

February 6, 2016

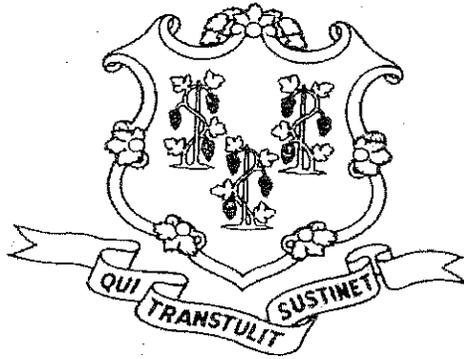
Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for Pierce Memorial Baptist Home.

In preparing this cost report, we did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. We did not disallow bad debts as it is now netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We did not record any adjustment for fair rental related to the Adult Day Care. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



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

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 44 Canterbury Road, Brooklyn CT, 06234	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

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

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**General Information**

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Pierce Memorial Baptist Home, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Laura L. Crosetti			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Pierce Memorial Baptist Home, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 44 Canterbury Road, Brooklyn CT, 06234				
Report Prepared By Blum, Shapiro & Co. PC		Phone Number 860-561-4000	Date 2/6/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility	Report for Year Ended	Page	of
860-774-9050	9/30/2015	2	37

Name of Facility (as shown on license) Pierce Memorial Baptist Home, Inc.	Address (No. & Street, City, State, Zip) 44 Canterbury Road, Brooklyn CT, 06234
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License Numbers:	CCNH 600C	RHNS	(Specify)	Medicare Provider No. 07-5243
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)						
<input type="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.
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<b>Administrator</b>		
Name of Administrator Laura L. Crosetti	Nursing Home Administrator's License No.:	001603

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
N/A	





**PIERCE MEMORIAL BAPTIST HOME**  
**BOARD OF TRUSTEES**  
**2014 - 2015**

**Officers**

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

**Ex-Officio**

**Members**

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



## General Information and Questionnaire Related Parties\*

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	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					
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 Name/Address and complete the information on Page 11 of the report.					
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 #	Actual Cost to the Related Party
		Yes	No		
Connecticut Baptist Homes, Inc. - Patricia Morse, President & CEO	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	CEO and AR Management Services 16 m12	138,309
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.

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

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

CSP-5 Rev. 9/2002

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

N/A

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

N/A

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

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

N/A



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Pierce Memorial Baptist Home, Inc	License No. 600C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Annual Audit, Form 990, Bookkeeping, Medicaid and Medicare	\$ 37,009
2 Internal Accounting Services	\$ 39,256
3	\$
4	\$
	Charge for Services Provided
	\$ 76,265

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson & Cole	
2 Arthur Johnston, State Marshall	
3	
4	
5	

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

1 280 Trumbull St, Hartford, CT 06103
2 Dayville, CT.
3
4
5

Services Provided by This Firm (*describe fully*)

1 EE and HR policies/handbook, Labor/Employment	\$ 3,420
2 Conservator	\$ 64
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 3,484

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No

**Schedule of Resident Statistics**

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015						Page 8	of 37				
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30								
		Total All Levels	Total CCNH Level	Total RHNS Level	Total	CCNH	RHNS (Specify)			Total	CCNH	RHNS (Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period		72	72					72	72				
B. On last day of THIS report period		72	72					72	72				
2. Number of Residents													
A. As of midnight of PREVIOUS report period		69	69					69	69				66
B. As of midnight of THIS report period		63	63					66	66				63
3. Total Number of Days Care Provided During Period													
A. Medicare		2,317	2,317					1,634	1,634				683
B. Medicaid (Conn.)		18,106	18,106					13,626	13,626				4,480
C. Medicaid (other states)													
D. Private Pay		3,084	3,084					2,282	2,282				802
E. State SSI for RCH													
F. Other (Specify) Insurance		890	890					762	762				128
G. Total Care Days During Period (3A thru F)		24,397	24,397					18,304	18,304				6,093
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>		24,397	24,397					18,304	18,304				6,093

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	50		9				
Per Diem Rate								
a. One bed rm.	PPS	238.64		365.65				
b. Two bed rms.	N/A	238.64		344.46				
c. Three or more bed rms.	N/A	N/A		N/A				

