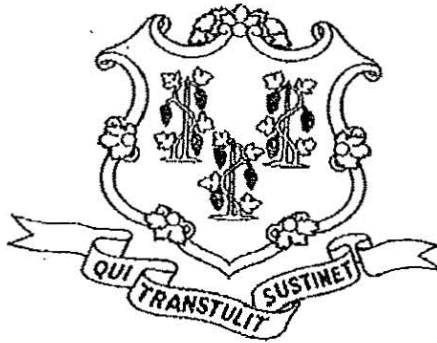


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown St., Meriden, CT 06450	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

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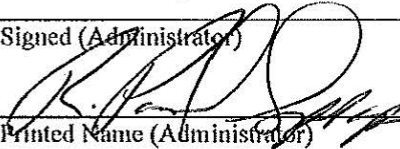
Administrator's/Owner's Certification

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

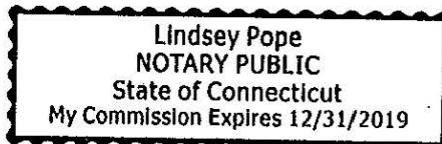
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Curtis Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and 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 preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

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

Signed (Administrator) 		Date 2/14/17	Signed (Owner)		Date
Printed Name (Administrator) R. Paul Sprague			Printed Name (Owner)		
Subscribed and Sworn to before me: Lindsey Pope	State of CT	Date 2-14-17	Signed (Notary Public) Lindsey Pope	Comm. Expires 12/31/19	
Address of Notary Public					

(Notary Seal)



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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Curtis Home		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 380 Crown St., Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Co.		Phone Number 203-944-2100	Date 2/15/2017	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <i>Total Wages Paid</i>	\$			
7. Total salaries paid	\$			
8. <i>Total Wages and Salaries Paid (As per page 10 of Report)</i>	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-237-4338		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown St., Meriden, CT 06450		
License Numbers:	CCNH 541C	RHNS	Residential Care Home 127311	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator R. Paul Sprague		Nursing Home Administrator's License No.:	001321	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Partners/Members

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC		Business Address		State(s) and/or Town(s) in Which Registered	
N/A					
Name of Partners/Members	Business Address	Title	%	Owned	
N/A					

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, 1100 MAIN STREET, HARTFORD, CT 06103-1100, TEL: (860) 319-7200, FAX: (860) 319-7201, WWW.DSS.SOS.CT.GOV

General Information and Questionnaire Corporate Owners

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
The Curtis Home	380 Crown Street., Meriden, CT 06450		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Connecticut Statewide Information System (CSIS) is a web-based system that provides a secure and efficient way for the public to access information about the State of Connecticut. For more information, please visit the CSIS website at www.ct.gov/csis.

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

General Information and Questionnaire Individual Proprietorship

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**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
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apts on Campus (unoccupied)	None-excluded		
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets Elderly Apts & Adult Day Care	None-excluded		
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Administrative, general costs, and insurance are based in patient days and number of beds, consistent with prior filings which were audited by the department.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. </div>				

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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers (expired on 4/22/2016)	04/23/15	48 months	6,885	6,885
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	04/01/15	51 months	936	936
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						Total ***	7,821

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 Blum Shapiro & Co. PC 2 3 4		Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127		
Services Provided by This Firm (<i>describe fully</i>)				
1	Independent Audit, Form 990, Medicare and Medicaid Cost Reports	\$	40,117	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	\$ 40,117
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1D				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 3 4 5			Telephone Number	
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	General Legal	\$	4,698	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	\$ 4,698
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1E				

