

February 16, 2024

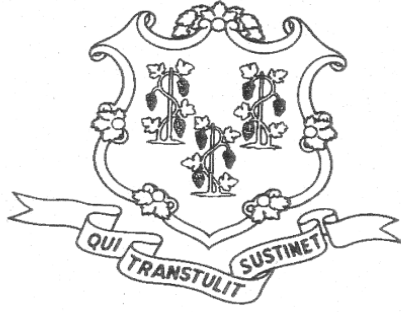
Ms. Nicole Godburn
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2023 Medicaid Cost Report for The Curtis Home.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. We did not disallow bad debts as it is now netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown Street, Meriden, CT 06450	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> Residential Care Home <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 541C	Residential Care Home 1273H	(Specify)	Medicare Provider 07-5365
------------------	---------------------	--------------------------------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS	Residential Care Home	(Specify)
----------------------------	-------------	-----------------------	-----------

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 1	of 37
---	---------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Curtis Home [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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.

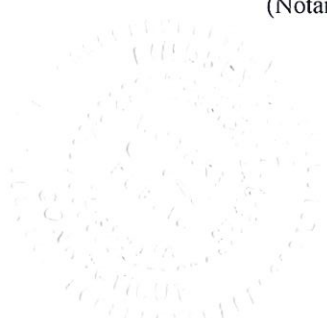
I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the 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) Albert Mislow			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		Comm. Expires
Albert Mislow	CT	2-14-24			12/31/2024
Address of Notary Public 17 Hillside Road Kensington CT 06037					

(Notary Seal)

LINDSEY POPE
NOTARY PUBLIC
STATE OF CONNECTICUT
 My Commission Expires Dec. 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 The Curtis Home		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 380 Crown Street, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/16/2024	
Item	Total	CCNH / RHNS	Residential Care Home	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-237-4338		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown Street, Meriden, CT 06450		
License Numbers:	CCNH / RHNS 541C	Residential Care Home 1273H	(Specify)	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> Residential Care Home <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator				
Name of Administrator Albert Mislow		Nursing Home Administrator's License No.:	001103	
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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
The Curtis Home	380 Crown Street, Meriden, CT 06450	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

The Curtis Home, ST Elizabeth Center - Board of Trustees

Name	Address	Work Ph #	Fax #	Alternate Ph #
President – Gruber, Michael MGruber@Travelers.com	42 Lydale Place Meriden, CT 06450			H (203) 237-7031 C (203) 715-0858
Vice President – Pendred, Richard rpended@UBEO.com	60 Harrison Rd Cheshire, CT 06410		(860) 635-5280	H (203) 272-9734 C (860) 558-7617
Treasurer- Cantor, David david.cantor@wipfli.com	86 Forest Glen Drive Woodbridge, CT 06525			H (203) 387-0871 C (860) 214-6644
Erickson, Art arthur@beecherandbennett.com	Beecher & Bennett Funeral Home 48 Cook Ave Meriden, CT 06451	W (203) 235- 4152		
MacNiven, David dave@nutmeginsuranceadvisors.com	1 St. John St North Haven, CT 06473	C (203) 233-2610 W (203) 909-6003		
Allam, Peter Allam.peter@gmail.com	32 Brian St Meriden, CT 06450	C (203) 605-4320 W (860) 621-8370		
Halloran, Karen KHalloran@hamdenchamber.com	Hamden Regional Chamber of Commerce 3074 Whitney Avenue, Building 1 Hamden, CT 06518	W (203) 288-6431		

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 3B	of 37
-------------------------------------	---------------------	------------------------------------	------------	----------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 4	of 37
-------------------------------------	---------------------	------------------------------------	-----------	----------

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

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>		Elderly Apartments on Campus (unoccupied)	None - Excluded		
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>		Fixed Assets - Elderly Apt & Adult Daycare	None - Excluded		
		<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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Administrative, general costs, and insurance are based on patient days and number of beds, consistent with prior filings which were audited by the department.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Other Lines of Business

