

February 8, 2016

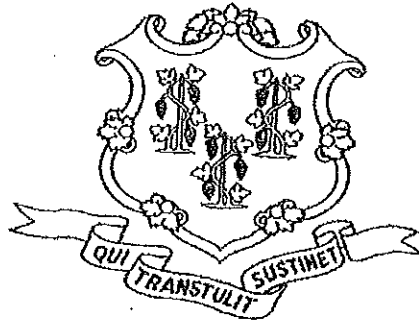
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 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 2015

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown St., Meriden, CT 06450	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> 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 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
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Medicaid Provider Numbers:	CCNH	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) The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	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 The Curtis Home, for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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>[Signature]</i>		Date 2-9-16	Signed (Owner)		Date
Printed Name (Administrator) R. Paul Sprague			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Lindsey Pope</i>	State of CT	Date 2-9-16	Signed (Notary Public) <i>Lindsey Pope</i>	Comm. Expires 12/31/19	
Address of Notary Public 17 Hillside Road Kensington CT 06037					

(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 The Curtis Home		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 380 Crown St., Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Co.		Phone Number 860-561-4000	Date 2/8/2016	
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. <i>Total Wages Paid</i>	\$			
7. Total salaries paid	\$			
8. <i>Total Wages and Salaries Paid</i> (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 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown St., 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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator R. Paul Sprague		Nursing Home Administrator's License No.:	001321	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
The Curtis Home	380 Crown Street., Meriden, CT 06450		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**The Curtis Home
Board of Trustees 2015**

David Cantor, President
86 Forest Glen Drive
Woodbridge, CT 06525

Ronald Stempien, Vice President
One Barrister's Court
Meriden, CT 06451

Joanne Erickson
76 Pierson Drive
Wallingford, CT 06492

Robert Flyntz
12 Jonathon Road
Wallingford, CT 06492

Michael Gruber
42 Lydale Place
Meriden, CT 06450

Richard Pendred
909 Middle Street
Middletown, CT 06457

**General Information and Questionnaire
 Individual Proprietorship**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	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

Blank lined area for providing owner information.

**General Information and Questionnaire
 Related Parties***

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apts Located on Campus	None-excluded		
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets for Elderly Apts and Adult Day	None-excluded		
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input 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 9/30/2015	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 (See listing page 13)		
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.				
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 9/30/2015			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						
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	04/23/13	48 months	6,885	6,885	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System (expired on 3/31/2015)	02/27/10	60 months	936	468	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System (renewal on 4/1/2015)	04/01/15	51 months	936	468	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							7,821	

* 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.

Pitney Bowes EZ Lease

THE CURTIS HOME INC	Pitney Bowes
Account No.: 16067527867	Inside Sales Group
Install Address:	27 Watervlew Drive
380 CROWN ST	Shelton, CT 06484
MBRIDEN CT 06450-6484	LOUISE WHITE
Billing Address:	District: 0007
THE CURTIS HOME INC	
380 CROWN ST	
MBRIDEN CT 06450-6484	Template RT6



YES, I want to take advantage of protecting my existing Pitney Bowes Equipment payment for 51 months.

We are proud to extend our loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Effective Date"). This opportunity is only being offered to a select group of our long-term clients. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

NEW LEASE CONTRACT INFORMATION

This lease is for a fixed term of 51 months.
 Quarterly Payment: \$ 234 (Exclusive of Taxes and Fees for the ValueMAX® program)
 Rep ID: 185021 LOUISE WHITE

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the Equipment currently leased under existing # 5863412 - 003 at the same payment and billing frequency, commencing on the Effective Date for the term noted above. All terms and conditions of the existing lease are incorporated in this new lease except as modified above. The faxed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

E-Signed
 AS

Lessee Name: THE CURTIS HOME INC

Title: MANAGER

E-Signed: 10/07/2014 11:00 AM CST
Paul Sprague
 psprague@thecurtishome.org
 IP: 184.185.90.24
 DocID: 20141006131245809

