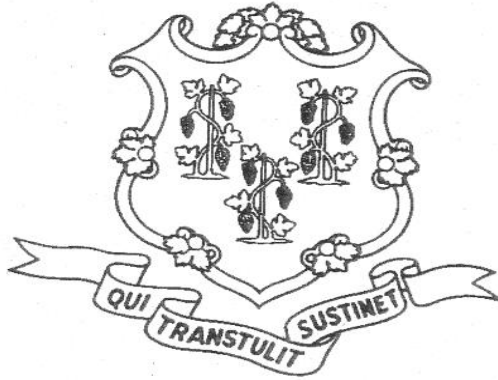


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown Street, Meriden, CT 06450	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) The Curtis Home	License No. 541C	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 The Curtis Home [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) R. Paul Sprague			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Curtis Home		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 380 Crown Street, Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/15/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-237-4338		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown Street, Meriden, CT 06450		
License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator R. Paul Sprague		Nursing Home Administrator's License No.:	001321	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





**The Curtis Home  
Board of Trustees 2018**

**David Cantor, President**

86 Forest Glen Drive  
Woodbridge, CT 06525

**Ronald Stempien, Vice President**

One Barrister's Court  
Meriden, CT 06451

**Robert Flyntz**

12 Jonathon Road  
Wallingford, CT 06492

**Michael Gruber**

42 Lydale Place  
Meriden, CT 06450

**Richard Pendred**

909 Middle Street  
Middletown, CT 06457





### General Information and Questionnaire Related Parties\*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apts on Campus (unoccupied)	None-excluded		
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets Elderly Apts & Adult Day Care	None-excluded		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of	
The Curtis Home		541C		9/30/2018			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							
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Mailing System	04/01/15	51 months	936	936		
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	04/21/17	48 month	7,520	7,520		
	<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	<b>Total ***</b>	8,456

\* 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.



### Schedule of Resident Statistics

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	94	60		34	94	60		34	94	60		34	
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	85	53		32	85	53		32	77	51		26	
B. As of midnight of THIS report period	78	50		28	77	51		26	78	50		28	
3. Total Number of Days Care Provided During Period													
A. Medicare	589	589			510	510			79	79			
B. Medicaid (Conn.)	11,966	11,966			9,280	9,280			2,686	2,686			
C. Medicaid (other states)													
D. Private Pay	1,521	1,430		91	982	891		91	539	539			
E. State SSI for RCH	10,105			10,105	7,720			7,720	2,385			2,385	
F. Other (Specify) VA/Optum/Managed Care	7,570	7,570			3,785	3,785			3,785	3,785			
G. Total Care Days During Period (3A thru F)	31,751	21,555		10,196	22,277	14,466		7,811	9,474	7,089		2,385	
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>	31,751	21,555		10,196	22,277	14,466		7,811	9,474	7,089		2,385	

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	1	27		22			28	
Per Diem Rate								
a. One bed rm.	PPS	238.31		350.00		120.00	106.79	
b. Two bed rms.	PPS	N/A		325.00		N/A	N/A	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,665	1,665		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	3,773	3,773		
<b>D. Total Physical Therapy Treatments</b>	<b>5,438</b>	<b>5,438</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	139	139		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	639	639		
<b>D. Total Speech Therapy Treatments</b>	<b>778</b>	<b>778</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,528	1,528		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	3,810	3,810		
<b>D. Total Occupational Therapy Treatments</b>	<b>5,338</b>	<b>5,338</b>		

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	80,512	1,245			45,624	705
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	150,112	6,055			85,064	3,431
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	37,075	1,281			19,384	669
c. Dietary Workers	210,071	15,714			109,830	8,215
6. Housekeeping Service						
a. Head Housekeeper	13,841	450			6,694	218
b. Other Housekeeping Workers	83,349	7,169			23,507	2,022
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	16,300	530			7,884	256
b. Other Maintenance Workers	84,815	4,669			41,023	2,258
8. Laundry Service						
a. Supervisor	14,803	481			474	15
b. Other Laundry Workers	77,026	6,782			2,465	217
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	99,579	2,080				
b. RN						
1. Direct Care	419,629	10,459				
2. Administrative**	138,475	3,252				
c. LPN						
1. Direct Care	329,001	12,727			48,739	1,991
2. Administrative**	22,740	716				
d. Aides and Attendants	575,468	37,862			270,173	17,776
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	66,641	3,355				
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	48,770	1,950				
n. Marketing	35,131	1,272			16,618	602
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,503,338	118,048			677,478	38,376