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,224	3,224		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	114	114		
2. Restorative Treatments				
C. Other	172	172		
D. <b>Total Physical Therapy Treatments</b>	3,510	3,510		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	251	251		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	7	7		
2. Restorative Treatments				
C. Other				
D. <b>Total Speech Therapy Treatments</b>	258	258		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,960	2,960		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	159	159		
2. Restorative Treatments				
C. Other	131	131		
D. <b>Total Occupational Therapy Treatments</b>	3,250	3,250		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	97,178	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	241,753	10,793				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	54,852	2,080				
c. Dietary Workers	294,979	24,750				
6. Housekeeping Service						
a. Head Housekeeper	7,334	408				
b. Other Housekeeping Workers	112,724	12,125				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	27,678	1,539				
b. Other Maintenance Workers	64,324	5,027				
8. Laundry Service						
a. Supervisor	2,401	133				
b. Other Laundry Workers	87,035	8,836				
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	105,081	2,080				
b. RN						
1. Direct Care	912,528	25,626				
2. Administrative**						
c. LPN						
1. Direct Care	635,591	24,418				
2. Administrative**						
d. Aides and Attendants	952,976	61,681				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,339	5,114				
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	95,985	1,870				
n. Marketing	12,515	210				
o. Other (Specify)						
See Attached Schedule	80,858	3,952				
A-13. Total Salary Expenditures	3,864,131	192,722				

\* 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 (as licensed) Pierce Memorial Baptist Home, Inc.		License No. 600C		Report for Year Ended 9/30/2015			Page 12	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Thomas Gaccione	97,178		Non-preferential	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>									

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	23,853	723				
2. Dentist	450	Disallowed				
3. Pharmacist	5,110	Monthly				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	186,648	878				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	89,500	450				
b. Utilization Review (Title 18 and 19 only) monthly meeting	825	6				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Cardiac Consultant	21,600	Monthly				
9. Speech Therapist						
a. Resident Care	29,922	65				
b. Other						
10. Occupational Therapist						
a. Resident Care	179,763	813				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	93,964	1,680				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>631,635</b>	<b>4,615</b>				

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

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

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



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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 14a	of 37
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A/C #	Category	Consultant
52003	<b>Dietician</b>	Diane Tryon
51111	<b>Physical Therapy</b>	Preferred Therapy Solutions
51108	<b>Medical Director</b>	Dr. David Wilterdink Dr. Andrea Gutierrez
51098	<b>Clinical Consultant</b>	Cheryl Wilcox
51124	<b>Dentist</b>	Roland Lupien
51098	<b>Cardiac Consultant</b>	Dr. William Bradbury
51097	<b>Pharmacist</b>	Omnicare
51114	<b>Speech Therapy</b>	Preferred Therapy Solutions
51115	<b>Occupational Therapy</b>	Preferred Therapy Solutions

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 85,721	85,721			
2. Disability Insurance	\$ 12,000	12,000			
3. Unemployment Insurance	\$ 33,070	33,070			
4. Social Security (F.I.C.A.)	\$ 283,625	283,625			
5. Health Insurance	\$ 373,287	373,287			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,303	12,303			
8. Uniform Allowance	\$ 4,714	4,714			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,048	5,048			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 76,265	76,265			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 3,484	3,484			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 22,121	22,121			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,597	11,597			
2. Cellular Phones	\$ 2,429	2,429			
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	\$ 458,131	458,131			
<b>Subtotal</b>	\$ 1,383,795	1,383,795			

