

February 8, 2017

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 2016 Medicaid Cost Report for Pierce Memorial Baptist Home.

In preparing this cost report, we did not perform any disallowances for 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.

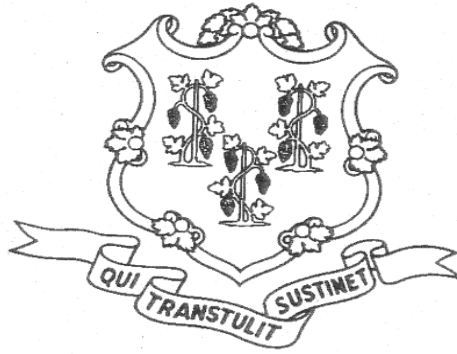
If you have any questions regarding the preparation methodology, please contact me at 860-561-6858.

Very truly yours,

George W. Thomas

Enclosures

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

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 Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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 9/30/2016	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, 2015 and ending September 30, 2016, 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) Thomas Sullivan			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Pierce Memorial Baptist Home, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 44 Canterbury Road, Brooklyn CT, 06234				
Report Prepared By Blum, Shapiro & Co. PC	Phone Number 203-944-2100	Date 2/15/2017		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-774-9050		Report for Year Ended 9/30/2016	Page 2	of 37
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)	Medicare Provider No. 07-5243
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 type="checkbox"/> (Specify)				
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.				
<b>Administrator</b>				
Name of Administrator Thomas Sullivan		Nursing Home Administrator's License No.:	001645	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		







**PIERCE MEMORIAL BAPTIST HOME**  
**BOARD OF TRUSTEES**  
**2015 - 2016**

**Officers**

- |  |  |   |                            |
|--|--|---|----------------------------|
| 1. <b>Patty Morse</b> - (Pres.)<br>President/CEO<br>292 <u>Thorpe</u> Avenue<br>Meriden, CT 06450-8309<br><a href="mailto:morse@ctbaptisthomes.org">morse@ctbaptisthomes.org</a> | 203 237-1206   | 8. <b>Rev. Michael A. Crane</b><br>91 Riverside Rd. – Unit 5F<br>Niantic, CT 06357-1124<br><a href="mailto:cranemrev@gmail.com">cranemrev@gmail.com</a> | 860 691-0609<br>'15<br>(1) |
| 2. <b>John Riesen</b> - (Chair)<br>42 Farmstead Road<br>Storrs, CT 06268-2013<br><a href="mailto:John.Riesen@charter.net">John.Riesen@charter.net</a>                            | 860 429-7569<br>'15<br>(2)                               | 9. <b>Rev. Samuel Chesser</b><br>4 Grant Ct.<br>Norwich, CT 06360<br><a href="mailto:sechesse@gmail.com">sechesse@gmail.com</a>                         | 860 215-1229<br>'17<br>(1) |
| 3. <b>Mark Kane</b> - (Vice Chair)<br>63 Northern Drive<br>Moosup, CT 06354-2018<br><a href="mailto:mark_d_kane@sbcglobal.net">mark_d_kane@sbcglobal.net</a>                     | 860 564-4316<br>401 368-6700<br>'16<br>(2)               | 10. <b>Bill McMunn</b><br>PO Box 387<br>Windham, CT 06280-0387<br><a href="mailto:wcmunn@charter.net">wcmunn@charter.net</a>                            | 860 423-1581<br>'16<br>(1) |
| 4. <b>Sandy Stevens</b> - (Secretary)<br>415 Bassetts Bridge Road<br>Mansfield Center, CT 06250-1306<br><a href="mailto:sandyzerio@aol.com">sandyzerio@aol.com</a>               | 860 965-1413<br>'15<br>(1)                               | 11. <b>Rev. Gregory J. Thomas</b><br>239 Broad Street<br>Danielson, CT 06239-3005<br><a href="mailto:revgregory4@gmail.com">revgregory4@gmail.com</a>   | 207 595-1468<br>'17<br>(1) |
| 5. <b>David Jones</b> - (Treasurer)<br>44 Robinson DR<br>Westfield MA 01085-4653<br><a href="mailto:dcarljones@aol.com">dcarljones@aol.com</a>                                   | 413-537-9262 (cell)<br>413-568-1239 (home)<br>'16<br>(1) | 12. <b>Charles Wyand</b><br>14 Ferro Ct.<br>East Lyme, CT 06333-1511<br><a href="mailto:wadhoifm@ct.metrocast.net">wadhoifm@ct.metrocast.net</a>        | 860 739-5129<br>'17<br>(2) |