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

Name of Facility The Curtis Home				License No. 541C	Report for Year Ended 9/30/2018			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Curtis Home				541C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
R. Paul Sprague	80,512		45,624			1,950	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		
The Curtis Home	541C	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	13,297	296				
2. Dentist	6,516	39				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	129,554	2,515				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,500	100				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) VA Doctor Expense	326	Disallowed				
9. Speech Therapist						
a. Resident Care	55,310	1,074				
b. Other						
10. Occupational Therapist						
a. Resident Care	130,164	2,527				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	178,036	2,795				
2. Administrative***						
b. LPN						
1. Direct Care	93,714	2,160				
2. Administrative***						
c. Aides	166,649	7,050				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>786,066</b>	<b>18,556</b>				

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

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

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

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

Name of Facility The Curtis Home		License No. 541C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Leanne Carlson, Kensington, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy, Wethersfield, CT	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford Martel, Meriden, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, West Hartford, CT	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nursefinders, Dallas, TX	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
ReadyNurse	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Giosa and Brown Pulmonary Associates	Pulmonary Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry Group	Podiatry Doctor	<input type="radio"/>	<input checked="" type="radio"/>		
Midstate Radiology	X-Ray	<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"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2018		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 176,621	139,003			37,618
2. Disability Insurance	\$ 15,006	11,810			3,196
3. Unemployment Insurance	\$ 50,940	40,090			10,850
4. Social Security (F.I.C.A.)	\$ 239,904	188,807			51,097
5. Health Insurance	\$ 378,726	298,062			80,664
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 57,822	45,507			12,315
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 48,815	31,159			17,656
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 27,250	17,394			9,856
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 4,944	3,356			1,588
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,583	13,569			1,014
2. Cellular Phones	\$ 1,264	1,264			
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	\$ 391,813	391,813			
<b>Subtotal</b>	\$ 1,407,688	1,181,834			225,854

\* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<b>Subtotals Brought Forward:</b>	1,407,688	1,181,834		225,854
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$	1,767	1,767		
4. Employee Travel \$	378	378		
5. Education Expenses Related to Seminars and Conventions \$	1,430	1,430		
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$				
7. Other ( <i>Specify</i> ) See Attached Schedule \$				
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	2,359	2,359		
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$	2,068	2,068		
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 \$	1,926	1,308		618
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule \$	855	455		400
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	723	723		
9. Subscriptions \$	2,044	1,022		1,022
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 \$	126,311	93,082		33,230
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,547,549	1,286,425		261,124

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

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

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



**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

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

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
Membership Dues	\$ 455		\$ 400
<b>Total Dues</b>	\$ 455	\$ -	\$ 400

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Pre-Employment Screenings	\$ 7,249		\$ 1,962
Computer Supplies / Programs	\$ 15,781		\$ 8,942
SNF Administration Contracts	\$ 3,113		
Crime Insurance	\$ 1,730		\$ 980
Management Liability Insurance	\$ 5,158		\$ 2,923
Bank Service Charges	\$ 583		\$ 330
Payroll Service Fees	\$ 16,345		\$ 9,262
Administration Outside Services	\$ 14,876		\$ 8,430
Penalties	\$ 10,078		
Miscellaneous Expenses	\$ 18,169		\$ 400
<b>Total Other Administrative and General</b>	\$ 93,082	\$ -	\$ 33,230

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

Name of Facility The Curtis Home	License No. 541C	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 #	
None				

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 233,031	153,026		80,005
2. Non-Food Supplies	\$ 33,984	22,316		11,668
3. Other ( <i>Specify</i> ) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$			
c. Other ( <i>Specify</i> ) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	\$ 267,015	175,342		91,673
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**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
The Curtis Home	541C	9/30/2018	19	37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.	207,330	200,902	6,428
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	14,777	14,312	465
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. Other (Specify)	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>14,777</b>	<b>14,312</b>	<b>465</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.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
The Curtis Home	541C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Served	44,057	29,635		14,422
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	28,204	27,765		439
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Served				
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
	Amt. \$				
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	28,204	27,765		439
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Third Party and Med A	\$	251,258	251,258		
b. Medicine Cabinet Drugs	\$	21,836	21,836		
c. Medical and Therapeutic Supplies	\$	119,260	118,790		470
d. Ambulance/Limousine***	\$	809	809		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$				
f. X-rays and Related Radiological Procedures***	\$	1,688	1,688		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	5,917	5,917		
i. Recreation	\$	10,472	10,398		74
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	1,724	1,724		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	412,964	412,420		544

\* 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 The Curtis Home			License No. 541C	Report for Year Ended 9/30/2018	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	Residential Care Home	Pg	Line
PrimePay	5 Commerce Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	16,345		9,262	16	m13
General Technology Group	164 Scott Street, Suite 1, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	7,660		4,340	16	m13
CWPM, LLC.	P.O. Box 415, Planville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Waste Management	14,971		7,241	22	6f
Snow Pro's, LLC.	234 Middle Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	19,196		9,284	22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 16,097	13,941			2,156	
b. Heat	\$ 76,126	37,797			38,329	
c. Light & Power	\$ 86,330	68,287			18,043	
d. Water	\$ 50,526	33,239			17,287	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,456	5,397			3,059	
f. Other ( <i>itemize</i> )	\$ 94,186	85,939			8,247	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 331,721</b>	<b>244,600</b>			<b>87,121</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 7,936				7,936	
b. Building & Building Improvements	\$ 150,948	149,371			1,577	
c. Non-Movable Equipment	\$ 12,082	12,082				
d. Movable Equipment	\$ 46,993	43,148			3,845	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 217,959</b>	<b>204,601</b>			<b>13,358</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 217,959</b>	<b>204,601</b>			<b>13,358</b>	

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





### Depreciation Schedule

Name of Facility The Curtis Home				License No. 541C			Report for Year Ended 9/30/2018			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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period				184,515		184,515	110,148	SL	Various	6,207			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				16,600		16,600		SL	Various	1,729			
A-4. Subtotal											7,936		
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				4,584,137		4,584,137	3,354,538	SL	Various	150,948			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)								SL	Various				
B-4. Subtotal											150,948		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				378,995		378,995	169,716	SL	Various	10,876			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				27,633		27,633		SL	Various	1,206			
C-4. Subtotal											12,082		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Truck & Plow				10	2016	37,904		37,904	8,686	SL	4		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,137,489		1,137,489	970,630	SL	Various	42,989	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						33,486		33,486		SL	Various	4,004	
D-3. Subtotal													46,993
<b>E. Total Depreciation</b>													217,959

The Curtis Home  
9/30/2018

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/16/2017	New Pavement	\$ 16,600	8	\$ 1,729
<b>Total additions for Land Improvements</b>		\$ 16,600		\$ 1,729 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/18/2018	Furnace heat & pipes - unallowed	6,095	20	203
2/2/2018	Furnace heat & pipes - unallowed	3,083	20	103
2/15/2018	Boiler Maintenance	6,315	20	184
7/25/2018	Boiler Maintenance	2,913	20	24
3/28/2018	Bathroom Renovations	1,429	10	71
11/30/2017	Upgrade fire alarms	2,619	10	218
12/30/2017	Fire damper inspection	3,403	10	255
12/6/2017	2nd Floor Sprinkler System	1,776	10	148
<b>Total additions for Non-Movable Equipment</b>		\$ 27,633		\$ 1,206 *
<b>Deletions:</b>				

**Total deletions for Non-Movable Equipment**

\$ -

\$ -

\*\* Attachment Pages 23 24

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2017	New Computer & Server	7,374	5	1,106
1/25/2018	New Computer & Server	11,235	5	1,498
10/10/2017	Snowblower	2,499	5	500
11/7/2017	Snowblower	2,499	5	458
12/27/2017	Code Alert	1,701	10	128
2/21/2018	Electric bed & supplies	1,719	12	84
5/10/2018	Patient lift	1,745	10	73
6/6/2018	New Washing Machine	3,950	10	132
7/31/2018	4 TV's	764	5	25
<b>Total additions for Movable Equipment</b>		\$ 33,486		\$ 4,004 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	06/01/84				
2. Date Structure Completed	07/23/85				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	07/23/85				
5. Total Licensed Bed Capacity	94				
6. Square Footage	33,683				
7. Acquisition Cost					
a. Land	Gifted				
b. Building	3,300,000				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2018			Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2018	27	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$ 43,140	27,536		15,604
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify) Liability	\$ 30,200	19,277		10,923
14d. <b>Total Insurance Expenditures</b> (14a + b + c)	\$ 73,340	46,813		26,527
15. <b>Total All Expenditures</b> (A-13 thru C-14)	\$ 6,860,411	5,701,682		1,158,729

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 70,231	35,131		35,100
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 130,164	130,164		
7.			Other - See attached Schedule	\$ 6,842	6,842		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 663	663		
11.			Telephone	\$			
12.	15	1e	Cellular Telephone	\$ 904	904		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,430	1,430		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M2	Unallowable Advertising *	\$ 2,068	2,068		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,373	37,601		8,772
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 125	125		
<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)				\$ 258,800	214,928		43,872

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	n	Marketing Salaries	\$ 35,131		\$ 16,618
10	c1	LPN Reduction to CPA Rate			\$ 18,482
<b>Total Other Salaries Adjustment</b>			\$ 35,131	\$ -	\$ 35,100

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,516		
13	B8e	VA Doctor	\$ 326		
<b>Total Other Fees Adjustments</b>			\$ 6,842	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Bank Service Charges	\$ 583		\$ 330
		SNF Penalties	\$ 10,078		
		Newspaper Subscription	\$ 1,022		\$ 1,022
		Miscellaneous Expense	\$ 18,169		\$ 400
		Unallowable Dues - Chamber of Commerce	\$ 723		
		Benefits on Salary (Above)	\$ 7,026		\$ 7,020
<b>Total Other A&amp;G Adjustments</b>			\$ 37,601	\$ -	\$ 8,772

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

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 258,800	214,928		43,872
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 251,258	251,258		
28.	20	5d	Ambulance/Limousine	\$ 809	809		
29.	20	5f	X-rays, etc	\$ 1,688	1,688		
30.	20	5h	Laboratory	\$ 5,917	5,917		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,724	1,724		
<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	\$ 14,464	14,464		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 16,170	15,353		817
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 550,830	506,141		44,689

\*\*\* 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.

The Curtis Home  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	51	SNF Personal Needs	\$ 1,061		
20	51	Other Orthopedic	\$ 663		
<b>Total Other Ancillary Costs</b>			\$ 1,724	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable building depreciation	\$ 9,366		
22	7b	Depreciation on TVs Purchased for Resident Rooms	\$ 723		
20	5i	Cable TV	\$ 4,375		
<b>Total Other Property Adjustments</b>			\$ 14,464	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,563		\$ 817
30	IV8	Miscellaneous Income	\$ 13,790		
<b>Total Other Adjustments</b>			\$ 15,353	\$ -	\$ 817

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Curtis Home	541C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,762,521	3,690,307		1,072,214		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,001,230)	(1,001,230)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 342,626	342,626				
b. Medicare Room and Board Contractual Allowance **	\$ (61,933)	(61,933)				
4. a. Private-Pay Residents and Other	\$ 2,663,723	2,652,803		10,920		
b. Private-Pay Room and Board Contractual Allowance **	\$ (421,908)	(421,908)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 64,642	64,642				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 3,735	3,735				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 6,875	6,875				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 7,154	7,154				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 54,846	54,846				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 8,147	8,147				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 86,146	86,386		(240)		
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 6,515,344	5,432,450		1,082,894		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 125	125				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,994	1,655		339		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 18,120	17,303		817		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 20,239	19,083		1,156		
<b>VI. Total All Revenue</b> (III +V)	\$ 6,535,583	5,451,533		1,084,050		