Schedule of Resident Statistics

Name of Facility The Curtis Home		License No. 541C			Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RENS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	82	52		30	82	52		30	82	56		26	
B. As of midnight of THIS report period	80	56		24	82	56		26	80	56		24	
3. 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	538		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	1,176			
G. Total Care Days During Period (3A thru F)	29,523	19,689		9,834	22,169	14,598		7,571	7,354	5,091		2,263	
4. Total Number of Days Not Included in Figures in 3G 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 Facility		License No.		Report for Year Ended			Page	of					
The Curtis Home		541C		9/30/2016			9	37					
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RIINS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days						CCNH	RHNS	Residential Care Home					
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RIINS	CCNH	RIINS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents			43		13		2	22					
Per Diem Rate													
a. One bed rm.	PPS		243.69		350.00		120.03	105.62					
b. Two bed rms.	PPS		243.69		375.00		N/A	N/A					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments						TOTAL	CCNH	RHNS	Residential Care Home				
A. Medicare - Part B						1,378	1,378						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						2,374	2,374						
D. Total Physical Therapy Treatments						3,752	3,752						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						141	141						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						222	222						
D. Total Speech Therapy Treatments						363	363						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						1,515	1,515						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						2,014	2,014						
D. Total Occupational Therapy Treatments						3,529	3,529						

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNII	Hours	RIINS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	74,459	1,269			42,194	719
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	139,693	6,054			79,159	3,430
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	37,339	1,343			17,526	630
c. Dietary Workers	209,384	16,053			98,283	7,535
6. Housekeeping Service						
a. Head Housekeeper	16,617	536			8,037	259
b. Other Housekeeping Workers	96,505	8,159			31,767	2,686
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	15,585	502			7,538	243
b. Other Maintenance Workers	81,090	4,409			39,221	2,132
8. Laundry Service						
a. Supervisor	13,122	423			772	25
b. Other Laundry Workers	68,276	5,939			4,018	350
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	98,308	2,120				
b. RN						
1. Direct Care	412,562	11,015				
2. Administrative**	141,316	3,828				
c. LPN						
1. Direct Care	326,749	13,592			3,564	136
2. Administrative**						
d. Aides and Attendants	518,215	39,953			259,196	19,984
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	101,102	5,402			46	2
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	46,883	1,968				
n. Marketing	29,619	1,058			14,793	529
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,426,823	123,623			606,115	38,660

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

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

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
The Curtis Home		S41C		9/30/2016		12	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
R. Paul Sprague	74,459		42,194			1,988	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RIINS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	13,410	298				
2. Dentist	6,516	60				
3. Pharmacist						
4. Podiatrist	200	Disallowed				
5. Physical Therapy						
a. Resident Care	62,073	1,234				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,750	102				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	13,421	260				
b. Other						
10. Occupational Therapist						
n. Resident Care	92,270	1,800				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,241	404				
2. Administrative***						
b. LPN						
1. Direct Care	73,526	1,723				
2. Administrative***						
c. Aides	131,814	5,913				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	431,221	11,794				

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

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

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Debra Jamason Louis Rd., Middlefield, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford Martel, Meriden, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Richard Mileto	Pediatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab, Cheshire, CT	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Nursefinders, Dallas, TX	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, West Hartford, CT	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 250,587	200,509			50,078
2. Disability Insurance	\$ 10,967	8,775			2,192
3. Unemployment Insurance	\$ 31,875	25,505			6,370
4. Social Security (F.I.C.A.)	\$ 231,291	185,069			46,222
5. Health Insurance	\$ 342,171	273,790			68,381
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 67,951	54,371			13,580
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 40,117	25,607			14,510
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,698	2,999			1,699
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 9,470	6,316			3,154
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 27,027	25,624			1,403
2. Cellular Phones	\$ 1,657	1,657			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 399,233	399,233			
Subtotal	\$ 1,417,044	1,209,455			207,589

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

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	1,417,044	1,209,455		207,589
i. Travel and Entertainment				
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	530		
5. Education Expenses Related to Seminars and Conventions	\$ 3,251	3,251		
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)	\$ 763	763		
2. Advertising Telephone Directory (all such expenses)***	\$ 6,799	6,799		
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	\$ 2,420	1,614		806
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 1,849	1,609		240
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 645	645		
9. Subscriptions	\$ 3,582	1,791		1,791
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$			
12. Administrative Management Services**	\$			
13. Other (Specify) See Attached Schedule	\$ 102,961	67,412		35,549
C-14 Total Administrative & General Expenditures	\$ 1,545,315	1,296,969		248,346

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Dues - Alliance, AANAC, ALTCFM, CAHCF	\$ 1,609		\$ 240
Total Dues	\$ 1,609	\$ -	\$ 240