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		33,683		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 7	of 37
-------------------------------------	---------------------	------------------------------------	-----------	----------

Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total Residential Care Home	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	Residential Care Home	(Specify)	Total	CCNH / RHNS	Residential Care Home	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	94	60	34		94	60	34					
B. On last day of THIS report period	94	60	34						94	60	34	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	81	55	26		81	55	26					
B. As of midnight of THIS report period	78	55	23						78	55	23	
3. Total Number of Days Care Provided During Period												
A. Medicare	418	418			340	340			78	78		
B. Medicaid (Conn.)	10,463	10,463			7,778	7,778			2,685	2,685		
C. Medicaid (other states)												
D. Private Pay	262	262			230	230			32	32		
E. State SSI for RCH	9,010		9,010		6,886		6,886		2,124		2,124	
F. Other (Specify) VA	8,655	8,655			6,430	6,430			2,225	2,225		
G. Total Care Days During Period (3A thru F)	28,808	19,798	9,010		21,664	14,778	6,886		7,144	5,020	2,124	
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)	28,808	19,798	9,010		21,664	14,778	6,886		7,144	5,020	2,124	

Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2023			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	(Specify)	Lost			Gained			CCNH / RHNS	Residential Care Home	(Specify)	
	(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	(Specify)			
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	Residential Care Home	CCNH / RHNS	Residential Care Home	(Specify)	R.C.H.	ICF-MR				
No. of Residents			28		27			23					
Per Diem Rate													
a. One bed rm.	PDPM		289.72		475.00	120.00		118.28					
b. Two bed rms.	PDPM				425.00	120.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH / RHNS	Residential Care Home	Outpatient	(Specify)				
A. Medicare - Part B					1,602	1,602							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments					1,602	1,602							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					142	142							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments					142	142							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					3,912	3,912							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments					3,912	3,912							

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended					Page	of	
The Curtis Home	541C	9/30/2023					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 / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	(Specify)	Adjustment	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)	104,284		1,333	59,095		755			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	211,001		7,123	119,568		4,037			
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	57,864		1,602	32,319		895			
c. Dietary Workers	240,938		12,435	134,572		6,945			
6. Housekeeping Service									
a. Head Housekeeper	13,628		370	6,592		179			
b. Other Housekeeping Workers	92,651		4,687						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	31,649		859	15,308		416			
b. Other Maintenance Workers	145,024		6,201	70,144		2,999			
8. Laundry Service									
a. Supervisor	15,781		428	137		4			
b. Other Laundry Workers	72,311		3,750	629		33			
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	122,053		2,088						
b. RN									
1. Direct Care	599,655		10,179						
2. Administrative**	192,385		4,203						
c. LPN									
1. Direct Care	563,771		14,271	79,571	(41,070)	2,202			
2. Administrative**	32,363		1,250						
d. Aides and Attendants	657,470		29,609	272,202		15,568			
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	87,558		3,464	1,785		71			
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	72,353		2,155						
n. Marketing									
o. Other (Specify) See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	3,312,739		106,007	791,922	(41,070)	34,104			

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			Residential Care Home			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			Residential Care Home			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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	
The Curtis Home				541C	9/30/2023			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	Residential Care Home	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
The Curtis Home			541C		9/30/2023			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	(Specify)							
Section III - Administrators***										
Albert Mislow	104,284	59,095				2,088	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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 13	of 37					
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	(Specify)	Adjustment	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	1,136		34						
2. Dentist	7,953	(7,953)	Disallowed						
3. Pharmacist	3,840	(3,840)	Disallowed						
4. Podiatrist	3,648	(3,648)	Disallowed						
5. Physical Therapy									
a. Resident Care	120,507		1,771						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	37,710		156						
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	23,972		148						
b. Other									
10. Occupational Therapist									
a. Resident Care	218,383	(218,383)	Disallowed						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	87,723		1,032						
2. Administrative***									
b. LPN									
1. Direct Care	38,149		763						
2. Administrative***									
c. Aides	358,699		10,248						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	901,720	(233,824)	14,152						

* 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 in the Adjustment column.

