

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 44 Canterbury Road, Brooklyn CT, 06234	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 600C	RHNS	(Specify)	Medicare Provider 07-5243
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Medicaid Provider Numbers:	CCNH 206007	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Pierce Memorial Baptist Home, Inc. [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)	Date	Signed (Owner)	Date
Printed Name (Administrator) Shaun Mastroianni		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pierce Memorial Baptist Home, Inc.	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 44 Canterbury Road, Brooklyn CT, 06234				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/14/2022		
Item	Total	CCNH	RHNS	(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 860-774-9050	Report for Year Ended 9/30/2021	Page 2
Name of Facility (as shown on license) Pierce Memorial Baptist Home, Inc.		Address (No. & Street, City, State, Zip) 44 Canterbury Road, Brooklyn CT, 06234	
License Numbers:	CCNH 600C	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <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 Shaun Mastroianni		Nursing Home Administrator's License No.:	1819
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page of 3A 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	
Pierce Memorial Baptist Home, Inc.	44 Canterbury Road, Brooklyn CT, 06234	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Schedule of Board of Trustees Attached			
Names of Stockholders Owning at Least 10% of Shares			
None - nonstock corporation			

State of Connecticut

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General Information and Questionnaire
Individual Proprietorship

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
Connecticut Baptist Homes, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		CEO and AR Management Services	16 / m12	298,477
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Pierce Memorial Baptist Home, Inc	License No. 600C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 CliftonLarsonAllen LLP 3 Whittlesey PC 4 Jyoti Ajodhi	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107 344 North Main Street, Marlborough, CT 06447 280 Trumbull Street, Hartford, CT 06103
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Services Provided by This Firm (*describe fully*)

1 Form 990, Medicaid and Medicare Cost Reports	\$ 5,441
2 Internal Accounting Services	\$ 58,682
3 Annual Audit	\$ 15,000
4 AR Services	\$ 630
	Charge for Services Provided \$ 79,753

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 Wiggin & Dana 2 Sullivan & LeShane 3 4 5	Telephone Number 860-297-3700 860-560-0000
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Address (No. & Street, City, State, Zip Code)

1 20 Church Street, Hartford, CT, 06103	
2 287 Capitol Ave, Hartford, CT 06106	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Regulatory work - Merger Related - Disallowed	\$ 4,453
2 Public Relations - Merger Related - Disallowed	\$ 1,275
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 5,728

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 Pierce Memorial Baptist Home, Inc.			License No. 600C				Report for Year Ended 9/30/2021				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					72	72						
A. On last day of PREVIOUS report period	72	72										
B. On last day of THIS report period	72	72							72	72		
2. Number of Residents					55	55						
A. As of midnight of PREVIOUS report period	55	55										
B. As of midnight of THIS report period	52	52							52	52		
3. Total Number of Days Care Provided During Period					1,214	1,214			547	547		
A. Medicare	1,761	1,761										
B. Medicaid (Conn.)	13,777	13,777			10,746	10,746			3,031	3,031		
C. Medicaid (other states)												
D. Private Pay	3,581	3,581			2,370	2,370			1,211	1,211		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	19,119	19,119			14,330	14,330			4,789	4,789		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	27	27			23	23			4	4		
B. Other Bed Reserve Days	10	10			5	5			5	5		
5. Total Resident Days (3G + 4A + 4B)	19,156	19,156			14,358	14,358			4,798	4,798		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	31		17				
Per Diem Rate								
a. One bed rm.	PDPM	294.80		360.00				
b. Two bed rms.	PDPM	294.80		388.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

TOTAL CCNH RHNS (Specify)

A. Medicare - Part B	2,218	2,218	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other			
D. Total Physical Therapy Treatments	2,218	2,218	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	222	222	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other			
D. Total Speech Therapy Treatments	222	222	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,516	3,516	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other			
D. Total Occupational Therapy Treatments	3,516	3,516	

Report of Expenditures - Salaries & Wages

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	11,367	28				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	72,968	1,162				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	126,599	5,238				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	307,208	20,307				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	27,410	1,712				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	116,232	2,080				
b. RN						
1. Direct Care	521,788	10,624				
2. Administrative**	78,242	2,082				
c. LPN						
1. Direct Care	791,726	24,497				
2. Administrative**						
d. Aides and Attendants	978,301	53,590				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	102,620	4,196				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	102,364	1,619				
n. Marketing	25,591	405				
o. Other (Specify) See Attached Schedule	40,975	2,082				
<i>A-13. Total Salary Expenditures</i>	3,303,391	129,622				

