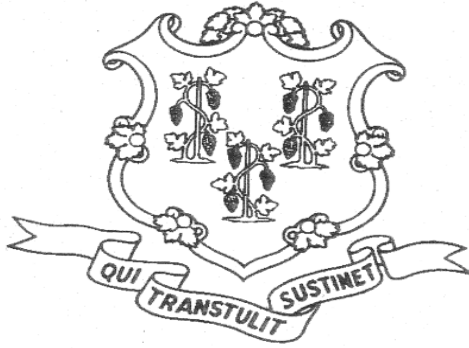


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	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) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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 Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) <i>Mary Patricia Morse</i>		Date <i>2/14/23</i>	Signed (Owner)		Date
Printed Name (Administrator) Mary Patricia Morse			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>14th day of February, 2023</i>	State of <i>CT</i>	Date <i>2/14/23</i>	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires <i>03/31/2024</i>
Address of Notary Public <i>292 Thorpe Avenue, Meriden, CT 06450</i>					

(Notary Seal)

SARITA DARDEN
 NOTARY PUBLIC OF CONNECTICUT
 My Commission Expires 3/31/2024

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 Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2023		
Item	Total	CCNH	RHNS	Other
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 (203) 237-1206		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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 Mary Patricia Morse		Nursing Home Administrator's License No.:	000925	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

CONNECTICUT BAPTIST HOMES BOARD MEMBERS

Name Position	Phone	Business	Home Address
Frank Amazeen Director	860-233-4033 (cell) famazeen@comcast.net		32 South Highland Street West Hartford, CT 06119
Robert Avena, Esq. Director	860-739-2739 ravena@sswbgg.com robavena@aol.com	860 599-3739 (work) 860-235-0060 (cell)	36 Spring Rock Rd. East Lyme, CT 06333-1440
Rev. Richard J. Doyle Director	860-467-6272 Doyle42@comcast.net	860-682-0685 (cell)	87 Laurel Ridge East Hampton, CT 06424
Dave Jones Director	413-537-9262 (cell) 413-568-1239 (home) dcarljones@aol.com		44 Robinson Drive Westfield, MA 01085-4653
Rev. Margaret D. Lewis Secretary	860 621-6144 margaretdlewis@gmail.com	860-384-4123 (cell)	391 Belleview Ave Southington, CT 06489
William McMunn Director	860-423-1581 wcmunn@charter.net		PO Box 387 Windham, CT 06280-0387
Marcia Sarrazin Director	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410
Rev. Hopeton Scott Vice-Chair	203-335-0234 Fbcbridge@aol.com	203-206-4084 (cell)	9 Barry Road Huntington, CT 06484
Bill Smith Director	860-649-7547 wbsmi314@cox.net	860-670-8596 (cell)	55 Galaxy Drive Manchester, CT 06040
David Stevens Director	860-455-1355 dstevens5471@sbcglobal.net	860-450-6181 (cell)	415 Bassets Bridge Road Mansfield, CT 06250
Sandra Stevens Director	860-965-1413 sandyzerio@aol.com	860-457-5283 (work) 860-965-1413 (cell)	415 Bassets Bridge Road Mansfield, CT 06250
Peter Young Board Chair	203-481-4063 (h) 203-988-6133 (c) Pcyoung1945@gmail.com		53 Hotchkiss Grove Rd Branford, CT 06405-5409
Rev. Dr. Harry L. Riggs Ex-Officio Director	860-693-6897 hriggs@abconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107
Patricia Morse President and CEO	203-237-1206 pmorse@ctbaptisthomes.org pmorse@piercecare.org	860-878-8981 (cell)	133 Main Street Farmington, CT 06032

**General Information and Questionnaire
Related Parties***

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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	%**				
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Mgmt and Maintenance Contract Services	30 Line IV8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input checked="" type="radio"/>	<input type="radio"/>		Shared CEO and AR Contract Service	30 Line IV8		
		<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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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.

Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.

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.

All costs in the "Other" Column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.