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6a	Contractual Allowances - RCH			\$ (240)
30, II6a	Contractual Allowances - Ancillaries - Medicare A	\$ 34,067		
30, II6a	Part B adjustments	\$ (101)		
30, II6a	Contractual Allowances - Medicare A	\$ 52,420		
<b>Total Other Resident Revenue - Medicare</b>		\$ 86,386	\$ -	\$ (240)

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

**Related Exp**

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

**Interest Income**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income		\$ 1,655		\$ 339
<b>Total Interest Income</b>			\$ 1,655	\$ -	\$ 339

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Therapy Screens	\$ 280		
30, IV8	Food Rebates	\$ 1,563		\$ 817
30, IV8	Donations	\$ 1,670		
30, IV8	Miscellaneous Income	\$ 13,790		
<b>Total Other Revenue</b>		\$ 17,303	\$ -	\$ 817



## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	670,762
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,252,216
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	18,062
a. Prepaid Insurance	17,519			
b. Prepaid Expenses	543			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	25,977
Prepaid Personal Funds	25,977			
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,967,017
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	201,115	\$	83,031
	Accum. Depreciation	118,084		Net
3. Buildings	*Historical Cost	4,584,137	\$	1,078,651
	Accum. Depreciation	3,505,486		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	406,628	\$	224,830
	Accum. Depreciation	181,798		Net
6. Movable Equipment	*Historical Cost	1,170,975	\$	153,352
	Accum. Depreciation	1,017,623		Net
7. Motor Vehicles	*Historical Cost	37,904	\$	29,218
	Accum. Depreciation	8,686		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	188,528
See Schedule				
See Schedule		188,528		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,757,610

\* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,724,627	
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care ( <i>itemize</i> )				
\$				
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )				
\$ 1,135,363				
Affiliate Assets not for Cost Report Purposes		1,135,363		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)				
\$ 1,135,363				
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)				
\$ 4,859,990				

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

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

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

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

Page Ref	Line Ref	Description	
31	B9	Construction in Progress	\$ 132,096
31	B9	Misc Amount to Tie to Financial Statements	\$ 56,432
<b>Total Other Fixed Assets (Itemize)</b>			\$ 188,528

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
The Curtis Home		541C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	148,752
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	125,042
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> )				\$	561,287
Personal Funds		25,826			
Accrued Water and Sewer		13,563			
Accrued Expenses		124,505			
Due to Third Party		397,393	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>835,081</b>

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

(Carry Total forward to next page)

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				835,081
<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> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 835,081

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2018	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			\$	4,349,737
6. Gain or Loss for Period			\$	(324,828)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	4,024,909
<b>C. Total Reserves and Net Worth</b>			\$	4,024,909
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,859,990

### H. Changes in Total Net Worth

Name of Facility The Curtis Home	License No. 541C	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			\$	4,116,204	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	6,535,583	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	6,860,411	
D. Net Income or Deficit			\$	(324,828)	
E. Balance			\$	3,791,376	
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
Current Year Net Income Activities	148,294				
Affiliate (not in cost report)					
2. Other ( <i>itemize</i> )					
Inclusion of post cost report prior year journal entry	85,239				
F-3. Total Additions			\$	233,533	
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$		
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose	Amount				
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$	4,024,909	

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

Name of Facility The Curtis Home	License No. 541C	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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>	Title	Date Signed 2/11/2019		
Printed Name of Preparer Blum, Shapiro & Company, P.C.				
Address Address 2 Enterprise Drive, Suite 302, Shelton, CT 06484		Phone Number 203-944-2100		
Annual Report Contact George Thomas		Phone Number 203-944-2100		
Annual Report Contact Email Address GTHOMAS@blumshapiro.com				