**Ex-Officio**

- |  |                                   |   |                              |
|--|-----------------------------------|---|------------------------------|
| <b>Members</b>   |                                   | 13. <b>Allbee, Judy G.</b> , The Reverend<br>Executive Minister ABCCONN<br>90 A North Main Street<br>West Hartford, CT 06107-1924<br><a href="mailto:Jallbee@abcconn.org">Jallbee@abcconn.org</a> | 860 521-5421<br>860 521-5422 |
| 6. <b>Rev. Mary L. Apicella</b><br>8 Pendleton Road<br>Granby, CT 06035-2121<br><a href="mailto:Mary-little9@gmail.com">Mary-little9@gmail.com</a>   | 828 442-9427 (cell)<br>'17<br>(1) | 14. <b>David Stevens</b><br>President, ABCCONN<br>415 Bassetts Bridge Road<br>Mansfield Center, CT 06250-1306<br><a href="mailto:dstevens5471@sbcglobal.net">dstevens5471@sbcglobal.net</a>       | (860) 455-1355               |
| 7. <b>Robert Avena, Esq.</b><br>36 Spring Rock Rd.<br>East Lyme, CT 06333-1440<br><a href="mailto:ravena@avenakeppplelaw.com">ravena@avenakeppplelaw.com</a><br><a href="mailto:robavena@aol.com">robavena@aol.com</a> | 860 599-3739 Ext. 1<br>'15<br>(1) |   |                              |

### General Information and Questionnaire Individual Proprietorship

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	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

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

**General Information and Questionnaire  
Related Parties\***

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Connecticut Baptist Homes, Inc. - Patricia Morse, President & CEO	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		CEO and AR Management Services	16 m12	182,525	
		<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.  
 \*\* 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 9/30/2016	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.				
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.)				
<p align="right"><input checked="" type="radio"/> Yes      <input type="radio"/> No      If "No," explain fully why such allocation was not made.</p>				
N/A				

### 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			License No.	Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.			600C	9/30/2016			6	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						
GE Capital C/O Ricoh USA Program, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	12/23/12	48 Months	4,483	4,483	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ? <span style="float: right; margin-right: 50px;"><input type="radio"/> Yes</span> <span style="float: right; margin-right: 50px;"><input type="radio"/> No</span>							<b>Total ***</b>	4,483

\* 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 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum, Shapiro & Co. PC	29 South Main Street, West Hartford, CT 06107
2 Premier Accounting Group	344 North Main Street, Marlborough, CT 06447
3	
4	

Services Provided by This Firm (*describe fully*)

1 Annual Audit, Form 990, Medicaid and Medicare Cost Reports	\$ 45,924
2 Internal Accounting Services	\$ 48,351
3	\$
4	\$
	<b>Charge for Services Provided</b>
	\$ 94,275

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	Telephone Number
1 Robinson & Cole	860-275-8200
2 Jackson Lewis P.C.	860-522-0404
3 Murtha Cullina LLP	860-240-6000
4 Sarantopoulos & Sarantopoulos, LLP	860-222-2086
5 Wiggan and Dana	860-297-3700

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

- 1 280 Trumbull St, Hartford, CT 06103
- 2 90 State House Sq, Hartford CT 06103
- 3 185 Asylum St, Hartford, CT 06103
- 4 143 School St, Daneilson, CT 06239
- 5 20 Church Street, Hartford, CT 06103

Services Provided by This Firm (*describe fully*)

1 General labor and employment	\$ 1,320
2 Former employee settlement	\$ 1,288
3 Resident litigation	\$ 3,796
4 Resident litigation	\$ 303
5 Medical Director agreement draft	\$ 3,101
	<b>Charge for Services Provided</b>
	\$ 9,808

