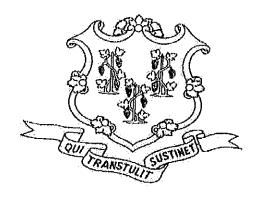
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as	licensed)						
Jerome Home							
Address (No. & Stree	et, City, State, Z	Zip Code)					
975 Corbin Avenue,	New Britain, C	T 06051					
Type of Facility							
Chronic and C	Convalescent		Rest Home wit	h Nursing	5		
☑ Nursing Home	only		Supervision on	ly	\square	Residential Ca	re Home
(CCNH)	(CCNH) (RHNS)						
Report for Year Begi	nning	- Control of the Cont	Report for Yea	r Ending			, , , , , , , , , , , , , , , , , , , ,
10/1/2014			9/30/2015				
T : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		COM	DIDIG 1	D			
License Numbers:		2065C	l i i			Home Me	edicare Provider 07-5343
Medicaid Provider Numbers: C0				HNS IO		F-IID	
For Department Us	e Only		<u> </u>				
Sequence Number	Signed and	Date	Sequence N	umber	Signed a	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	OIBIICU A	iid Motalized	Date Received
		· · · · · ·				<u> </u>	
1							1
- American Communication	J		<u> </u>		<u> </u>		

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HERBBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jerome Home [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) Lori Toombs LORI TOUMS		Printed Name (Owner)	:				
Subscribed and Sworn to before me: Denna Healler State of	Date 2/15/16	Signed (Notary Public) Www.MHECHO	Comm. Expires				
Address of Notary Public 30 TucciTo Rd, Portland 4 06480							

(Notary Seal)

DONNA M. HECHLER
Notary Public, State of Connecticut
My Commission Expires June 30, 2018

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

Data Required for Real Wage Adjustment					of 37
Name of Facility	******	Period Cov	ered:	1A From	То
Jerome Home				10/1/2014	9/30/2015
Address of Facility 975 Corbin Avenue, New Britain, CT 06051					
Report Prepared By Paula DePinto		Phone Nun 860-406-67		Date 2/15/2016	
Item		Total	CCNH	RHNS	Residentia 1 Care Home
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

			ne No. of Fac -229 - 3707	cility	Report for Ye 9/30/2015	ar Ended	Page 2	of 37	
Name of Facility (as shown on license)					Street, City, Sta	• .			
Jerome Home		·	975 Corbin		ue, New Brita				
[CCNH		RHNS	Resi	dential Care H		Medicare I	rovider N	o.
	2065C				1	427	07-5343		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Resident	ial Care Hor	ne	
Type of Ownership (Check appropriate box	:)	* **:- :							
O Proprietorship O LLC O	Partnership	0	Profit Corp.		Non-Profit Co	р. О	Government	• Trus	3t
If this facility opened or closed during repo	rt year provide	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership			······································	·					
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain full	у.	
						•			
Administrator					,				
Name of Administrator					Nursing Ho				
Lori Toombs					Administrat		001985		
01. 0 1. 1	1	/C.11		- 54	License l	NO.:			
Other Operators/Owners who are assistant a Name	idministrators	(Iuii	or part time	oru	License l	To 1			
Ivame					License	NO.			
									:
									:

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General Information and Questionnaire Partners/Members

Name of Facility Jerome Home		License No. 2065C	Report for Y 9/30/2015	ear Ended	Page of 3	
Legal Name of Partnership/LLC		Business A	Address		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned	
	3.VI.					
		, and declared				

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General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Jerome Home	2065C	9/30/2015		3A 37
If this facility is owned or operated as a corp				
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorporated
				- MANAGEMENT - MAN
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
See Attached Listing of Trustees				
		, , , , , , , , , , , , , , , , , , , ,		
Names of Stockholders Owning at Least 10% of Shares				
				· · · · · · · · · · · · · · · · · · ·



Jerome Home Trustees

Verified Information for 2015

Mr. John Manning	Mr. Daniel Daigle
118 Mooreland Road	Smith, Daigle @ Company
Kensington, CT 06037	115 North Main Street
(860) 225-8390	Southington, CT 06489
jsmanningfbk@yahoo.com	(860) 621-6888
Chairman	dandaiglecpa@smithdaigle.com
	Vice Chairman
Atty. Harry Mazadoorian	Earle Sittambalam, MD
175 Hillside Road	155 Windermere Avenue, Unit 2907
Kensington, CT 06037	Ellington, CT 06029
(860) 225-3876	(860) 454-5058
hmazadoorian@comcast.net	esittambalam@gmail.com
Director	Director
NAS Institute Maniputer CDA	
Ms. Justine Moriarty, CPA	
80 Oakland Road	
Southington, CT 06489	
(860) 212-9941	
justinem@millermoriarty.com	
Director	

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of				
Jerome Home	2065C	9/30/2015	3B 37				
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:				
Owner(s) of Facility							
·			<u></u>				
		<u> </u>					
	19.		the state of the s				
	•		-				
			y and west of the				
	i						
·							
Line was a second secon	· .						
	·	MARIE CONTRACTOR CONTR					
			:				
			<u> </u>				

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General Information and Questionnaire Related Parties*

Name of Facility Jerome Home		License No. 2065	. No. 2065C	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	acility re	ong	-23	If "Yes," provide the Name/Address and	e Name/Add	iress and
marriage, ablinty to conn	marriage, ability to control, ownership, family of business association?	ess assoc		O xes © no	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servi	ces,			i	
including the rental of pr	including the rental of property or the loaning of funds to this facility, related through family association common ownershin control or business	to this fa	cility,	O Vec O			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	acility?		If "Yes," provide the following information:	e following	information:
		Als Good	Also Provides Goods/Services to		Indicate Where Costs are Included		
Name of Related Individual or Company	Business Address	Non-R	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
See attached listing		0	╌		A ago # / Lame #	TOTOTOT .	
		0	0				
		0	0				· · · · · · · · · · · · · · · · · · ·
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
* Use additional sheets if necessary	if necessary						

