

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
Type of Facility <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	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH 20652	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

General Information

Name of Facility (as licensed) Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	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 Jerome Home [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lori Toombs			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 Jerome Home	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson	Phone Number 860-696-6438	Date		
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. 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

Phone No. of Facility 860-229-3707		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Jerome Home		Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider No. 07-5343
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 type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input checked="" 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 Lori Toombs		Nursing Home Administrator's License No.:	001985	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 3A	of 37
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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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached listing of Trustees			

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Names of Stockholders Owning at Least 10% of Shares			

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**General Information and Questionnaire
 Related Parties***

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	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	%**				
See attached listing		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 5	of 37
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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 (<i>See listing page 13</i>)
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? Yes No If "No," explain fully why such allocation was not made.

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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.)

Yes No If "No," explain fully why such allocation was not made.

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 Jerome Home			License No. 2065C		Report for Year Ended 9/30/2018		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							
Short term leases only	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Crowe, LLP 2 Treasurer, State of CT 3 Jordan Actuarial Services 4	Address (No. & Street, City, State, Zip Code) 320 E. Jefferson Blvd., South Bend, IN 46024 Hartford Probate Court, 250 Constitution Plaza 3rd Fl, Hartford, CT 06103 29440 Bertrand Dr., Agoura Hill, CA 91301
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Services Provided by This Firm (*describe fully*)

1 Year End Audit, 401k/403b Audit	\$ 52,800
2 Probate Accounting	\$ 552
3 Workers Compensation Study	\$ 4,620
4	\$
	Charge for Services Provided
	\$ 57,972

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Page 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Michalik, Bauer, Silvia & Ciccarillo LLP 2 Wiggin & Dana 3 4 5	Telephone Number 860-225-8403 203-498-4400
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Address (*No. & Street, City, State, Zip Code*)

- 1 35 Pearl St. Suite 300, New Britain, CT 06051
 2 One Century Tower, PO Box 1832 New Haven, CT 06508
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections - disallow	\$ 450
2 Medical Staff Bylaws	\$ 5,317
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,767

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Page 15 line 1e

Schedule of Resident Statistics

Name of Facility Jerome Home		License No. 2065C			Report for Year Ended 9/30/2018				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS 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	120	94		26	120	94		26	120	94		26
B. On last day of THIS report period	120	94		26	120	94		26	120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	116	92		24	116	92		24	115	89		26
B. As of midnight of THIS report period	113	87		26	115	89		26	113	87		26
3. Total Number of Days Care Provided During Period												
A. Medicare	2,752	2,752			2,197	2,197			555	555		
B. Medicaid (Conn.)	25,295	17,034		8,261	18,976	12,803		6,173	6,319	4,231		2,088
C. Medicaid (other states)												
D. Private Pay	10,814	9,747		1,067	7,907	7,116		791	2,907	2,631		276
E. State SSI for RCH												
F. Other (Specify)	3,205	3,205			2,379	2,379			826	826		
G. Total Care Days During Period (3A thru F)	42,066	32,738		9,328	31,459	24,495		6,964	10,607	8,243		2,364
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	72	13		59	43	12		31	29	1		28
B. Other Bed Reserve Days	61	61			50	50			11	11		
5. Total Resident Days (3G + 4A + 4B)	42,199	32,812		9,387	31,552	24,557		6,995	10,647	8,255		2,392

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2018			Page 9		of 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	RHNS	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	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	5		43		39		3	23					
Per Diem Rate													
a. One bed rm.	RUGS		245.82		510.00		245.82						
b. Two bed rms.					490.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									2,297	981		1,316	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									16,303	15,323		980	
D. Total Physical Therapy Treatments									18,600	16,304		2,296	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									178	152		26	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									512	474		38	
D. Total Speech Therapy Treatments									690	626		64	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									830	723		107	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									14,333	14,266		67	
D. Total Occupational Therapy Treatments									15,163	14,989		174	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2018	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	CCNH	Hours	RHNS	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)	115,166	1,648			32,947	472
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	458,479	16,284			131,164	4,659
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,426	1,648			17,001	472
c. Dietary Workers	406,469	27,298			116,284	7,810
6. Housekeeping Service						
a. Head Housekeeper	6,917	279			3,375	137
b. Other Housekeeping Workers	124,173	11,026			60,577	5,380
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,422	1,425			29,476	695
b. Other Maintenance Workers	92,454	5,308			45,103	2,589
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	112,672	10,447				
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	160,313	3,166			45,862	906
b. RN						
1. Direct Care	1,600,084	38,995			114,365	2,527
2. Administrative**	286,411	7,010			7,425	179
c. LPN						
1. Direct Care	689,133	22,071				
2. Administrative**						
d. Aides and Attendants	1,914,338	124,846			122,823	6,364
e. Physical Therapists	326,333	10,556			45,956	1,487
f. Speech Therapists	1,450	25			148	3
g. Occupational Therapists	259,461	7,620			3,012	88
h. Recreation Workers	137,896	6,891			39,450	1,971
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	104,222	3,927			29,816	1,124
n. Marketing						
o. Other (Specify)						
See Attached Schedule	80,898	3,024			61,210	2,665
<i>A-13. Total Salary Expenditures</i>	6,996,717	303,494			905,994	39,528

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
ADMISSIONS SALARIES - ADMISSIONS SUPERVISOR	\$ 59,438	1,648			\$ 17,004	472
ADMISSIONS SALARIES - ADMISSIONS OTHER	\$ 21,460	1,376			\$ 6,139	394
GOOD LIFE FIT - SENIOR FIT SALARIES DISALLOWED	\$ -	-			\$ 38,067	1,799
Total	\$ 80,898	3,024	\$ -	-	\$ 61,210	2,665

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
GOOD LIFE FIT-SR FIT - PURCHASED SERVICES DISALLOWED					\$ 2,896	137
Total	\$ -	-	\$ -	-	\$ 2,896	137