Date: _____

E-mail: _____

Accepted By: _____

Inquiry/SR#: 3-4308107781

RT6

**General Information and Questionnaire
 Accounting Basis**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm			Address (No. & Street, City, State, Zip Code)	
1 Blum Shapiro & Co. PC			29 South Main Street, West Hartford, CT 06127	
2				
3				
4				
Services Provided by This Firm (describe fully)				
1 Independent Audit, Form 990, Medicare and Medicaid Cost Reports			\$	42,817
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	42,817
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina LLP				
2				
3				
4				
5				
Address (No. & Street, City, State, Zip Code)				
1				
2				
3				
4				
5				
Services Provided by This Firm (describe fully)				
1 General Legal			\$	3,150
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$	3,150
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1E				

Schedule of Resident Statistics

Name of Facility The Curtis Home		License No. 541C			Report for Year Ended 9/30/2015				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	94	60		34	
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	77	51		26	77	51		26	81	55		26	
B. As of midnight of THIS report period	82	52		30	81	55		26	82	52		30	
3. Total Number of Days Care Provided During Period													
A. Medicare	1,120	1,120			959	959			161	161			
B. Medicaid (Conn.)	16,224	16,224			12,521	12,521			3,703	3,703			
C. Medicaid (other states)													
D. Private Pay	2,218	1,746		472	1,228	848		380	990	898		92	
E. State SSI for RCH	8,839			8,839	6,490			6,490	2,399			2,399	
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	28,451	19,090		9,361	21,198	14,328		6,870	7,253	4,762		2,491	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	28,451	19,090		9,361	21,198	14,328		6,870	7,253	4,762		2,491	

Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2015			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	2		43		7		1	29					
Per Diem Rate													
a. One bed rm.	PPS		235.86		306.00		120.00	107.09					
b. Two bed rms.	PPS		235.86		296.00		N/A	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							2,825	2,825					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							1,021	1,021					
D. Total Physical Therapy Treatments							3,846	3,846					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							294	294					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							157	157					
D. Total Speech Therapy Treatments							451	451					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							3,039	3,039					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							977	977					
D. Total Occupational Therapy Treatments							4,016	4,016					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	73,171	1,269			41,464	719
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	118,610	5,551			67,212	3,146
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	37,093	1,350			17,520	638
c. Dietary Workers	202,738	15,503			95,758	7,323
6. Housekeeping Service						
a. Head Housekeeper	15,442	534			7,469	258
b. Other Housekeeping Workers	97,605	8,192			33,512	2,812
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	14,946	516			7,229	250
b. Other Maintenance Workers	85,532	4,698			41,369	2,273
8. Laundry Service						
a. Supervisor	11,747	406			704	24
b. Other Laundry Workers	67,228	5,831			4,030	350
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	90,739	2,224				
b. RN						
1. Direct Care	402,833	11,718				
2. Administrative**	123,163	3,857				
c. LPN						
1. Direct Care	339,414	14,248				
2. Administrative**						
d. Aides and Attendants	648,539	49,637			258,356	19,774
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	130,503	6,865				
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	58,871	2,400				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,518,175	134,800			574,623	37,566

* 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
Total	\$		\$		\$	

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$		\$		\$	

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

Name of Facility		License No.		Report for Year Ended		Page	of			
The Curtis Home		541C		9/30/2015		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							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
The Curtis Home		541C		9/30/2015		12	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
R. Paul Sprague	73,171		41,464			1,988	A2	University of New Haven, Orange Ave. West Haven, CT	2 Classes	7,500
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		
The Curtis Home	541C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	16,523	315				
2. Dentist	6,516	96				
3. Pharmacist						
4. Podiatrist	1,125	Disallowed				
5. Physical Therapy						
a. Resident Care	84,414	1,641				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,250	98				
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	10,552	179				
b. Other						
10. Occupational Therapist						
a. Resident Care	80,896	1,608				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,044	593				
2. Administrative***						
b. LPN						
1. Direct Care	30,558	685				
2. Administrative***						
c. Aides	36,992	1,558				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	315,870	6,773				