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	License No	٠.	Report for Year Ended	Page of		
Jerome Home	2065C		9/30/2015	5 37		
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	I services with special Medicai	d rates, costs		
must be allocated to CCNH and RHNS as follo	ws:					
Item			Method of Allocation			
Dietary		Number of	meals served to residents			
Laundry			pounds processed			
Housekeeping		Number of square feet serviced				
	hours of routine care provided	-				
Nursing		classification, i.e., Director (or	-			
			Nurses, Licensed Practical Nu	rses, Aides and		
		Attendants				
Direct Resident Care Consultants			hours of resident care provided	I by EACH		
			(See listing page 13)			
Maintenance and operation of plant	271/272	Square feet				
Property costs (depreciation)		Square feet				
Employee health and welfare Gross salaries						
Management services		e 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 O Yes O No If "No," explain fully why such allocation was						
costs allocated as required? not made.						
Patient days used primarily						
2. Explain the allocation of related company ex	cpenses and	attach copy	of appropriate supporting data			
			,			
	10 () 11	(2 4 1 2				
3. Did the Facility appropriately allocate and se				me cost centers?		
(e.g., Assisted Living, Home Health, Outpat	ient Services	s, Adult Da				
	⊙ Yes	O No	If "No," explain fully why suc not made.	h allocation was		

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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.			The second secon		ŧ			
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of	
Jerome Home			2065C	9/30/2015			6 37	
	Related * to	d * to						
	Owners,	iers,						
	Operators,	ators,				Annual		
	Offi	cers		Date of	Term of	Amount	Amount	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed	
Short term leases only	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0		-				
·	0	0					:	
	0	0						
The state of the s								

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Total ***

% O

O Yes

* 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	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
previous period? O	No	and the state of t			
			······································		
Independent Accounting Firm	***				
Name of Accounting Firm	;	Address (No. & Street, City, State, Zip Code)	1		
1 See attached Listing					
2					
3	:				
Services Provided by This Firm (des	raniha Giller	<u></u>	• • • • • • • • • • • • • • • • • • • •		
Services Provided by This Firm (ae)	scribe jully)				
1			\$	41,250	
2			\$		
3	3.5		\$		
4			\$		
			Charge for S	Services Prov	ided
			\$	41,250	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		,	
	15/1d				
Legal Services Information	****				·.
Name of Legal Firm or Independent	Attorney		Telephone N	Number	
 See attached Listing 					
2		3			
3					
4		•			
5					
Address (No. & Street, City, State, 2	(ip Code)				
1					
2					
3					
4					
5 Services Provided by This Firm (des	aniha fullsi)				
Services Fronded by This Phili (des	tribe july)	;			·
1			\$	6,982	
2	· · · · · · · · · · · · · · · · · · ·		\$		
3		An army protected at the control of	\$		
4		and the second s	\$		
5			\$		
	The second secon		Charge for S	Services Prov	ided
			\$	6,982	
Are These Charges Reflected in the Expend	iture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		9,702	
	15/1e				

JEROME HOME PAGE 7 ACCOUNTING AND LEGAL FEES 10/1/14 - 9/30/15 FIGESHSIAccounting/JEROME HOME/JH COST REPORT FILESIFY20151/JH 2015 ACCOUNT DETAILS-WORKING COPY.XISJPAGE 7 ACCT & LEGAL 12

Accounting Fees G/L # 6420-054-000

Saslow Lufkin & Buggy	Audit, 990Tax & Pension audit	\$34,237.50	\$34,237.50 10 Tower Lane Avon CT 06001
Blum Shapiro	Medicare Cost Report	\$5,625.00	\$5,625.00 29 South Main St West Harfford CT 06127
	Annual Probate filing - required for a		
Harfford Probate Court	testimentary trust	\$0.00	\$0.00 250 Constitution Plaza Hartford CT 06103
TANKET THE	Preparation of Annual Probate Filing -		
Urban & Associates	required for a testimentary trust	\$1,387.50	\$1,387.50 510 Lakewood Dr Oldsmar FI 34677
Treasurer, State of CT	Probate Accounting	\$0.00	

Legal Fees G/L # 6420-046-000

Rosenthal Law Firm, LLC	Miller, ME 10/01 - 12/02/14	\$6,981.96	\$6,981.96 18 North Main St. West Hartford, CT 06107
Murtha Cullina		\$30,161.82	\$30,161.82 185 Asylum Street Hartford CT 06103
Reclass LOC Renewal		(\$30,161.82)	
Accruals		\$0.00	
See Note Below			

\$6,981.96

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CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	No.		-	Report fo	Report for Year Ended	5 4	:	Page	of
JEIOTIKE TIOTIK			- 21	2002			9/30/2013	2			×	3/
						Period 10/	'1 Thru 6/30	/30		Period 7/	Period 7/1 Thru 9/30	0
	Total All	CONH	Total	Total		:		Residential				Recidential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
 Certified Bed Capacity 												
A. On last day of PREVIOUS report period	120	94		26	120	94		26	120	94		26
B. On last day of THIS report period	120	94		26	120	94		26	120	94		26
2. Number of Residents												
A. As of midnight of PREVIOUS report period	115	89		26	115	89		26	141	115		26
B. As of midnight of THIS report period	141	115		26	115	89		26	141	115		26
3. Total Number of Days Care Provided During Period												
A. Medicare	4,277	4,277			3,181	3,181			1,096	1,096		
B. Medicaid (Conn.)	26,969	18,182		8,787	19,966	13,408		6,558	7,003	4,774		2,229
C. Medicaid (other states)												
D. Private Pay	10,882	10,321		561	8,539	7,999		540	2,343	2,322		21
E. State SSI for RCH									·			
F. Other (Specify) Managed care & WC	357	357			198	198			159	159		
G. Total Care Days During Period (3A thru F)	42,485	33,137		9,348	31,884	24,786		860,7	10,601	8,351		2,250
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
										,		-
A. Medicaid Bed Reserve Days	188	82		306	<u>\$</u>	64			124	18	:	8
B. Other Bed Reserve Days	165	163		2	121	121			44	42		2
5. Total Resident Days (3G + 4A + 4B)	42,838	33,382		9,456	32,069	24,971		7,098	10,769	8,411		2,358