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 9/30/2016				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												
A. On last day of PREVIOUS report period	72	72			72	72			72	72		
B. On last day of THIS report period	72	72			72	72			72	72		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	63	63			63	63			65	65		
B. As of midnight of THIS report period	64	64			65	65			64	64		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,595	1,595			1,153	1,153			442	442		
B. Medicaid (Conn.)	18,489	18,489			13,940	13,940			4,549	4,549		
C. Medicaid (other states)												
D. Private Pay	3,559	3,559			2,654	2,654			905	905		
E. State SSI for RCH												
F. Other (Specify) Insurance	520	520			362	362			158	158		
G. Total Care Days During Period (3A thru F)	24,163	24,163			18,109	18,109			6,054	6,054		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	24,163	24,163			18,109	18,109			6,054	6,054		

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C			Report for Year Ended 9/30/2016			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	3		48			13							
Per Diem Rate													
a. One bed rm.	PPS		242.90			370.00							
b. Two bed rms.	PPS		242.90			348.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									4,122	4,122			
1. Maintenance Treatments									6	6			
2. Restorative Treatments													
C. Other									433	433			
D. <b>Total Physical Therapy Treatments</b>									4,561	4,561			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									250	250			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2	2			
2. Restorative Treatments													
C. Other									93	93			
D. <b>Total Speech Therapy Treatments</b>									345	345			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,083	4,083			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									8	8			
2. Restorative Treatments													
C. Other									484	484			
D. <b>Total Occupational Therapy Treatments</b>									4,575	4,575			



## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	110,933	2,184				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	186,347	11,407				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	44,475	1,600				
c. Dietary Workers	307,018	23,813				
6. Housekeeping Service						
a. Head Housekeeper	8,127	408				
b. Other Housekeeping Workers	131,976	11,301				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	30,778	1,552				
b. Other Maintenance Workers	34,606	2,752				
8. Laundry Service						
a. Supervisor	25,498	1,547				
b. Other Laundry Workers	62,548	6,261				
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	90,445	2,080				
b. RN						
1. Direct Care	739,912	20,868				
2. Administrative**	119,892	3,373				
c. LPN						
1. Direct Care	680,738	23,519				
2. Administrative**						
d. Aides and Attendants	981,892	66,554				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	63,224	3,235				
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	85,137	2,912				
n. Marketing	21,284	728				
o. Other (Specify)						
See Attached Schedule	79,248	4,095				
A-13. Total Salary Expenditures	3,804,078	190,189				

\* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salary-Medical Secretary	40,396	2,169				
Salary-Chaplain	26,024	1,040				
Salary-Volunteer Director	12,828	886				
<b>Total</b>	\$ 79,248	4,095	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nursing Consultant	45,419	699				
<b>Total</b>	\$ 45,419	699	\$ -	-	\$ -	-

**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
Pierce Memorial Baptist Home, Inc.				600C	9/30/2016				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	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.				License No. 600C	Report for Year Ended 9/30/2016			Page 12	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)							
<b>Section III - Administrators***</b>										
Thomas Gaccione (Through December 2015)	20,187			Non-preferential	Administrator	464	A2			
Laura Crosetti (December 2015 - present)	90,746			Non-preferential	Administrator	1,720	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	25,328	589				
2. Dentist	150	Disallowed				
3. Pharmacist	4,700	132				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	217,028	3,932				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	74,000	193				
b. Utilization Review (Title 18 and 19 only) monthly meeting	225	3				
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) Cardiac Consultant	3,600	2 Months				
9. Speech Therapist						
a. Resident Care	26,544	443				
b. Other						
10. Occupational Therapist						
a. Resident Care	222,976	4,639				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	45,419	699				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>619,970</b>	<b>10,630</b>				