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

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

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C		Report for Year Ended 9/30/2021			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Shaun Mastroianni	11,367			Non-preferential	COO	28	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

State of Connecticut

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**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
Pierce Memorial Baptist Home, Inc.				600C		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	(Specify)							
Section III - Administrators***										
Judy Johnson (10/1/20-6/30/2021)	61,601			Non-preferential	Administrator	1,134	A2			
Shaun Mastroianni (8/19/2021-9/30/2021)	11,367			Non-preferential	Administrator	28	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	600C	9/30/2021		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist					
3. Pharmacist	6,736	Disallowed			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	120,820	2,680			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,000	104			
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	24,657	423			
b. Other					
10. Occupational Therapist					
a. Resident Care	162,970	Disallowed			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides	16,701	341			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	361,884	3,548			

* 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*

* 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
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 119,670	119,670			
2. Disability Insurance	\$ 14,644	14,644			
3. Unemployment Insurance	\$ 8,286	8,286			
4. Social Security (F.I.C.A.)	\$ 216,435	216,435			
5. Health Insurance	\$ 425,405	425,405			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,039	4,039			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 36,855	36,855			
8. Uniform Allowance	\$ 58	58			
9. Other (Specify) See Attached Schedule	\$ 3,110	3,110			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 79,753	79,753			
e. Legal (Services should be fully described on Page 7)	\$ 5,728	5,728			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 25,893	25,893			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 8,733	8,733			
2. Cellular Phones	\$ 3,291	3,291			
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	\$ 364,052	364,052			
Subtotal	\$ 1,315,952	1,315,952			

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		1,315,952	1,315,952		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	41,670	41,670		
4. Employee Travel	\$	694	694		
5. Education Expenses Related to Seminars and Conventions	\$	7,873	7,873		
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>)	\$	9,648	9,648		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	1,055	1,055		
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	\$	4,507	4,507		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,130	9,130		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	650	650		
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>)	\$	36,842	36,842		
12. Administrative Management Services**	\$	298,477	298,477		
13. Other (<i>Specify</i>) See Attached Schedule	\$	135,110	135,110		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,861,608	1,861,608		

* 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	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising/Marketing Expense	\$ 1,055		
Total Other Advertising	\$ 1,055	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	\$ 8,520		
CT Association of Healthcare Facilities	\$ 350		
American Assoc. of Nurses Assessment	\$ 131		
Amazon Membership	\$ 129		
Total Dues	\$ 9,130	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Directors & Officers Insurance	\$ 7,138		
Payroll Data Services	\$ 33,249		
Bank Fees / Service Charges - Disallowed	\$ 8,030		
Computer Supply & Expense	\$ 912		
Fees and Subscriptions - Partially Disallowed	\$ 15,231		
Consult Medical Records	\$ 1,500		
Service Contracts - Software/ IT	\$ 69,050		
Total Other Administrative and General	\$ 135,110	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2021	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Connecticut Baptist Homes, Inc.	298,477	CEO & AR Services	16 m12
Unidine	227,692	Dietary	18/2c

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	600C	9/30/2021		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 154,116	154,116		
2. Non-Food Supplies	\$			
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services	\$ 227,692	227,692		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 381,808	381,808		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
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. \$	5,430	5,430	
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>) (Complete Schedule C-2 att. Page 21)	\$	146,964	146,964	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	152,394	152,394	
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
	600C	9/30/2021		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	16,364	16,364		
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. \$	232,610	232,610		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	248,974	248,974		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicare	\$	69,462	69,462		
b. Medicine Cabinet Drugs	\$	30,141	30,141		
c. Medical and Therapeutic Supplies	\$	128,777	128,777		
d. Ambulance/Limousine***	\$	4,932	4,932		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	5,866	5,866		
f. X-rays and Related Radiological Procedures***	\$	1,616	1,616		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	7,318	7,318		
i. Recreation	\$	33,667	33,667		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	57,965	57,965		
5M. Total Resident Care Expenditures (5a - 5j)	\$	339,744	339,744		