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Jerome Home	;			2	065C					9/30/201	5		9	37
i			in the certified b		pacity du	ring tl	he repo	rt yea	1'?	0	Yes	0	No	
If "YES'	', provid	le the fo	llowing informa	tion:									· · · · · · · · · · · · · · · · · · ·	
		Place o	f Change		Ch	ange	in Bed	S		Caj	oacity Afte	er Change		
			Residential											
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d					
Change						<i>(</i> =5			40.		22210	Residential	n c	CI .
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH.	RHNS	Care Home	Reason I	or Change
													<u></u>	
		<u></u>												· · · · · · · · · · · · · · · · · · ·
				 										
	<u> </u>	L		L			<u></u>	i	<u> </u>			···	l	
5. If there v	was any	change	in certified bed	capaci	ty during	the re	eport ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
RESIDE	ENT DA	YS for	90 days followit	ng the	change,									
			Change in R	esiden	t Days					cc	NH	RHNS	Residential	Care Home
1st chan	ge													
2nd char														
3rd chan														
4th chan	ge									l <u></u>		<u> </u>	<u> </u>	
6. Number	of Resid	dents an	d Rates on Septe	mber			ar	· · ·			IC D		Other Ste	to Analatad
			Medicare	<u> </u>	Medi	caid		<u> </u>		26	lf-Pay	,	Other Sta	te Assisted
												5 11 41 1		
									33 TT T		D 10	Residential	D O II	IOP MD
	Item		CCNH	<u>C</u>	CNH	RI	INS	CC	CNH	RF	INS	Care Home	R.C.H.	ICF-MR
No. of R		<u> </u>	I I		48		25	Same and the same a	30	11-2-26		I		
Per Dien a. One h			N. CO.	0000	220.11	100 MA	129,00		471,00		Audio Constituto	223,00	License in the property of the control of	
b. Two			RUGS	ļ	228,11		129,00		471,00			207.00		
c. Three			·								<u></u>	20		
bed i		t .											•	
bea i	ms.			!				I					······································	
										ļ				Residential
7. Total Nu	mher of	f Physic.	al Therapy Treat	ments	.					то	TAL	CCNH	RHNS	Care Home
		ire - Par									1,530	793		737
			lusive of Part B)	 										
			e Treatments								7	7		
	2. Res	torative	Treatments						· · · · · · · · · · · · · · · · · · ·					
	Other									ļ	9,198	9,033		165
			Therapy Treats								10,735	9,833		902
			Therapy Treatr	nents								134		11
A.	Medica	are - Par	t B lusive of Part B)								145	134		11
В.			e Treatments	١.							4	4		
. , , , , , , , , , , , , , , , , , , , 			Treatments				···········					,		
· · · · · ·	Other	COFACTIVO	Troumond								477	477		
		peech 1	Therapy Treatm	ents							626	615		LI.
			ational Therapy		nents									
A.	Medica	ire - Par	t B								517	448		69
B.	Medica	aid (Exc	lusive of Part B))										
l	I. Mai	intenanc	e Treatments							1	1	1		
		torative	Treatments							<u> </u>				
	Other									ļ <u>.</u>	8,944	8,806	ļ	138
D.	Total C	Эссиран	ional Therapy I	reatn	<i>ients</i>					<u> </u>	9,462	9,255		207

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Jerome Home	2065C		9/30/2015		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
			Total Cost a	nd Hours		
				:	Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I of Schedule A1) 		A Alberta				
2. Administrator(s) (Complete also Sec. III	n-					-
of Schedule A1)	98,485	1,621		· ·	27,897	45
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	309,548	11,516		A DOLLAR OLD BUILDING	87,684	3,26
5. Dietary Service	[]					
a. Head Dictitian b. Food Service Supervisor	47,861	1,755			13,558	49
c, Dietary Workers	392,578	28,683			111,204	8,12
6. Housekeeping Service	272,070			13.4		
a. Head Housekeeper	61,688	2,553			17,474	72
b. Other Housekeeping Workers	170,594	12,789			48,323	3,62
7. Repairs & Maintenance Services	The second second			Error.		
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	23,489 88,550	949 5,894			6,654 25,083	1,66
8, Laundry Service	00.000	3,694	7 7 7 7	Water and the same	25,005	1,00
a. Supervisor	14,402	370		Neder many distribution	4,080	10
b. Other Laundry Workers	81,346	6,431			23,043	1,82
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services a. Head Accountant						
a. Head Accountant b. Other Accountants	-			· · · ·		
12. Professional Care of Residents			14			
a. Directors and Assistant Director of Nurses	207,678	4,386			10,404	22
b. RN	W.				l.	
I. Direct Care	1,646,985	50,303				
2, Administrative**	351,192	6,361	lander of the second of the se	terror on the second	17,593	3
c, LPN 1, Direct Care	423,669	14,624				
2. Administrative**	423,009	14,024		,		
d. Aides and Attendants	1,782,613	119,826			190,824	12,82
e. Physical Therapists	214,312	5,786			19,659	53
f. Speech Therapists						
g. Occupational Therapists	125,641	3,591			2,810	2,05
h. Recreation Workers i. Physicians	150,734	7,271			42,698	2,03
1. Medical Director	(3536)					
2. Utilization Review						
3, Resident Care***	1					
4. Other (Specify)	- Table 1					<u> </u>
j. Dentists						
k. Pharmacists						
I. Podiatrists	07 100	2.157			27,530	89
m. Social Workers/Case Management n. Marketing	97,188	3,156	i		21,330	
n. Marketing o. Other (Specify)			The Section		1000	
See Attached Schedule	59,902	1,945			64,690	4,19
A-13. Total Salary Expenditures	6,348,455	289,810			741,208	41,66

^{*} 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.