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Mary Jane Leonetti, 47 Ramona Ave, Waterbury, CT 06705	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental, 88 Worcester St., Std. 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Woodmark Pharmacy, 41 Northwest Dr, Plainville, CT 06062	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Podiatry Group, 100 Crossing Blvd, Framingham, MA 01702	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Heritage at Home, LLC, 307 International Circle Suite 100, Hunt Valley, MD	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Deane Highway, Rocky Hill, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Benjamin Yeboah, MD, 20 York St # 2, New Haven, CT 06510	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Heritage Private Nursing, 174 S Rd, Enfield, CT 06082	RN, LPN, CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Strategic Nursing Solutions	RN, LPN, CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Nurses Staffing Agency, PO Box 503, South Glastonbury, CT 06074	RN, LPN Agency	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Braod Street, Suite 302, Newark, NJ 07102	RN, LPN, CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Access Capital, Inc. 400 Park Avenue, 19th Floor, New York, NY 10022-9467	RN, LPN, CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, 7 S Main Street, West Hartford, CT 06107	CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Spectrum Staffing, 10 Waterview Blvd #315, Parsippany-Troy Hills, NJ 07054	LPN and CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
CareerStaff Unlimited, 360 Bloomfield Ave #303, Windsor, CT 06095	LPN and CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main St, Plantsville, CT 06479	LPN and CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
WW Staffing LLC, Academy Association, Inc., 2222 Sedwick Rd, Durham, NC 27713	CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Signature Staff Resource	CNA Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Sisters Healthcare	CNA Agency	<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.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
The Curtis Home	541C	9/30/2023					15	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 7,207	5,817		1,390				
2. Disability Insurance	\$ (2,647)	(2,136)		(511)				
3. Unemployment Insurance	\$ 1,764	1,424		340				
4. Social Security (F.I.C.A.)	\$ 306,843	247,643		59,200				
5. Health Insurance	\$ 277,136	223,667		53,469				
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,702	21,550		5,152				
8. Uniform Allowance	\$							
9. Other (Specify) See Attached Schedule	\$ (8,214)				(8,214)			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 33,837	21,598		12,239				
e. Legal (Services should be fully described on Page 15b)	\$ 9,184	5,862		3,322				
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 6,833	6,833						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 23,159	19,502		3,657				
2. Cellular Phones	\$ 722	722						
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 407,368	407,368						
Subtotal	\$ 1,089,894	959,850		138,258	(8,214)			

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	Residential Care		(Specify)	Adjustment
			Home	Adjustment		
Benefit Adjustment on Disallowed Salaries				\$ (8,214)		
Total	\$ -	\$ -	\$ -	\$ (8,214)	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	Residential Care		(Specify)	Adjustment
			Home	Adjustment		
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 15b	of 37
-------------------------------------	---------------------	------------------------------------	-------------	----------

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 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107
--	--

Services Provided by This Firm (*describe fully*)

1 Independent audit, Form 990, Medicaid and Medicare Cost Report	\$ 33,837
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 33,837

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 Solomon Krupnikoff & Wyskiel 2 Murtha Cullina LLP 3 Schwartz Sladkus Reigh Greenberg LLP 4 Berchem Moses PC 5 State of CT Treasurer	Telephone Number 203-235-1659 860-240-6000 212-743-7000 203-783-1200
---	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 636 Broad Street, Meriden, CT 06450 2 280 Trumbull Street, 12th Floor, Hartford, CT 06103 3 444 Madison Ave, 6th Floor, New York, NY 10022 4 75 Broad Street, Milford, CT 06460 5

Services Provided by This Firm (*describe fully*)

1 General Legal Services	\$ 2,500
2 General Legal Services	\$ 230
3 General Legal Services	\$ 5,104
4 General Legal Services	\$ 600
5	\$ 750
	Charge for Services Provided
	\$ 9,184