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

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

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



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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	Page 14a	of 37
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A/C #	Category	Consultant
10-6205X	<b>Dietician</b>	Diane Tryon
10-6563X	<b>Physical Therapy</b>	Preferred Therapy Solutions
10-6518X	<b>Medical Director</b>	Dr. David Wilterdink Dr. Andrea Gutierrez
10-6520XBSC	<b>Nursing Consultant</b>	Cheryl Wilcox
10-6520X	<b>Dentist</b>	Roland Lupien
51098	<b>Cardiac Consultant</b>	Dr. William Bradbury
10-6514X	<b>Pharmacist</b>	Omnicare
51114	<b>Speech Therapy</b>	Preferred Therapy Solutions
51115	<b>Occupational Therapy</b>	Preferred Therapy Solutions

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 103,578	103,578		
2. Disability Insurance	\$ (79)	(79)		
3. Unemployment Insurance	\$ 91,225	91,225		
4. Social Security (F.I.C.A.)	\$ 281,041	281,041		
5. Health Insurance	\$ 281,332	281,332		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,953	15,953		
8. Uniform Allowance	\$ 2,875	2,875		
9. Other (Specify) See Attached Schedule	\$ 11,609	11,609		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 94,275	94,275		
e. Legal (Services should be fully described on Page 7)	\$ 9,808	9,808		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 28,237	28,237		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,324	8,324		
2. Cellular Phones	\$ 3,515	3,515		
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	\$ 472,551	472,551		
<b>Subtotal</b>	\$ 1,404,244	1,404,244		

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	1,404,244	1,404,244			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 5,518	5,518			
4. Employee Travel	\$ 1,739	1,739			
5. Education Expenses Related to Seminars and Conventions	\$ 16,739	16,739			
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> )	\$ 10,681	10,681			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$ 17,324	17,324			
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	\$ 3,862	3,862			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$ 6,088	6,088			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 413	413			
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> )	\$ 126,932	126,932			
12. Administrative Management Services**	\$ 182,525	182,525			
13. Other ( <i>Specify</i> )	\$ 132,058	132,058			
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,908,123	1,908,123			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising/Marketing Expense	17,324		
<b>Total Other Advertising</b>	\$ 17,324	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues - See Attachment	6,088		
<b>Total Dues</b>	\$ 6,088	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Directors & Officers Insurance	9,334		
Insurance-Surety Bond RT Acct	405		
Computer Supply & Expense	3,174		
Payroll Data Service	31,348		
Bank Fees/Service Charges	5,018		
Miscellaneous-Admin.	21,827		
Volunteers-Supplies & Equip.	65		
ADC Expenses	7,086		
Fees and Subscriptions	23,036		
Service Contracts - Software/IT	30,765		
<b>Total Other Administrative and General</b>	\$ 132,058	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	16b	37

<b>Reference</b>	<b>Dues</b>
AADNS	199
ALTCFM	80
ANFP	155
CT Assoc. of Health Care Facilities	350
NCCC	650
Leading Age Connecticut	4,654
	<u><b>6,088</b></u>

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	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 #
Connecticut Baptist Homes, Inc.	182,525	CEO & AR Services	16 m12

**\* 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
Pierce Memorial Baptist Home, Inc.		600C	9/30/2016	18	37
Item		Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>					
a. In-House Preparation & Service					
1. Raw Food	\$	241,721	241,721		
2. Non-Food Supplies	\$	35,462	35,462		
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) _____ Vending Expense Special Event Expenses					
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	285,125	285,125	
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	(Specify)
<b>G. Resident Meals:</b> Total no. of meals served per day:*					
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
<b>L. Is any revenue collected from these people?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$185
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					30 IV1
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

\* 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	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	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. \$	160	160	
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) Supplies and Equipment	\$	8,030	8,030	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	<b>8,190</b>	<b>8,190</b>	
<b>3F. Laundry Questionnaire</b>				
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.