Schedute of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	Residential	Care Home
Position	\$	Hours	S	Hours	5	Hours
Admisstions - Supervisor/Staff	\$ 59,902	1,945		5 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V	\$ 16,968	551
	(4.0 m) 1 (4.0 m)		Jan Car			
Good Life Fitness - disallowed		teritoria de dispayor			\$ 47,722	3,642
	AMERICA CONTRACTOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$5000 ACCORDAN			
					and Stranger Contractions	
	area sa bas		100 Complete (100 Complete (10			
			(Autoposition)		VAN TIPERTE	858.60 Sp. 500.
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		BENEFICE	17.110.00.450.575.57			(Cart 16) (Ann 18)
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Total	\$ 59,902	1,945	\$ -	•	\$ 64,690	4,193

Schedule of Other Fees (Page 13)

	CC	NH	RII	INS	Residential	Care Home
Service	S	Hours	S	Hours	\$	Hours
Medical Records - disallowed	\$ 857				\$ 43	
	2007 Sept. 10 (1007)					
			content Cartic Street (179		1,	District Control
	110-00-00-00-00-00-00-00-00-00-00-00-00-					/2000
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	7.0		154.3	4 .4	1920 1942	KARATA
			Receipt the street	145 1415 2804	120mg (42,000 PG)	Angle in Xa
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		5.000		An openionia	SAME OF STREET	(Marine)
rotal .	\$ 857		\$ -	3. 21 • 4	\$ 43	

State of Connecticut Annual Report of Long

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

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Name of Facility				License No.		Report for	Report for Year Ended		Page	of
Jerome Home				2065C		9/30/2015			П	37
		Salary Paid	bi							
Name	CCNH	RHINS	Residential Care Home	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
Section I - Operators/Owners				v						
:										
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).							- tot			
		:								
# 17 1 2		9	71 . 5	11 1 1						

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

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Nome of Bacility (as licensed)		7	וו	License No	License No	Report for Year Ended	ear Ended		Page	of
ואמוויה היו שהיוויה (מי יוהמיויה)			•						-	
Jerome Home	-			2065C	•	9/30/2015		HI LUCATION CONTRACTOR	12	37
		Salary Paid	q	!						
			Designation	Fringe Benefits and/or Other	End Decomination of	Total	Line Where	Name and Address of All	Total	Compensation
Name	CCNH	RHINS	Care Home	rayments (describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***				A Commission of the Commission						
Lori Toombs	98,485		27,897			2,080 A2	A2			
		and the second s								
Section IV - Assistant Administrators										10000
***				- TT - L - L		,				

*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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Jerome Home	206	5C	9/30/2015		13	37
The state of the s			Total Cost	and Hours	F	
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary		,			$\pi \neq \pi \neq \pi + \pi \neq \pi$	
(For all such services complete Schedule B1)						
1. Dietitian	22,149	571			6,274	16
2. Dentist	2,749	75			779	2
3. Pharmacist	6,822	93			1,933	2
4. Podiatrist	aramanani ya manani kata ka	a programme de la companiona de la compa	LOGICAL STREET, STREET	era electronic estat permate compressivate		celloniles indigensia labiera il
5. Physical Therapy						
a. Resident Care	105,940	2,591			9,718	23
b. Other			:			
6. Social Worker				ļ		<u></u>
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	38,227	281			10,829	7
b. Utilization Review	1000					
(Title 18 and 19 only) monthly meeting	5					
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)						
Psych Consultant	1,636	162			464	. 4
9. Speech Therapist						
a. Resident Care	22,134	406			396	
b. Other						2/Artisimum tentropino-Rom
10. Occupational Therapist					4	
a. Resident Care	36,120	812			808	1
b. Other	<u> </u>			Son Count Countries	<u> </u>	
 Nurses and aides and attendants 						
a. RN						
1. Direct Care	8,765	160				
2. Administrative***						New Securition (1977) and the security (1977) and the
b. LPN						
1. Direct Care	1,066	18				
 Administrative*** 						
c, Aides						
d. Other					Manager and Company	animos (Spinistina)
12. Other (Specify)						
See Attached Schedule	857				43	
l-13 Total Fees Paid in Lieu of Salaries	246,465	5,169			31,244	59

^{*} 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	License No. 2065C		Report for Ye 9/30/2015	ear Ended	Page 14	of 37
Jerome Home Name & Address of Individual	Full Explanation of Service	Operato	Related** to Owners, Operators, Officers Yes No		nation of Relationship	
See attached		0	0			
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		0				

^{*} Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	icense No.		Report for Y	ear Ended	Page	of
Jerome Home	2065C		9/30/2015		15	37
	-			****		
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General			14 1 2 2			
 a. Employee Health & Welfare Benefits 						
Workmen's Compensation		\$	144,274	129,197		15,077
2. Disability Insurance		\$	47,681	42,698		4,983
3. Unemployment Insurance		\$	36,377	32,575		3,802
4. Social Security (F.I.C.A.)		\$	529,176	473,874		55,302
5. Health Insurance		\$	954,649	854,882		99,767
6. Life Insurance (employees only)	•					
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	137,165	122,830		14,335
(not-owners and not-operators)			100			4
8. Uniform Allowance		\$	417	373		44
9. Other (Specify)		\$	7,933	7,104		829
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$	Characteristics			
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*			1			
			10 m			
c. Bad Debts*		\$	290,676	226,513		64,163
d. Accounting and Auditing		\$	41,250	32,145		9,105
e. Legal (Services should be fully described o	n Page 7)	\$	6,982	5,441		1,541
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies	······	\$	27,697	21,583		6,114
h. Telephone and Cellular Phones				,		
1. Telephone & Pagers		\$	16,948	13,207	Capation (Spinor Capation Capa	3,741
2. Cellular Phones	· · · · · · · · · · · · · · · · · · ·	\$		·		
i. Appraisal (Specify purpose and		\$				
attach copy)*		_		10		71
· · ·				Acres 1875		
j. Corporation Business Taxes (franchise tax)	\$			The state of the s	
k. Other Taxes (Not related to property - See		Ψ.				
1. Income*	- 46- 22/	. \$				
2. Other (Specify)		<u>**</u>				
See Attached Schedule		Ψ	T. Maria		7.	
3. Resident Day User Fee		\$	618,477	618,477	Description of the second	
	a see a see a see	<u> ф</u>		2,580,899		278,803
Subtotal		ψ	4,037,702		tola forward t	

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

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

Jerome Home 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Employee Physicals	\$ 13,491		\$ 1,574
other Benefits	\$ (6,387)		\$ (745)
	18.850 362 353 353 353 353 353 353 353 353 353 35	Se dan mark	
Total	\$ 7,104	\$	\$ 829

Schedule of Other Taxes

				Residential
Description		CCNH	RHNS	Care Home
				1.00
				(11) 35
Total	10.655	\$	\$ -	\$ -

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Jerome Home	2065C		9/30/2015		16	37 .
	Victor (Name)					
						Residential
<u>Item</u>			Total	CCNH	RHNS	Care Home
	ls Brought Forward	d:	2,859,702	2,580,899		278,803
I. Travel and Entertainment				T.		
Resident Travel and Entertainment		\$				
2. Holiday Partics for Staff		\$	4,920	3,834		1,086
3. Gifts to Staff and Residents		\$	18,459	14,384		4,075
4. Employee Travel		\$	3,565	2,778		787
Education Expenses Related to Seminars ar		\$	46,313	36,090		10,223
6. Automobile Expense (not purchase or depr	eciation)	\$	5,825	4,539		1,286
7. Other (Specify)		\$				
See Attached Schedule			- F			
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s)	\$	11,588	9,030		2,558
2. Advertising Telephone Directory (all such a	expenses)***	\$				
3. Advertising Other (Specify)***		\$	5,191	4,045		1,146
See Attached Schedule		:				
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$,
directly and not by contract or fee for service	ce)***					
7. Postage		\$	4,861	3,788		1,073
* 8. Dues and Membership Fees to Professional		\$	9,759	7,605		2,154
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	3 		1 1124	
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule		- 6				
11. Services Provided by Contract (Specify and	Complete	\$	4,562	3,555		1,007
Schedule C-2, Page 21 for each firm or ind	-					
12. Administrative Management Services**		\$	233,119	181,661		51,458
13. Other (Specify)		\$	108,244	116,581		(8,337)
See Attached Schedule			12.0			
C-14 Total Administrative & General Expenditures		\$	3,316,108	2,968,789	:	347,319

^{*} 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.

JEROME HOME A&G MEMBERSHIP DUES 10/1/14 - 9/30/15 ACTUAL G/L # 6420-024

F:\CCSHS\Accounting\JEROME HOME\JH COST REPORT FILES\FY2015\[2015_Ar

DESCRIPTION	Oct-Sep
Acey, Raymond (AANAC dues)	\$220.00
American Hospital Association	\$0.00
ALTCFM	\$599.98
American Payroll Association	\$0.00
American PT Association	\$0.00
Leading Age CT	\$7,309.17
CHEFA-Annual Admin	\$812.50
Dietary Managers Association	\$0.00
R Phillips & Associates	\$0.00
Infection Control Nurses of CT	\$38.00
jh Petty Cash	\$0.00
Chamber of Commerce	\$0.00
CLIA Laboratory	\$0.00
Council of Social Work	\$0.00
Marroco, Frank/NB Networking	\$100.00
Lions Club	\$307.00
CALTC (paid thru SCC-related)	\$400.00
BOA Anc Archives.Com	\$95.40
National Assoc - Social Workers	\$0.00
ACHCA, CT Chapter Membership Renewal L. Toombs	\$315.00
CT League of Nursing	\$0.00
Educational Consortium	\$0.00
CATRD (Recreation)	\$0.00
New Britain Rotary	\$0.00
CHEFA -Semi Annual	\$2,520.00
CT Coalition to Improve End of	\$0.00
Education Program hit dues in error - to be moved	\$0.00
New Britain Chamber of Commerce	\$375.00
G/L	\$13,092.05
Cost Report Reclasses	
Chamber of Commerce	\$0.00
CHEFA Dues	\$3,332.50
Dues per Cost Report	\$9,759.55

Schedule of Other Travel and Entertainment

Description	CCNII	RIINS	Residential Care Home
	in a magas.	1909 8109/4811	THE STATE OF STREET
Control of the Contro	45 CANA 385	(1501) (Paris)	WAR AND A
TRANSPORTE ELIZABET PERSON ERISEN ELLE ELLE ELLE ELLE ELLE ELLE ELLE E	543 9439990000	33/5/2007/2018/0	stugewayan -
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		and grand have been	969300000000000000000000000000000000000
	VALEASIA/ROSS	straing#jera	addajų kalėjų rajoj
Total Other Travel and Entertainment	\$ 0.00000000000000000000000000000000000	S Wester Stee	\$ 169800000000

Schedule of Other Advertising

Description	CCNII	RHNS	Residential Care Home
Business Promotion - Disallowed	\$ 4,045		\$ 1,146
	1,500		14 (14 (14)
e felicini kalanda kalanda kalanda kanan ka			
Total Other Advertising	\$ 4,045	\$ -	\$ 1,146

Schedule of Dues

Description	CCNII	RIINS	Residential Care Home
See Attached Schedule	\$ 7,605		\$ 2,154
Till dreite galande leguer freihe Alle e eg ekste begunt ein. Das ein	10000000		A884.31. 3.11.
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	12276 2012 2012 1982	36,30,30,70,830	907540AG.A(255
	Provide Action	3,89,89235	\$140100 kg/kb
		1000000	-197 - 1 (((1))
		Digital Street	y Hydrolyddiaeth ar t
	managarratus (emilianika (h)	elisiAsatka
	2,44,134,15	mater Aleger call	ne se jê ci hasanî ya es
Total Dues	\$ 7,605	\$	\$ 2.54

Schedule of Contributions

Description	CCŇII	RHNS	Residential Care Home
al programme a antegration light had been any printing the feet and the	. 450.00 00.000	"	STREET, M. STREET, N.
	and with the		-4450,680,089
	komántjekováká.	9,000,000,000,000	\$30500000000000000000000000000000000000
Total Contributions	\$ 150000 100	\$ 1457,507,756	\$ 4800,000,000