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-employment Screenings	\$ 3,833		\$ 507
Computer Supplies/Programs	\$ 16,028		\$ 9,083
SNF Admin Contracts	\$ 3,589		\$ -
Bank Service Charges	\$ (22)		\$ (12)
Payroll Service Fees	\$ 20,564		\$ 11,653
Admin Outside Services	\$ 8,771		\$ 4,971
Penalties	\$ 274		\$ -
Miso Expenses	\$ 8,882		\$ 5,722
Crime Insurance	\$ 1,488		\$ 843
Management Liability Insurance	\$ 4,204		\$ 2,383
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			

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 262,256	178,479			83,777
2.	Non-Food Supplies	\$ 32,684	22,243			10,441
3.	Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 294,940	200,722			94,218
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	223,805	211,365		12,440
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	18,576	17,650		926
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	18,576	17,650		926
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
The Curtis Home	541C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	44,240	29,818		14,422
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	26,554	25,441		1,113
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 26,554	25,441		1,113
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicine Center	\$	35,119	35,119		
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	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	1,333	1,333		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	1,109	1,109		
i. Recreation	\$	10,916	10,715		201
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	6,179	4,627		1,552
5K. Total Resident Care Expenditures (5a - 5j)		\$ 316,298	313,747		2,551

* 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.

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

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2016			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Paychex	Road, Weathersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	20,564		11,653	16	m13
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 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 (<i>Provide detail on page 6</i>)	\$ 7,821	4,992			2,829	
f. Other (<i>itemize</i>)	\$ 68,268	60,134			8,134	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 319,047	233,631			85,416	
7. Depreciation (<i>complete schedule page 23*</i>)						
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. Movable Equipment	\$ 40,642	35,764			4,878	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 212,239	198,917			13,322	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 212,239	198,917			13,322	

* 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 - SNP	\$ 37,453		
Maintenance service - RCH			\$ 8,134
Total Other Repairs and Maintenance	\$ 60,134	\$ -	\$ 8,134

Depreciation Schedule

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2016				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		184,515		184,515	96,830	SL	Various	6,938					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									6,938				
B. Building and Building Improvements													
1. Acquired prior to this report period		4,552,395		4,552,395	3,043,238	SL	Various	154,785					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		18,492		18,492		SL	Various	807					
B-4. Subtotal									155,592				
C. Non-Movable Equipment													
1. Acquired prior to this report period		330,127		330,127	151,334	SL	Various	8,705					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		9,050		9,050		SL	Various	362					
C-4. Subtotal									9,067				
		Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,097,106		1,097,106	892,524	SL	Various	39,454	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						26,540		26,540		SL	Various	1,188	
D-3. Subtotal													40,642
E. Total Depreciation													212,239

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/6/2016	Refurbished PC Prodesk 600	\$ 749	3	\$ 83
7/6/2016	Samsung 23" monitor	\$ 158	5	\$ 8
1/20/2016	2 TVs Samsung \$295.64 Rm 110, Element \$244.59 Rm 104	\$ 540	5	\$ 72
2/3/2016	Firedoor installation & equipment	\$ 2,250	5	\$ 300
3/21/2016	2 Element TV's SNF rooms 115 & 120	\$ 478	5	\$ 48
4/20/2016	2 Sceptre TV's SNF rooms 110 & 102	\$ 423	5	\$ 35
4/27/2016	Bed Prime Plus Bari 750lb electric	\$ 3,066	12	\$ 106
4/29/2016	New Compressor for Outdoor Walk-in Freezer	\$ 3,126	12	\$ 109
5/27/2016	One Gallon Stainless Steel 3 speed blender, Hot Blending lid, Liftgate	\$ 1,454	5	\$ 97
5/31/2016	Green Vortex 9-Pan Steamer	\$ 3,533	10	\$ 118
6/29/2016	4-Slot Toaster	\$ 263	10	\$ 7
6/29/2016	No Trax Sanitop open grease kitchen matting (6)	\$ 293	5	\$ 15
6/29/2016	Manual Water Drain Kit for Green Vortex Steamer	\$ 590	10	\$ 15
7/18/2016	Dishes	\$ 1,595	5	\$ 53
7/20/2016	Sceptre TV SNF Room 125	\$ 223	5	\$ 7
7/20/2016	Sceptre TV's (3) SNF Rooms 109 & 105 (2)	\$ 603	5	\$ 20
7/27/2016	Checkerboard Cushions (8)	\$ 1,392	5	\$ 46
7/31/2016	SNF Payroll Timeclock	\$ 2,337	10	\$ 39
8/22/2016	2 Sceptre TV's SNF Rooms 123 & 114	\$ 382	5	\$ 6
8/22/2016	15 TV Wall Mounts	\$ 216	5	\$ 4
9/20/2016	3 Haier TV's SNF Rooms 117, 119, & 106	\$ 540	5	\$
9/20/2016	2 Sceptre TV's SNF rooms 118 & 119	\$ 428	5	\$
9/26/2016	Chairs - Purple 1x\$49, B; Mesh 8x\$119, B; wood 10x\$69, B; Desk Shell 1x	\$ 1,901	15	\$
Total additions for Movable Equipment		\$ 26,540		\$ 1,188
Deletions:				
Total deletions for Movable Equipment		\$		\$