**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
Pierce Memorial Baptist Home, Inc.		600C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	26,544	26,544		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
<b>4E.</b>	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	26,544	26,544		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$	103,565	103,565		
b.	Medicine Cabinet Drugs	\$	43,734	43,734		
c.	Medical and Therapeutic Supplies	\$	88,856	88,856		
d.	Ambulance/Limousine****	\$	2,852	2,852		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	22,736	22,736		
f.	X-rays and Related Radiological Procedures****	\$				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory****	\$	16,710	16,710		
i.	Recreation	\$	31,553	31,553		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	49,974	49,974		
<b>5K.</b>	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	359,980	359,980		

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

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

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

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



**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Resident Needs	1,071		
Programs&Supplies-Christ.Min.	171		
Nursing Equipment	48,732		
<b>Total Other Resident Care</b>	\$ 49,974	\$ -	\$ -

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**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 9/30/2016	Page 21	of 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	Line
Connecticut Baptist Homes		<input type="radio"/>	<input checked="" type="radio"/>		CEO and A/R Management Services	182,525			16	m12
Wescom Solutions		<input type="radio"/>	<input checked="" type="radio"/>		PCC Software	18,343			16	m13
ACPL		<input type="radio"/>	<input checked="" type="radio"/>		Therapy Equipment Lease	21,141			22	6f
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	31,348			16	m13
Willimantic Waste		<input type="radio"/>	<input checked="" type="radio"/>		Waste & Trash Removal	11,486			22	6a
IT Direct		<input type="radio"/>	<input checked="" type="radio"/>		IT Services	12,422			16	m13
Otis Elevator Company		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service Contract	11,493			22	6a
Celtic Consulting		<input type="radio"/>	<input checked="" type="radio"/>		EMR Implementation	110,137			16	m11
Jyoti Ajodhi		<input type="radio"/>	<input checked="" type="radio"/>		AR Consultant	18,045			16	m11
		<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
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 46,229	46,229				
b. Heat	\$ 36,883	36,883				
c. Light & Power	\$ 84,000	84,000				
d. Water	\$ 45,280	45,280				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,483	4,483				
f. Other ( <i>itemize</i> )	\$ 75,839	75,839				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 292,714	292,714				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 4,069	4,069				
b. Building & Building Improvements	\$ 173,628	173,628				
c. Non-Movable Equipment	\$ 52,323	52,323				
d. Movable Equipment	\$ 70,885	70,885				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 300,905	300,905				
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> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 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	\$ 205	205				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 305,358	305,358				

\* 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	(Specify)
Service Contracts	14,625		
Repairs & Maintenance Supplies	37,294		
Grounds Maintenance	23,920		
<b>Total Other Repairs and Maintenance</b>	\$ 75,839	\$ -	\$ -

### Depreciation Schedule

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C			Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			161,337		161,337	129,833	SL	Various	4,069				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,069			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			7,006,618		7,006,618	4,683,396	SL	Various	173,403				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			7,424				SL	Various	225				
B-4. Subtotal										173,628			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			840,768		840,768	419,128	SL	Various	51,928				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			20,365				SL	Various	395				
C-4. Subtotal										52,323			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 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						1,198,225		1,198,225	894,851	SL	Various	69,670	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						101,377						1,215	
D-3. Subtotal													70,885
<b>E. Total Depreciation</b>													300,905

Pierce Memorial Baptist Home, Inc.  
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/12/2016	Ceilings Rm 124 & 134	\$ 3,580	12	\$ 199
7/25/2016	Roof Repair	\$ 3,844	25	\$ 26
<b>Total additions for Building Improvement</b>		\$ 7,424		\$ 225 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/3/2016	Sprinkler System	\$ 5,515	25	\$ 147
8/21/2016	Elevator Wiring	\$ 13,050	5	\$ 218
8/31/2016	Control Box	\$ 1,800	5	\$ 30
<b>Total additions for Non-Movable Equipment</b>		\$ 20,365		\$ 395 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/7/2016	Furnace Valves	\$ 1,484	15	\$ 74
5/27/2016	Copier	\$ 3,862	5	\$ 258
7/14/2016	Elevator Improvements	\$ 70,626	20	\$ 883
9/16/2016	Mattresses	\$ 16,940	10	\$ -
9/26/2016	Tractor	\$ 3,095	5	\$ -
9/30/2016	Floor Machine	\$ 1,063	5	\$ -
9/30/2016	Tractor Engine	\$ 3,467	5	\$ -
9/30/2016	Mattresses	\$ 840	5	\$ -
<b>Total additions for Movable Equipmen</b>		\$ 101,377		\$ 1,215 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.			600C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Refinancing Costs	9	2012	30	15,646	6,814	B	N/A	4,248	
2.									
3.									
B-4. Subtotal									4,248
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									4,248