* 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 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Debra Jameson Louis Rd., Middlefield, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford Martel, Meriden, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
RX Pharmacy	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab, Cheshire, CT	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Nursefinders, Dallas, TX	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, West Hartford, CT	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Richard Mileto	Podiatrist	<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 276,698	225,289		51,409
2. Disability Insurance	\$ 12,434	10,124		2,310
3. Unemployment Insurance	\$ 38,363	31,235		7,128
4. Social Security (F.I.C.A.)	\$ 231,651	188,612		43,039
5. Health Insurance	\$ 307,851	250,654		57,197
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 77,888	63,417		14,471
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	\$ 42,817	27,330		15,487
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,150	2,011		1,139
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 6,862	4,604		2,258
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 24,076	22,718		1,358
2. Cellular Phones	\$ 1,202	1,202		
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	\$ 372,852	372,852		
Subtotal	\$ 1,395,844	1,200,048		195,796

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

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	1,395,844	1,200,048		195,796
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 2,070			2,070
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 1,467	1,457		10
4. Employee Travel	\$ 280	280		
5. Education Expenses Related to Seminars and Conventions	\$ 1,660	1,660		
6. Automobile Expense (not purchase or depreciation)	\$			
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 7,455	7,455		
2. Advertising Telephone Directory (all such expenses)***	\$ 2,737	2,684		53
3. Advertising Other (Specify)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,235	1,500		735
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 3,220	2,570		650
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 630	630		
9. Subscriptions	\$ 2,562	1,281		1,281
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$			
12. Administrative Management Services**	\$			
13. Other (Specify) See Attached Schedule	\$ 89,802	66,305		23,497
C-14 Total Administrative & General Expenditures	\$ 1,509,962	1,285,870		224,092

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$	\$	\$

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$	\$	\$

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAIC, The Alliance	\$ 2,570		\$ 650
Total Dues	\$ 2,570	\$	\$ 650

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-employment Screenings	\$ 10,309		\$ 2,352
Computer Supplies/Programs	\$ 11,306		\$ 6,406
SNF Admin Contracts	\$ 3,336		\$
Bank Service Charges	\$ 66		\$ 38
Payroll Service Fees	\$ 17,794		\$ 9,800
Admin Outside Services	\$ 8,648		\$ 4,900
Misc Expenses	\$ 422		\$
Claims Loss	\$ 5,000		\$
Penalties	\$ 9,925		\$
Total Other Administrative and General	\$ 66,305	\$	\$ 23,497

Schedule C-1 - Management Services*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
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 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	256,227	174,029			82,198
2. Non-Food Supplies	\$	36,910	25,069			11,841
3. Other (Specify)	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify)						
2E. Total Dietary Expenditures (2a + b + c + d)		\$	293,137	199,098		94,039
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**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 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	222,076	209,516		12,560
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	11,972	11,295		677
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	11,972	11,295		677
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

**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 9/30/2015	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
Paychex	100 Great Meadow Road, Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	17,294		9,800	16	m13
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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	9/30/2015			22 37
Item	Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 33,054	22,847		10,207	
b. Heat	\$ 85,223	46,158		39,065	
c. Light & Power	\$ 83,671	66,307		17,364	
d. Water	\$ 49,210	31,468		17,742	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,821	4,992		2,829	
f. Other (<i>itemize</i>)	\$ 75,748	71,436		4,312	
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 334,727	243,208		91,519	
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 7,969	5,375		2,594	
b. Building & Building Improvements	\$ 160,722	153,182		7,540	
c. Non-Movable Equipment	\$ 11,734	11,512		222	
d. Movable Equipment	\$ 36,485	36,485			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 216,910	206,554		10,356	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 216,910	206,554		10,356	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Maintenance services	\$ 21,682		\$ 4,312
Maintenance contract - SNF	\$ 49,754		\$ -
Total Other Repairs and Maintenance	\$ 71,436	\$ -	\$ 4,312

Depreciation Schedule

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2015			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	184,515		184,515	88,861	SL	Various	7,969					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal								7,969				
B. Building and Building Improvements												
1. Acquired prior to this report period	4,552,395		4,552,395	2,882,516	SL	Various	160,722					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal								160,722				
C. Non-Movable Equipment												
1. Acquired prior to this report period	330,127		330,127	139,600	SL	Various	11,734					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal								11,734				
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)	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								
a.												
b.												
c.												
d.												
2. Movable Equipment					1,081,535		1,081,535	856,039	SL	Various	34,718	
	a. Acquired prior to this report period											
	b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)				15,571		15,571		SL	Various	1,767		
D-3. Subtotal												36,485
E. Total Depreciation												216,910