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Curtis Home	541C	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:		1,089,894	959,850		138,258	(8,214)		
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$ 1,900	1,306		594				
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$ 5,599	5,074		525				
4. Employee Travel	\$ 1,020	1,020						
5. Education Expenses Related to Seminars and Conventions	\$	100	(100)					
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$							
2. Advertising Telephone Directory (all such expenses)***	\$	1,819	(1,819)					
3. Advertising Other (Specify)*** See Attached Schedule	\$							
4. Fund-Raising***	\$							
5. Medical Records	\$							
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 4,851	3,334		1,517				
7. Postage	\$ 1,963	1,349		614				
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 3,080	3,080						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	810	(810)					
9. Subscriptions	\$	222	(222)	222	(222)			
10. Contributions*** See Attached Schedule	\$							
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$							
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ 116,528	93,832	(10,217)	35,169	(2,256)			
C-14 Total Administrative & General Expenditures	\$ 1,224,835	1,071,796	(13,168)	176,899	(10,692)			

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Total Other Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
CAHCF	\$ 3,080					
Total Dues	\$ 3,080	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Pre-Employment Screenings	\$ 3,948		\$ 944			
Computer Supplies & Programs	\$ 16,379		\$ 9,281			
Administrative Contracts	\$ 23,250		\$ -			
Administrative Consultant	\$ 10,633		\$ 6,026			
Bank Service Charges	\$ 675	\$ (675)	\$ 382	\$ (382)		
Payroll Service Fees	\$ 19,917		\$ 11,286			
Administrative Outside Services	\$ 9,488		\$ 5,376			
Miscellaneous Expenses	\$ 9,542	\$ (9,542)	\$ 1,874	\$ (1,874)		
Total Other Administrative and General	\$ 93,832	\$ (10,217)	\$ 35,169	\$ (2,256)	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 17 of 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 #

*** 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
The Curtis Home	541C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 285,590	183,243		102,347			
2. Non-Food Supplies	\$ 15,203	9,755		5,448			
3. Other (Specify) _____	\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$						
c. Other (Specify) _____	\$						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 300,793	192,998		107,795			
2E. Dietary Questionnaire	Total	CCNH / RHNS		Residential Care Home		(Specify)	
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No					
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
K. Is any revenue collected 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)							
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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
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. \$	22,831	22,634		197		
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)		\$	22,831	22,634		197		
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	
The Curtis Home		541C	9/30/2023				20	37	
Item		Sq. Ft. Serviced by Personnel	Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
4.	Housekeeping								
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	35,246	24,222		11,024			
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)	\$	35,246	24,222		11,024			
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from Third Party Pharmacy & Med A	\$		354,301	(354,301)				
b.	Medicine Cabinet Drugs	\$	31,083	31,083					
c.	Medical and Therapeutic Supplies	\$	81,868	81,861		7			
d.	Ambulance/Limousine***	\$		1,337	(1,337)				
e.	Oxygen								
	1. For Emergency Use	\$							
	2. Other***	\$							
f.	X-rays and Related Radiological Procedures***	\$		(605)	605				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$							
h.	Laboratory***	\$		10,911	(10,911)				
i.	Recreation	\$	10,204	9,932		272			
j.	Direct Management Services*	\$							
k.	Indirect Management Services*	\$							
l.	Cable TV	\$							
m.	Other (Specify)**** See Attached Schedule	\$		10,234	(10,234)				
n.	Physical Therapy Expense	\$	4,289	4,289					
o.	Speech Therapy Expense	\$							
5P.	Total Resident Care Expenditures (5a - 5o)	\$	127,444	503,343	(376,178)	279			

* 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 in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
SNF Personal Needs	\$ 10,234	\$ (10,234)				
Total Other Resident Care	\$ 10,234	\$ (10,234)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2023				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	(Specify)	Pg	Line
CWPM, LLC	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Waste Management	20,080	9,138		22	6f
PrimePay	5 Commerce Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	19,917	11,286		16	m13
General Technology Group	164 Scott St, Ste 1, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	7,562	4,284		16	m13
Country Club Landscapes	234 Middle St, Ste. B, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	15,841	7,209		22	6f
		<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"/>							