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

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2018				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	
Jerome Home				2065C	9/30/2018			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***										
Lori Toombs	115,166		32,947	Non-discriminatory		2,120	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		
Jerome Home	2065C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	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	26,670	665			7,630	190
2. Dentist	9,041	149			2,587	43
3. Pharmacist	8,844	112			2,530	32
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	69,057	1,168			9,725	164
b. Other						
6. Social Worker						
7. Recreation Worker	10,244	115			2,931	33
8. Physicians						
a. Medical Director (entire facility)	43,232	38			12,368	11
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	22,334	459			2,283	47
b. Other						
10. Occupational Therapist						
a. Resident Care	10,100	337			117	4
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule					2,896	137
B-13 Total Fees Paid in Lieu of Salaries	199,522	3,043			43,067	661

* 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 Jerome Home		License No. 2065C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Dental Group	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
OmniCare of CT	Pharmacy Services	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford HealthCare Rehab Network	Physical, Speech & Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford Hospital	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>			
Hartford HealthCare Senior Services - Southington Care Center	Physical & Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>			
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
DG Enterprises/Donna Gollenberg	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Kathleen Gregory	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Michael Iarusso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Elizabeth Bennett	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Shawn Taylor	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
John Bussmann	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Margaret Carchie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Gia Khalsa	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Chris Merwin	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Robert Mosebach	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Walter Olson	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Eduardo Rocha	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Warren Sturgeon	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
Town of Newington Singing Seniors	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>			
New Britain Youth Museum	Recreation Program	<input type="radio"/>	<input checked="" 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
Jerome Home	2065C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 78,613	69,601		9,012
2. Disability Insurance	\$ 46,834	41,465		5,369
3. Unemployment Insurance	\$ 39,113	34,629		4,484
4. Social Security (F.I.C.A.)	\$ 585,972	518,794		67,178
5. Health Insurance	\$ 1,040,015	920,784		119,231
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 141,412	125,200		16,212
8. Uniform Allowance	\$ 2,367	2,096		271
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,393	17,170		2,223
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 57,972	45,076		12,896
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,767	4,484		1,283
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,624	20,702		5,922
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,765	18,479		5,286
2. Cellular Phones	\$			
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	\$ 570,609	570,609		
Subtotal	\$ 2,638,456	2,389,089		249,367

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

(Carry Subtotals forward to next page)

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

Jerome Home
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home	
EMP BENEFITS-EMP PHYSICALS (& TESTING) - PHYSICALS - DISALLOWED	\$ 12,294		\$ 1,592	\$ 13,886
EMP BENEFITS - EMP PHYSICALS (& TESTING) - BACKGROUND CHECKS	\$ 5,610		\$ 726	\$ 6,336
EMP BENEFITS- OTHER	\$ (734)		\$ (95)	\$ (829)
Total	\$ 17,170	\$ -	\$ 2,223	\$ 19,393

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	2,638,456	2,389,089		249,367	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,650	5,171		1,479	
3. Gifts to Staff and Residents	\$ 9,453	7,350		2,103	
4. Employee Travel	\$ 961	747		214	
5. Education Expenses Related to Seminars and Conventions	\$ 25,057	19,510		5,547	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,040	3,141		899	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 18,000	13,996		4,004	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,403	18,197		5,206	
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	\$ 3,701	2,878		823	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,920	10,046		2,874	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 711	553		158	
9. Subscriptions	\$ 3,894	3,028		866	
10. Contributions*** See Attached Schedule	\$ 250	194		56	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 121,320	94,333		26,987	
12. Administrative Management Services**	\$ 351,222	11,683		339,539	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 124,987	29,364		95,623	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,345,025	2,609,280		735,745	

* 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
A & G- BUSINESS PROMOTION-ADVERTISING PROMOTION - DISALLOWED	\$ 18,197		\$ 5,206
Total Other Advertising	\$ 18,197	\$ -	\$ 5,206

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
LEADING AGE	\$ 8,784		\$ 2,512
ALTCFM	\$ 264		\$ 76
AMAZON PRIME	\$ 87		\$ 25
CLIA LAB PROGRAM CERTIFICATE RENEWAL PROGRAM	\$ 117		\$ 33
CT ASSOC. OF HEALTHCARE FACILITIES	\$ 544		\$ 156
INFECTION CONTROL NURSES OF CT	\$ 31		\$ 9
NEW BRITAIN NETWORKING GROUP	\$ 97		\$ 28
SHRM	\$ 122		\$ 35
Total Dues	\$ 10,046	\$ -	\$ 2,874

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
DONATION - WEBB FAMILY FUND - DISALLOWED	\$ 194		\$ 56
Total Contributions	\$ 194	\$ -	\$ 56

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
EMP BENEFITS-TUITION REIMB - DISALLOWED	\$ 1,711		\$ 489
A & G- EQUIPMENT RENTAL	\$ 10,432		\$ 2,985
A & G- BANK CHARGES - DISALLOWED	\$ 6,745		\$ 1,930
A & G-LICENSES	\$ 1,554		\$ 444
A & G- PENALTIES - DISALLOWED	\$ -		\$ -
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$ -		\$ 67,717
NON OPERATING - OTHER EXPENSE - DISALLOWED	\$ -		\$ 19,505
RECREATION-CABLE TELEVISION - DISALLOWED	\$ -		\$ -
RECREATION- VOLUNTEER REL EXP - DISALLOWED	\$ 597		\$ 171
A & G-RESIDENT RELATIONS - REPLACE RESIDENT BELONGINGS - DISALLOW	\$ 296		\$ 85
A & G-RESIDENT RELATIONS -EURO-AMERICAN HOME CARE - DISALLOWED	\$ 418		\$ 119
A & G-RESIDENT RELATIONS - INTEREST ON EURO AMERICAN HOMECARE - DISALLOW	\$ 11		\$ 3
PLANETREE - DISALLOW	\$ 4,434		\$ 1,268
Cable TV - DISALLOW	\$ 14,967		\$ 4,282
Revenue from Cable TV - DISALLOW	\$ (11,959)		\$ (3,421)
REPLACE RESIDENT BELONGINGS AND DISALLOW	\$ 104		\$ 30
EMPLOYEE SURVEYS - DISALLOW	\$ 54		\$ 16
Total Other Administrative and General	\$ 29,364	\$ -	\$ 95,623

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	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 #
Hartford HealthCare Senior Services	351,222	Oversight of Management Staff	page 16 line m12

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2018		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 358,785	278,975			79,810
2.	Non-Food Supplies	\$ 48,135	37,428			10,707
3.	Other (<i>Specify</i>) _____ Food for residents and for employees at staff meetings Disallow \$xxxx for employees	\$ 11,372	8,842			2,530
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 418,292	325,245			93,047
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*		346	269			77
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. Included in 2L						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item) page 18 line 2a						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input 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. \$8,506						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) page 18 line 2a						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input 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.