\* 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 Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	1950s			
2. Date Structure Completed	Renovation 1991			
3. If <b>NOT</b> 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				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	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 9/30/2016	10,404,125			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2016			26	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			130,462	130,462			
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$	130,462	130,462			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.		600C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				130,462	130,462		
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)				\$	18	18	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	130,480	130,480	
14. Insurance							
a. Insurance on Property (buildings only)				\$	23,240	23,240	
b. Insurance on Automobiles				\$	881	881	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	9,322	9,322	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	18,872	18,872	
See attachment page 27a							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	52,315	52,315	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	7,792,877	7,792,877	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	27a	37

**Line 12D**

<b>Summary of Insurance Expense</b>	<b>Total Amount</b>	<b>CCH</b>	<b>RHNS</b>	<b>Other</b>
Insurance - Liability	16,770	\$ 16,770		
Insurance - Cyber Liability	2,102	\$ 2,102		
Total Insurance	<b>\$ 18,872</b>	<b>\$ 18,872</b>	<b>\$ -</b>	<b>\$ -</b>

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.				600C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 49,613	49,613		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 222,976	222,976		
7.			Other - See attached Schedule	\$ 46,567	46,567		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$ 5,387	5,387		
11.	30	IV 3	Telephone	\$ 8,630	8,630		
12.	15	1h2	Cellular Telephone	\$ 2,075	2,075		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
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 *	\$ 17,324	17,324		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,861	44,861		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 185	185		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 397,618	397,618		

\* 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	\$ 21,284		
10	A2	Administrator Salary over allowable	\$ 11,452		
10	A12o	5% of Chaplain per audit	\$ 1,301		
10	A2	Administrator Severance	\$ 6,963		
10	A4	Office Manager Severance	\$ 8,613		
<b>Total Other Salaries Adjustment</b>			\$ 49,613	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 150		
13	b8e	Cardiac Consultant	\$ 3,600		
13	b8a	Medical Director in excess of Allowable	\$ 42,817		
<b>Total Other Fees Adjustments</b>			\$ 46,567	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous - Admin.	\$ 21,827		
16	m13	Bank Service Charges	\$ 5,018		
15	1a	Benefits on Unallowed Salaries above	\$ 9,923		
16	m13	Adult Day Care Expenses	\$ 7,086		
30	IV8	Other Income	\$ 857		
30	IV8	Restricted Contributions	\$ 150		
<b>Total Other A&amp;G Adjustments</b>			\$ 44,861	\$ -	\$ -

**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	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 397,618	397,618		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 103,565	103,565		
28.	20	5d	Ambulance/Limousine	\$ 2,852	2,852		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 16,710	16,710		
31.	20	5c	Medical Supplies	\$ 8,886	8,886		
32.	20	5e2	Oxygen (non emergency)	\$ 22,736	22,736		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 89,234	89,234		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 881	881		
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 12,248	12,248		
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	\$ 4,248	4,248		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 658,978	658,978		

\*\*\* 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.

Pierce Memorial Baptist Home, Inc.  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Expense	\$ 19,361		
20	5j	Nursing Equipment	\$ 48,732		
22	6f	Therapy Equipment Lease	\$ 21,141		
<b>Total Other Ancillary Costs</b>			\$ 89,234	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -



Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Mortgage Expense	\$ 4,248		
<b>Total Other Adjustments</b>			\$ 4,248	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 6,723,876	6,723,876			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,241,743)	(2,241,743)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 589,290	589,290			
b. Medicare Room and Board Contractual Allowance **	\$ 408,646	408,646			
4. a. Private-Pay Residents and Other	\$ 1,465,260	1,465,260			
b. Private-Pay Room and Board Contractual Allowance **	\$ (125,604)	(125,604)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 79,264	79,264			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (79,264)	(79,264)			
c. Prescription Drugs - Non-Medicare	\$ 23,823	23,823			
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	\$ 417,473	417,473			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (221,284)	(221,284)			
c. Physical Therapy - Non-Medicare	\$ 31,901	31,901			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 40,471	40,471			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,330)	(17,330)			
c. Speech Therapy - Non-Medicare	\$ 7,095	7,095			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 443,220	443,220			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (370,284)	(370,284)			
c. Occupational Therapy - Non-Medicare	\$ 25,243	25,243			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 990	990			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,201,043	7,201,043			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 185	185			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$ 8,630	8,630			
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> )	\$ 1,272,459	1,272,459			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,281,274	1,281,274			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,482,317	8,482,317			