* 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
The Curtis Home	541C	9/30/2023					22	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 81,260	64,292		16,968				
b. Heat	\$ 63,833	25,151		38,682				
c. Light & Power	\$ 96,918	79,557		17,361				
d. Water	\$ 65,088	49,641		15,447				
e. Equipment Lease (Provide detail on page 22b)	\$ 877	560		317				
f. Other (itemize) See Attached Schedule	\$ 159,785	109,810		49,975				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 467,761	329,011		138,750				
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 2,972			2,972				
b. Building & Building Improvements	\$ 116,041	114,913		1,128				
c. Non-Movable Equipment	\$ 21,760	19,165		2,595				
d. Movable Equipment	\$ 28,277	27,355	(482)	1,404				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 169,050	161,433	(482)	8,099				
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*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)	\$ 169,050	161,433	(482)	8,099				

* 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

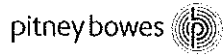
Description	CCNH / RHNS	Adjustment	Residential Care		(Specify)	Adjustment
			Home	Adjustment		
Maintenance Services	\$ 49,648		\$ 22,595			
Maintenance Contracts	\$ 58,489		\$ 26,619			
Shredding Expense	\$ 1,673		\$ 761			
Total Other Repairs and Maintenance	\$ 109,810	\$ -	\$ 49,975	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

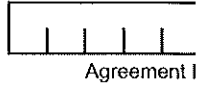
Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2023			Page 22b	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					
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	08/01/18	51 Months	942	157
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	01/01/23	63 Months	960	720
	<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 type="radio"/> No						Total ***	877

* 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.



Lease Agreement



Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee Tax ID # (FEIN/TIN)
 THE CURTIS HOME INC 060692375

Sold-To: Address
 380 Crown St, Meriden, CT, 06450-6484, US

Sold-To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #
Linda Fassbender	2032374338	0012162753

Bill-To: Address
 380 Crown St, Meriden, CT, 06450-6484, US

Bill-To: Contact Name	Bill-To: Contact Phone #	Bill-To: Account #	Bill-To: Email
Linda Fassbender	2032374338	0012162753	lfassbender@thecurtisho

Ship-To: Address
 380 Crown St, Meriden, CT, 06450-6484, US

Ship-To: Contact Name	Ship-To: Contact Phone #	Ship-To: Account #
Linda Fassbender	2032374338	0012162753

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROC SERIES4	SendPro C Series - Version 4
1	1E47	SP100 Label Printer with Lifter Base
1	1FXA	Interface to InView Dashboard
1	7H00	C Series IMI Meter
1	8H00	C Series IMI Base
1	APAC	Connect+ Accounting Weight Break Reports
1	APAX	Cost Acctg Accounts Level (100)
1	APB2	Cost Accounting Devices (10)
1	APKN	Account List Import/Export
1	C200	SendPro C200
1	CAAB	Basic Cost Accounting

1	ME1A	Meter Equipment - C Series
1	MP81	C Series Integrated Scale
1	PAB1	C Series Premium App Bundle
1	PTJ1	SendPro Online-PitneyShip
1	PTJ4	Multicarrier Sending App w HW or Meter
1	PTJ8	SPO-PitneyShip Mailing included w HW
1	PTJC	SPO-PitneyShip Individual
1	PTJN	Single User Access
1	PTK1	Web Browser Integration
1	PTK2	SendPro C Series Shipping Integration
1	SJS1	C200 SoftGuard
1	SPCRK	Return Kit for SendPro C Series
1	STDSLA	Standard SLA-Equipment Service Agreement (for SendPro C Series - Version 4)
1	ZH24	Manual Weight Entry
1	ZH26	HZ02 50 LPM Speed
1	ZHC2	SendPro C200 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E Conf Services for Metered LTR. BDL
1	ZHWL	5lb/3kg Weighing Option for MP81

Your Payment Plan

Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 80.00	\$ 240.00

- () Tax Exempt Certificate Attached
() Tax Exempt Certificate Not Required
(X) Purchase Power® transaction fee
() Purchase Power® transaction fee

*Does not include any applicable sales, use, or property taxes which will be billed separately.