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	13,771	13,771		
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. Other (Specify) Laundry Supplies		\$	10,963	10,963		
3D. Total Laundry Expenditures (3a + b + c)		\$	24,734	24,734		
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.

*** 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	
Jerome Home	2065C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced	72,812	48,938		23,874
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	53,260	35,797		17,463
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	72,812	48,938		23,874
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
c. Other (<i>Specify</i>)	Amt. \$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	53,260	35,797		17,463
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	238,617	238,617		
b. Medicine Cabinet Drugs	\$	38,832	30,194		8,638
c. Medical and Therapeutic Supplies	\$	11,935	9,280		2,655
d. Ambulance/Limousine***	\$	4,115	4,115		
e. Oxygen					
1. For Emergency Use	\$	1,419	1,103		316
2. Other***	\$	38,641	38,641		
f. X-rays and Related Radiological Procedures***	\$	13,466	13,466		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	31,530	31,530		
i. Recreation	\$	5,757	4,476		1,281
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	170,593	124,496		46,097
5M. Total Resident Care Expenditures (5a - 5j)	\$	554,905	495,918		58,987

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
NURSING-EQUIPMENT RENTAL - FOR INDIVIDUAL RESIDENTS - DISALLOWED	\$ 9,718		\$ -
NURSING-MEDICAL SUPPLIES	\$ 96,186		\$ 27,517
NURSING-PERSONAL CARE	\$ 8,929		\$ 2,554
PT-SUPPLIES - DISALLOWED	\$ 1,429		\$ 201
OT-SUPPLIES - DISALLOWED	\$ 1,450		\$ 17
ANCILLARY-OTHER MEDICARE ANCILLARY(MEDICARE A) - DISALLOWED	\$ 6,784		\$ 1,941
GOOD LIFE FIT -SENIOR FIT - SUPPLIES - DISALLOWED	\$ -		\$ 725
PT OPTIMA SOFTWARE FEES - DISALLOWED			\$ 4,142
HHC REHAB NETWORK MANAGEMENT FEES - DISALLOWED			\$ 9,000
Total Other Resident Care	\$ 124,496	\$ -	\$ 46,097

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

Name of Facility Jerome Home			License No. 2065C	Report for Year Ended 9/30/2018	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
See attached list		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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).

JEROME HOME
 FYE 9/30/18
 INDIVIDUALS OR FIRMS PROVIDING SERVICES BY CONTRACT OVER \$10,000
 Page 21
 Schedule C-2 - Individuals or Firms Providing Services by Contract

Name of Individual or Company	Address	Related		Explanation of Relationship	Full Explanation of Service Provided	Total Cost/Page Ref.			Pg	Line
		Yes	No			CCNH	RHNS	RCH		
Ability Network Inc.	Dept. CH 16577, Palatine, IL 60055-6577		x		referral software - disallowed	10,965		3,137	16	1m11
Aegis Energy ServicesAegenco Inc.	P.O. Box 2511, Springfield, MA 01101-2511		x		Equipment Maintenance and Repair - Cogenerator	7,430		3,625	22	6a
Board of Water Commissioners	27 West Main St. Rm 104, New Britain, CT 06051		x		Water & Sewer	25,715		12,544	22	6a ,6d,6f
Bulk TV & Internet/Direct TV for Business	MDU Enterprises Inc., 8537 Six Forks Rd. Suite 100, Raleigh, NC 27615		x		TV & Internet	14,967		4,282	16	1m13
Celtic Consulting	507 Main St. Suite 308, Torrington, CT 06790		x		medicare consultant - disallowed	14,806		4,236	16	1L5,1m11
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479		x		computer maintenance and consulting	11,441		9,768	16	1m11,1m12
CT Natural Gas Corporation	PO Box 1500, Hartford, CT 06144-1500		x		gas and propane	44,742		23,850	22	6a & b
Dainty Rubbish	80 Industrial Park Road, Middletown, CT 06457		x		trash removal	15,563		7,592	22	6f
Eversource	PO Box 150493 Hartford, CT 06115-0493		x		electricity	80,796		39,415	22	6a & c
Hooker & Holcombe	65 Lasalle Road, West Hartford, CT 06107		x		investment services	9,141		2,615	16	1m11
Kone Elevators, Inc.	P. O. Box 429, Moline, IL 61266-0429		x		elevator maintenance	7,206		3,516	22	6a,6f
Leading Age CT	110 Barnes Road, Wallingford, CT 06492		x		seminars, meetings, dues	13,197		3,849	16	1L5, 1m8 & 1m13a
NOA Diagnostics	6851 Jericho Tpke, Ste 150, Syosset, NY 11791		x		x-rays	23,821		0	20	5f
Perfect Temp Heating & Air Conditioning	125 Robert Jackson Way Unit A, Plainville, CT 06062		x		HVAC	18,617		9,083	22	6a & 6f
Procair,LLC/ Biomed, LLC	P. O. Box 801, Tolland, CT 06084		x		oxygen & equipment rental	39,744		316	20	5e1& 5e2
Proline Systems/HPC Food Services	625 Nutmeg Rd., PO Box 1228, South Windsor, CT 06074		x		maintenance & repairs	8,160		3,984	22	6a & f
Quest Diagnostics, LLC	2966 Collections Center Dr., Chicago, IL 60693		x		lab services	18,619		0	20	5h
Relias Learning	111 Corning Road, Suite 250, Cary, NC 27518		x		staff development	10,003		2,844	16	1L5
Trans Canada Power Marketing LTD.	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808		x		electricity	14,940		7,289	22	6c
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448		x		copier/printer rental	9,637		2,758	22	6e