\* 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**

Pierce Memorial Baptist Home, Inc.  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Physicals - Nursing	3,543		
Employee Physicals - Admin	1,505		
<b>Total</b>	<b>\$ 5,048</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,383,795	1,383,795		
<b>i. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$	1,382	1,382	
4. Employee Travel	\$	2,701	2,701	
5. Education Expenses Related to Seminars and Conventions	\$	12,668	12,668	
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> )	\$	11,386	11,386	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	50,446	50,446	
4. Fund-Raising***	\$			
5. Medical Records	\$	505	505	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	6,076	6,076	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	4,360	4,360	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	24	24	
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> )	\$	25,515	25,515	
12. Administrative Management Services**	\$	138,309	138,309	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	142,056	142,056	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	1,779,223	1,779,223	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	50,446		
<b>Total Other Advertising</b>	<b>\$ 50,446</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See attachment	4,360		
<b>Total Dues</b>	<b>\$ 4,360</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Non-Cost Report Expenses	7,030		
Payroll Data Service	33,479		
Computer Supplies	13,188		
Computer Maintenance Expense	16,114		
Printing Expense	1,668		
Bank Service Charges	3,122		
Information Service Fees	3,563		
Conference Expense	21		
Licensing Expense	2,652		
Miscellaneous-Admin.	(30)		
Equip Expense-Volunteer	40		
Volunteer Expense	1,071		
Bonds Fees	4,446		
Adult Day Care Expenses	8,591		
Insurance - Directors & Officers	8,445		
Insurance - Fiduciary Liability	398		
Insurance - Surety Bond	405		
Consulting Fees - MDS training, PCC set-up, IV training	37,853		
<b>Total Other Administrative and General</b>	<b>\$ 142,056</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 16b	of 37
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<u>Reference</u>	<u>Dues</u>
ALTCFM	80
Brooklyn Business Assoc.	38
CAADC	500
CARCH	350
Leading Age CT	2,792
NCCC	600
	<u>4,360</u>

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Connecticut Baptist Homes, Inc.	138,309	CEO & AR Services	16 m12

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$ 245,843	245,843			
2. Non-Food Supplies	\$ 28,839	28,839			
3. Other (Specify)	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
<b>c. Management Services**</b>					
d. Other (Specify) Vending Expense Special Events Expenses	\$ 9,791	9,791			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 284,473</b>	<b>284,473</b>			
<b>2F. Dietary Questionnaire</b>					
<b>G. Resident Meals: Total no. of meals served per day:*</b>					
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
<b>L. Is any revenue collected from these people?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt. \$6	
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b> 30 IV1					
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,258	5,258	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Equipment		\$	697	697	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	5,955	5,955	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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





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

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2015	Total Cost/Page Ref.***			Page of 21   37
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided* CEO and A/R Management Services	CCNH	RHNS (Specify)	Pg Line
		Yes	No				
Connecticut Baptist Homes		○	⊙		138,309		16 m12
Wescorn Solutions		○	⊙	PCC Software	12,577		16 m11
ACPL		○	⊙	Therapy Equipment Lease	19,264		22 6f
Paychex		○	⊙	Payroll Services	33,479		16 m13
Willimantic Waste		○	⊙	Waste & Trash Removal	13,547		22 6f
Celtic Consulting		○	⊙	MDS training, set-up of care plans in PCC and IV training	43,728		Var. Var.
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				

\* 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).

## Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 42,612	42,612			
b. Heat	\$ 83,358	83,358			
c. Light & Power	\$ 83,254	83,254			
d. Water	\$ 39,347	39,347			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,155	4,155			
f. Other ( <i>itemize</i> )	\$ 126,557	126,557			
See Attached Schedule					
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 379,283	379,283			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$ 4,074	4,074			
b. Building & Building Improvements	\$ 170,219	170,219			
c. Non-Movable Equipment	\$ 49,051	49,051			
d. Movable Equipment	\$ 70,825	70,825			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 294,169	294,169			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$ 4,248	4,248			
c. Leasehold Improvements	\$				
d. Other ( <i>Specify</i> )	\$				
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 4,248	4,248			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 741	741			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 299,158	299,158			

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Equipment-Admin.	2,162		
Hazardous Waste	17,226		
Service Contracts-Main.	43,392		
Maintenance Supplies	4,115		
Maintenance Supplies-Plumbing	4,024		
Maintenance Supplies-Electrical	2,104		
Maintenance Supplies-Paint	2,058		
Grounds Maintenance	972		
Main. Supplies Tools/Equip. Small	25,114		
Other- Maintenance	122		
Tools	100		
Items not meeting Pg. 6 Leased Equipment Criteria	25,168		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 126,557</b>	<b>\$ -</b>	<b>\$ -</b>





<b>Total additions for Non-Movable Equipment</b>	\$ 83,843	\$ 4,530 *
<b>Deletions:</b>		
<b>Total deletions for Non-Movable Equipment</b>	\$ -	\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Pierce Memorial Baptist Home, Inc.	Date of Acquisition		Length of Amortization	License No. 600C	Report for Year Ended 9/30/2015	Basis for Computing Amortization**	Rate %	Amortization for This Year	Page 24	of 37
	Month	Year								
<b>A. Organization Expense</b>										
1.										
2.										
3.										
A-4. Subtotal										
<b>B. Mortgage Expense</b>										
1. Refinancing Costs	9	2012	30	15,646	2,566	B	N/A	4,248		
2.										
3.										
B-4. Subtotal										4,248
<b>C. Leasehold Improvements and Other</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
<b>D. Total Amortization</b>										4,248

\* Straight-line method must be used.

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

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*					
<input checked="" type="radio"/> Yes		<input type="radio"/> No		If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1950s				
2. Date Structure Completed	Renovation 1991				
3. If <b>NOT</b> Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	06/16/75				
5. Total Licensed Bed Capacity	72				
6. Square Footage	61,407				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	03/01/13				
c. Interest Rate for the Cost Year	3.39%				
d. Term of Mortgage (number of years)	25				
e. Amount of Principal Borrowed	11,454,000				
f. Principal balance outstanding as of 9/30/2015	10,723,589				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 11,454,000			
2. Loan Origination Date			03/01/13			
3. Interest Rate %			3.39%			
4. Term			25			
5. CHEFA Interest Expense			133,982	133,982		
12 B7. <b>Total Building Interest Expense (A1 - A4 + B5)</b>			\$ 133,982	133,982		

(Carry Subtotals forward to next page)

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

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

Name of Facility		License No.		Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc		600C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				133,982	133,982		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other ( <i>Specify</i> )				\$			
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 ( <i>Specify</i> )				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 133,982	133,982		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 21,764	21,764		
b. Insurance on Automobiles				\$ 4,143	4,143		
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )				\$ 14,675	14,675		
2. Fire and Extended Coverage				\$			
3. Other ( <i>Specify</i> )				\$ 23,430	23,430		
See attachment page 27a							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 64,012	64,012		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 7,848,869	7,848,869		

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 27a	of 37
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<b>Line 12D</b>				
<b>Summary of Insurance Expense</b>	<b>Total Amount</b>	<b>CCH</b>	<b>RHNS</b>	<b>Other</b>
Insurance-Other	2,860	2,860		
Insurance - Liability	20,570	\$ 20,570		
Total Insurance	<b>\$ 23,430</b>	<b>\$ 23,430</b>	<b>\$ -</b>	<b>\$ -</b>

## Annual Report of Long-Term Care Facility

CSP-28 Rev. 9/2002

## D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.				600C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 19,361	19,361		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 179,763	179,763		
7.			Other - See attached Schedule	\$ 40,045	40,045		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 64	64		
11.	30	IV 3	Telephone	\$ 6,922	6,922		
12.	15	1h2	Cellular Telephone	\$ 989	989		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 501	501		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 50,446	50,446		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,773	33,773		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 6	6		
<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)				\$ 331,870	331,870		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12n	Wages - Marketing	\$ 12,515		
10	A2	Administrator Salary over allowable	\$ 6,211		
10	A12o	5% of Chaplain per audit	\$ 635		
<b>Total Other Salaries Adjustment</b>			<b>\$ 19,361</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 450		
13	b8e	Cardiac Consultant	\$ 21,600		
13	b8a	Medical Director in excess of Allowable	\$ 17,995		
<b>Total Other Fees Adjustments</b>			<b>\$ 40,045</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous - Admin.	\$ (30)		
16	m13	NonCost Report Expenses	\$ 7,030		
16	m13	Bank Service Charges	\$ 3,122		
16	m13	Bond Fees	\$ 4,446		
16	m13	Adult Day Care Expenses	\$ 8,591		
16	m13	Consulting fees related to IV training	\$ 2,605		
15	1a	Benefits on Unallowed Salaries above	\$ 8,009		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 33,773</b>	<b>\$ -</b>	<b>\$ -</b>

