

February 21, 2022

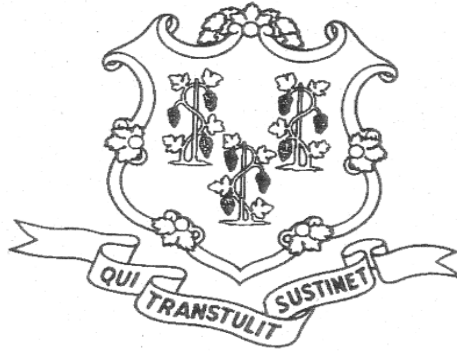
Ms. Nicole Godburn  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2021 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 2021

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown Street, Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

**For Department Use Only**

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

# 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 - Leases	6
General Information and Questionnaire - Accounting Basis	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
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
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 9/30/2021	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.

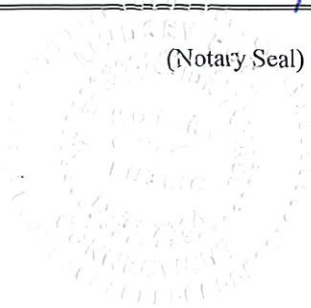
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Curtis Home [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and 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>Al Mislow Sr</i>		Date 2/22/22	Signed (Owner)		Date
Printed Name (Administrator) Al Mislow			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Al Mislow</i>	State of <i>CT</i>	Date <i>2/22/22</i>	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires <i>12/31/24</i>
Address of Notary Public <i>17 Hillside Rd Kensington CT 06037</i>					

(Notary Seal)



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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Curtis Home	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 380 Crown Street, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/21/2022		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 9/30/2021	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 541C	RHNS	Residential Care Home 1273H	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Al 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.:		









## Board of Trustees 2021

	<b>Address</b>	<b>Contact Phone</b>
<b>President</b> David Cantor	86 Forest Glen Drive Woodbridge, CT 06525	860.214.6644
<b>Vice President</b> Ronald Stempien	450 Broad Street Meriden, CT 06450	860.573.6802
<b>Members</b>		
Art Erickson	480 Cook Ave. Meriden, CT 06450	203.265.4152
Robert Flyntz	12 Jonathon Road Wallingford, CT 06492	203.213.4681
Michael Gruber	42 Lydale Place Meriden, CT 06450	203.715.0858
Richard Pendred	909 Middle Street Middletown, CT 06457	860.558.7617

### General Information and Questionnaire Individual Proprietorship

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	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 9/30/2021	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 type="radio"/>	<input checked="" type="radio"/>		Eldery Apartments on Campus (unoccupied)	None - Excluded		
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" 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 9/30/2021	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 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 9/30/2021			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					
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	08/01/18	51 Months	942	942
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	04/21/17	48 Months	7,521	4,121
	<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
<b>Total ***</b>						5,063	

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

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	Page 7	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, 4th Floor, West Hartford, CT 06107
--	---

Services Provided by This Firm (*describe fully*)

1 Independent Audit, Form 990, Medicare and Medicaid Cost Reports	\$ 46,893
2	\$
3	\$
4	\$
	<b>Charge for Services Provided</b>
	\$ 46,893

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 Murtha Cullina 2 State Marshall 3 4 5	Telephone Number 860-240-6000
---	----------------------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 185 Asylum Street, 29th Floor, Hartford, CT 06103  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 General legal and professional services	\$ 4,713
2 Conservator Fees - Disallowed	\$ 203
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 4,916

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, Line 1e

### Schedule of Resident Statistics

Name of Facility The Curtis Home		License No. 541C			Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	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	75	48		27	75	48		27				
B. As of midnight of THIS report period	74	47		27					74	47		27
3. Total Number of Days Care Provided During Period												
A. Medicare	775	775			511	511			264	264		
B. Medicaid (Conn.)	19,963	9,597		10,366	15,033	7,149		7,884	4,930	2,448		2,482
C. Medicaid (other states)												
D. Private Pay	476	476			278	278			198	198		
E. State SSI for RCH												
F. Other (Specify) VA/ Optum/ Managed Care	6,956	6,956			5,430	5,430			1,526	1,526		
G. Total Care Days During Period (3A thru F)	28,170	17,804		10,366	21,252	13,368		7,884	6,918	4,436		2,482
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. <b>Total Resident Days (3G + 4A + 4B)</b>	28,170	17,804		10,366	21,252	13,368		7,884	6,918	4,436		2,482

### Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	1		25		21				27				
Per Diem Rate													
a. One bed rm.	PDPM		290.01		350.00				111.66				
b. Two bed rms.	PDPM		N/A		325.00				N/A				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								1,909	1,909				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								4,657	4,657				
D. <b>Total Physical Therapy Treatments</b>								6,566	6,566				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								78	78				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								149	149				
D. <b>Total Speech Therapy Treatments</b>								227	227				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,566	3,566				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								6,312	6,312				
D. <b>Total Occupational Therapy Treatments</b>								9,878	9,878				



### Report of Expenditures - Salaries & Wages

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	87,310	1,269			49,476	719
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	219,703	5,528			124,498	3,132
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	43,143	1,272			24,274	716
c. Dietary Workers	238,738	13,779			134,320	7,752
6. Housekeeping Service						
a. Head Housekeeper	19,188	542			9,281	262
b. Other Housekeeping Workers	126,878	9,170			15,405	1,113
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	17,530	495			8,479	239
b. Other Maintenance Workers	87,609	4,310			42,374	2,084
8. Laundry Service						
a. Supervisor	15,636	442			280	8
b. Other Laundry Workers	78,146	5,024			1,401	90
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	120,761	2,120				
b. RN						
1. Direct Care	515,650	10,999				
2. Administrative**	190,149	2,120				
c. LPN						
1. Direct Care	373,156	11,869				
2. Administrative**	15,789	467			74,581	2,243
d. Aides and Attendants	525,256	35,041			273,318	18,233
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,358	3,240				
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	67,920	1,883				
n. Marketing	1,758	104			1,023	60
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,833,678	109,672			758,710	36,653

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 3,600	60				
<b>Total</b>	\$ 3,600	60	\$ -	-	\$ -	-

**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	9/30/2021				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							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

\* 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		9/30/2021			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							
<b>Section III - Administrators***</b>										
Paul Sprague	87,310		49,476			1,988	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	7,830	177				
2. Dentist	6,456	Disallowed				
3. Pharmacist	510	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	131,227	1,902				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	102				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) VA Doctor Expense	12,824	Disallowed				
9. Speech Therapist						
a. Resident Care	10,524	153				
b. Other						
10. Occupational Therapist						
a. Resident Care	203,718	2,952				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	90,043	848				
2. Administrative***						
b. LPN						
1. Direct Care	131,285	1,694				
2. Administrative***						
c. Aides	422,312	12,649				
d. Other						
12. Other (Specify) See Attached Schedule	3,600	60				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,038,329</b>	<b>20,537</b>				

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

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

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Jennifer Catalano, 55 St. James Pl. Berlin, CT 06037	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Mary Jane Leonetti, 47 Ramona Ave, Waterbury, CT 06705	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental, 88 Worcester St. Ste. 130, Wellesley, MA 02482	Dentist	<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"/>		
Claim LLC, 76 Batterson Part Road, Suite 106, Farmington, CT 06032	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Anuruddha Walaliyadda MD.CMD, 12 Cooke Road, Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Woodmark Pharmacy, 41 Northwest Dr, Plainville, CT 06062	Pharmacist/ Medical Records	<input type="radio"/>	<input checked="" type="radio"/>		
Access Capital Inc., 400 Park Avenue, 19 Floor, New York, NY 10022-9467	RN/ LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Broad St, Suite 302, Newark, NJ 07102	LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
CareerStaff Unlimited, 360 Bloomfield Ave #303, Windsor, CT 06095	RN/ LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurses Staffing Agency, PO Box 503, South Glastonbury, CT 06074	LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Diligent Services Providers LLC, 110 Austin St, New Britain, CT 06053	RN/ LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, 7 S Main Street, West Hartford, CT 06107	LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Healthcare Staffing Services, Inc., 12558 Collections Center Dr, Chicago, IL 60693	LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
WW Staffing LLC, Academy Association, Inc., 2222 Sedwick Rd, Durham, NC 27713	LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Client Home Care Staffing Agency LLC, 29 Judwin Ave, New Haven, CT 06515	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* 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	9/30/2021	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 137,131	108,169		28,962
2. Disability Insurance	\$ 17,371	13,702		3,669
3. Unemployment Insurance	\$ 40,273	31,767		8,506
4. Social Security (F.I.C.A.)	\$ 270,524	213,390		57,134
5. Health Insurance	\$ 337,163	265,954		71,209
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 86,339	68,104		18,235
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 46,893	29,932		16,961
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 4,713	3,008		1,705
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 4,922	4,922		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,642	11,488		2,154
2. Cellular Phones	\$ 1,086	1,086		
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	\$ 357,951	357,951		
<b>Subtotal</b>	<b>\$ 1,318,008</b>	<b>1,109,473</b>		<b>208,535</b>