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

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 202,060	92,880			109,180	
b. Heat	\$ 67,069	45,078			21,991	
c. Light & Power	\$ 141,821	95,320			46,501	
d. Water	\$ 38,400	25,810			12,590	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 113,208	76,087			37,121	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 562,558	335,175			227,383	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 16,181	10,876			5,305	
b. Building & Building Improvements	\$ 496,388	298,517			197,871	
c. Non-Movable Equipment	\$ 71,905	48,328			23,577	
d. Movable Equipment	\$ 184,775	124,190			60,585	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 769,249	481,911			287,338	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,337	4,259			2,078	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,337	4,259			2,078	
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	\$ 45,677				45,677	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 821,263	486,170			335,093	

* 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-EQUIPMENT-CONTRACT SERVICES	\$ 1,737		\$ 848	\$ 2,585
MAINTENANCE-GROUNDS-CONTRACT SERVICES	\$ 15,380		\$ 7,504	\$ 22,884
MAINTENANCE-RUBBISH REMOVAL	\$ 15,563		\$ 7,592	\$ 23,155
MAINTENANCE-SECURITY-CONTRACT SERVICES	\$ 501		\$ 245	\$ 746
MAINTENANCE-BUILDING-CONTRACT SERVICES	\$ 41,821		\$ 20,403	\$ 62,224
EQUIPMENT RENTAL - TENT, TABLE LINENS, GLASSWARE - DISALLOWED	\$ 1,085		\$ 529	
Total Other Repairs and Maintenance	\$ 76,087	\$ -	\$ 37,121	\$ 113,208

Depreciation Schedule

Name of Facility Jerome Home		License No. 2065C			Report for Year Ended 9/30/2018			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		487,768		487,768	356,380			14,755					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		8,752		8,752				1,426					
A-4. Subtotal									16,181				
B. Building and Building Improvements													
1. Acquired prior to this report period		13,349,793		13,349,793	9,124,839			478,345					
2. Disposals (attach schedule)		(112,967)		(112,967)									
3. Acquired during this report period (attach schedule)		445,051		445,051				18,044					
B-4. Subtotal									496,388				
C. Non-Movable Equipment													
1. Acquired prior to this report period		1,615,731		1,615,731	1,260,913			66,171					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		101,708		101,708				5,734					
C-4. Subtotal									71,905				
		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.		x		7	2000	3,000		3,000	3,000	s/1	5		
b.		x		4	2004	46,480		46,480	46,480	s/1	5		
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						3,765,466		3,765,466	3,282,983			169,773	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						155,801		155,801				15,002	
D-3. Subtotal													184,775
E. Total Depreciation													769,249

Jerome Home
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/21/2018	Pond Waterfall Project	\$ 8,252	5	\$ 825
9/30/2018	Patio, topsoil, seed, remove 2 trees	\$ 500	10	\$ 601
Total additions for Land Improvements		\$ 8,752		\$ 1,426
Deletions:				
Total deletions for Land Improvements		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/21/2017	Resident Room Flooring Plank & Base	\$ 43,705	10	\$ 2,189
10/27/2017	North Conf. Room Carpet	\$ 2,194	5	\$ 220
12/13/2017	Flooring East Dining Room Servery Plank	\$ 4,335	5	\$ 434
10/31/2017	Parker Tub part of Bathroom Reno BI00336	\$ 12,509	10	\$ 627
1/18/2018	Wall Paper East Dining Room	\$ 3,255	5	\$ 326
7/25/2018	Privacy Locks E1/E2	\$ 2,144	5	\$ 215
7/26/2018	Weather Master Awning	\$ 8,000	5	\$ 802
5/14/2018	Patch & Paint East 2 Corridor Walls	\$ 43,005	5	\$ 4,310
8/31/2018	Masonry Restoration Parapet Walls	\$ 35,000	20	\$ 877
8/31/2018	3 Pipe Snow Guards for slate Roof	\$ 34,500	20	\$ 864
8/31/2018	Replace Copper Gutter Systems	\$ 34,000	20	\$ 852
8/31/2018	Preventative Slate Roof Maintenance	\$ 17,000	20	\$ 426
9/25/2018	Carlisle Roof System	\$ 129,221	20	\$ 3,237
9/27/2018	Renovate North Dining Room	\$ 53,643	15	\$ 1,792
9/27/2018	Replace Windows E-2 Dining Room	\$ 15,356	15	\$ 513
9/30/2018	New Door into Kitchen from corridor	\$ 2,165	10	\$ 108
9/23/2018	Crane Steam Valve	\$ 5,019	10	\$ 251
Total additions for Building Improvements		\$ 445,051		\$ 18,044
Deletions:				
9/30/2018	Retire Rental Property Building 18/22 Hamilton Avenue	\$ (112,967)		
Total deletions for Building Improvements		\$ (112,967)		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Useful