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 Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2022		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							
None	<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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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 CliftonLarsonAllen LLP 2 Whittlessey, P.C. 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127 280 Trumbull Street, Hartford, CT 06103
--	---

Services Provided by This Firm (*describe fully*)

1 General accounting services in lieu of internal staff, Medicaid and Medicare Cost Reports	\$ 85,717
2 Annual Audit & Form 990 Preparation	\$ 11,645
3	\$
4	\$
	Charge for Services Provided
	\$ 97,362

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 N/A 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

- Yes No

Schedule of Resident Statistics

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C			Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	80	30	30	20	80	30	30	20					
B. On last day of THIS report period	80	30	30	20					80	30	30	20	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	57	26	24	7	57	26	24	7					
B. As of midnight of THIS report period	66	29	29	8					66	29	29	8	
3. Total Number of Days Care Provided During Period													
A. Medicare	666	344	322		469	190	279		197	154	43		
B. Medicaid (Conn.)	15,952	8,745	7,207		11,527	6,638	4,889		4,425	2,107	2,318		
C. Medicaid (other states)													
D. Private Pay	6,256	1,268	2,305	2,683	4,747	840	1,960	1,947	1,509	428	345	736	
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	22,874	10,357	9,834	2,683	16,743	7,668	7,128	1,947	6,131	2,689	2,706	736	
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)	22,874	10,357	9,834	2,683	16,743	7,668	7,128	1,947	6,131	2,689	2,706	736	

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Other (3)	Lost			Gained			CCNH	RHNS	Other	
				(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	Other
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	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	4	21	22	4	7	8		
Per Diem Rate								
a. One bed rm.	PDPM			486.00	431.00	100/125		
b. Two bed rms.	PDPM	224.06	224.06	439.00	410.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	5,327	2,285	3,042	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	5,327	2,285	3,042	
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	328	184	144	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	328	184	144	
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,801	2,571	2,230	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	4,801	2,571	2,230	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	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	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	17,303	329	18,884	359	1,689	32
2. Administrator(s) (Complete also Sec. III of Schedule A1)	76,777	621	83,789	678	7,493	61
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	77,287	4,028	77,287	4,028	51,524	2,685
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	174,019	9,828	165,231	9,331	45,080	2,546
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	54,645	3,259	54,645	3,259	19,287	1,150
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	30,863	1,034	30,862	1,034	10,893	365
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	35,497	2,307	36,642	2,382	3,147	205
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	60,184	1,052	60,184	1,052		
b. RN						
1. Direct Care	38,835	840	642,488	13,889		
2. Administrative**	84,580	1,968	84,579	1,968		
c. LPN						
1. Direct Care	267,555	6,572				
2. Administrative**						
d. Aides and Attendants	603,384	26,998	503,743	22,539		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	50,221	2,660	50,220	2,660		
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	56,797	2,135	56,796	2,134		
n. Marketing						
o. Other (Specify)						
See Attached Schedule	13,929	353	13,225	335	3,608	91
<i>A-13. Total Salary Expenditures</i>	1,641,876	63,984	1,878,575	65,651	142,721	7,135

* 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				License No.	Report for Year Ended			Page	of	
Connecticut Baptist Homes, Inc.				1023C	9/30/2022			11	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	Other							
Section I - Operators/Owners										
Mary Patricia Morse	17,303	18,884	1,689			720	A1			
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	
Connecticut Baptist Homes, Inc.				1023C	9/30/2022			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	Other							
Section III - Administrators***										
Mary Patricia Morse	76,777	83,789	7,493			1,360	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		
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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						
2. Dentist	3,442	Disallowed	3,441	Disallowed		
3. Pharmacist	4,203	Disallowed	4,202	Disallowed		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	75,700	964	100,757	1,282		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,000	90	9,000	90		
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	15,047	646	11,774	505		
b. Other						
10. Occupational Therapist						
a. Resident Care	85,773	Disallowed	74,249	Disallowed		
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						
B-13 Total Fees Paid in Lieu of Salaries	193,165	1,699	203,423	1,878		

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022		15	37
Item	Total	CCNH	RHNS	Other	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 97,283	43,603	49,890	3,790	
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 4,758	2,133	2,440	185	
4. Social Security (F.I.C.A.)	\$ 264,937	118,748	135,867	10,322	
5. Health Insurance	\$ 321,399	146,975	160,000	14,424	
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,208	24,297	27,799	2,112	
8. Uniform Allowance	\$ 2,137	968	918	251	
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,909	3,613	3,943	353	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 97,362	45,046	48,560	3,756	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 54,206	24,763	27,025	2,418	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 15,539	7,036	6,680	1,823	
2. Cellular Phones	\$ 2,820	1,277	1,211	332	
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	\$ 410,479	210,600	199,879		
Subtotal	\$ 1,333,037	629,059	664,212	39,766	