The Curtis Home
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$		\$
Deletions:				
Total deletions for Land Improvements		\$		\$

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$		\$
Deletions:				
Total deletions for Building Improvements		\$		\$

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/2/2014	12 Mattresses	2,770	5	554
12/30/2014	42" Snow Blower	4,100	5	660
1/28/2015	Flayer Lift	3,541	5	472
9/11/2015	10 Oxygen Concentrator	4,860	5	81
Total additions for Movable Equipment		\$ 15,271		\$ 1,767
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 Improvement		\$		\$
Deletions:				
Total deletions for Leasehold Improvement		\$		\$

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*					
		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		06/01/84			
2. Date Structure Completed		07/23/85			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		07/23/85			
5. Total Licensed Bed Capacity		94			
6. Square Footage		33,683			
7. Acquisition Cost					
a. Land		Gifted			
b. Building		3,300,000			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		03/02/12			
c. Interest Rate for the Cost Year		3.19%			
d. Term of Mortgage (number of years)		5			
e. Amount of Principal Borrowed		630,170			
f. Principal balance outstanding as of 9/30/2015		98,498			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2015			Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 7,807	7,807			
Name of Lender TD Bank		Rate 3.19%					
Address of Lender 191 Orange Street New Haven, CT 06510							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 7,807	7,807			

(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 9/30/2015			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				7,807	7,807			
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,807	7,807		
14. Insurance								
a. Insurance on Property (buildings only)				\$	80,372	51,301	29,071	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	80,372	51,301	29,071	
15. Total All Expenditures (A-13 thru C-14)				\$	6,122,223	5,083,147	1,039,076	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
The Curtis Home			541C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 80,896	80,896		
7.			Other - See attached Schedule	\$ 7,641	7,641		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 842	842		
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	M2	Unallowable Advertising *	\$ 2,737	2,684		53
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 18,643	17,324		1,319
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 3,526	3,526		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 114,285	112,913		1,372

* 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.

RFI (unallowable expense reported)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,516		
13	B4	Podiatrist	\$ 1,125		
Total Other Fees Adjustments			\$ 7,641	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ 66		\$ 38
16	m9	Newspaper Subscription	\$ 1,281		\$ 1,281
16	m13	Penalties	\$ 9,925		
16	m13	Misc. Expense	\$ 422		
16	m8a	Unallowable Dues - Chamber of Commerce	\$ 630		
16	m13	Claims Loss	\$ 5,000		
Total Other A&G Adjustments			\$ 17,324	\$ -	\$ 1,319

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

Name of Facility The Curtis Home				License No. 541C	Report for Year Ended 9/30/2015	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 114,285	112,913		1,372
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 51,199	51,199		
28.	20	5d	Ambulance/Limousine	\$ 5,885	5,885		
29.	20	5f	X-rays, etc	\$ 1,459	1,459		
30.	20	5h	Laboratory	\$ 2,308	2,308		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,956	5,956		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 10,810	10,810		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,837	1,927		910
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 194,739	192,457		2,282

*** 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.

reclass 29150 ✓

reclass 28124 ✓

The Curtis Home
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Personal Needs	\$ 5,956		
Total Other Ancillary Costs			\$ 5,956	\$	\$

✓

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$	\$	\$

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 10,810		
Total Other Property Adjustments			\$ 10,810	\$	\$

reclass 2/1/50

Schedule of Other Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RIHS	Residential Care Home
30	IV8	Food Rebate	\$ 1,927		\$ 910
Total Other Adjustments			\$ 1,927	\$	\$ 910

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RIHS	Residential Care Home
Total Unallowable Building Interest			\$	\$	\$