* 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

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

Name of Facility Pierce Memorial Baptist Home, Inc.				License No. 600C	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	(Specify)	Pg	
Facilities Compliance Services	221 West Main St, Plantsville, CT, 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	100,704				22 6a/ 6f
Healthcare Services Group, Inc.	PO Box 829677, Philadelphia, PA, 19182	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	146,964				19 2b
Healthcare Services Group, Inc.	PO Box 829677, Philadelphia, PA, 19182	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	232,610				20 4b
IT Direct	67 Prospect Ave, Suite 202, Hartford, CT, 06106	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	32,254				16 m13
Willimantic Waste	121 Chronicle Rd, Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	10,217				22 6a
Paychex	714 Brook St Suite 120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	33,085				16 m13
FCS Fire Protection	221 West Main St, Plantsville, CT, 06479	<input type="radio"/>	<input checked="" type="radio"/>		Fire Protection Services & Maintenance	92,884				22 6a
Point Click Care	PO Box 674802, Detroit, MI, 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>		GL Software Provider	32,254				16 m13
Celtic Consulting	507 E Main St #308, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	19,523				16 m11
		<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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 235,742	235,742				
b. Heat	\$ 68,356	68,356				
c. Light & Power	\$ 79,660	79,660				
d. Water	\$ 65,208	65,208				
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$ 56,085	56,085				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 505,051	505,051				
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$ 4,005	4,005				
b. Building & Building Improvements	\$ 171,351	171,351				
c. Non-Movable Equipment	\$ 57,693	57,693				
d. Movable Equipment	\$ 49,504	49,504				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 282,553	282,553				
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 4,248	4,248				
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,248	4,248				
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)	\$ 286,801	286,801				

* 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

Depreciation Schedule

Name of Facility Pierce Memorial Baptist Home, Inc.				License No. 600C			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	
A. Land Improvements												
1. Acquired prior to this report period				161,337		161,337	149,985	SL	Various	4,005		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal											4,005	
B. Building and Building Improvements												
1. Acquired prior to this report period				7,014,042		7,014,042	5,542,279	SL	Various	171,351		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal											171,351	
C. Non-Movable Equipment												
1. Acquired prior to this report period				949,978		949,978	697,850	SL	Various	56,986		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				29,719		29,719		SL	Various	707		
C-4. Subtotal											57,693	
	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. 1980 Dodge			3	80	12,000		12,000	12,000	SL	7		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,378,213		1,378,213	1,193,422	SL	Various	48,084	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					76,338		76,338		SL	Various	1,420	
D-3. Subtotal											49,504	
E. Total Depreciation											282,553	

Schedule of Land Improvements Acquired during this report period

***Ties to Page 23, Line A3**

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

***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:				
12/5/2020	Electric Panels	\$ 4,150	20	\$ 170
2/18/2021	Convection oven and casters	\$ 4,348	20	\$ 133
4/8/2021	Kitchen cart sprayer	\$ 5,104	20	\$ 122
5/7/2021	Fire sprinkler inspection & repair	\$ 7,685	20	\$ 154
6/11/2021	Fire sprinkler inspection & repair	\$ 8,433	20	\$ 128
Total additions for Non-Movable Equipment		\$ 29,719		\$ 707 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/4/2021	Beds & Mattresses	\$ 5,522	10	\$ 368
2/2/2021	Refrigerators	\$ 6,381	10	\$ 425
2/5/2021	Dietary Workstation	\$ 1,958	10	\$ 131
3/31/2021	Laptops	\$ 2,121	10	\$ 106
6/23/2021	Mattresses	\$ 1,995	10	\$ 50
6/22/2021	Ice & Water Dispenser	\$ 3,215	10	\$ 80
5/28/2021	Maxi Scale	\$ 3,676	10	\$ 123
7/31/2021	Website Build	\$ 5,000	10	\$ 83
8/18/2021	Ice & Water Dispenser	\$ 6,528	10	\$ 54
9/17/2021	6 Beds & 8 Mattresses	\$ 8,535	10	\$ -
9/20/2021	Rehab Equipment	\$ 24,796	11	\$ -
9/30/2021	CNA Kiosks	\$ 6,611	10	\$ -
Total additions for Movable Equipment		\$ 76,338		\$ 1,420 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Refinancing Costs	9	2012	25	125,749	23,806	B		4,248	
2.									
3.									
B-4. Subtotal									4,248
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									4,248

