	1. Deferred Deposits			\$			
	2. Escrow Deposits			\$	V2		
8.92	3. Organization Expense	*Historical Cost					2000 10
		Accum, Depreciation	Net	\$			
	<ol><li>Goodwill (Purchased Only)</li></ol>			\$			
	5. Investments Related to Res	ident Care (itemize)		\$			
		2					
	•						
	6. Loans to Owners or Related	l Parties (itemize)		\$			
	Name and Address	Amount	Loan Date				
•							
	7. Other Assets (itemize)		•	\$		1,23	9,728
	Affiliate Assets not for c	ost report purposes	1,239,728				
		*					
	Total Investments and Other A			\$		1,23	9,728
D-9.	Total All Assets (Lines A9 + B	10 + C8 + D8)		\$	677	4,92	1,911

<sup>\*</sup> 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			License No.	Report for Year	Buded	Page	of
The Curtis H	lome		541C	9/30/2016		33	37
			Account			An	iount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable		717 Timeser	\$		184,028
	2.	Notes Payable (itemize)			\$	n antigraphy and a state of the	
	2	Loans Payable for Equipm	and (Cappend moutin	u) (itamina)	6	24 X 3 2 4 4 4	*******
	.),	Name of Lender	Purpose	Amount	Date Due		
		14ame of Lender	ruipose	Amount	Date Die		
			1				
							10000
						14 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4.	Accrued Payroll (Exclusiv	a of Oronore andlor	Stockholders only)	\$	X 7 4 4 7	108,112
2000000	5.	Accrued Payroll (Owners			\$		100,112
	6.	Accrued Payroll Taxes Pa		only)	\$		****
	7.	Medicare Final Settlement			\$		
	8,	Medicare Current Financia			\$	<u></u>	
	9.	Mortgage Payable (Curren			\$		
,		Interest Payable (Exclusive		Pelated Parties	\$		
		Accrued Income Taxes*	20, 0,11101 1111101 11		\$		
		Other Current Liabilities (	itemize \		\$	······································	397,017
	12.	Personal Funds - Exchange	The three	,158			321,011
		Accrued Water & Sewer		600			19 <u>1</u> 2 19 19 19 19 19 19 19 19 19 19 19 19 19
		Accrued Expenses	105,				
		Due to Third Party	248,				
Λ-13,	To	lal Current Liabilities (Lin		17 (A.T.)	\$		689,157

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

(Carry Total forward to next page)

# G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Page	of	
The Curtis Home	541C	9/30/2016		34	37
P	Account			Ar	nount
		Total Broug	ht Forward:		689,157
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment			[\$		
Name of Lender	Purpose	Amount	Date Due		
	gs.				
		****			
					**************************************
				1.00	A STATE OF S
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	nted Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan D	ate		
201					
				111	
4. Other Long-Term Liabilitie	s (itemize )		\$		
					1000
2	<b>****</b>				
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-)	3 + B-5)		\$	1000	689,157

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
The	Curtis Home	541C	9/30/2016		35	37
A.	Reserves	Account	A		A	mount
I k.	Reserve for value of lease	dland			\$	
					10	
	<ol><li>Reserve for depreciation v to be amortized</li></ol>	ante of leased build	ings and appurte	enances	\$	
	to be amortized				<u>Ψ</u>	
	3. Reserve for depreciation v	value of leased perso	nal property (Eq	uity)	\$	*.
0.5 - 1.0	4. Reserve for leasehold real	properties on which	fair rental valu	e is based	\$	
	5. Reserve for funds set asid	e as donor restricted			\$	
	6. Total Reserves		germ	10	\$	
В.	Net Worth	32				
	I. Owner's Capital				\$	
	2. Capital Stock			•	\$	
	3. Paid-in Surplus	2000			\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	4,258,602
	6. Gain or Loss for Period	10/1/20	15 thru	9/30/2016	\$ .	(25,848
	7. Total Net Worth	·	W. 15-111-111-111-11		\$	4,232,754
C,	Total Reserves and Net Wort	lı			\$	4,232,754
D.	Total Liabilities, Reserves, an	nd Net Worth			\$	4,921,911

# H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of		
The	Curtis Home	541C 9/30/2016 36		37				
	CPARION AND ADMINISTRATION OF THE PROPERTY OF	Account			Amount			
A.	Balance at End of Prior Period as shown on Report of 09/30/2015				\$	4,127,418		
B.	Total Revenue (From Statement of Revenue Page 30)				\$	6,268,718		
C.	Total Expenditures (From Statement of Expenditures Page 27)				\$	6,294,566		
D.	Net Income or Deficit				\$ \$	(25,848)		
E.		Balance				4,101,570		
F.	Additions  1. Additional Capital Contributed (itemize)  Current Year Net Income Activities  Affiliate (not in cost report)  True-Up Beginning Net Worth - Skilled Nursing  (3,940)  2. Other (itemize)							
F-3.	Total Additions				\$	131,184		
G.	Deductions							
	1. Drawings of Owners/Operators	rawings of Owners/Operators/Partners (Specify)			\$			
	Name and Address (No., City,	State, Zip)	Title	Amount				
	Other Withdrawings (Specify)				\$			
	Purpose		Amount					
ā								
	3. Total Deductions			\$				
H.	Balance at End of Period	09/30/	16		\$	4,232,754		

### I. Preparer's/Reviewer's Certification

Name	ofFacility	License No.	Report for Year Ended Page	of						
The Curtis Home		541C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37						
Check appropriate category										
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	Rest Home with Nursing							
Preparer/Reviewer Certification										
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.										
Signat	ure of Preparer	Title	Date Signed							
Ų	yre of Preparer Shum, Shapino + Cong	pour, P.C.	2/11/17							
Printe	d Name of Preparer									
Blum	Shapiro & Co, PC	1								
Addre	s Address		Phone Number							
2 Pate	ranian Dulius Suita 202 Ekaltan CYT 06	:404	202 044 2100							