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$		\$
Deletions:				
Total deletions for Leasehold Improvement		\$		\$

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

- * Straight-line method must be used.
- ** Specify which of the following bases were used:
 - A. Minimum of 5 years or 60 months.
 - B. Life of mortgage; OR
 - C. Remaining Life of Lease; OR
 - D. Actual Life if owned by Related Party.

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2016	Page 25	of 37	
II. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		06/01/84			
2. Date Structure Completed		07/23/85			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		07/23/85			
5. Total Licensed Bed Capacity		94			
6. Square Footage		33,683			
7. Acquisition Cost					
a. Land		Gifted			
b. Building		3,300,000			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		03/02/12			
c. Interest Rate for the Cost Year		3.19			
d. Term of Mortgage (number of years)		5			
e. Amount of Principal Borrowed		630,170			
f. Principal balance outstanding as of 9/30/2016		Paid in Full			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016			Page 26	of 37
Item			Total	CCNH	RFINS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 971	971			
Name of Lender TD Bank		Rate 3.19%					
Address of Lender 191 Orange Street New Haven, CT 06510							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 971	971			

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2016			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				971	971			
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 971	971			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 34,434	21,979			12,455
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 10,920	6,970			3,950
2. Fire and Extended Coverage				\$				
3. Other (Specify) Liability				\$ 51,113	32,625			18,488
14d. Total Insurance Expenditures (14a + b + c)				\$ 96,467	61,575			34,892
15. Total All Expenditures (A-13 thru C-14)				\$ 6,294,566	5,207,668			1,086,898

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 92,270	92,270		
7.			Other - See attached Schedule	\$ 6,716	6,716		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
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	\$			
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 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		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 19,071	11,570		7,501
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 3,202	3,202		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 133,839	126,338		7,501

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,516		
13	B4	Podiatrist	\$ 200		
Total Other Fees Adjustments			\$ 6,716	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ (22)		\$ (12)
16	m9	Newspaper Subscription	\$ 1,791		\$ 1,791
16	m13	Penalties	\$ 274		\$ -
16	m13	Misc. Expense	\$ 8,882		\$ 5,722
16	m8a	Unallowable Dues - Chamber of Commerce	\$ 645		\$ -
Total Other A&G Adjustments			\$ 11,570	\$ -	\$ 7,501

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 133,839	126,338		7,501
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 35,119	35,119		
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)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 6,179	4,627		1,552
Page 22 - Maintenance and Property							
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	\$ 12,397	12,397		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 13,960	13,248		712
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 204,076	194,311		9,765

*** 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	CCNH	RHNS	Residential Care Home
20	5j	SNF Personal Needs	\$ 4,249		
20	5j	RCH Personal Needs			\$ 1,552
20	5j	Other - Orthopedic	\$ 378		
Total Other Ancillary Costs			\$ 4,627	\$ -	\$ 1,552

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RIINS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 12,397		
Total Other Property Adjustments			\$ 12,397	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,518		\$ 712
30	IV8	Misc. Income	\$ 11,730		
Total Other Adjustments			\$ 13,248	\$ -	\$ 712