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 25	of 37
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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	1950s			
2. Date Structure Completed	Renovation 1991			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	06/16/75			
5. Total Licensed Bed Capacity	72			
6. Square Footage	61,407			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	03/01/13			
c. Interest Rate for the Cost Year	3.39%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	11,454,000			
f. Principal balance outstanding as of 9/30/2021	8,292,625			

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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021			Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	\$	11,454,000				
2. Loan Origination Date		03/01/13				
3. Interest Rate %		3.39%				
4. Term		25				
5. CHEFA Interest Expense		105,522	105,522			
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	105,522	105,522			

(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 9/30/2021			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			105,522	105,522		
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)		\$	4,016	4,016		
Interest on PPP Loan						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	109,538	109,538		
14. Insurance						
a. Insurance on Property (buildings only)		\$	25,361	25,361		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	40,453	40,453		
Liability \$25,349, Excess Liability \$12,652, Cyber Liabi						
14d. Total Insurance Expenditures (14a + b + c)		\$	65,814	65,814		
15. Total All Expenditures (A-13 thru C-14)		\$	7,617,007	7,617,007		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		600C	9/30/2021	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 25,591	25,591		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 162,970	162,970		
7.			Other - See attached Schedule	\$ 18,155	18,155		
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 5,728	5,728		
11.	30	IV3	Telephone	\$ 2,760	2,760		
12.	I5	Ih2	Cellular Telephone	\$ 1,851	1,851		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 1,055	1,055		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 47,061	47,061		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 265,171	265,171			

* 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	(Specify)
10	A12n	Wages - Marketing	\$ 25,591		
Total Other Salaries Adjustment			\$ 25,591	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b8a	Medical Director in excess of allowable	\$ 11,419		
13	B3	Pharmacist	\$ 6,736		
Total Other Fees Adjustments			\$ 18,155	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Bank Service Charges	\$ 8,030		
		Benefits on Disallowed Salaries above	\$ 5,118		
30	IV8	Other Income	\$ 1,691		
16	8a	Chamber of Commerce Dues	\$ 650		
16	m13	Fees and Subscriptions - CHEFA Administrative Fee	\$ 8,010		
15	6	Life Insurance	\$ 4,039		
16	m11	Consulting Fees	\$ 19,523		
Total Other A&G Adjustments			\$ 47,061	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended		Page of	
Pierce Memorial Baptist Home, Inc.			600C	9/30/2021		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 265,171	265,171		
			<i>Page 20 - Resident Care Supplies***</i>				
27.	20	5a2	Prescription Drugs	\$ 69,462	69,462		
28.	20	5d	Ambulance/Limousine	\$ 4,932	4,932		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 7,318	7,318		
31.	20	5c	Medical Supplies	\$ 12,878	12,878		
32.	20	5e2	Oxygen (non emergency)	\$ 5,866	5,866		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 81,047	81,047		
			<i>Page 22 - Maintenance and Property</i>				
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	\$			
			<i>Page 27 - Insurance</i>				
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
			<i>Other - Miscellaneous</i>				
42.			Other - Indirect	\$ 4,248	4,248		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 4,016	4,016		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
			<i>Not For Profit Providers Only</i>				
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49.			<i>Total Amount of Decrease (Items 1 - 48)</i>	\$ 454,938	454,938		

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,309,935	5,309,935				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,600,568)	(1,600,568)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 473,625	473,625				
b. Medicare Room and Board Contractual Allowance **	\$ 324,679	324,679				
4. a. Private-Pay Residents and Other	\$ 1,561,654	1,561,654				
b. Private-Pay Room and Board Contractual Allowance **	\$ 57,119	57,119				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 42,875	42,875				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (42,875)	(42,875)				
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	\$ 164,988	164,988				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (92,252)	(92,252)				
c. Physical Therapy - Non-Medicare	\$ 61,430	61,430				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 35,675	35,675				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (14,864)	(14,864)				
c. Speech Therapy - Non-Medicare	\$ (88)	(88)				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 232,115	232,115				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (121,719)	(121,719)				
c. Occupational Therapy - Non-Medicare	\$ 117,470	117,470				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (71,024)	(71,024)				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 6,438,175	6,438,175			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 2,760	2,760				
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,849,169	2,849,169				
V. Total Other Revenue (1 thru 8)		\$ 2,851,929	2,851,929			
VI. Total All Revenue (III +V)		\$ 9,290,104	9,290,104			

