

February 7, 2019

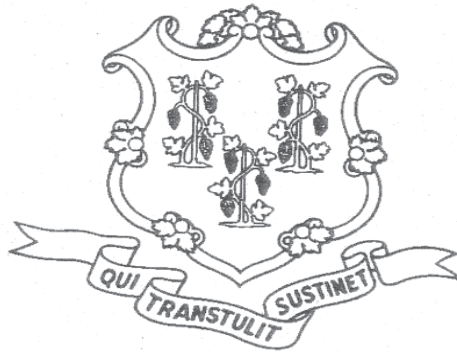
Mr. Chris LaVigne, Director
Office of CON and Rate Setting
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Connecticut Baptist Homes, Inc.

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. 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 2018

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	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) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	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 Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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) Carol Anne Salvietti			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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Company, PC	Phone Number (203) 944-2100	Date 2/7/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 237-1206		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
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 Carol Anne Salvietti		Nursing Home Administrator's License No.:	001389	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

Connecticut Baptist Homes, Inc.
Board of Directors - January 2018

Name/Nomination Date	Phone	Business	Home Address	Committee *
Rev. Hopeton Scott Chairperson 2016	203-335-0234 Fbcbridge@aol.com		9 Barry Road Huntington, CT 06484	EC, G/N, F, P
Rev. Richard J. Doyle Vice-Chairperson 2014	860-682-0685 Doyle42@comcast.net		87 Laurel Ridge East Hampton, CT 06424	EC, P,
Rev. Margaret D. Lewis Secretary 2018	860 621-6144 margaretdlewis@gmail.com	203-688-7037	391 Belleview Ave Southington, CT 06489	EC, M&D
Frank Amazeen Director 2016	860-233-4033 famazeen@comcast.net	860-798-2618 (c)cell	32 South Highland Street West Hartford, CT 06119	M&D
Charles Andres, Esq. Director 2017	203 488-7994 Charles.andres@leclairryan.com	203-672-3204 (w) 203-993-0830 (c)	11 Hopkins Court Branford, CT 06040	G/N
Patricia Morse President, Treasurer	203-237-1206 pmorse@ctbaptisthomes.org	203-237-1206	133 Main Street Farmington, CT 06032	EC, F, G/N PM&D,
Margaret Myers Director 2017	203 235-4069		412 Baldwin Ave Meriden, CT 06450	P
Marcia Sarrazin Director 2016	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410	F
Bill Smith Director 2015	860-649-7547 wmbmsmi314@cox.net	860-550-5174	55 Galaxy Drive Manchester, CT 06040	F, EC
Dan Wilder Director 2014	203-288-4526 danelisha@comcast.net		258 Highland Avenue Hamden, CT 06518	G/N
Rev. Dr. Harry L. Riggs Ex-Officio Director	860-693-6897 hriggs@abcconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107	

* Committee Key

F=FINANCE M&D=MISSION AND DEVELOPMENT G/N=GOVERNANCE AND NOMINATING P=PERSONNEL
EC=EXECUTIVE COMMITTEE

General Information and Questionnaire Related Parties*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**			
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>	Mgmt and Maintenance Contract Service 30 Line IV8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input type="radio"/>	<input checked="" type="radio"/>	Shared CEO and AR Contract Service 30 Line IV8		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.				
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.				
All costs in the "Other" column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.				

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 Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2018		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						
None	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***								

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	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 & Company PC	29 South Main Street, West Hartford, CT 06127
2 Premier Accounting Group	344 North Main Street, Marlborough, CT 06447
3 Blum, Shapiro & Company PC	29 South Main Street, West Hartford, CT 06127
4	

Services Provided by This Firm (*describe fully*)

1 Annual audit, Medicaid and Medicare Cost Report	\$ 36,159
2 General accounting services in lieu of internal staff	\$ 15,750
3 General accounting services in lieu of internal staff	\$ 30,188
4	\$
	Charge for Services Provided
	\$ 82,097

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 Wiggin & Dana	203-498-4400
3	
4	
5	

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

- 1 280 Trumbull St, Hartford, CT 06103
 2 265 Church St, New Haven, CT 06510
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employment Issues	\$ 7,840
2 Merger related matters	\$ 6,757
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 14,597