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

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

Name of Facility				License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.				600C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 331,870	331,870		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 131,799	131,799		
28.	20	5d	Ambulance/Limousine	\$ 5,155	5,155		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 8,572	8,572		
31.	20	5c	Medical Supplies	\$ 9,295	9,295		
32.	20	5e2	Oxygen (non emergency)	\$ 30,578	30,578		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 73,668	73,668		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 4,143	4,143		
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 21,172	21,172		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 616,252	616,252		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Pierce Memorial Baptist Home, Inc.  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Expense	\$ 18,126		
20	5j	Nursing Equipment	\$ 20,086		
18	2d	Vending Expense and Special Events Expense	\$ 9,747		
20	5i	Newspaper	\$ 541		
22	6f	Items not meeting Pg. 6 Leased Equipment Criteria	\$ 25,168		
<b>Total Other Ancillary Costs</b>			<b>\$ 73,668</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 6,534,879	6,534,879			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,303,606)	(2,303,606)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,215,690	1,215,690			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 998,338	998,338			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<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	\$ 95,901	95,901			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 17,244	17,244			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 82,978	82,978			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 6,641,424	6,641,424			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 6	6			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$ 6,922	6,922			
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1	1			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 251,185	251,185			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 258,114	258,114			
<b>VI. Total All Revenue</b> (III+V)	\$ 6,899,538	6,899,538			

\* 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.



**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	1,488,019
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,055,414
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,330
4. Inventories			\$	39,436
5. Prepaid Expenses			\$	55,432
a. Prepaid Insurance	40,414			
b. Prepaid Sewer Usage	8,985			
c. Prepaid Other	6,033			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	16,311
Resident Funds	16,311			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>				
			\$	2,655,942
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	161,337	\$	31,504
	Accum. Depreciation	129,833	Net	
3. Buildings	*Historical Cost	7,006,618	\$	2,323,222
	Accum. Depreciation	4,683,396	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	840,768	\$	421,640
	Accum. Depreciation	419,128	Net	
6. Movable Equipment	*Historical Cost	1,198,225	\$	303,374
	Accum. Depreciation	894,851	Net	
7. Motor Vehicles	*Historical Cost	12,000	\$	
	Accum. Depreciation	12,000	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	6,671,989
Creamery Brook Fixed Assets	6,671,989			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>				
			\$	9,751,729

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

(Carry Total forward to next page)

## Annual Report of Long-Term Care Facility

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## G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	12,407,671
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> )			\$	1,418,642
Interest in Perpetual Trusts				1,418,642
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	8,519,117
Assets Limited As To Use & Investments		8,089,423		
Deferred Financing, Net		264,219		
Entry Fee Mortgage Receivable		165,475		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	9,937,759
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	22,345,430

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

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	195,262
2. Notes Payable ( <i>itemize</i> )				\$	344,463
Current Portion of Bonds Payable			319,464		
Current Portion of Notes Payable			24,999		
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	49,292
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> )				\$	359,052
Accrued Pension		1,618	Accrued Interest	30,294	
Accrued Provider Tax		113,718	Deferred Revenue	14,651	
401k Withholding Payable		1,053	Resident Funds	50,000	
Compensated Absences		131,407	Due to Third Party	16,311	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	948,069

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

(Carry Total forward to next page)

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				948,069	
<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> )					
Bonds Payable, Net of Current Portion			10,404,125	\$ 11,692,813	
Note Payable, Net of Current Portion			41,665		
Security Deposits			286,022		
Deferred Revenue and Entry Fee Refunds Payable			961,001		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					
\$ 11,692,813					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					
\$ 12,640,882					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2015	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			\$	10,653,879
6. Gain or Loss for Period			\$	(949,331)
10/1/2014 thru 9/30/2015				
7. Total Net Worth			\$	9,704,548
<b>C. Total Reserves and Net Worth</b>			\$	9,704,548
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	22,345,430

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

**H. Changes in Total Net Worth**

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	10,653,879
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	6,899,538
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,848,869
D. Net Income or Deficit			\$	(949,331)
E. Balance			\$	9,704,548
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>		09/30/15	\$	9,704,548

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

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title .		Date Signed <i>2/6/16</i>
Printed Name of Preparer Blum, Shapiro & Co. PC				
Address Address 29 South Main St, West Hartford, CT 06127			Phone Number 860-561-4000	