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
<b>Total</b>	\$ -	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
<b>Total</b>	\$ -	\$ -	\$ -

---



**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	9/30/2021		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b><i>Subtotals Brought Forward:</i></b>	1,318,008	1,109,473		208,535	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 667	422		245	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 2,713	2,713			
4. Employee Travel	\$ 369	369			
5. Education Expenses Related to Seminars and Conventions	\$ 655	655			
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> )	\$				
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	\$ 2,548	1,610		938	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 4,784	4,784			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 660	396		264	
9. Subscriptions	\$				
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	\$ 129,386	84,219		45,167	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 1,459,790	1,204,641		255,149	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
ALTCFM	\$ 340		
CT ACHCA	\$ 4,094		
CAHCF	\$ 350		
<b>Total Dues</b>	\$ 4,784	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-Employment Screenings	\$ 3,489		\$ 934
Computer Supplies/Programs	\$ 15,756		\$ 8,928
SNF Administrative Contracts	\$ 3,578		
Crime Insurance - Disallowed	\$ 1,761		\$ 998
Management Liability Insurance	\$ 7,095		\$ 4,020
Bank Service Charges - Disallowed	\$ 597		\$ 338
Payroll Service Fees	\$ 16,932		\$ 9,595
Administrative Outside Services	\$ 10,321		\$ 5,848
Penalties	\$ 12,447		\$ 7,053
Miscellaneous Expenses - Disallowed	\$ 10,673		\$ 6,563
Cyber Security Liability Insurance - Disallowed	\$ 1,570		\$ 890
<b>Total Other Administrative and General</b>	\$ 84,219	\$ -	\$ 45,167

### Schedule C-1 - Management Services\*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	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 #	
None				

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2021		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1.	Raw Food	\$ 211,585	135,403			76,182
2.	Non-Food Supplies	\$ 34,315	21,960			12,355
3.	Other ( <i>Specify</i> ) _____	\$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 245,900	157,363			88,537
<b>2E. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>	
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 9/30/2021	Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.	197,660	194,180	3,480
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	16,846	16,549	297
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 ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$			
c. Other ( <i>Specify</i> )	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>16,846</b>	<b>16,549</b>	<b>297</b>
<b>3E. Laundry Questionnaire</b>				
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	9/30/2021	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced	44,240	29,818		14,422
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	33,379	21,096		12,283
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> )		\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 33,379	21,096		12,283
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Third Party and Med A	\$	253,138	253,138		
b. Medicine Cabinet Drugs	\$	12,604	12,604		
c. Medical and Therapeutic Supplies	\$	121,355	121,011		344
d. Ambulance/Limousine***	\$	821	821		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	2,593	2,593		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	7,023	7,023		
i. Recreation	\$	8,450	7,939		511
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	2,349	2,349		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	408,333	407,478		855

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
SNF Personal Needs - Disallowed	\$ 1,577		
Orthopedic - Disallowed	\$ 772		
<b>Total Other Resident Care</b>	\$ 2,349	\$ -	\$ -

.....

**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 9/30/2021			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
PrimePay	5 Commerce Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	16,932		9,595	16	m13
General Technology Group	164 Scott St, Suite 1, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		IT Service	8,852		5,016	16	m13
CWPM, LLC	PO Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Management	16,313		8,352	22	6f
Snow Professionals, LLC	PO Box 1867, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	9,038		5,262	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	9/30/2021			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 28,941	21,276			7,665	
b. Heat	\$ 64,489	32,535			31,954	
c. Light & Power	\$ 72,415	57,547			14,868	
d. Water	\$ 53,472	34,928			18,544	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 5,063	3,232			1,831	
f. Other ( <i>itemize</i> )	\$ 82,707	52,451			30,256	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 307,087</b>	<b>201,969</b>			<b>105,118</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 3,420				3,420	
b. Building & Building Improvements	\$ 112,904	111,776			1,128	
c. Non-Movable Equipment	\$ 21,186	18,591			2,595	
d. Movable Equipment	\$ 36,632	33,377			3,255	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 174,142</b>	<b>163,744</b>			<b>10,398</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
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	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 174,142</b>	<b>163,744</b>			<b>10,398</b>	

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



### Depreciation Schedule

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2021			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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			215,975		215,975	137,011	SL	Various	3,420				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										3,420			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			4,714,687		4,714,687	3,741,689	SL	Various	112,904				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										112,904			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			416,511		416,511	213,274	SL	Various	20,370				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			9,921		9,921		SL	Various	816				
C-4. Subtotal										21,186			
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Truck & Plow				10	2016	37,904		37,904	37,114	SL	4	790	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,227,849		1,227,849	1,054,750	SL	Various	32,202	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						28,855		28,855		SL	Various	3,640	
D-3. Subtotal													36,632
<b>E. Total Depreciation</b>													174,142

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
3/30/2021	Codelock Keypad and Switches	\$ 5,339	5	\$ 534
5/13/2021	Circulation Pump Generator	\$ 1,582	5	\$ 132
6/25/2021	Keypad & Locks - Installation	\$ 3,000	5	\$ 150
<b>Total additions for Non-Movable Equipment</b>		\$ 9,921		\$ 816 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/11/2020	Electric Patient Lift	\$ 1,403	10	\$ 128
12/2/2020	Power Lift and Slings	\$ 2,034	10	\$ 169
12/2/2020	Oxygen Concentrator	\$ 1,545	5	\$ 258
12/3/2020	Bed Frame & Mattress	\$ 2,705	5	\$ 451
12/8/2020	Bed Frame & Mattress	\$ 4,495	5	\$ 749
12/1/2020	Gazebo	\$ 2,499	5	\$ 417
12/1/2020	Gazebo	\$ 1,299	5	\$ 217
1/30/2021	Bed Frame & Mattress	\$ 285	5	\$ 331
1/25/2021	Resident TV	\$ 223	5	\$ 30
3/31/2021	Floor Burnisher	\$ 1,481	10	\$ 74
4/1/2021	Tray Delivery Cart	\$ 1,425	5	\$ 143
5/1/2021	Tray Delivery Cart	\$ 1,425	5	\$ 119
5/15/2021	Relief Aire Loss System	\$ 3,565	5	\$ 297
3/15/2021	Curtain Cubicles (12)	\$ 1,824	5	\$ 213
8/25/2021	Athena Propel	\$ 2,647	5	\$ 44
<b>Total additions for Movable Equipment</b>		\$ 28,855		\$ 3,640 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*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 9/30/2021			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 9/30/2021	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		06/01/84			
2. Date Structure Completed		07/23/85			
3. If <b>NOT</b> 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			
<b>Part B - Owner and Related Parties</b>		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 9/30/2021					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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
The Curtis Home	541C	9/30/2021	26	37
Item	Total	CCNH	RHNS	Residential Care Home
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)



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

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2021			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
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)				\$	5	5		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	5	5		
14. Insurance								
a. Insurance on Property (buildings only)				\$	39,348	25,116		14,232
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	28,000	17,872		10,128
2. Fire and Extended Coverage				\$				
3. Other (Specify) Liability				\$	46,800	29,872		16,928
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	114,148	72,860		41,288
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	7,390,347	6,117,712		1,272,635

### D. Adjustments to Statement of Expenditures

Name of Facility The Curtis Home				License No. 541C	Report for Year Ended 9/30/2021	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12n	Salaries not related to Resident Care	\$ 2,781	1,758		1,023
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 33,957			33,957
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 203,718	203,718		
7.			Other - See attached Schedule	\$ 19,790	19,790		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 203	130		73
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 726	726		
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	\$ 655	655		
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	\$ 31,398	15,349		16,049
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 293,228	242,125		51,103

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	c1	LPN Reduction to CNA Rate			\$ 33,957
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 33,957

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,456		
13	B8e	VA Doctor	\$ 12,824		
13	B3	Pharmacist	\$ 510		
<b>Total Other Fees Adjustments</b>			\$ 19,790	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ 597		\$ 338
16	m13	Miscellaneous Expense	\$ 10,673		\$ 6,563
16	m8a	Chamber of Commerce	\$ 396		\$ 264
16	m13	Crime Insurance	\$ 1,761		\$ 998
16	m13	Cyber Security Insurance	\$ 1,570		\$ 890
		Benefits on Disallowed Salaries	\$ 352		\$ 6,996
<b>Total Other A&amp;G Adjustments</b>			\$ 15,349	\$ -	\$ 16,049

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

Name of Facility			License No.	Report for Year Ended	Page	of	
The Curtis Home			541C	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 293,228	242,125		51,103
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 253,138	253,138		
28.			Ambulance/Limousine	\$ 821	821		
29.			X-rays, etc	\$ 2,593	2,593		
30.			Laboratory	\$ 7,023	7,023		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,349	2,349		
<b>Page 22 - Maintenance and Property</b>							
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	\$ 15,054	15,054		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 45,525	44,917		608
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 619,731	568,020		51,711

\*\*\* 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	Residential Care Home
20	51	SNF Personal Needs	\$ 1,577		
20	51	Orthopedic	\$ 772		
<b>Total Other Ancillary Costs</b>			\$ 2,349	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 9,519		
22	7b	Depreciation on Resident Room TVs	\$ 1,416		
20	5i	Cable TV Expense	\$ 4,119		
<b>Total Other Property Adjustments</b>			\$ 15,054	\$ -	\$ -



<b>Total Unallowable Building Interest</b>	\$	-	\$	-	\$	-
--	----	---	----	---	----	---

---

## F. Statement of Revenue

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,257,655	3,135,132		1,122,523		
b. Medicaid Room and Board Contractual Allowance **	\$ (615,762)	(615,762)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 262,550	262,550				
b. Medicare Room and Board Contractual Allowance **	\$ (117,618)	(117,618)				
4. a. Private-Pay Residents and Other	\$ 2,892,593	2,892,401		192		
b. Private-Pay Room and Board Contractual Allowance **	\$ (448,754)	(438,459)		(10,295)		
<b>II. Other Resident Revenue</b>						
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	\$ 95,247	95,247				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 10,247	10,247				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 3,406	3,406				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 190,491	190,491				
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	\$ 304,153	304,153				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 6,834,208	5,721,788		1,112,420		
<b>IV. Other Revenue*</b>						
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> )	\$ 1,774	1,472		302		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 147,185	109,657		37,528		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 148,959	111,129		37,830		
<b>VI. Total All Revenue</b> (III +V)	\$ 6,983,167	5,832,917		1,150,250		

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

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



**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6a	Contractual Allowances - Ancillaries - Medicare A	\$ 109,227		
30, II6a	Contractual Allowances - Medicare A	\$ 194,926		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 304,153</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Resident Revenue</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income		\$ 1,472		\$ 302
<b>Total Interest Income</b>			<b>\$ 1,472</b>	<b>\$ -</b>	<b>\$ 302</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Food Rebates	\$ 1,080		\$ 608
30, IV8	Donations	\$ 1,328		
30, IV8	Miscellaneous Income	\$ 43,837		
30, IV8	CARES Act Grant Income	\$ 63,412		\$ 36,920
<b>Total Other Revenue</b>		<b>\$ 109,657</b>	<b>\$ -</b>	<b>\$ 37,528</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,222,400
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,042,611
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	225
4. Inventories			\$	
5. Prepaid Expenses			\$	27,330
a. Prepaid Insurance	27,330			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	101,279
Patient Personal Funds	101,279			
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,393,845</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	215,975	\$	75,544
	Accum. Depreciation	140,431		Net
3. Buildings	*Historical Cost	4,714,687	\$	860,094
	Accum. Depreciation	3,854,593		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	426,432	\$	191,972
	Accum. Depreciation	234,460		Net
6. Movable Equipment	*Historical Cost	1,256,704	\$	166,112
	Accum. Depreciation	1,090,592		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> )			\$	115,622
Construction in Progress	53,283			
See Schedule	62,339			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,409,344</b>

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
31	B9	Misc. Amount to Tie to Financial Statements	\$ 62,339
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 62,339

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	4,803,189
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	966,738
Affiliate Assets not for Cost Report Purposes		966,738		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	966,738
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	5,769,927

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
The Curtis Home		541C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	164,894
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> )				\$	114,062
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> )				\$	193,646
Personal Funds		98,556	Due to Third Party	(7,385)	
Accrued Water and Sewer		12,225			
Accrued Expenses		88,469			
Accrued Retirement Fund		1,781	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	472,602

\* 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 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				472,602	
<b>Liabilities (cont'd)</b>					
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> )				\$ 650,000	
Paycheck Protection Program Loan		650,000			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 650,000	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,122,602	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,054,505
6. Gain or Loss for Period			\$	(407,180)
				10/1/2020 thru 9/30/2021
7. Total Net Worth			\$	4,647,325
<b>C. Total Reserves and Net Worth</b>			\$	4,647,325
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,769,927

### H. Changes in Total Net Worth

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	4,901,112	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	6,983,167	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,390,347	
D. Net Income or Deficit			\$	(407,180)	
E. Balance			\$	4,493,932	
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
Current Year Net Income Activities	153,393				
Affiliate (not in cost report)					
2. Other ( <i>itemize</i> )					
F-3. Total Additions			\$	153,393	
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. <b>Balance at End of Period</b>			\$	4,647,325	



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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<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 2/21/2022
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South 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@CLAconnect.com				