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 (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2018			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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other		
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	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR					
No. of Residents	2	25	20	4	8	16							
Per Diem Rate													
a. One bed rm.	PPS			450.00	395.00	63.00							
b. Two bed rms.	PPS	206.21	163.32	406.00	365.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									4,992	2,717	2,275		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									4,992	2,717	2,275		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									201	131	70		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									201	131	70		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,387	2,897	2,490		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									5,387	2,897	2,490		

Report of Expenditures - Salaries & Wages

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	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	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	39,139	590	39,495	595	6,324	95
2. Administrator(s) (Complete also Sec. III of Schedule A1)	37,752	590	38,095	595	6,100	95
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	10,610	461	10,706	465	1,714	74
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	56,888	2,559	56,888	2,559	37,926	1,706
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	119,210	8,667	116,227	8,450	62,053	4,511
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	61,885	4,157	61,885	4,157	21,841	1,467
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,818	2,196	64,818	2,196	22,876	775
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	19,951	1,535	17,339	1,334	2,885	222
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	55,991	1,040	55,990	1,040		
b. RN						
1. Direct Care	131,337	3,334	454,991	11,549		
2. Administrative**	63,232	2,080	63,232	2,080		
c. LPN						
1. Direct Care	187,371	6,378				
2. Administrative**						
d. Aides and Attendants	401,309	26,127	339,113	22,077		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	41,896	2,030	41,896	2,030		
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	57,162	2,079	57,161	2,078		
n. Marketing						
o. Other (Specify) See Attached Schedule	11,243	282	10,962	275	5,853	147
<i>A-13. Total Salary Expenditures</i>	1,359,794	64,104	1,428,798	61,482	167,572	9,093

* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages-Chaplain	\$ 11,243	282	\$ 10,962	275	\$ 5,853	147
Total	\$ 11,243	282	\$ 10,962	275	\$ 5,853	147

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	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			
Connecticut Baptist Homes, Inc.		1023C		9/30/2018		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	Other							
Section I - Operators/Owners										
Mary Patricia Morse	39,139	39,495	6,324			1,280	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	License No. 1023C			Report for Year Ended 9/30/2018		Page 12	of 37			
	Salary Paid			Full Description of Services Rendered	Total Hours Worked			Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked
Name	CCNH	RHNS	Other			Fringe Benefits and/or Other Payments (describe fully)				
Section III - Administrators***										
Mary Patricia Morse (through 7/2/2108)	24,462	24,684	3,953		800	A2				
Carol Anne Salvetti (7/2/2018 - Present)	13,290	13,411	2,147		480	A2				
Section IV - Assistant Administrators										
Sarah Fields (through February 2018)	10,610	10,706	1,714		1,001	A3				

*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		
Connecticut Baptist Homes, Inc.	1023C	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	3,442	63	3,442	63		
3. Pharmacist	2,822	76	2,821	76		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	61,576	1,101	51,615	923		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,000	90	9,000	90		
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	7,142	85	3,811	45		
b. Other						
10. Occupational Therapist						
a. Resident Care	87,753	Disallowed	75,357	Disallowed		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	5,458	105				
2. Administrative***						
c. Aides	51,126	1,884	43,203	1,592		
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	228,319	3,403	189,249	2,789		

* 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 Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2018		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
HealthDrive Dental, 25 Needham St, Newton, MA 02461	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare, Inc. P.O. Box 715268, Columbus, OH 43271	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Genesis Rehabilitation Services, 200 Brickstone Sq., Andover, MA 01810	Physical, Speech, and Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Key Personnel, Inc. 142 State Street, North Haven, CT 06453	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Clifford R. Dreschsker-Martell, M.D., 360 Broad St. Meriden, CT 06450	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 101,452	46,666	49,035	5,751
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 10,684	4,914	5,164	606
4. Social Security (F.I.C.A.)	\$ 211,454	97,266	102,202	11,986
5. Health Insurance	\$ 316,895	145,767	153,164	17,964
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 50,810	23,372	24,558	2,880
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 22,310	10,278	10,371	1,661
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 82,097	38,337	38,626	5,134
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,597	5,849	5,703	3,045
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 41,427	19,085	19,258	3,084
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,295	4,927	4,804	2,564
2. Cellular Phones	\$ 2,786	1,116	1,088	582
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	\$ 425,193	216,527	208,666	
Subtotal	\$ 1,292,000	614,104	622,639	55,257

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

(Carry Subtotals forward to next page)

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

Connecticut Baptist Homes, Inc.
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
HSA Contribution Expense	\$ 10,278	\$ 10,371	\$ 1,661
Total	\$ 10,278	\$ 10,371	\$ 1,661

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	1,292,000	614,104	622,639	55,257	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,121	1,061	1,061		
3. Gifts to Staff and Residents	\$ 18,545	9,273	9,273		
4. Employee Travel	\$ (544)	(251)	(253)	(40)	
5. Education Expenses Related to Seminars and Conventions	\$ 7,446	3,430	3,461	555	
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>)	\$ 4,960	2,285	2,306	369	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,520	2,082	2,101	337	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,592	3,498	3,529	565	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 440	203	205	33	
9. Subscriptions	\$ 4,358	2,008	2,026	324	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 72,577	33,668	33,949	4,960	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,414,015	671,359	680,295	62,360	

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 78	\$ 78	\$ 13
CT Association of Health Care Facilities, Inc.	\$ 322	\$ 325	\$ 52
Leading Age	\$ 3,097	\$ 3,125	\$ 501
Total Dues	\$ 3,498	\$ 3,529	\$ 565

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
IT Services	\$ 6,001	\$ 6,056	\$ 970
Volunteer Parties and Gifts	\$ 144	\$ 144	
Misc. Administrative Expense	\$ 2,993	\$ 3,020	\$ 484
Bank Fees/ Service Charges	\$ 1,960	\$ 1,978	\$ 316
Background Checks	\$ 1,489	\$ 1,503	\$ 241
Consultant Fees	\$ 2,497	\$ 2,520	\$ 404
Directors' Insurance	\$ 2,174	\$ 2,194	\$ 352
Paychex Service Charges	\$ 13,573	\$ 13,697	\$ 2,193
Medical Records Consultant	\$ 2,837	\$ 2,837	
Total Other Administrative and General	\$ 33,668	\$ 33,949	\$ 4,960

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Unidine	112,025	Food Services Contract	Page 18, Line 2c	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 222,708	89,243	87,010	46,455	
2.	Non-Food Supplies	\$ 2,848	1,141	1,113	594	
3.	Other (<i>Specify</i>) _____	\$ _____				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)						
		\$ 154,797	62,030	60,478	32,289	
c. Other (<i>Specify</i>) _____ Management Services						
		\$ 112,025	44,890	43,768	23,367	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 492,378	197,304	192,369	102,705	
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$8,340						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV1						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. See above.						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. See above.						
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.

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
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. \$	7,277	3,614	3,141	522
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. \$	8,145	4,045	3,515	585
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	15,422	7,659	6,656	1,107
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.

*** 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
Connecticut Baptist Homes, Inc.		1023C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	17,560	7,463	7,463	2,634
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	17,560	7,463	7,463	2,634
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Medications	\$	39,607	19,005	20,602	
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	144,289	69,235	75,054	
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	7,712	3,700	4,012	
f.	X-rays and Related Radiological Procedures***	\$	1,647	790	857	
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	34	16	18	
i.	Recreation	\$	36,866	18,433	18,433	
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	10,458	4,191	4,086	2,181
5M.	Total Resident Care Expenditures (5a - 5j)	\$	240,613	115,370	123,062	2,181

* 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.

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No		CCNH	RHNS	Other	Pg	Line
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>	HVAC Refrigeration	21,376	21,376	7,546	22	6a/6f
Unidine	1000 Washington St, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>	Dietary Services	196,459	191,543	102,264	18	2a1/2
Hagar Computers	67 Glenbrook Rd, W Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>	IT Services	6,001	6,056	970	16	m13
Custom Exterior Landscape	632 N Mountain Rd, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	Landscaping and Snow Removal	5,559	5,559	1,962	22	6a
Paychex	714 Brook St, #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	13,573	13,697	2,193	16	m13
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 59,358	25,228	25,228	8,902		
b. Heat	\$ 40,467	17,198	17,198	6,071		
c. Light & Power	\$ 103,914	44,163	44,163	15,588		
d. Water	\$ 39,243	16,678	16,679	5,886		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 82,167	34,921	34,921	12,325		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 325,149	138,188	138,189	48,772		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,745	1,873	1,872			
b. Building & Building Improvements	\$ 194,822	80,704	80,704	33,414		
c. Non-Movable Equipment	\$ 8,641	3,409	3,410	1,822		
d. Movable Equipment	\$ 58,893	24,891	23,799	10,203		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 266,101	110,877	109,785	45,439		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 5,912	2,589	2,589	734		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 5,912	2,589	2,589	734		
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)	\$ 272,013	113,466	112,374	46,173		

* 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	Other
Repairs Contract	\$ 6,283	\$ 6,283	\$ 2,218
Dietary Equipment Repairs	\$ 952	\$ 952	\$ 335
Elevator Maint Contract	\$ 3,181	\$ 3,181	\$ 1,123
Heating & Cooling Main Cont	\$ 14,803	\$ 14,803	\$ 5,224
Refrigeration Main Contract	\$ 2,717	\$ 2,717	\$ 960
Sprinkler/Fire Equip Main Cont	\$ 1,063	\$ 1,063	\$ 374
Security/Payroll Main Contract	\$ 204	\$ 204	\$ 72
Trash Removal	\$ 3,839	\$ 3,839	\$ 1,356
Pest Control	\$ 1,879	\$ 1,879	\$ 663
Total Other Repairs and Maintenance	\$ 34,921	\$ 34,921	\$ 12,325

Depreciation Schedule

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2018				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
	Yes	No	Month	Year				
A. Land Improvements								
1. Acquired prior to this report period	67,298		67,298	40,036	SL	Various	3,745	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								3,745
B. Building and Building Improvements								
1. Acquired prior to this report period	7,137,134		7,137,134	3,810,657	SL	Various	187,190	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	204,755		204,755				7,632	
B-4. Subtotal								194,822
C. Non-Movable Equipment								
1. Acquired prior to this report period	295,025		295,025	263,844	SL	Various	3,793	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	26,440		26,440				4,848	
C-4. Subtotal								8,641
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a. Truck	40,498		40,498	15,525	SL	5	8,100	
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	1,194,505		1,194,505	1,032,039	SL	Various	46,915	
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)	29,443		29,443				3,878	
D-3. Subtotal								58,893
E. Total Depreciation								266,101

Connecticut Baptist Homes, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2017	Expansion Tanks	\$ 6,500	20	\$ 325
11/1/2017	Chapel Renovation	\$ 15,372	20	\$ 705
11/1/2017	Bathroom Renovation	\$ 39,125	20	\$ 1,793
12/1/2017	Chapel Renovation	\$ 8,470	20	\$ 353
12/1/2017	Bathroom Renovation	\$ 28,625	20	\$ 1,193
1/1/2018	Chapel Upgrade	\$ 5,827	20	\$ 219
1/1/2018	Bathroom Renovation	\$ 14,323	20	\$ 537
2/1/2018	Bathroom Renovation	\$ 475	20	\$ 16
2/1/2018	Bathroom Renovation	\$ 30,169	20	\$ 1,006
3/1/2018	Bathroom Renovation	\$ 20,344	20	\$ 593
4/1/2018	Bathroom Renovation	\$ 33,236	20	\$ 831
2/1/2018	Flooring	\$ 1,084	20	\$ 36
5/18/2018	Flooring	\$ 1,205	20	\$ 25
Total additions for Building Improvements		\$ 204,755		\$ 7,632 *
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:				
11/1/2017	Bathtub	\$ 13,220	5	\$ 2,424
11/9/2017	Bathtub	\$ 13,220	5	\$ 2,424
Total additions for Non-Movable Equipment		\$ 26,440		\$ 4,848 *
Deletions:				

Total deletions for Non-Movable Equipment		\$ -		\$ -

**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.	Date of Acquisition		Length of Amortization	License No. 1023C	Report for Year Ended 9/30/2018		Page 24	of 37
	Month	Year			Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1. Deferred Financing Costs	April	2013	120 Mo.	58,447	26,252	B	5,824	
2. Deferred Financing Costs	October	2013	120 Mo.	675	352	B	88	
3.								
B-4. Subtotal								5,912
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								5,912

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		01/01/83		
4. Date of Initial Licensure		01/01/83		
5. Total Licensed Bed Capacity		80		
6. Square Footage		53,000		
7. Acquisition Cost				
a. Land		133,155		
b. Building		319,500		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		04/25/13		
c. Interest Rate for the Cost Year		3.75%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		4,000,000		
f. Principal balance outstanding as of 9/30/2018		1,172,492		
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		License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 46,309	20,283	20,283	5,743		
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 46,309	20,283	20,283	5,743		

(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
Connecticut Baptist Homes, Inc.		1023C		9/30/2018			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				46,309	20,283	20,283	5,743	
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)				\$	1,044	457	457	130
Ford Motor Credit								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	47,353	20,740	20,740	5,873
14. Insurance								
a. Insurance on Property (buildings only)				\$	18,519	7,741	7,741	3,037
b. Insurance on Automobiles				\$	4,812	2,217	2,237	358
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	39,306	16,430	16,430	6,446
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	62,637	26,388	26,408	9,841
15. Total All Expenditures (A-13 thru C-14)				\$	6,260,872	2,886,050	2,925,603	449,218

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 78,847	36,325	36,654	5,869
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 163,110	87,753	75,357	
7.			Other - See attached Schedule	\$ 12,527	6,264	6,263	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 6,757	2,708	2,640	1,410
11.	15	1h1	Telephone	\$ 12,295	4,927	4,804	2,564
12.	15	1h2	Cellular Telephone	\$ 1,346	539	526	281
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	l3	Gifts, flowers and coffee shops	\$ 17,686	8,843	8,843	
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 450	207	209	34
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 36,376	16,769	16,920	2,686
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 329,394	164,335	152,216	12,843

* 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	Other
10	a2	Administrative Contract Salaries - Cedar Ridge	\$ 14,776	\$ 14,910	\$ 2,388
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 21,548	\$ 21,743	\$ 3,481
Total Other Salaries Adjustment			\$ 36,325	\$ 36,654	\$ 5,869

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 3,442	\$ 3,442	
13	B3	Pharmacist	\$ 2,822	\$ 2,821	
Total Other Fees Adjustments			\$ 6,264	\$ 6,263	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 1,960	\$ 1,978	\$ 316
16	m13	Misc. Administrative Expenses	\$ 1,941	\$ 1,959	\$ 314
16	m13	Volunteer Parties & Gifts	\$ 144	\$ 144	
15		Benefits related to Cedar Ridge Administrative Contract	\$ 2,561	\$ 2,585	\$ 414
16	8a	Chamber of Commerce Dues	\$ 203	\$ 205	\$ 33
16	m13	Consulting Fees	\$ 2,331	\$ 2,353	\$ 377
15		Benefits related to Cedar Ridge Maintenance	\$ 7,629	\$ 7,698	\$ 1,232
Total Other A&G Adjustments			\$ 16,769	\$ 16,920	\$ 2,686

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

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 329,394	164,335	152,216	12,843
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 39,607	19,005	20,602	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 1,647	790	857	
30.	20	5h	Laboratory	\$ 32	16	16	
31.	20	5c	Medical Supplies	\$ 14,429	6,924	7,505	
32.	20	5e 2	Oxygen (non emergency)	\$ 7,712	3,700	4,012	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$ 32,128	14,612	14,590	2,925
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 8,340	3,342	3,258	1,740
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 433,289	212,724	203,057	17,508

*** 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.

Connecticut Baptist Homes, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

G

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Mortgage Expense	\$ 2,589	\$ 2,589	\$ 734
20	5i	Cable TV Expense	\$ 4,508	\$ 4,508	
26	12A	Interest Expense	\$ 7,018	\$ 7,018	\$ 1,987
22	7d	Shared Depreciation on Equipment	\$ 498	\$ 476	\$ 204
Total Other Property Adjustments			\$ 14,612	\$ 14,590	\$ 2,925

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 1	Meals sold to guests, employees & others	\$ 3,342	\$ 3,258	\$ 1,740
Total Other Adjustments			\$ 3,342	\$ 3,258	\$ 1,740

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,300,094	3,568,857	2,731,237			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,273,497)	(1,853,313)	(1,420,184)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 366,746	175,977	190,769			
b. Medicare Room and Board Contractual Allowance **	\$ 141,817	68,049	73,768			
4. a. Private-Pay Residents and Other	\$ 1,849,157	612,566	885,304	351,287		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 24,029	11,530	12,499			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (24,029)	(11,530)	(12,499)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,447	695	752			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,447)	(695)	(752)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 238,176	129,568	108,608			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (102,495)	(55,758)	(46,737)			
c. Physical Therapy - Non-Medicare	\$ 2,046	1,113	933			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 19,008	12,393	6,615			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 778	508	270			
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 252,471	135,830	116,641			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (96,499)	(51,917)	(44,582)			
c. Occupational Therapy - Non-Medicare	\$ 2,425	1,305	1,120			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 154	83	71			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,700,381	2,745,261	2,603,833	351,287		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 8,340	3,342	3,258	1,740		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 16,556	6,634	6,469	3,453		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 173,128	75,831	75,830	21,467		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 104,320	44,768	44,695	14,857		
V. Total Other Revenue (1 thru 8)	\$ 302,344	130,575	130,252	41,517		
VI. Total All Revenue (III +V)	\$ 6,002,725	2,875,836	2,734,085	392,804		

* 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	Other
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
Page 30 Line 5	Dividend Income		\$ 35,849	\$ 35,849	\$ 10,149
Page 30 Line 5	Interest Income		\$ 10,254	\$ 10,254	\$ 2,902
Page 30 Line 5	Unrealized Gain/Loss on Inv		\$ 4,999	\$ 4,999	\$ 1,415
Page 30 Line 5	Realized Gain/Loss on Inv		\$ 24,729	\$ 24,728	\$ 7,001
Total Interest Income			\$ 75,831	\$ 75,830	\$ 21,467

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
Page 30 Line 8	Contributions	\$ 6,652	\$ 6,485	\$ 3,462
Page 30 Line 8	Management Contract Income	\$ 10,508	\$ 10,604	\$ 1,698
Page 30 Line 8	Maintenance Contract Income	\$ 26,916	\$ 26,915	\$ 9,500
Page 30 Line 8	Other Income	\$ 692	\$ 691	\$ 197
Total Other Revenue		\$ 44,768	\$ 44,695	\$ 14,857

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	251,721
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	268,044
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	53,540
4. Inventories			\$	36,063
5. Prepaid Expenses			\$	52,445
a. Prepaid Insurance	9,890			
b. Prepaid Elevator Contract	40,874			
c. Prepaid Dues	1,681			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	622,272
Short Term Investments	382,067			
Investment in 288 Thorpe Ave, LLC	240,205			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,284,085
B. Fixed Assets				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,298	\$	23,517
	Accum. Depreciation	43,781		Net
3. Buildings	*Historical Cost	7,341,889	\$	3,336,410
	Accum. Depreciation	4,005,479		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	321,465	\$	48,980
	Accum. Depreciation	272,485		Net
6. Movable Equipment	*Historical Cost	1,223,948	\$	141,116
	Accum. Depreciation	1,082,832		Net
7. Motor Vehicles	*Historical Cost	40,498	\$	16,873
	Accum. Depreciation	23,625		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	5,213
Variance	5,213			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,705,264

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,989,349
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>)			\$	4,097,409
	Long Term Investments	3,913,940		
	Deferred Financing Costs	26,605		
	See Schedule	156,864		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,097,409
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,086,758

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Interest in Perpetual Trust	120,074
32	D7	Deposits	36,790
Total Other Assets			\$ 156,864

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	146,608
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	7,367
Name of Lender		Purpose	Amount	Date Due	
Ford			7,367		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	289,129
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	22,118
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	102,571
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	3,664
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	148,775
Accrued Audit Fees		22,000			
Accrued Provider Tax		106,025			
Due to Third Party		20,750			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	720,232

* 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 Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				720,232	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 9,737	
Name of Lender	Purpose	Amount	Date Due		
Ford		9,737			
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>)				\$ 1,069,921	
Note Payable to Berkshire Bank		1,069,921			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,079,658	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,799,890	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2018	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			\$	7,545,015
6. Gain or Loss for Period			\$	(258,147)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	7,286,868
C. Total Reserves and Net Worth			\$	7,286,868
D. Total Liabilities, Reserves, and Net Worth			\$	9,086,758

H. Changes in Total Net Worth

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	7,545,011
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,002,725
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,260,872
D. Net Income or Deficit			\$	(258,147)
E. Balance			\$	7,286,864
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. Balance at End of Period		09/30/18	\$	7,286,864

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
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 & Company, PC				
Address Address			Phone Number	
2 Enterprise Drive, Suite 302, Shelton, CT 06484			203-944-2100	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
gthomas@blumshapiro.com				