* 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	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	16	37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:	1,333,037	629,059	664,212	39,766
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 9,648	4,824	4,824	
3. Gifts to Staff and Residents	\$ 9,121	4,561	4,561	
4. Employee Travel	\$ 5,438	2,484	2,711	243
5. Education Expenses Related to Seminars and Conventions	\$ 7,530	3,440	3,754	336
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 27,558	12,590	13,739	1,229
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 6,366	2,908	3,174	284
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,315	3,342	3,647	326
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 3,763	1,719	1,876	168
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 206,835	95,002	103,075	8,757
C-14 Total Administrative & General Expenditures	\$ 1,616,611	759,929	805,573	51,109

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 39	\$ 42	\$ 4
Leading Age Connecticut	\$ 3,198	\$ 3,490	\$ 312
APIC Membership	\$ 105	\$ 115	\$ 10
Total Dues	\$ 3,342	\$ 3,647	\$ 326

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Misc. Administrative Expense - Disallowed	\$ 51,916	\$ 56,657	\$ 5,067
Bank Fees/Service Charges - Disallowed	\$ 2,139	\$ 2,335	\$ 209
Background Checks	\$ 2,283	\$ 2,492	\$ 223
Consultant Fees - Disallowed	\$ 198	\$ 216	\$ 19
Directors' Insurance	\$ 14,702	\$ 16,045	\$ 1,435
Paychex Service Charges	\$ 17,139	\$ 18,704	\$ 1,672
Medical Records Consultant - Disallowed	\$ 6,158	\$ 6,159	
Amortization of Bond Discount	\$ 467	\$ 467	\$ 132
Total Other Administrative and General	\$ 95,002	\$ 103,075	\$ 8,757

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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 #
Unidine	100,726	Food Services Contract	Page 18, Line 2c

* 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		License No.	Report for Year Ended		Page	of	
Connecticut Baptist Homes, Inc.		1023C	9/30/2022		18	37	
Item		Total	CCNH	RHNS	Other		
2. Dietary							
a. In-House Preparation & Service							
1.	Raw Food	\$ 208,491	94,402	89,634	24,455		
2.	Non-Food Supplies	\$ 8,409	3,807	3,615	987		
3.	Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)							
		\$ 134,301	60,809	57,739	15,753		
c. Other (Specify) _____ Management Services							
		\$ 100,726	45,607	43,304	11,815		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 451,927	204,625	194,292	53,010		
2E. Dietary Questionnaire		Total	CCNH	RHNS	Other		
F.	Resident Meals: Total no. of meals served per day:*						
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$11,163		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					Page 30, Line IV1	
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	See above.		
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	See above.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
O.	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		License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2022		19	37
Item		Total	CCNH	RHNS	Other	
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. \$	17,596	8,297	8,564	735
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)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	17,596	8,297	8,564	735
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	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 3D.

*** 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
Connecticut Baptist Homes, Inc.		1023C	9/30/2022		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,406	6,548	6,548	2,310
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.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	15,406	6,548	6,548	2,310
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Medications	\$	20,803	10,745	10,058	
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	128,972	66,616	62,356	
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	4,637	2,395	2,242	
f.	X-rays and Related Radiological Procedures***	\$	1,725	891	834	
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	26,942	13,472	13,471	
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	3,640	1,648	1,565	427
5M.	Total Resident Care Expenditures (5a - 5j)	\$	186,719	95,767	90,526	427

* 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 Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2022				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	Other	Pg	Line
All Waste Inc.	143 Murphy Road, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	5,645	5,645	1,992	22	6f
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Refrigeration	18,290	18,290	6,456	22	6a/f
Unidine	1000 Washington Street, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	60,809	57,739	15,753	18	2b
Custom Exterior Landscape	632 N Mountain Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	6,118	6,118	2,159	22	6a
Paychex	714 Brook St. #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	17,139	18,704	1,672	16	m13
Facilities Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	49,847	49,847	17,595	22	6f
MidState Paving	257 Gracey Ave, Meriden, CT 06451	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Paving	10,391	10,391	3,668	22	6f
Celtic Consulting	339 Main St, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	6,158	6,159		16	m13
		<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).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 70,994	30,172	30,172	10,650		
b. Heat	\$ 40,803	17,341	17,341	6,121		
c. Light & Power	\$ 97,293	41,350	41,350	14,593		
d. Water	\$ 38,815	16,496	16,496	5,823		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 181,002	76,927	76,927	27,148		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 428,907	182,286	182,286	64,335		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 2,387	1,193	1,194			
b. Building & Building Improvements	\$ 202,009	83,687	83,687	34,635		
c. Non-Movable Equipment	\$ 8,641	3,436	3,436	1,769		
d. Movable Equipment	\$ 101,416	44,025	42,682	14,709		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 314,453	132,341	130,999	51,113		
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)	\$ 314,453	132,341	130,999	51,113		