Your Signature Below

You agree to be bound by all the terms and conditions of this Agreement, including the Pitney Bowes Terms (Version 3/21), which are available at <http://www.pb.com/terms-conditions>, those contained in the Agreement between Premier Healthcare Alliance, L.P. and Pitney Bowes Inc., Effective date June 1, 2021, Agreement Number: PP-F binding on PBGFS only after PBGFS has completed its credit and documentation approval process and an authorized PBGFS employee signs below. The lessee must provide proof of insurance or instead participate in the Pitney Bowes ValueMAX® equipment protection program (see paragraph L9 on page 2) for an additional fee in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <https://www.pitneybowes.com/us/license-terms-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable
State/Entity's Contract# _____

Lessee Signature _____
Print Name _____
Title _____
Date _____
Email Address _____

Signature: *Albert Mislow Sr.*
Albert Mislow Sr. (Dec 22, 2022 15:07 EST)
Email: lfassbender@thecurtishome.org
Title: Administrator

Pitney Bowes Signature

Print Name

Title

Date

Sales Information

Crystal Fry	crystal.fry@pb.com	
Account Rep Name	Email Address	PBGFS

Depreciation Schedule

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2023				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		215,975		215,975	146,783	SL	Various	2,972					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									2,972				
B. Building and Building Improvements													
1. Acquired prior to this report period		4,757,058		4,757,058	3,963,858	SL	Various	109,531					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		88,583		88,583		SL	Various	6,510					
B-4. Subtotal									116,041				
C. Non-Movable Equipment													
1. Acquired prior to this report period		426,432		426,432	256,814	SL	Various	21,760					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		73,664											
C-4. Subtotal									21,760				
		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. Truck & Plow				10	2016	37,904		37,904	37,904	SL	4		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,263,908		1,263,908	1,125,893	SL	Various	28,759	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						7,161							
d. Standard Resident						20,756							
e. Specialized Resident													
Total Acquired during this report period						27,917							
D-3. Subtotal													28,759
E. Total Depreciation													169,532

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:				
10/1/2023	Boiler (\$42,371 was inadvertently capitalized in FY22 Medicaid Report)	\$ 87,833	20	\$ 6,510
	Additions	\$ 750		
Total additions for Building Improvements		\$ 88,583		\$ 6,510 *
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:				
FY23	Additions	\$ 73,664		
Total additions for Non-Movable Equipment		\$ 73,664		\$ - *
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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
FY23	Additions	Standard Resident	\$ 20,756		
FY23	Additions	Administrative	\$ 7,161		
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 27,917		\$ - *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 25	of 37
-------------------------------------	---------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	06/01/84			
2. Date Structure Completed	07/23/85			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	07/23/85			
5. Total Licensed Bed Capacity	94			
6. Square Footage	33,683			
7. Acquisition Cost				
a. Land	Gifted			
b. Building	3,300,000			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/23				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
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		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(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
The Curtis Home		541C		9/30/2023				27	37
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:									
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)			\$						
14. Insurance									
a. Insurance on Property (buildings only)			\$ 199,765	127,510		72,255			
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)			\$						
1. Umbrella (Blanket Coverage)			\$						
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. Total Insurance Expenditures (14a + b + c)			\$ 199,765	127,510		72,255			
15. Total All Expenditures (A-13 thru C-14)			\$ 7,279,212	6,647,406	(623,652)	1,307,220	(51,762)		