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Curtis Home	541C	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,846,263	4,864,412		981,851		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,208,128)	(1,208,128)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 297,546	297,546				
b. Medicare Room and Board Contractual Allowance **	\$ (20,783)	(20,783)				
4. a. Private-Pay Residents and Other	\$ 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 - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 38,625	38,625				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 2,136	2,136				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 5,918	5,918				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 548	548				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 44,231	44,231				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 2,223	2,223				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 125,857	125,857				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,227,366	5,186,098		1,041,268		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 3,202	3,202				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,143	949		194		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 37,007	36,295		712		
V. Total Other Revenue (I thru 8)	\$ 41,352	40,446		906		
VI. Total All Revenue (III +V)	\$ 6,268,718	5,226,544		1,042,174		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Contractual Allowances - Medicare A	\$ 87,722		
	Contractual Allowances - Ancillaries - Medicare A	\$ 38,135		
	Total Other Resident Revenue - Medicare:	\$ 125,857	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Total Other Resident Revenue	\$	\$	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income - Money Market Account	1,143	\$ 949		\$ 194
	Total Interest Income		\$ 949	\$	\$ 194

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Food Rebates - Disallowed	\$ 1,518		\$ 712
30, IV8	Unrestricted Donations	\$ 2,244		\$
30, IV8	Misc. Income	\$ 29,537		\$
30, IV8	Vaccine Revenue	\$ 2,996		\$
	Total Other Revenue	\$ 36,295	\$	\$ 712

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	853,745
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	840,678
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	49,891
a. Prepaid Insurance	49,891			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	30,458
Prepaid Personal Funds	30,358			
Employee Loan Receivable	100			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,774,772
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	184,515	\$	80,747
	Accum. Depreciation	103,768		Net
3. Buildings	*Historical Cost	4,570,887	\$	1,372,057
	Accum. Depreciation	3,198,830		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	339,177	\$	178,776
	Accum. Depreciation	160,401		Net
6. Movable Equipment	*Historical Cost	1,123,646	\$	190,480
	Accum. Depreciation	933,166		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	85,351
Construction in Progress	19,300			
Misc. Amount added to tie to F/S	66,051			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,907,411

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

(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	32	37
Account			Amount	
Total Brought Forward:			\$	3,682,183
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	1,239,728
Affiliate Assets not for cost report purposes		1,239,728		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,239,728
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,921,911

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

G. Balance Sheet (cont'd)

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	184,028
2. Notes Payable (itemize)				\$	
3. Loans Payable for Equipment (Current portion) (itemize)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)				\$	108,112
5. Accrued Payroll (Owners and/or Stockholders only)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (Current Portion)				\$	
10. Interest Payable (Exclusive of Owner and/or Related Parties)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (itemize)				\$	397,017
Personal Funds - Exchange		30,158			
Accrued Water & Sewer		13,600			
Accrued Expenses		105,116			
Due to Third Party		248,143			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	689,157

* 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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				689,157	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 689,157	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,258,602
6. Gain or Loss for Period			\$	(25,848)
10/1/2015 thru 9/30/2016				
7. Total Net Worth			\$	4,232,754
C. Total Reserves and Net Worth			\$	4,232,754
D. Total Liabilities, Reserves, and 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
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2015		\$	4,127,418
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	6,268,718
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	6,294,566
D.	Net Income or Deficit		\$	(25,848)
E.	Balance		\$	4,101,570
F.	Additions			
	1. Additional Capital Contributed <i>(itemize)</i>			
	Current Year Net Income Activities			
	Affiliate (not in cost report)	135,124		
	True-Up Beginning Net Worth - Skilled Nursing	(3,940)		
	2. Other <i>(itemize)</i>			
F-3.	Total Additions		\$	131,184
G.	Deductions			
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>		\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
	2. Other Withdrawings <i>(Specify)</i>		\$	
	Purpose	Amount		
	3. Total Deductions		\$	
H.	Balance at End of Period		\$	4,232,754
	09/30/16			

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>	Date Signed <i>2/11/17</i>		
Printed Name of Preparer Blum Shapiro & Co, PC					
Address Address 2 Enterprise Drive Suite 302, Shelton, CT 06484			Phone Number 203-944-2100		