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
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:				
4/22/2022	Smoke Detectors	\$ 1,217	20	\$ 48
10/19/2021	Saloon Remodeling	\$ 3,000	20	\$ 150
12/3/2021	Saloon Remodeling	\$ 3,900	20	\$ 163
Total additions for Building Improvements		\$ 8,117		\$ 361 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2022			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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		01/01/83		
4. Date of Initial Licensure		01/01/83		
5. Total Licensed Bed Capacity		80		
6. Square Footage		53,000		
7. Acquisition Cost				
a. Land		133,155		
b. Building		319,500		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		05/01/22		
c. Interest Rate for the Cost Year		4.87%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		996,421		
f. Principal balance outstanding as of 09/30/2022		988,063		
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
Connecticut Baptist Homes, Inc.		1023C	9/30/2022			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 76,364	33,447	33,447	9,470		
Name of Lender		Rate					
M&T Bank		4.87%					
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		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 76,364	33,447	33,447	9,470		

(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
Connecticut Baptist Homes, Inc.		1023C		9/30/2022			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				76,364	33,447	33,447	9,470	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (<i>Specify</i>)				\$				
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 (<i>Specify</i>)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 76,364	33,447	33,447	9,470	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 36,196	15,130	15,130	5,936	
b. Insurance on Automobiles				\$ 2,342	1,070	1,168	104	
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)				\$ 15,347	6,415	6,415	2,517	
2. Fire and Extended Coverage				\$				
3. Other (<i>Specify</i>)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 53,885	22,615	22,713	8,557	
15. Total All Expenditures (A-13 thru C-14)				\$ 7,221,628	3,280,895	3,556,945	383,787	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Connecticut Baptist Homes, Inc.			1023C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 91,257	39,700	40,900	10,657
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 160,022	85,773	74,249	
7.			Other - See attached Schedule	\$ 15,288	7,645	7,643	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.	15	1h1	Telephone	\$ 15,539	7,036	6,680	1,823
12.	15	1h2	Cellular Telephone	\$ 43		43	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,600	1,645	1,795	161
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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 161,707	74,011	79,194	8,502
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 447,456	215,810	210,504	21,142

* 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	Other
10	a2	Administrative Contract Salaries - Cedar Ridge	\$ 13,141	\$ 14,341	\$ 1,282
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 26,559	\$ 26,559	\$ 9,374
Total Other Salaries Adjustment			\$ 39,700	\$ 40,900	\$ 10,657

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 3,442	\$ 3,441	
13	B3	Pharmacist	\$ 4,203	\$ 4,202	
Total Other Fees Adjustments			\$ 7,645	\$ 7,643	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 2,139	\$ 2,335	\$ 209
16	m13	Misc. Administrative Expenses	\$ 51,916	\$ 56,657	\$ 5,067
15		Benefits related to Cedar Ridge Administrative Contract	\$ 2,492	\$ 2,719	\$ 243
16	m13	Consulting Fees	\$ 198	\$ 216	\$ 19
16	m13	Medical Records Consultant	\$ 6,158	\$ 6,159	
15		Benefits related to Cedar Ridge Maintenance	\$ 8,397	\$ 8,397	\$ 2,964
16	l3	Gifts to Staff and Residents	\$ 2,711	\$ 2,711	
Total Other A&G Adjustments			\$ 74,011	\$ 79,194	\$ 8,502

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

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 447,456	215,810	210,504	21,142
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 20,803	10,745	10,058	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 1,725	891	834	
30.	20	5h	Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 15,907	8,216	7,691	
32.	20	5e2	Oxygen (non emergency)	\$ 4,637	2,395	2,242	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$ 4,796	881	3,622	294
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
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	\$ 11,208	5,074	4,819	1,315
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 506,532	244,011	239,769	22,751