F. Statement of Revenue

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2015			Page 30	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (CT only)	\$ 5,791,706	4,852,620		939,086	
	b.	Medicaid Room and Board Contractual Allowance **	\$ (987,036)	(987,012)		(24)	
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$ 438,200	438,200			
	b.	Medicare Room and Board Contractual Allowance **	\$ (28,424)	(28,424)			
4.	a.	Private-Pay Residents and Other	\$ 438,098	381,458		56,640	
	b.	Private-Pay Room and Board Contractual Allowance **	\$ (28,399)	(28,399)			
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$				
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$				
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$ 42,668	42,668			
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$				
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$ 6,338	6,338			
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$				
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$ 32,883	32,883			
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$				
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (Specify) - Medicare	\$ 239,253	239,253			
	b.	Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)			\$ 5,945,287	4,949,585		995,702	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others		\$ 3,526	3,526			
2.	Rental of rooms to non-residents		\$				
3.	Telephone		\$				
4.	Rental of Television and Cable Services		\$				
5.	Interest Income (Specify)		\$ 1,264	1,049		215	
6.	Private Duty Nurses' Fees		\$				
7.	Barber, Coffee, Beauty and Gift shops		\$				
8.	Other (Specify)		\$ 6,286	5,376		910	
V. Total Other Revenue (I thru 8)			\$ 11,076	9,951		1,125	
VI. Total All Revenue (III + V)			\$ 5,956,363	4,959,536		996,827	

* 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.

d

cl

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Contractual Allowances - Medicare A	\$ 40,245		
	Contractual Allowances - Ancillaries - Medicare A	\$ 199,088		
	Total Other Resident Revenue - Medicare	\$ 239,253	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Total Other Resident Revenue	\$	\$	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30-IV5	Interest Income - Money Market Account	1,264	\$ 1,049		\$ 215
	Total Interest Income		\$ 1,049	\$	\$ 215

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30-IV8	Food Rebates - Disallowed	\$ 1,927		\$ 910
30-IV8	Unrestricted Donations	\$ 3,449		
	Total Other Revenue	\$ 5,376	\$	\$ 910

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2015	31	37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	886,992
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	739,056
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	40,780
a. Prepaid Insurance	40,780			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	39,581
Prepaid Personal Funds	26,148			
Loan Closing Costs	13,433			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,706,409
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	184,515	\$	87,685
	Accum. Depreciation	96,830	Net	
3. Buildings	*Historical Cost	4,552,395	\$	1,509,157
	Accum. Depreciation	3,043,238	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	330,127	\$	178,793
	Accum. Depreciation	151,334	Net	
6. Movable Equipment	*Historical Cost	1,097,106	\$	204,582
	Accum. Depreciation	892,524	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	85,351
Construction in Progress	19,300			
Misc. Amount added to tie to F/S	66,051			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,065,568

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,771,977
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	1,299,481
Affiliate Assets not for cost report purposes		1,299,481		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,299,481
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,071,458

* 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	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	275,725
2. Notes Payable (<i>itemize</i>)				\$	98,498
Note Payable - TD Banknorth - ST Portion					98,498
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>)				\$	144,509
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>)				\$	426,427
Personal Funds - Exchange		25,947	Due to Third Party	85,239	
Accrued Water & Sewer		24,232			
Accrued Expenses		287,211			
Retirement Due		3,798			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	945,159

* 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 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				945,159	
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>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 945,159	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,292,159
6. Gain or Loss for Period			\$	(165,860)
10/1/2014 thru 9/30/2015				
7. Total Net Worth			\$	4,126,299
C. Total Reserves and Net Worth			\$	4,126,299
D. Total Liabilities, Reserves, and Net Worth			\$	5,071,458

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,708,812
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,956,363
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,122,223
D. Net Income or Deficit			\$	(165,860)
E. Balance			\$	2,542,952
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Current Year Net Income Activities				
Affiliate (not in cost report)			142,521	
Beginning Net Worth Affiliate			1,156,960	
True-Up Beginning Net Worth - Skilled Nursing			283,866	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	1,583,347
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	4,126,299

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title	Date Signed	
Printed Name of Preparer				
Blum Shapiro & CO, PC				
Address Address			Phone Number	
29 S. Main St, West Hartford, CT 06127			860-561-4000	

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Name The Curtis Home

Complete the following check list. Provide an explanation for any "No" answers. Attach additional sheets to explain further, if necessary.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: _____

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Administrative, general costs, and insurance are based on patient days and number of beds, consistent with prior filings which were audited by the department

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

N/A

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

N/A

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

Except for items which were disallowed

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

N/A

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation:

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

Annual variance noted

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

It has been used for all current year additions

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

It has been used for all current year additions

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Certain medicare ancillaries are shown on line 6a

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation:

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: