

February 15, 2018

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 2017 Medicaid Cost Report for Pierce Memorial Baptist Home.

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

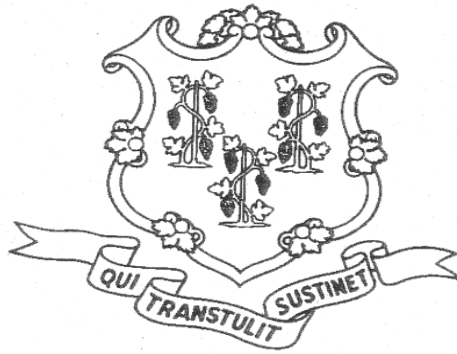
If you have any questions regarding the preparation methodology, please contact me at 860-561-6858.

Very truly yours,

George W. Thomas

Enclosures

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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 9/30/2017	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, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pierce Memorial Baptist Home, Inc.	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 44 Canterbury Road, Brooklyn CT, 06234				
Report Prepared By Blum, Shapiro & Co. PC	Phone Number 203-944-2100	Date 2/15/2018		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-774-9050		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Pierce Memorial Baptist Home, Inc.		Address (No. & Street, City, State, Zip) 44 Canterbury Road, Brooklyn CT, 06234		
License Numbers:	CCNH 600C	RHNS (Specify)	Medicare Provider No. 07-5243	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="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.				
Administrator				
Name of Administrator Thomas Sullivan		Nursing Home Administrator's License No.:	001645	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

PIERCE MEMORIAL BAPTIST HOME
BOARD OF TRUSTEES
2016-2017

Officers

- | | |
|--|---|
| <p>1. Patty Morse - (Pres.) 203 237-1206
 President/CEO
 292 <u>Thorpe</u> Avenue
 Meriden, CT 06450-8309
 <u>morse@ctbaptisthomes.org</u></p> | <p>7. David Stevens 860-455-1355
 President, ABCCONN ‘17
 415 Bassetts Bridge Road (1)
 Mansfield Center, CT 06250-1306
 <u>dstevens5471@sbcglobal.net</u></p> |
| <p>2. Sandy Stevens - (Chair) 860-965-1413
 415 Bassetts Bridge Road 16
 Mansfield, CT 06250 (1)
 <u>sandyzerio@aol.com</u></p> | <p>8. Peter Young 203-481-4063
 53 Hotchkiss Grove Rd 18
 Branford, CT 06405-5409 (1)
 <u>pyoung@aesa.us</u></p> |
| <p>3. David Jones - (Treasurer) 413-537-9262 (cell)
 44 Robinson DR 413-568-1239 (home)
 Westfield MA 01085-4653 ‘16
 <u>dcarljones@aol.com</u> (1)</p> | <p>9. Mark Kane - (Vice Chair) 860 564-4316
 63 Northern Drive 401 368-6700
 Moosup, CT 06354-2018 ‘20
 <u>mark_d_kane@sbcglobal.net</u> (2)</p> |

Members

- | | |
|--|--|
| <p>4. Robert Avena, Esq. 860 599-3739 Ext. 1
 36 Spring Rock Rd. ‘15
 East Lyme, CT 06333-1440 (1)
 <u>ravena@avenakeppplelaw.com</u>
 <u>robavena@aol.com</u></p> | <p>Ex-Officio</p> |
| <p>5. Rev. Samuel Chesser 860 215-1229
 4 Grant Ct. ‘17
 Norwich, CT 06360 (1)
 <u>sechesse@gmail.com</u></p> | <p>10. Judy Albee 860 521-5421
 Executive Minister ABCCONN 860 521-5422
 90 A North Main Street
 West Hartford, CT 06107-1924
 <u>Jallbee@abcconn.org</u></p> |
| <p>6. Bill McMunn 860-423-1581
 PO Box 387 ‘16
 Windham, CT 06280-0387 (1)
 <u>wmcmunn@charter.net</u></p> | <p>11. Wallace Black, ABCCONN 860-418-0194
 President, ABCCONN
 236 Princeton Street
 Hartford, CT 06106-4256
 <u>wallaceblack@wjbphotography.com</u></p> |

General Information and Questionnaire Individual Proprietorship

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Connecticut Baptist Homes, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		CEO and AR Management Services	16 / m12	201,843	
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.		600C		9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
GE Capital C/O Ricoh USA Program, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	12/23/12	48 Months	4,483	1,393	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							1,393	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Pierce Memorial Baptist Home, Inc	License No. 600C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Annual Audit, Form 990, Medicaid and Medicare Cost Reports	\$ 30,972
2 Internal Accounting Services	\$ 48,409
3	\$
4	\$
	Charge for Services Provided
	\$ 79,381

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson & Cole	860-275-8200
2 Jackson Lewis P.C.	860-522-0404
3 Murtha Cullina LLP	860-240-6000
4 Wiggin and Dana	860-297-3700
5	

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

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

Services Provided by This Firm (*describe fully*)

1 General labor and employment review	\$ 2,901
2 Mediation and settlement for former employee - Disallowed	\$ 6,190
3 Accounts Receivable - Disallowed	\$ 2,469
4 Regulatory work	\$ 140
5	\$
	Charge for Services Provided
	\$ 11,700

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C			Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	72	72			72	72			72	72		
B. On last day of THIS report period	72	72			72	72			72	72		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	64	64			64	64			70	70		
B. As of midnight of THIS report period	69	69			70	70			69	69		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,659	1,659			1,322	1,322			337	337		
B. Medicaid (Conn.)	18,906	18,906			13,949	13,949			4,957	4,957		
C. Medicaid (other states)												
D. Private Pay	3,583	3,583			2,608	2,608			975	975		
E. State SSI for RCH												
F. Other (Specify) Insurance	346	346			235	235			111	111		
G. Total Care Days During Period (3A thru F)	24,494	24,494			18,114	18,114			6,380	6,380		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	24,494	24,494			18,114	18,114			6,380	6,380		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	1	58				10							
Per Diem Rate													
a. One bed rm.	PPS		242.90			374.00							
b. Two bed rms.	PPS		242.90			352.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									5,472	5,472			
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									5,472	5,472			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									220	220			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									220	220			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,117	4,117			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									4,117	4,117			

Report of Expenditures - Salaries & Wages

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	111,238	2,198				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	162,780	9,340				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	54,076	2,080				
c. Dietary Workers	295,732	23,370				
6. Housekeeping Service						
a. Head Housekeeper	11,388	440				
b. Other Housekeeping Workers	77,721	7,448				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	41,633	1,608				
b. Other Maintenance Workers	47,733	3,647				
8. Laundry Service						
a. Supervisor	1,817	70				
b. Other Laundry Workers	55,675	5,772				
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	91,978	2,160				
b. RN						
1. Direct Care	662,570	19,073				
2. Administrative**	135,651	3,876				
c. LPN						
1. Direct Care	637,591	22,092				
2. Administrative**						
d. Aides and Attendants	944,635	59,502				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	70,478	3,882				
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	95,886	3,110				
n. Marketing	23,972	777				
o. Other (Specify) See Attached Schedule	76,073	3,797				
<i>A-13. Total Salary Expenditures</i>	3,598,627	174,242				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salary-Medical Secretary	\$ 39,759	2,137				
Salary-Chaplain	\$ 25,967	1,040				
Salary-Volunteer Director	\$ 10,347	620				
Total	\$ 76,073	3,797	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nursing Consultant	\$ 325	5				
Consultant Other	\$ 49					
Consultant - Medical Records	\$ 40					
Total	\$ 414	5	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Pierce Memorial Baptist Home, Inc.				600C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed) Pierce Memorial Baptist Home, Inc.				License No. 600C		Report for Year Ended 9/30/2017			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)							
Section III - Administrators***										
Laura Crosetti (End: 2/10/17)	42,584			Non-preferential	Administrator	838	A2			
Thomas Sullivan (Start: 2/6/2017)	68,654			Non-preferential	Administrator	1,360	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	25,435	586				
2. Dentist						
3. Pharmacist	6,240	145				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	213,767	3,454				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	104				
b. Utilization Review (Title 18 and 19 only) monthly meeting	75	1				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	23,464	348				
b. Other						
10. Occupational Therapist						
a. Resident Care	182,004	3,443				
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	414	5				
B-13 Total Fees Paid in Lieu of Salaries	481,399	8,085				

* 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 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
See attached		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

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 9/30/2017	Page 14a	of 37
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A/C #	Category	Consultant
10-6205X	Dietician	Diane Tryon
10-6563X	Physical Therapy	Preferred Therapy Solutions
10-6518X	Medical Director	Dr. David Wilterdink
10-6520XBSC	Nursing Consultant	Cheryl Wilcox
10-6514X	Pharmacist	Omnicare
51114	Speech Therapy	Preferred Therapy Solutions
51115	Occupational Therapy	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	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 112,538	112,538		
2. Disability Insurance	\$ 11,729	11,729		
3. Unemployment Insurance	\$ 27,394	27,394		
4. Social Security (F.I.C.A.)	\$ 261,492	261,492		
5. Health Insurance	\$ 372,615	372,615		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,688	2,688		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,230	17,230		
8. Uniform Allowance	\$ 4,990	4,990		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,342	20,342		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 79,381	79,381		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,700	11,700		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,362	21,362		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 8,122	8,122		
2. Cellular Phones	\$ 4,277	4,277		
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	\$ 486,928	486,928		
Subtotal	\$ 1,442,788	1,442,788		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,442,788	1,442,788			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 18,202	18,202			
4. Employee Travel	\$ 2,763	2,763			
5. Education Expenses Related to Seminars and Conventions	\$ 15,903	15,903			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 19,924	19,924			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,117	10,117			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,701	2,701			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,516	5,516			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 650	650			
9. Subscriptions	\$ 266	266			
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>)	\$ 58,964	58,964			
12. Administrative Management Services**	\$ 201,843	201,843			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 115,657	115,657			
C-14 Total Administrative & General Expenditures	\$ 1,895,294	1,895,294			

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising/Marketing Expense	\$ 10,117		
Total Other Advertising	\$ 10,117	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See Attachment	\$ 5,516		
Total Dues	\$ 5,516	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Directors & Officers Insurance	\$ 6,848		
Insurance-Surety Bond RT Acct	\$ 405		
Computer Supply & Expense	\$ 3,203		
Payroll Data Service	\$ 25,263		
Bank Fees/Service Charges	\$ 5,605		
Miscellaneous-Admin.	\$ 10,878		
Service Contracts - Software/IT	\$ 46,703		
ADC Expenses	\$ 3,632		
Fees and Subscriptions	\$ 13,120		
Total Other Administrative and General	\$ 115,657	\$ -	\$ -

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	9/30/2017	16b	37

Reference	Dues
ALTCFM	170
ANFP	157
American Baptist Homes and Caring Ministries	465
CT Assoc. of Health Care Facilities	350
ICNC Membership	40
Leading Age Connecticut	4,334
	<u>5,516</u>

Schedule C-1 - Management Services*

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	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.	201,843	CEO & AR Services	16 / m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2017	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 217,498	217,498		
2.	Non-Food Supplies	\$ 35,035	35,035		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____ Vending Expense					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 263,219	263,219		
2F. Dietary Questionnaire					
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,025					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) 30 IV1					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Pierce Memorial Baptist Home, Inc.		License No. 600C	Report for Year Ended 9/30/2017		Page 19	of 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. \$	10,374	10,374		
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 (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	47,078	47,078		
c. Management Services**		\$				
d. Other (<i>Specify</i>) Supplies and Equipment		\$	8,786	8,786		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	66,238	66,238		
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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,615	28,615		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	74,334	74,334		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	102,949	102,949		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$	75,911	75,911		
b.	Medicine Cabinet Drugs	\$	34,565	34,565		
c.	Medical and Therapeutic Supplies	\$	65,490	65,490		
d.	Ambulance/Limousine***	\$	4,167	4,167		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	15,399	15,399		
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	16,838	16,838		
i.	Recreation	\$	30,012	30,012		
j.	Other (Specify)**** See Attached Schedule	\$	30,460	30,460		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	272,842	272,842		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Programs&Supplies-Christ.Min.	\$ 114		
Nursing Equipment	\$ 30,346		
Total Other Resident Care	\$ 30,460	\$ -	\$ -

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 9/30/2017			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Connecticut Baptist Homes		<input checked="" type="radio"/>	<input type="radio"/>	Association	CEO & AR Mgmt Services	201,843			16	m12
Healthcare Services Group, Inc		<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Housekeeping Services	121,412			19 & 20	2b & c
Point Click Care		<input type="radio"/>	<input checked="" type="radio"/>		PCC Software	15,958			16	m13
IT Direct		<input type="radio"/>	<input checked="" type="radio"/>		IT Services	30,745			16	m13
Willimantic Waste		<input type="radio"/>	<input checked="" type="radio"/>		Waste and trash removal	11,368			22	6a
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	25,263			16	m13
Accelerated Care Plus Leasing, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Therapy Equipment Lease	21,141			22	6f
		<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"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,542	41,542				
b. Heat	\$ 77,010	77,010				
c. Light & Power	\$ 72,055	72,055				
d. Water	\$ 35,251	35,251				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,393	1,393				
f. Other (<i>itemize</i>)	\$ 94,706	94,706				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 321,957	321,957				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 4,037	4,037				
b. Building & Building Improvements	\$ 173,384	173,384				
c. Non-Movable Equipment	\$ 54,209	54,209				
d. Movable Equipment	\$ 62,431	62,431				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 294,061	294,061				
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. Total Amortization Costs (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	\$ 40	40				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 298,349	298,349				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Service Contracts	\$ 7,530		
Repairs & Maintenance Supplies	\$ 63,108		
Grounds Maintenance	\$ 23,735		
Maintenance - Uniform Allowance	\$ 333		
Total Other Repairs and Maintenance	\$ 94,706	\$ -	\$ -

Depreciation Schedule

Name of Facility Pierce Memorial Baptist Home, Inc.			License No. 600C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			161,337		161,337	133,902	SL	Various	4,037				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,037			
B. Building and Building Improvements													
1. Acquired prior to this report period			7,014,042		7,014,042	4,857,024	SL	Various	173,384				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										173,384			
C. Non-Movable Equipment													
1. Acquired prior to this report period			861,133		861,133	471,451	SL	Various	53,036				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			28,262				SL	Various	1,173				
C-4. Subtotal										54,209			
		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								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1980 Dodge				3	80	12,000		12,000	12,000	SL	7		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,299,602		1,299,602	965,736	SL	Various	60,174	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						17,122				SL	Various	2,257	
D-3. Subtotal													62,431
E. Total Depreciation													294,061

Pierce Memorial Baptist Home, Inc.
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2016	Boiler Valves	\$ 1,351	20	\$ 62
11/23/2016	Thermostats	\$ 1,906	10	\$ 159
11/8/2016	SCP System for Hydro Tank	\$ 2,000	15	\$ 122
1/6/2017	Air Compressor	\$ 1,450	15	\$ 73
1/5/2017	30 Gallon Tank	\$ 1,125	15	\$ 56
2/9/2017	Garbage Disposal	\$ 1,739	10	\$ 116
2/3/2017	Sewer Control	\$ 5,194	15	\$ 231
3/30/2017	Water Heater	\$ 2,998	10	\$ 150
5/31/2017	Welded Frame Canopy	\$ 5,250	15	\$ 117
7/14/2017	Welded Frame Canopy	\$ 5,250	15	\$ 88
Total additions for Non-Movable Equipment		\$ 28,262		\$ 1,173 *
Deletions:				

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

Attachment Pages 23 24

**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2016	6 Alternating Pressure Mattresses	\$ 7,560	5	\$ 882
11/11/2016	Floor - Scrubbing Machine	\$ 1,063	5	\$ 195
11/23/2016	5 File Drawers	\$ 2,127	15	\$ 118
12/12/2016	Copier	\$ 6,373	5	\$ 1,062
Total additions for Movable Equipment		\$ 17,122		\$ 2,257 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.			600C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Refinancing Costs	9	2012	30	15,646	11,062	B	N/A	4,248	
2.									
3.									
B-4. Subtotal									4,248
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									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 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1950s		
2. Date Structure Completed		Renovation 1991		
3. If NOT 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				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd 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 9/30/2017		10,072,915		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2017			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			126,219	126,219			
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$	126,219	126,219			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Pierce Memorial Baptist Home, Inc.		600C		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				126,219	126,219		
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)				\$	2,440	2,440	
User Fee Audit							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	128,659	128,659	
14. Insurance							
a. Insurance on Property (buildings only)				\$	20,963	20,963	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	9,781	9,781	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	18,217	18,217	
See attachment page 27a							
14d. Total Insurance Expenditures (14a + b + c)				\$	48,961	48,961	
15. Total All Expenditures (A-13 thru C-14)				\$	7,478,494	7,478,494	

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	9/30/2017	27a	37

Line 12D

Summary of Insurance Expense	Total Amount	CCH	RHNS	Other
Insurance - Liability	16,161	\$ 16,161		
Insurance - Cyber Liability	2,056	\$ 2,056		
Total Insurance	\$ 18,217	\$ 18,217	\$ -	\$ -

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.				600C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 43,990	43,990		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 182,004	182,004		
7.			Other - See attached Schedule	\$ 12,844	12,844		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 8,659	8,659		
11.	30	IV 3	Telephone	\$ 7,700	7,700		
12.	15	1h2	Cellular Telephone	\$ 2,837	2,837		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 650	650		
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 *	\$ 10,117	10,117		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 49,721	49,721		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 1,025	1,025		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 319,547	319,547		

* 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	\$ 23,972		
10	A2	Administrator Salary over allowable	\$ 18,720		
10	A12o	5% of Chaplain per audit	\$ 1,298		
Total Other Salaries Adjustment			\$ 43,990	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b8a	Medical Director in excess of Allowable	\$ 12,844		
Total Other Fees Adjustments			\$ 12,844	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous - Admin.	\$ 10,878		
16	m13	Bank Service Charges	\$ 5,605		
15	1a	Benefits on Unallowed Salaries above	\$ 8,798		
30	IV8	Other Income	\$ 7,577		
30	IV8	Restricted Contributions	\$ 615		
16	m13	Adult Day Care Expenses	\$ 3,632		
16	8a	Chamber of Commerce Dues	\$ 650		
16	m13	CHEFA Administrative Fee	\$ 9,278		
15	6	Life insurance	\$ 2,688		
Total Other A&G Adjustments			\$ 49,721	\$ -	\$ -

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	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 319,547	319,547		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 75,911	75,911		
28.	20	5d	Ambulance/Limousine	\$ 4,167	4,167		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 16,838	16,838		
31.	20	5c	Medical Supplies	\$ 6,549	6,549		
32.	20	5e2	Oxygen (non emergency)	\$ 15,399	15,399		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 69,364	69,364		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 17,061	17,061		
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	\$ 14,265	14,265		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 539,101	539,101		

*** 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.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Expense	\$ 17,877		
20	5j	Nursing Equipment	\$ 30,346		
22	6f	Therapy Equipment Lease	\$ 21,141		
Total Other Ancillary Costs			\$ 69,364	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Mortgage Expense	\$ 4,248		
27	12d	Other Interest Expense	\$ 2,440		
30	IV8	Other Income	\$ 7,577		
Total Other Adjustments			\$ 14,265	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,846,434	6,846,434				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,395,650)	(2,395,650)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 618,082	618,082				
b. Medicare Room and Board Contractual Allowance **	\$ 382,111	382,111				
4. a. Private-Pay Residents and Other	\$ 1,561,952	1,561,952				
b. Private-Pay Room and Board Contractual Allowance **	\$ (20,212)	(20,212)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 63,797	63,797				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (63,797)	(63,797)				
c. Prescription Drugs - Non-Medicare	\$ (3,030)	(3,030)				
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	\$ 363,134	363,134				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (205,181)	(205,181)				
c. Physical Therapy - Non-Medicare	\$ 33,492	33,492				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 37,272	37,272				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,253)	(17,253)				
c. Speech Therapy - Non-Medicare	\$ 3,786	3,786				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 312,447	312,447				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (194,885)	(194,885)				
c. Occupational Therapy - Non-Medicare	\$ 33,568	33,568				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (68,040)	(68,040)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,288,027	7,288,027				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,025	1,025				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 7,700	7,700				
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,330,602	1,330,602				
V. Total Other Revenue (1 thru 8)	\$ 1,339,327	1,339,327				
VI. Total All Revenue (III +V)	\$ 8,627,354	8,627,354				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Lin	X-Ray Revenue - Medicare A	\$ 2,136		
Page 30 Lin	C/A - X-Ray - Med A	\$ (2,136)		
Page 30 Lin	Laboratory - Medicare A	1,114		
Page 30 Lin	C/A - Laboratory - Medicare A	(1,114)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Lin	C/A - Ancillaries - Medicaid	(35)		
Page 30 Lin	Pharmacy - Insurance	16,378		
Page 30 Lin	X-Ray - Insurance	445		
Page 30 Lin	Lab - Insurance	81		
Page 30 Lin	C/A - Ancillaries Insurance	(84,909)		
Total Other Resident Revenue		\$ (68,040)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 Lin	Vending Income	\$ 17,061		
Page 30 Lin	Unrestricted Contributions	\$ 5,064		
Page 30 Lin	Restricted Contributions	\$ 615		
Page 30 Lin	Other Income	\$ 7,577		
Page 30 Lin	Net Income for Non-Cost Report Entities:			
	Creamery Brook	\$ 98,000		
	Adult Day Care	\$ (20,598)		
	Cottage	\$ 109,659		
	Long Term Investments	\$ 1,056,122		
	New Projects	\$ (3,762)		
	Assisted Living	\$ 60,864		
Total Other Revenue		\$ 1,330,602	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,042,049
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	590,727
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,103
4. Inventories			\$	36,774
5. Prepaid Expenses			\$	94,934
a. Prepaid Insurance	81,055			
b. Prepaid Sewer Usage	9,850			
c. Prepaid Other	4,029			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	28,885
Resident Funds	28,885			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,794,472
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	161,337	\$	23,398
	Accum. Depreciation	137,939		Net
3. Buildings	*Historical Cost	7,014,042	\$	1,983,634
	Accum. Depreciation	5,030,408		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	889,395	\$	363,735
	Accum. Depreciation	525,660		Net
6. Movable Equipment	*Historical Cost	1,316,724	\$	288,557
	Accum. Depreciation	1,028,167		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>)			\$	6,246,415
Creamery Brook Fixed Assets	6,246,415			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,905,739

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.	600C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	11,700,211
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	1,534,262
	Interest in Perpetual Trusts	1,534,262		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	9,337,607
	Investments	9,096,986		
	Deferred Financing, Net	240,621		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	10,871,869
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	22,572,080

* 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

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Pierce Memorial Baptist Home, Inc.		600C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	144,310
2. Notes Payable (<i>itemize</i>)				\$	359,442
Current Portion of Bonds Payable					342,776
Current Portion of Notes Payable					16,666
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>)				\$	87,801
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>)				\$	402,476
Accrued Payables		36,404	Accrued Interest	28,456	
Accrued Provider Tax		126,477	Deferred Revenue	12,842	
Due to State		61,676	Resident Funds	28,885	
Compensated Absences		87,736	Due to Third Party	20,000	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	994,029

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			994,029	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 10,035,203
Bonds Payable, Net of Current Portion		9,730,139		
Security Deposits		305,064		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 10,035,203
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,029,232

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	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	10,393,988
6. Gain or Loss for Period			\$	1,148,860
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	11,542,848
C. Total Reserves and Net Worth			\$	11,542,848
D. Total Liabilities, Reserves, and Net Worth			\$	22,572,080

H. Changes in Total Net Worth

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	10,393,988
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,627,354
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,478,494
D. Net Income or Deficit			\$	1,148,860
E. Balance			\$	11,542,848
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	11,542,848
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Pierce Memorial Baptist Home, Inc.	License No. 600C	Report for Year Ended 9/30/2017	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Co. PC				
Address			Phone Number	
2 Enterprise Drive, Suite 302, Shelton, CT 06484			203-944-2100	