Schedule of Other Administrative and General

Description	CONI	RUNS	Residential Care Home
Other Professional Fees	\$ 31	Market Commit	\$ 9
Licenses - Disallowed	\$ 2,458	\$27.200 ASO	\$ 696
Equipment Rental - Disallowed	\$ 7,983	\$.430 Save	\$ 2,261
Bank Charges - Disallowed	\$ 10,090	************	5 2,858
Consulting Fees	\$ 8,796	4.40%	\$ 2,492
Maintenance Agreements	\$ 75,538		\$ 21,397
Nursing Consultant - Prof Services	\$ 2,178	Adamini (Adamini Adamini Adami	\$ 617
consulting Services	\$ 584	8/8/3/1/2003	\$ 166
Offsite Storage	\$ 3,666	- Machinelini	\$ 1,038
Good Life Pitness - Supplies - disallowed	F806507657099	Substantinish)	\$ 475
Development - Disallowed	\$ 2,338	ay victimization	\$ 662
Transition of Cere - Disallowed	\$ 2,919	- A - A - C	\$ 827
Non op Property Tax - disallowed	##W###################################		\$ 44,789
Non op ather - disellowed	######################################	\$2(pp.://p/25/99/9	\$ 43,435
Non op banking fees - disallowed	3801085,19104,0007	(\$124400000000000000000000000000000000000	\$ 53,222
Non op gain/loss · Disallowed	elegrization also page.	\$1000 AT STATES	\$ 82,667
swap agreement - Disallowed	JALON SOLVAY	pi-succept property	\$ (293,382
non op rental expenses - Disallowed	WANTED THE	(4) yeş, (5) yıldış	\$ 27,434
	14,000,000,000	REPRESENTE	
		500-00-500 EEG	337 50 - 20
Total Other Administrative and General	\$ 116,581	\$	\$ (8,337

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Jerome Home	2065C	9/30/2015	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 #
Hartford HealthCare Senior Services	233,119	oversight of management staff	Page 16 M / 12
			:

^{*} 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)

Man	ne of Facility	_	Licens		No.	Pa	port for V	ear Ended	Page	of
	ome Home		LICER		2065C		9/30/2015		18	1 37
3010	inc Home		1	7	2003C	-	213012013	1)	ntial Care
	Item			ı	Total	Ι.	CCNH	RHNS	ı	lome
2.	Dietary			-	10(4)		CCIVII	KIINO		iome
	a. In-House Preparation & Service			ap a se					1	
	1. Raw Food		9	\$	320,045		249,399	and the same of the same		70,646
	2. Non-Food Supplies			ŝ	44,104	 	34,369			9,735
	3. Other (Specify)		(\$		1			1	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		•	post						
				200				10 mg - 10 mg		
	b. Purchased Services (by contract other		(\$						
	than through Management Services)			2000			100			3.5 1
	(Complete Schedule C-2 att. Page 21)					2				
	c. Management Services**			8						
	d. Other (Specify)			\$[<u>_</u>	209	·	163	City Commission 1774 Str. as Portrett (Addition to Astrophyl)	i i kan senerah entaka da	46
	uniforms						* 2.5			
	Equipment Rental			, is						
2E.	Total Dictary Expenditures (2a + b + c + d)			81	364,358	,	283,931			80,427
									Reside	ntial Care
2F.	Dietary Questionnaire				Total		CCNH	RHNS	Н	ome
G.	Resident Meals: Total no. of meals served per	day	/;*	T	352		274			78
Н.	Is cost of employee meals included in 2E?	<u> </u>	Yes		0	No				
I.	Did you receive revenue from employees?	•	Yes		0	No		If yes, specify amt.	· · · · · · · · · · · · · · · · · · ·	
J.	Where is the revenue received reported in the O	Cos	st Repo	rt?	(Page/Line	Item	1)			18
	Is cost of meals provided to persons other						************	YC		
K.	than employees or residents (i.e., Board	•	Yes		0	No		If yes, specify		
	Members, Guests) included in 2E?							cost.		
L.	Is any revenue collected from these people?	0	Yes		•	No		If yes, specify		
								amt.		
М.	Where is the revenue received reported in the C	Cos	t Repo	rt?	P (Page/Line	Item	1)			18
	Is cost of food (other than meals, e.g.,							10		
N.	snacks at monthly staff meetings, board	0	Yes		•	No		If yes, specify		
	meetings) provided to employees included							cost.		
	in 2E?					·		10		
O.	Is any revenue collected from employees?	0	Yes		•	No		If yes, specify amt.		
D.	When is the appropriate and agreeted in the C	٦	t Day :	-4°	Dece/Li-	Itom		unit.		
Р.	Where is the revenue received reported in the C	JOS	я керо	II.	(rage/Line	nem	1)			

^{*} 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)

	ne of Facility	License	e No. 2065C	Report for Y 9/30/2015		Page of 19 37
Jero	me Home		2003C	9/30/2013		
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	14,664	11,427		3,237
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.			*1	2.4.184
	processed.***	Amt. \$				
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.				
	wasned, noned, and/or processed.	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs,				
	 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 	\$ \$		1,900	7.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	538
	Laundry Supplies		10,150			
3E.	Total Laundry Expenditures (3a+b+c+d)	\$	32,237	25,121		7,116
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
Н.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cos	t Report'	?	(Page/Line	e Item)	<u></u>
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	0	No	If yes, specify cost.	
K.	Did you receive revenue from these people? O	Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	t Report'	?	(Page/Line	e 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)

Nan	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
Jero	me Home	2065C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt,	\$	36,184	28,197		7,987
	b. Purchased Services (by contract other	Sq. Ft, Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt,	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	36,184	28,197	:	7,987
5.	Resident Care (Supplies)**					Property of the	7.
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	169,118	169,118		and the second s
	OmniCare			received and			
	b. Medicine Cabinet Drugs		\$	25,788	20,096	4	5,692
	c. Medical and Therapeutic Supplies	· · · · · · · · · · · · · · · · · · ·	\$	12,354	9,627		2,727
	d. Ambulance/Limousine***		\$				<u> </u>
	e. Oxygen						
	1. For Emergency Use		\$	15,412	12,010		3,402
	2. Other***		\$	9,470	8,485		985
	f. X-rays and Related Radiological		\$	11,859	11,859		
	Procedures***	7 7 7 1					
	g. Dental (Not dentists who should be inc	uuaea under	\$	A TOTAL CONTRACTOR			
	salaries or fees)		\$	17.570	17.560		20.00
·	h. Laboratory***		<u>\$</u>	17,568 19,811	17,568 15,438		4,373
	i. Recreation j. Other (Specify)****		- 	19,811	136,068	:	8,148
	See Attached Schedule		Φ	144,210	170,000		0,140
ŚV	Total Resident Care Expenditures (5a - 5	(1)	\$	425,596	400,269		25,327
	Total Resident Care Expenditures (3a - 3				70,407	·	20,041

^{*} 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	Residential Care Home
Nursing Equipment Rental	\$ 2,423	sum and	\$ 121
Planetree - Disallowed	\$ 6,176		\$ 1,750
PT Supplies - Disallowed	\$ 2,646		\$ 242
OT supplies - Disallowed	\$ 2,178		\$ 49
Other Medicare Anicillary - Disallowed	\$ 2,949		
Nursing Medical Supply - Disallowed	\$ 114,710		\$ 5,746
Nursing - Personal care supplies - Disallowed	\$ 4,784		\$ 240
Rehab Nursing Supplies - Disallowed	\$ 202		
	, es		
	per (Mulvija) kja i dali		
	La 1546/07/15/19		
			A State of the second second second
	er je i najvagit i svjete e		
	1 1 HW 1	ANCORPO E ESPERANTE DE LA CONTRACTOR DE	
		Park Berow whoever the co- fice sea below to be com-	
		Contractors (in the	
		31 31 37 4 4 4 1 5 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
Total Other Resident Care	\$ 136,068	\$	\$ 8,148

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Jerome Home 2065C		9/30/2015			22	37
					Residen	tial Care
Item		Total	CCNH	RHNS	Ho	me
6. Maintenance & Operation of Plant						•
a. Repairs & Maintenance	\$	109,414	85,262			24,152
b. Heat	\$	60,915	47,469		,	13,446
c. Light & Power	\$	105,061	81,870	·		23,191
d. Water	\$	36,930	28,778			8,152
e. Equipment Lease (Provide detail on p	age 6) \$					
f. Other (itemize)	\$	145,581	113,446		pWedpritemanni proprinti	32,135
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	· 6f) \$	457,901	356,825			101,076
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$	16,249	12,662	<u> </u>		3,587
b. Building & Building Improvements	\$	400,919	256,623			144,296
c. Non-Movable Equipment	\$	86,427	67,349	<u> </u>		19,078
d. Movable Equipment	\$.	206,209	160,691			45,518
*7e. Total Depreciation Costs (7a + b + c + d) \$	709,804	497,325	en a a assert	1000-11-11-11-11-11-11-11-11-11-11-11-11	212,479
8. Amortization (Complete att. Schedule Pa	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	7,206	5,615			1,591
c. Leasehold Improvements	\$					
d. Other (Specify)	\$			<u></u>		
*8e. Total Amortization Costs (8a + b + c + d	\$	7,206	5,615			1,591
9. Rental payments on leased real property i	ess					
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 +	10) \$	717,010	502,940			214,070

^{*} 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	Residential Care Home
Groundskeeping	\$ 12,299		\$ 3,484
Rubbish Remoyal	\$ 13,338		\$ 3,778
Security - Contract Services	\$ 597		\$ 169
Building Contract Services	\$ 77,212	To the second	\$ 21,871
Equipment contract Services	\$ 3,690		\$ 1,045
Equipment Rental	\$ 6,310		\$ 1,788
		er (Samer) various (Samer)	
		a da mada a mada sa	
			3/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
	Amoundary and the control		Total Arrestory 2000 in the
	Market remains and the		
	***************************************		200
		4	
		gradient and a second	
Total Other Repairs and Maintenance	\$ 113,446	\$ -	\$ 32,135

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006 Depreciation Schedule

			nebrec	nebrecianon schennie	arnnan					
Name of Facility			License No.			Report for Year Ended	Juded		Page	Jo
Jerome Home			2065C	5C		9/30/2015			23	37
			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of			
,			Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
Property Item			Land	value	Depreciated	Year's Operations	Depreciation	Life	tor Ihis Year	Iotals
A. Land Improvements										
 Acquired prior to this report period 			386,378		386,378	299,584	s/1	various	13,636	
Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		75,393		75,393		l/s/l	various	2,613	
A-4. Subtotal										16,249
B. Building and Building Improvements									1000	
1. Acquired prior to this report period			11,460,325		11,460,325	7,929,566 s/l		various	368,100	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		951,920		951,920		l/s	various	32,819	
B-4. Subtotal										400,919
C. Non-Movable Equipment										
			1,582,649	*.	1,582,649	1,021,496	s/1	various	83,414	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		30,081		30,081		s/I	various	3,013	THE STATE OF
1										86,427
	Is a mileage logbook	Date of	Historical	,		Accumulated				
	maintained?	Acquisition	is S	Less	, - 	Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of		<u>, , , , , , , , , , , , , , , , , , , </u>	Depreciation	Ē
- 1	Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	tor this Year	lotals
D. Movable Equipment 1. Motor Vehicles (Specify name, model	IV.									
and year of each vehicle)										
٦.	×	7 2000	3,000		3,000	3,000	s/1	5		
Ъ.	×	4 2004	46,480		46,480	46,480	s/1	5		
۵.										
ф.										
2. Movable Equipment										
a. Acquired prior to this report period			3,473,581		3,473,581	2,768,598	s/1	various	196,696	
b. Disposals (attach schedule)			(73,311)		(73,311)	(64,651)	-		(64,651)	
c. Acquired during this report period										
(attach schedule)			79,302	1,000	79,302				9,513	
D-3. Subtotal										141,558
E. Total Depreciation										645,153