* 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	(Specify)
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Lin	ST Insurance	\$ 8,544		
Page 30 Lin	Ancilliarries - Insurance (Contractual Allowance)	\$ (94,597)		
Page 30 Lin	Pharmacy Revenue Insurance Ancilliarries	15,241		
Page 30 Lin	PT - Private Pay	(212)		
	Total Other Resident Revenue	\$ (71,024)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Total Interest Income	\$ -	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Lin	PPP Loan Forgiveness	\$ 522,850		
Page 30 Lin	Unrestricted Contributions	\$ 30,560		
Page 30 Lin	Other Income	\$ 1,691		
Page 30 Lin	Relief Stimulus	\$ 182,032		
Page 30 Lin	Net Income for Non-Cost Report Entities:			
	Creamery Brook	\$ 259,245		
	Assisted Living	\$ (416,622)		
	Cottages	\$ 210,661		
	Long Term Investments	\$ 2,058,752		
	Total Other Revenue	\$ 2,849,169	\$ -	\$ -

G. Balance Sheet

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 1,993,602	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 380,715	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 43,026	
4. Inventories			\$ 94,439	
5. Prepaid Expenses			\$ 74,282	
a. Prepaid Sewer usage	16,658			
b. Prepaid Other	4,866			
c. Prepaid Insurance	52,758			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 1,408,221	
Resident Funds	1,408,221			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 3,994,285	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 161,337	Accum. Depreciation 153,990	\$ 7,347	
3. Buildings	*Historical Cost 7,014,042	Accum. Depreciation 5,713,630	\$ 1,300,412	
4. Leasehold Improvements	*Historical Cost	Accum. Depreciation Net	\$	
5. Non-Movable Equipment	*Historical Cost 979,697	Accum. Depreciation 755,543	\$ 224,154	
6. Movable Equipment	*Historical Cost 1,454,551	Accum. Depreciation 1,242,926	\$ 211,625	
7. Motor Vehicles	*Historical Cost 12,000	Accum. Depreciation 12,000	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 13,589,258	
Creamery Brook Fixed Asset	8,450,693			
See Schedule	5,138,565			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 15,332,795	

* 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

31	B9	Merger related CIP	\$ 105,360
31	B9	Construction in Progress - Pierce	\$ 4,264,267
31	B9	ALSA Construction in Progress	\$ 768,938
Total Other Other Fixed Assets (Itemize)		\$	5,138,565

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

34	B4	Long Term Ford Note Payable	\$ 28,137
Total Other Current Liabilities (Itemize)		\$	28,137

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2021	32 37
Account		Amount	
		Total Brought Forward:	\$ 19,327,080
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>)			\$ 1,789,976
Interest in Perpetual Trust	1,789,976		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 11,002,410
Investments	11,002,410		
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 12,792,386
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 32,119,466

* 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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 758,599
2. Notes Payable (<i>itemize</i>)				\$ 421,165
Current Portion of Bonds Payable				393,188
Short-Term Ford Note Payable				7,918
Short-Term Eversource Loan				20,059
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>)				\$ 70,007
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>)				\$ 337,892
Compensated Absences				107,339 Due to Third Party 81,676
Accrued Interest - Bonds Payable				24,378 401K Withholding Payat 3,318
Accrued Provider Tax				89,082
Resident Funds				32,099 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,587,663

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

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G. Balance Sheet (cont'd)

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,587,663	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 13,050,423
Bonds Payable, Net of Current Portion				
Security Deposits				
Construction Loan - Peoples				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 13,050,423
C. Total All Liabilities (Lines A-13 + B-5)				\$ 14,638,086

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2021	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				\$ 15,808,283
6. Gain or Loss for Period		10/1/2020	thru	9/30/2021
				\$ 1,673,097
7. Total Net Worth				\$ 17,481,380
C. Total Reserves and Net Worth				\$ 17,481,380
D. Total Liabilities, Reserves, and Net Worth				\$ 32,119,466

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 15,808,283
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 9,290,104
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 7,617,007
D. Net Income or Deficit				\$ 1,673,097
E. Balance				\$ 17,481,380
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose	Amount			
3. Total Deductions				\$
H. Balance at End of Period				\$ 17,481,380

I. Preparer's/Reviewer's Certification

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	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 type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
CliftonLarsonAllen LLP		
Address	Phone Number	
29 South Main Street, 4th Floor, West Hartford, CT 06107	860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Jonathan Fink	860-561-4000	
Contact Email Address		
jonathan.fink@claconnect.com		