Acquisition Date	Description of Item	Cost	Life	Attachment	Depreciation
Additions:					
1/25/2018	Dishwasher Exhaust Fan	\$ 2,208	3		\$ 369
6/6/2018	Install Wall Unit A/C & Heat Finance Off	\$ 5,631	10		\$ 282
5/15/2018	New Chilled Water Coil Air Handler	\$ 5,347	10		\$ 268
5/1/2018	East Wing Replace Steam Valve	\$ 1,291	3		\$ 216
3/27/2018	E1 & E2 UPGRADE COMMUNICATION SYS	\$ 80,636	10		\$ 4,040
8/7/2018	Replace bearings Hot Water Heater	\$ 1,968	3		\$ 329
9/19/2018	Cabinets Attwood 2nd Floor	\$ 4,627	10		\$ 232
Total additions for Non-Movable Equipment		\$ 101,708			\$ 5,734
Deletions:					
Total deletions for Non-Movable Equipment		\$ -			\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/4/2017	FLEXSERVICE FLOOR LIFTERS	\$ 2,375	5	\$ 238
10/1/2017	Maxi Move DPS Scale	\$ 5,634	5	\$ 565
10/20/2017	2- VENDING MACHINES	\$ 8,506	3	\$ 1,420
11/30/2017	Chairs North, E1 Conf Room E1 Kitchen Ar	\$ 5,400	5	\$ 541
12/9/2017	North Dining Rm chairs, Window treatment	\$ 43,436	5	\$ 4,353
12/20/2017	Nurses Station Chairs	\$ 1,233	3	\$ 206
12/21/2017	(3) LIFT RECLINERS NORTH	\$ 4,120	3	\$ 688
3/21/2018	ISOLATION STATION	\$ 996	3	\$ 166
5/1/2018	PERFORMA LIFT ASSIST	\$ 3,076	5	\$ 308
5/9/2018	Dining - New Dishes, silverware, microwaves & Ninja	\$ 2,928	3	\$ 234
7/7/2018	2 Air Loss Mattresses	\$ 2,367	5	\$ 237
8/14/2018	LAUNDRY HAMPER CARTS	\$ 9,388	5	\$ 941
8/21/2018	Desk & Accessories Dining Mgr	\$ 2,292	5	\$ 230
8/22/2018	(4) Bariatric Mattresses, (64) Foam	\$ 13,275	5	\$ 1,330
9/18/2018	REFRIGERATORS (3)	\$ 4,757	5	\$ 477
9/19/2018	Conv Oven, Range, Conv Steamer	\$ 39,489	10	\$ 1,978
9/28/2018	Linen Replacement- Tablecloths	\$ 4,379	3	\$ 731
8/28/2018	CISCO BE 6000 Lisc. Standard	\$ 2,150	3	\$ 359
Total additions for Movable Equipment		\$ 155,801		\$ 15,002
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Jerome Home			2065C		9/30/2018			24	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. Bond Issue Costs	11	2007	30 years	412,492	72,884	s/l		6,337	
2.									
3.									
B-4. Subtotal									6,337
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									6,337

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 25	of 37	
11. 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		1923			
2. Date Structure Completed		1923			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		Mid 1970's			
5. Total Licensed Bed Capacity		120			
6. Square Footage		72,812			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		CHEFA variable			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year		varies			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed		11,895,000			
f. Principal balance outstanding as of 9/30/17		9,170,000			
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	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2018			26	37
Item	Total	CCNH	RHNS	Residential Care Home		
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
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	\$ 11,895,000					
2. Loan Origination Date	03/29/07					
3. Interest Rate %	varies					
4. Term	30 years					
5. CHEFA Interest Expense	(39,811)	(26,758)		(13,053)		
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$ (39,811)	(26,758)		(13,053)		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Jerome Home		2065C		9/30/2018			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				(39,811)	(26,758)		(13,053)	
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)				\$ (39,811)	(26,758)		(13,053)	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 36,683	22,235		14,448	
b. Insurance on Automobiles				\$ 3,780	2,939		841	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 62,885	48,897		13,988	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 103,348	74,071		29,277	
15. Total All Expenditures (A-13 thru C-14)				\$ 13,988,874	11,555,871		2,433,003	

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home			License No. 2065C	Report for Year Ended 9/30/2018	Page 28	of 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.	10	A12g	Occupational Therapy	\$ 262,473	259,461		3,012
4.			Other - See attached Schedule	\$ 150,971			150,971
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 10,217	10,100		117
7.			Other - See attached Schedule	\$ 117,923	100,432		17,491
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$			
10.	15	1d	Accounting	\$			
10a.			Legal	\$ 450	350		100
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,200	1,711		489
16.	16	1L4	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	1m2-	Unallowable Advertising *	\$ 23,403	18,197		5,206
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 250	194		56
21.	16	1m12	Unallowable Management Fees	\$ 351,222	11,683		339,539
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 269,918	126,378		143,540
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 10,214	7,942		2,272
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)				\$ 1,199,241	536,448		662,793

* 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	
10	A6a	Outpatient portion Head Housekeeper Wages			\$ 162	\$ 162
10	A6b	Outpatient portion Housekeeper Wages			\$ 2,903	\$ 2,903
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,412	\$ 1,412
10	A7b	Outpatient portion Maintenance Wages			\$ 2,161	\$ 2,161
10	A12b1	To adjust wages - APRN wages in excess of Aides			\$ 2,125	\$ 2,125
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 58,037	\$ 58,037
10	A12o	Good Life Fitness Wages			\$ 38,067	\$ 38,067
10	A12e	Outpatient - Physical Therapy Wages			\$ 45,956	\$ 45,956
10	A12f	Outpatient - Speech Therapy Wages			\$ 148	\$ 148
						\$ -
						\$ -
Total Other Salaries Adjustment			\$ -	\$ -	\$ 150,971	\$ 150,971

\$ 52,742

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
13	B2	Dental Purchased Services	\$ 9,041		\$ 2,587	\$ 11,628
13	B5	Purchased Services - Physical Therapist	\$ 69,057		\$ 9,725	\$ 78,782
13	B9	Purchased Services - Speech Therapist	\$ 22,334		\$ 2,283	\$ 24,617
13	B12	Purchased Services - Good Life Fitness	\$ -		\$ 2,896	\$ 2,896
						\$ -
			\$ 100,432	\$ -	\$ 17,491	\$ 117,923

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
15	1a	Employee Benefits related to APRN RCH wages			\$ 616	\$ 616
15	1a	Employee Benefits related to RN Supervisor RCH wages			\$ 16,831	\$ 16,831
15	1a	Employee Benefits related to Occupational Therapists SNF portion (the outpatient portion is included below)	\$ 64,144			\$ 64,144
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 933	\$ 933
15	1a2	Benefits related to Outpatient Therapy - Disability			\$ 556	\$ 556
15	1a3	Benefits related to Outpatient Therapy - Unemployment			\$ 464	\$ 464
15	1a4	Benefits related to Outpatient Therapy - FICA			\$ 6,957	\$ 6,957
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 12,347	\$ 12,347
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 1,679	\$ 1,679
15	1a8	Benefits related to Outpatient Therapy - Uniform Allowance			\$ 28	\$ 28
15	1a9	Benefits related to Outpatient Therapy - Other Benefits			\$ 230	\$ 230
15	1a9	Employee Benefits Preplacement Physicals for SNF & RCH (outpatient portions of physicals is included in the \$230 on the line above in Outpatient Therapy Other Benefits above)	\$ 12,294		\$ 1,427	\$ 13,721
16	1L2	Disallow parties for staff in excess of 1	\$ 1,955		\$ 559	\$ 2,514
16	1L3	Disallow gifts to employees that are discriminatory or in excess of \$25 each	\$ 1,886		\$ 539	\$ 2,425
16	1L5	Disallow PT Seminar	\$ 66		\$ 9	\$ 75
16	1L5	Disallow OT Seminar	\$ 95		\$ 1	\$ 96
16	1m8a	Dues - New Britain Chamber of Commerce	\$ 292		\$ 83	\$ 375
16	1m8a	Dues - Lions Club	\$ 261		\$ 75	\$ 336
16	1m11	A&G Maintenance Agreements - Allscripts	\$ 2,019		\$ 577	\$ 2,596

16	1m11	A&G Consulting Fees Celtic Consulting	\$ 14,417		\$ 4,125	\$ 18,542
16	1m11	A&G Consulting Fees - Grant Writing Plus	\$ 1,322		\$ 378	
16	1m13a	A&G Bank Charges	\$ 6,745		\$ 1,930	\$ 8,675
16	1m13a	Non-Operating BHC Bank Fees	\$ -		\$ 67,717	\$ 67,717
16	1m13a	Non-Operating Other Expense	\$ -		\$ 19,505	\$ 19,505
16	1m13a	Recreation - Volunteer Relations	\$ 597		\$ 171	\$ 768
16	1m13a	A&G Resident Relations - replacement of resident belongings	\$ 296		\$ 85	\$ 381
16	1m13a	Employee Relations reclassified - replacement of resident belongings	\$ 104		\$ 30	
16	1m13a	Employee Relations reclassified - Survey Monkey employee survey	\$ 54		\$ 16	
16	1m13a	A&G Resident Relations - Euro American Home Care	\$ 418		\$ 119	\$ 537
16	1m13a	A&G Resident Relations - Euro American Home Care Interest	\$ 11		\$ 3	\$ 14
16	1m13a	Planetree	\$ 4,434		\$ 1,268	\$ 5,702
16	1m13a	Cable TV Expense	\$ 14,967		\$ 4,282	\$ 19,249
						\$ -
						\$ -
Total Other A&G Adjustments			\$ 126,378	\$ -	\$ 143,540	\$ 269,918

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,199,241	536,448		662,793
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 238,617	238,617		
28.	20	5d	Ambulance/Limousine	\$ 4,115	4,115		
29.	20	5f	X-rays, etc	\$ 13,466	13,466		
30.	20	5h	Laboratory	\$ 31,530	31,530		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 38,641	38,641		
33.	20	5L	Occupational Therapy	\$ 1,467	1,450		17
34.			Other - See Attached Schedule	\$ 34,777	17,931		16,846
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,903			2,903
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 45,677			45,677
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 76,841	3,374		73,467
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 4,120			4,120
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,427,286	101,663		1,325,623
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 60,350			60,350
49. Total Amount of Decrease (Items 1 - 48)				\$ 3,179,031	987,235		2,191,796

*** 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.

Jerome Home
9/30/2018**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
20	5L	PT Supplies	1,429		\$ 201	1,630
20	5L	Other Ancillaries - Medicare	6,784		\$ 1,941	8,725
20	5L	Good Life Fitness Supplies	-		\$ 725	725
20	5L	Nursing Equipment Rental	9,718		\$ -	9,718
20	5L	PT Optima Software fees			\$ 4,142	4,142
20	5L	HHC Rehab Network Management Fees			\$ 9,000	9,000
20	4a1	Housekeeping Supplies Outpatient portion			\$ 837	837
						-
						-
						-
Total Other Ancillary Costs			\$ 17,931	\$ -	\$ 16,846	34,777

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7d	Depreciation - Computers related to Outpatient			\$ 967	967
22	7d	Depreciation - Furniture/Equipment related to Outpatient			\$ 1,936	1,936
						-
						-
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,903	2,903

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	6a	Repair & Maintenance related to Outpatient			\$ 2,172	2,172
22	6a	Non-Operating - Rental Expenses			\$ 63,867	63,867
22	6a	2 TVs purchased for residents rooms	\$ 340			340
22	6b	Heat related to Outpatient			\$ 1,054	1,054
22	6c	Light & Power related to Outpatient			\$ 2,228	2,228
22	6d	Water & Sewer related to Outpatient			\$ 603	603
22	6f	Maintenance Equipment related to Outpatient			\$ 41	41
22	6f	Maintenance - Grounds Contract Services related to Outpatient			\$ 360	360
22	6f	Maintenance - Rubbish Removal related to Outpatient			\$ 364	364
22	6f	Maintenance - Security Contract Services related to Outpatient			\$ 12	12
22	6f	Maintenance - Building Contract Services related to Outpatient			\$ 978	978
22	6f	Equipment rental - tent, tables, glassware, linens for Anniversary event	\$ 1,085		\$ 529	1,614
22	7a	Depreciation - Land Improvements related to Outpatient			\$ 254	254
22	8b	Amortization - Bond Issue Cost related to Outpatient			\$ 54	54
22	8b	Amortization - LOC Renewal amortized in error	\$ 1,949		\$ 951	2,900
						-
						-
						-
Total Other Property Adjustments			\$ 3,374	\$ -	\$ 73,467	76,841

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
30	II 6b	APRN Revenue net of contra allowance	\$ 68,194		\$ -	68,194
30	IV8	GLF Revenue - Senior Fit Program net of contra allowance			\$ 20,937	20,937
30	IV8	Transportation - Van Fee Income	\$ 10,948		\$ 3,132	14,080
30	IV8	Miscellaneous Income - see Misc. Income Schedule	\$ 10,562		\$ 3,021	13,583
30	IV8	Non-Operating - Rental Income	\$ -		\$ 101,000	101,000
30	IV8	Unrealized Gain/(Loss)	\$ -		\$ 424,175	424,175
30	IV8	Gain on Sale			\$ 769,937	769,937
16	1m13	TV Revenue	\$ 11,959		\$ 3,421	15,380
						-
						-
Total Other Adjustments			\$ 101,663	\$ -	\$ 1,325,623	1,427,286

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7b	Depreciation - Building related to Outpatient			\$ 1,608	1,608
22	7b	Depreciation - Building Improvements related to Outpatient			\$ 5,370	5,370
22	7b	Non-Operating Depreciation - Rental Building			\$ 52,242	52,242
22	7c	Depreciation - Fixed Equipment related to Outpatient			\$ 1,130	1,130
						-
						-
Total Unallowable Building Interest			\$ -	\$ -	\$ 60,350	60,350

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,506,481	8,398,738		1,107,743		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,338,622)	(4,341,665)		3,043		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,353,272	1,353,272				
b. Medicare Room and Board Contractual Allowance **	\$ 184,288	184,288				
4. a. Private-Pay Residents and Other	\$ 6,789,739	6,556,367		233,372		
b. Private-Pay Room and Board Contractual Allowance **	\$ 84,591	84,845		(254)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 104,719	104,719				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (104,719)	(104,719)				
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	\$ 399,127	311,249		87,878		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (309,902)	(297,139)		(12,763)		
c. Physical Therapy - Non-Medicare	\$ 5,431	5,431				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (82)	(82)				
4. a. Speech Therapy - Medicare	\$ 38,366	38,366				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,307)	(29,307)				
c. Speech Therapy - Non-Medicare	\$ 1,025	1,025				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 289,875	289,875				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (266,309)	(267,554)		1,245		
c. Occupational Therapy - Non-Medicare	\$ 3,249	4,276		(1,027)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 266	266				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 68,194	68,194				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,779,682	12,360,445		1,419,237		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 475,725	369,902		105,823		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,644,227	255,176		1,389,051		
V. Total Other Revenue (1 thru 8)	\$ 2,119,952	625,078		1,494,874		
VI. Total All Revenue (III +V)	\$ 15,899,634	12,985,523		2,914,111		

* 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	
30 II 6a	MEDICARE A - X-RAY	\$ 8,775			\$ 8,775
30 II 6a	MEDICARE A - LAB	\$ 7,234			\$ 7,234
30 II 6a	LAB - MEDICARE B	\$ 2,175			\$ 2,175
30 II 6a	CONTR ALLOW - X RAY MED A	\$ (8,775)			\$ (8,775)
30 II 6a	CONTR ALLOW - LAB MED A	\$ (7,465)			\$ (7,465)
30 II 6a	MEDICARE B MPPR	\$ (1,678)			\$ (1,678)
Total Other Resident Revenue - Medicare		\$ 266	\$ -	\$ -	\$ 266

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home	
30 II 6b	APRN	\$ 70,173		\$ -	\$ 70,173
30 II 6b	CONTR.ALLOW - OTHER ANCILLARY APRN	\$ (1,979)		\$ -	\$ (1,979)
					\$ -
					\$ -
Total Other Resident Revenue		\$ 68,194	\$ -	\$ -	\$ 68,194

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home	
30 IV 5	INTEREST INCOME		\$ 366,201		\$ 104,765	\$ 470,966
30 IV 5	GALAXY FUND INT. INCOME		\$ 1,637		\$ 468	\$ 2,105
30 IV 5	INTEREST INCOME - EARNINGS FUND		\$ 2,064		\$ 590	\$ 2,654
						\$ -
Total Interest Income			\$ 369,902	\$ -	\$ 105,823	\$ 475,725

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home	
30 IV 8	CONTR ALLOW - SENIOR FIT PROGRAM - DISALLOWED	\$ -		\$ (7,404)	
30 IV 8	GLF REVENUE - DISALLOWED	\$ -		\$ 28,341	
30 IV 8	TRANSPORTATION - VAN FEE INCOME - DISALLOWED	\$ 10,948		\$ 3,132	
30 IV 8	UNRESTRICTED DONATIONS	\$ 176,743		\$ 50,564	
30 IV 8	MISCELLANEOUS INCOME - DISALLOWED	\$ 10,562		\$ 3,021	
30 IV 8	TEMP NET ASSET RELEASED FROM RESTR-OPERATIONS	\$ 56,923		\$ 16,285	
30 IV 8	NON OPERATING-RENTAL INCOME - DISALLOWED	\$ -		\$ 101,000	
30 IV 8	UNREALIZED GAIN / (LOSS) - DISALLOWED	\$ -		\$ 424,175	
30 IV 8	GAIN ON SALE - DISALLOWED	\$ -		\$ 769,937	
Total Other Revenue		\$ 255,176	\$ -	\$ 1,389,051	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,361,527
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,320,309
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	121,761
a. _____				
b. _____				
c. _____				
d. See Schedule		121,761		
6. Interest Receivable			\$	78
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	198,718
Debt Service Funds				
Arbor Rose Other Assets				
See Schedule		198,718		
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,002,393
B. Fixed Assets				
1. Land			\$	316,555
2. Land Improvements	*Historical Cost	496,520	\$	123,959
	Accum. Depreciation	372,561		Net
3. Buildings	*Historical Cost	13,681,877	\$	4,060,650
	Accum. Depreciation	9,621,227		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,717,439	\$	384,621
	Accum. Depreciation	1,332,818		Net
6. Movable Equipment	*Historical Cost	3,921,267	\$	453,509
	Accum. Depreciation	3,467,758		Net
7. Motor Vehicles	*Historical Cost	49,480	\$	
	Accum. Depreciation	49,480		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	9,286,237
See Schedule		9,286,237		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	14,625,531

* 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
Jerome Home	2065C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	19,627,924
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>)			\$	24,239,870

See Schedule				24,239,870
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	24,239,870
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	43,867,794

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Jerome Home		2065C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	314,316
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	471,681
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	256
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	350,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	6,132
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,279,576

See Schedule				1,279,576	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,421,961

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				2,421,961
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 8,820,000
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>)				\$ 203,952

See Schedule				203,952
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,023,952
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,445,913

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	PREPAID-OTHER	\$ 78,799
31	A5	MISCELLANEOUS RECEIVABLE	\$ 41,737
31	A5	A/R - GOOD LIFE FITNESS	\$ 1,225
Total Prepaid Expenses			\$ 121,761

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
31	A8	PATIENT REFUND ARBOR ROSE	\$ 16,543
31	A8	A/R PRIVATE RENT ARBOR ROSE	\$ 47,844
31	A8	A/R-PROVISION (RESERVE) FOR BAD DEBT - ARBOR ROSE	\$ (9,340)
31	A8	PREPAID-OTHER - ARBOR ROSE	\$ 14,722
31	A8	DEBT SERVICE FUND 2007 - PRINCIPLE	\$ 117,906
31	A8	DEBT SERVICE FUND 2007 - INTEREST	\$ 11,043
Total Other Current Assets (Itemize)			\$ 198,718

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
31	B9	FIXED ASSET CLEARING ACCOUNT - ARBOR ROSE	\$ 199,492
31	B9	FIXED ASSET-LAND IMPROVEMENTS - ARBOR ROSE	\$ 85,775
31	B9	FIXED ASSET-BUILDING - ARBOR ROSE	\$ 13,381,598
31	B9	FIXED ASSET-BUILDING IMPROVEMENTS - ARBOR ROSE	\$ 525,048
31	B9	FIXED ASSET-FIXED EQUIPMENT - ARBOR ROSE	\$ 273,216
31	B9	FIXED ASSET-FURNITURE & EQUIPMENT - ARBOR ROSE	\$ 840,305
31	B9	FIXED ASSET - COMPUTERS (MOVEABLE) - ARBOR ROSE	\$ 185,580
31	B9	FIXED ASSET-AUTO - ARBOR ROSE	\$ 150,765
31	B9	ACCUM DPRN-ACCUM DEPRN - LAND IMPROVEMENT - ARBOR ROSE	\$ (37,598)
31	B9	ACCUM DPRN-ACCUM DEPRN - BUILDING - ARBOR ROSE	\$ (5,019,325)
31	B9	ACCUM DPRN-ACCUM DEPRN - BUILDING IMPROVE - ARBOR ROSE	\$ (217,159)
31	B9	ACCUM DPRN-ACCUM DEPRN - FIXED EQUIPMENT - ARBOR ROSE	\$ (179,212)
31	B9	ACCUM DPRN-ACCUM DEPN - FURNITURE & EQUIPMENT - ARBOR ROSE	\$ (612,553)
31	B9	ACCUMULATED DEPRECIATION - COMPUTERS - ARBOR ROSE	\$ (172,640)
31	B9	ACCUM DPRN-ACCUM DEPRECIATION - AUTO - ARBOR ROSE	\$ (117,055)
Total Other Other Fixed Assets (Itemize)			\$ 9,286,237

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	CASH-INVESTMENTS COMMONWEALTH FINANCIAL	\$ 23,470,234
32	D7	BOND ISSUANCE COST 2007	\$ 419,534
32	D7	CAPITALIZED INTEREST 2007	\$ 234,896
32	D7	DEFERRED FINANCE FEES	\$ 113,636
32	D7	BOND ISSUE COST 2007-ACCUM AMORTIZATION	\$ (164,091)
32	D7	CAPITALIZED INTEREST 2007 - ACCUM AMORTIZATION	\$ (82,214)
32	D7	LOC RENEWAL FEES-AMORTIZATION	\$ (90,437)
32	D7	PERMANENT RESTRICTED NET ASSET HELD IN TRUST	\$ 338,312
Total Other Assets			\$ 24,239,870

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
			\$ -
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	SECURITY DEPOSITS PAYABLE - ARBOR ROSE	\$ 9,360
33	A12	SECURITY DEPOSIT-LAST MONTH - ARBOR ROSE	\$ 280,008
33	A12	DEFERRED REVENUE	\$ 18,708
33	A12	DEFERRED REVENUE - ARBOR ROSE	\$ 9,079
33	A12	ACCRUED VAC/SICK/HOLIDAY	\$ 275,215
33	A12	ACCRUED VAC/SICK/HOLIDAY - ARBOR ROSE	\$ 50,896
33	A12	ACCRUED EXPENSES - OTHER	\$ 328,986
33	A12	ACCRUED EXPENSES-OTHER - ARBOR ROSE	\$ 102,555
33	A12	DUE TO THIRD PARTIES	\$ 22,828
33	A12	ACCRUED PENSION PAYABLE	\$ 20,142
33	A12	ACCRUED PENSION PAYABLE - ARBOR ROSE	\$ 2,880
33	A12	ACCRUED WORKERS COMP - ARBOR ROSE	\$ 12,261
33	A12	DUE TO CT - PROVIDER TAX	\$ 146,658
Total Other Current Liabilities (Itemize)			\$ 1,279,576

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
34	B4	ACCRUED WORKER'S COMPENSATION	\$ 292,696
34	B4	OTHER LONGTERM LIAB - SWAP 2	\$ (88,744)
Total Other Current Liabilities (Itemize)			\$ 203,952

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2018	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			\$	30,212,126
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	298,995
6. Gain or Loss for Period			\$	1,910,760
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	32,421,881
C. Total Reserves and Net Worth			\$	32,421,881
D. Total Liabilities, Reserves, and Net Worth			\$	43,867,794

H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	30,212,126
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,899,634
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,988,874
D. Net Income or Deficit			\$	1,910,760
E. Balance			\$	32,122,886
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Temp Restricted	130,315			
2. Other <i>(itemize)</i>				
Arbor Rose Net Income	161,513			
Change in Perm Restricted Net Assets	7,167			
F-3. Total Additions			\$	298,995
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			\$	32,421,881

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2018	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		Title		Date Signed
Printed Name of Preparer				
Dorothy Robinson				
Address			Phone Number	
Hartford HealthCare Senior Services, Curtis Bldg., 181 Patricia M Genova Dr 5th Fl., Newi			860-696-6438	
Annual Report Contact			Phone Number	
Dorothy Robinson			860-696-6438	
Annual Report Contact Email Address				
Dorothy.Robinson@hhchealth.org				