\* 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)
Page 30 Li	X-Ray Revenue - Medicare A	2,341		
Page 30 Li	C/A - X-Ray - Med A	(2,341)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Li	X-Ray Revenue	990		
<b>Total Other Resident Revenue</b>		\$ 990	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Li	Vending Income	12,248		
Page 30 Li	Unrestricted Contributions	10,970		
Page 30 Li	Restricted Contributions	150		
Page 30 Li	Other Income	857		
Page 30 Li	Net Income for Non-Cost Report Entities:			
	Creamery Brook	203,336		
	Adult Day Care	(15,942)		
	Cottage	54,820		
	Long Term Investments	845,530		
	New Projects	(2,319)		
	Assisted Living	162,809		
<b>Total Other Revenue</b>		\$ 1,272,459	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,971,295
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	600,804
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	112
4. Inventories			\$	46,399
5. Prepaid Expenses			\$	53,693
a. Prepaid Insurance	40,281			
b. Prepaid Sewer Usage	8,985			
c. Prepaid Other	4,427			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	2,104,249
Resident Funds	30,042			
Assets Limited As To Use	2,074,207			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,776,552</b>
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	161,337	\$	27,435
	Accum. Depreciation	133,902		Net
3. Buildings	*Historical Cost	7,014,042	\$	2,157,018
	Accum. Depreciation	4,857,024		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	861,133	\$	389,682
	Accum. Depreciation	471,451		Net
6. Movable Equipment	*Historical Cost	1,299,602	\$	333,866
	Accum. Depreciation	965,736		Net
7. Motor Vehicles	*Historical Cost	12,000	\$	
	Accum. Depreciation	12,000		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	6,442,416
Creamery Brook Fixed Assets	6,442,416			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>9,350,417</b>

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	14,126,969
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	1,490,224
	Interest in Perpetual Trusts	1,490,224		
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	
Name and Address	Amount	Loan Date		
7. Other Assets <i>(itemize)</i>			\$	6,938,624
	Investments	6,686,204		
	Deferred Financing, Net	252,420		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	8,428,848
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	22,555,817

\* 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
Pierce Memorial Baptist Home, Inc.		600C	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	178,611
2. Notes Payable ( <i>itemize</i> )				\$	356,209
Current Portion of Bonds Payable					331,210
Current Portion of Notes Payable					24,999
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> )				\$	84,323
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> )				\$	441,982
Accrued Payables		38,851	Accrued Interest	29,392	
Accrued Provider Tax		117,271	Deferred Revenue	4,586	
Current Portion of Entry Fee Refund		60,510	Resident Funds	30,042	
Compensated Absences		120,344	Due to Third Party	40,986	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,061,125

\* 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 Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,061,125	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 11,100,704	
Bonds Payable, Net of Current Portion		10,072,915			
Note Payable, Net of Current Portion		16,666			
Security Deposits		307,985			
Deferred Revenue and Entry Fee Refunds Payable		703,138			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 11,100,704	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 12,161,829	

**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	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	9,704,548
6. Gain or Loss for Period			\$	689,440
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	10,393,988
<b>C. Total Reserves and Net Worth</b>			\$	10,393,988
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	22,555,817



### H. Changes in Total Net Worth

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	9,704,548
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,482,317
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,792,877
D. Net Income or Deficit			\$	689,440
E. Balance			\$	10,393,988
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	10,393,988

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2016	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Co. PC				
Address Address			Phone Number	
2 Enterprise Drive, Suite 302, Shelton, CT 06484			203-944-2100	