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5i	Cable TV Expense		\$ 2,768	
22	7d	Shared Depreciation on Equipment	\$ 881	\$ 854	\$ 294
Total Other Property Adjustments			\$ 881	\$ 3,622	\$ 294

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV1	Meals sold to guests, employees, & others	\$ 5,054	\$ 4,799	\$ 1,310
30	IV8	Other Income	\$ 20	\$ 20	\$ 5
Total Other Adjustments			\$ 5,074	\$ 4,819	\$ 1,315

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,785,579	3,836,869	2,948,710			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,168,195)	(1,795,453)	(1,372,742)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 267,217	138,022	129,195			
b. Medicare Room and Board Contractual Allowance **	\$ 170,407	88,018	82,389			
4. a. Private-Pay Residents and Other	\$ 1,758,153	575,180	957,698	225,275		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 10,413	5,378	5,035			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (10,413)	(5,378)	(5,035)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 476	246	230			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (476)	(246)	(230)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (163)	(74)	(70)	(19)		
3. a. Physical Therapy - Medicare	\$ 248,820	106,744	142,076			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (89,776)	(38,514)	(51,262)			
c. Physical Therapy - Non-Medicare	\$ 6,651	2,853	3,798			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 39,169	21,974	17,195			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,127)	(5,121)	(4,006)			
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 229,560	123,045	106,515			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (84,110)	(45,083)	(39,027)			
c. Occupational Therapy - Non-Medicare	\$ 1,132	607	525			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,155,317	3,009,067	2,920,994	225,256		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 11,163	5,054	4,799	1,310		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 13,104	5,933	5,634	1,537		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ (706,700)	(309,534)	(309,535)	(87,631)		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 317,284	135,975	136,800	44,509		
V. Total Other Revenue (1 thru 8)	\$ (365,149)	(162,572)	(162,302)	(40,275)		
VI. Total All Revenue (III +V)	\$ 5,790,168	2,846,495	2,758,692	184,981		

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	355,559
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	420,151
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	46,378
4 Inventories			\$	120,190
5. Prepaid Expenses			\$	7,451
a. Prepaid Elevator Contract	2,212			
b. Prepaid Dues	1,750			
c. Prepaid Telephone Maintenance	3,489			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	256,155
Investments - LLC (Corp)	256,155			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,205,884
B. Fixed Assets				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,298		
	Accum. Depreciation	55,588		
	Net		\$	11,710
3. Buildings	*Historical Cost	7,490,078		
	Accum. Depreciation	4,814,777		
	Net		\$	2,675,301
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	321,465		
	Accum. Depreciation	307,051		
	Net		\$	14,414
6. Movable Equipment	*Historical Cost	1,630,460		
	Accum. Depreciation	1,352,052		
	Net		\$	278,408
7. Motor Vehicles	*Historical Cost	40,498		
	Accum. Depreciation	40,498		
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	14,142
Variance	14,142			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,127,130

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,333,014	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
2. Land Improvements				
	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		\$
3. Buildings				
	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		\$
4. Non-Movable Equipment				
	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		\$
5. Movable Equipment				
	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		\$
6. Motor Vehicles				
	*Historical Cost	_____	Net	\$
	Accum. Depreciation	_____		\$
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	_____	Net	\$
	Accum. Depreciation	_____		\$
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>)				
			\$	4,263,131
Long Term Invesmtents			4,155,826	
Perpetural Trust			107,305	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
			\$	4,263,131
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
			\$	8,596,145

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			889,886	
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>)				\$ 937,265
Construction Loan - M&T		937,265		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 937,265
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,827,151

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

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2022	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			\$	8,200,454
6. Gain or Loss for Period			\$	(1,431,460)
10/1/2021 thru 9/30/2022				
7. Total Net Worth			\$	6,768,994
C. Total Reserves and Net Worth			\$	6,768,994
D. Total Liabilities, Reserves, and Net Worth			\$	8,596,145

H. Changes in Total Net Worth

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	8,204,161	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,790,168	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,221,628	
D. Net Income or Deficit			\$	(1,431,460)	
E. Balance			\$	6,772,701	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
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>			\$	3,707	
Purpose		Amount			
Prior Period Adjustment		3,707			
3. Total Deductions			\$	3,707	
H. Balance at End of Period		09/30/22	\$	6,768,994	

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
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>CliftonLarsonAllen LLP</i>		Title		Date Signed 2/15/2023
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 S Main Street, 4th Floor, West Hartford, CT 06107			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLACConnect.com				