F. Statement of Revenue

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023			Page 30	of 37
Item	Total	CCNH / RHNS	Residential Care Home	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,201,651	3,133,543	1,068,108			
b. Medicaid Room and Board Contractual Allowance **	\$ (439,140)	(439,140)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 136,825	136,825				
b. Medicare Room and Board Contractual Allowance **	\$ (162,321)	(162,321)				
4. a. Private-Pay Residents and Other	\$ 4,321,420	4,321,420				
b. Private-Pay Room and Board Contractual Allowance **	\$ (720,524)	(711,765)	(8,759)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 99,455	99,455				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 16,355	16,355				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 1,201	1,201				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 214,896	214,896				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 170,380	170,380				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,840,198	6,780,849	1,059,349			
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>)	\$ 10,977	9,111	1,866			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 38,031	28,014	10,017			
V. Total Other Revenue (1 thru 8)	\$ 49,008	37,125	11,883			
VI. Total All Revenue (III+V)	\$ 7,889,206	6,817,974	1,071,232			

* 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	(Specify)
II6a	Contractual Allowances - Medicare A	\$ 170,380		
Total Other Resident Revenue - Medicare		\$ 170,380	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	Residential Care Home	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	Residential Care Home	(Specify)
IV5	Interest Income		\$ 9,111	\$ 1,866	
Total Interest Income			\$ 9,111	\$ 1,866	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	Residential Care Home	(Specify)
IV8	Food Rebates	\$ 1,783	\$ 996	
IV8	Donations	\$ 13,284	\$ -	
IV8	Vaccine Revenue	\$ 923	\$ -	
IV8	Miscellaneous Income	\$ 2,024	\$ -	
IV8	Grants	\$ 10,000	\$ 9,021	
Total Other Revenue		\$ 28,014	\$ 10,017	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,764,265
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,557,265
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	225
4. Inventories			\$	
5. Prepaid Expenses			\$	(6,477)
a. Prepaid Insurance	(6,477)			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	108,944
Patient Personal Funds	108,944			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,424,222
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	215,975	\$	66,220
	Accum. Depreciation	149,755		Net
3. Buildings	*Historical Cost	4,845,641	\$	765,742
	Accum. Depreciation	4,079,899		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	500,096	\$	221,522
	Accum. Depreciation	278,574		Net
6. Movable Equipment	*Historical Cost	1,291,825	\$	137,173
	Accum. Depreciation	1,154,652		Net
7. Motor Vehicles	*Historical Cost	37,904	\$	
	Accum. Depreciation	37,904		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	65,256
Construction in Progress	56,192			
See Schedule	9,064			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,255,913

* 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	
		Cost Report vs. Financial Statements	\$ 9,064
Total Other Other Fixed Assets (Itemize)			\$ 9,064

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 Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,680,135
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>)			\$	916,654
Affiliate Assets Not For Cost Report Purposes		916,654		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	916,654
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,596,789

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
The Curtis Home		541C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	483,855
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>)				\$	154,395
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	410,619
United Way		772	Accrued Water & Sewer	29,711	
Retirement Due		167,931	Accrued Expenses	102,476	
Retirement Loan Withheld		9,446	Due to Third Party	(7,385)	
Personal Funds Exchange		107,668	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,048,869

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				1,048,869
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 83,442
Name of Lender	Purpose	Amount	Date Due	
Eversource				
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>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 83,442
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,132,311

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,529,898
6. Gain or Loss for Period			\$	(65,420)
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	4,464,478
C. Total Reserves and Net Worth			\$	4,464,478
D. Total Liabilities, Reserves, and Net Worth			\$	5,596,789

H. Changes in Total Net Worth

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	4,349,382
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,889,206
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,954,626
D. Net Income or Deficit			\$	(65,420)
E. Balance			\$	4,283,962
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Affiliate Net Income (Excluded From Report)	108,691			
2. Other <i>(itemize)</i>				
Prior Period Adjustment	71,825			
F-3. Total Additions			\$	180,516
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	4,464,478

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input type="checkbox"/> Residential Care Home	<input type="checkbox"/> (Specify)		
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 2/16/2024		
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 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@claconnect.com				