Jerome Home 9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	see attached schedule	\$ 75,393	various	\$ 2,613
100000000000000000000000000000000000000		1177	1100 199	
Telliku termusukan Nordenia.				
		1.6		
			Colombication and the colombic of the colombic	
Total additions for	Land Improvements	\$ 75,393	- CONTROL A TENNESSON (CONTROL A CONTROL A CON	\$ 2,613
Deletions:	VA 78		H, 274	
		g a spille mark	. Transacti	MANAGE I
199011109111		4.469	1 50 60	West december
10,000			1777 (2.568)	
The second and the second and		1000		West Harry
		1 19 19 19	141.000 m	\$8800 C 10 00
- William Charle		10 A 10 A 1	10000	1886 1985 - 13
Cotal deletions for	Land Improvements	\$.	"Ammonto	\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date Additions:	Description of item	1		
247 470.0010 0000 0000000	see attached schedule	\$ 951,920	various	\$ 32.819
11 9399000000000000			Y : 1981.	
7 (70,00),660,050,050		Fill HARBETTALE		
voleventijyspeter				
**************************************		non metalogogo mos e La establidados	- 17	
111111111111111111111111111111111111111		A CAPACITY		
Total additions for	Building Improvements	\$ 951,920	7.7	\$ 32,819
Deletions:				
			CONTRACTOR LABOR.	Tanggar 19
			300 0007 (000 000 000 000 000 000 000 000	
200000000000000000000000000000000000000			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
174 FOR 140 WENTER			32.335.3046	Average 1
ALC: VIXES CONTRACT			1000	(00:40 V
Total deletions for	Building Improvements	\$.	14 - Villegij	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	see attached schedule	\$ 30,081	various	\$ 3,013
SENSO CELLA A COLLA V				Solar Grander Con-
				Barry Vector
Tex Year Building				
68400000 Village Village V	The state of the second		a Spreadio	
As article paint of the			- 0.000.0000000000000000000000000000000	eraje tije
Total additions for	Non-Movable Equipment	\$ 30,081	jyriin ganakikk	\$ 3,013
Deletions:			1 2 2 2 2	
T-76944 1444		14 A 24 A		
The second second				
				1000
V CARE SE		100 mm (200 mm)	\$2000 \$000 \$000 \$000 \$000 \$000 \$000 \$00	
A Trend Barra			6/1/45 (1.55 m²)	
Total deletions for	Non-Moyable Equipment	\$ -	V/4/000046/46	\$ 1000000000000000000000000000000000000

^{*}Ties to Page 23, Line C3

^{**}Tics to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Tics to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
PERSONAL PROPERTY.	see attached schedule	\$ 79,302	various	\$ 9,513
		1301 1001 1002 1100 44		998-78201-4-2-1-2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-
GATOR FOLK		0.00m039400mb03600mbc 0.00m03400mb		No National Generality
		######################################	-10-16-20-20-00-00-00-00-00-00-00-00-00-00-00-	57.64.5
		Qsalfotaxass cas	ža sveteletyš	
		\$50.00 per 0.00	A WARRING BY	MARKET STATE
Total additions for	Movable Equipment	\$ 79,302	RANGE NO.	\$ 9,513
Deletions:				
Mark Haller	EMR system	\$ (73,311)		\$ (64,651)
	elegi oli para para para pendua para para para para para para para pa	and the second	i manenaan	
4775 Jan 1879 1897				阿斯尼尼斯
		Space of a	Participation of the second	
		in an ann an g	re Assistantis	
Total deletions for	Movable Equipment	\$ (73,311)		\$ (64,651)

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:		The state of the s		
priz nacinalist		SWANNER	5.02480803	planikasa, isani.
			Essociation of	
NAME OF STREET		690 (\$1.55 E.E.)	33393433966	
Becker exhibited				
			[AVALUATION]	15455 1565 150
TYSK STANSON		PATE NAME:	SERVING A	Labrana
Fotal additions for	Leasehold Improvement	\$	17年等音樂時	S
Deletions:				
a vive sagmente.				Year tracking
- 36/78/2020/05/76/6/88/2020			ATERIANS	
			Teo etiki ishigi	
SAMBANA POR EQUIDA		JAS DALFERO		. (384-0844) (364-064
TANK KARATER		584667538888		\$17575X \$165Y
o et de cense cada anglagé		Ribje SSWAFE suitati AM	(Essayers) (States	30003025030000
Total deletions for	Leasehold Improvement	\$ 000000		\$ 2000

^{*}Ties to Page 24, Line C3

^{*}Ties to Page 23, Linc D2c
**Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

JEROME HOME Fixed Asset Additions - Page 23a 10/1/14 - 9/30/15 ACTUAL

Asset ID	Asset Description	Place in Service Date Co	Cost Basis Asset Class ID	1D Depreciation Amount
1.1-000016	DRIVEWAY REPAIR EAST & MAIN ENTR	11/7/2014	1,500 LAND IMP	
LI-00017	EAST PATIO PROJECT	7/8/2015	73,893 LAND IMP	2,463
			75,393	2,613
BI-00132	DINING STORAGE ROOM RENOVATION	1/14/2015	17,460 BUILDING IMP	1,749
BI-00133	NORTH MOP ROOM RENOVATION	12/23/2014	8,499 BUILDING IMP	IMP 851
B1-00134	EAST DINING RM CABINETS	12/29/2014	5,439 BUILDING IMP	IMP 545
BI-00137	LAUNDRY ROOM RENOVATION	9/30/2015	62,933 BUILDING IMP	1 IMP 3,153
BI-00139	REPAIR BRICK WINDOW SILLS NORTH	9/23/2015	16,875 BUILDING IMP	IMP 557
BI-00142	AIR CONDITIONER PROJECT	9/30/2015	519,397 BUILDING IMP	13,012
BI-00143	NORTH SHOWER RM RENOVATION	9/30/2015	188,727 BUILDING IMP	1MP 6,304
BI-00144	RESIDENT ROOM FLOOR REPLACEMENT	9/7/2015	20,706 BUILDING IMP	1MP 692
BI-00145	NORTH HOUSEKEEPING CLOSET	9/29/2015	9,552 BUILDING IMP	1MP 479
BI-00147	ATWOOD 2ND FLOOR CEILING REPLACEMENT	9/24/2015	31,067 BUILDING IMP	1,038
BI-00148	NORTH CORRIDOR HAND RAILS/PAINT WALLS	9/24/2015	56,046 BUILDING IMP	1,872
RBBUILD-00012	38 HAMILTON RENOVATION	9/17/2015	3,539 RP-BUILDING	iNG 590
RPBUILD-00011	28 HAMILTON RENOVATION	9/12/2015	9,460 RP-BUILDING	1,577
RPBUILD-00013	117 BLACK ROCK RENOVATIONS	9/17/2015	2,420 RP-BUILDING	ING 403
		ı	951,920	32,819
200	Const from Marin Division	V 100/101	GII () G GEYER 20 76	C175
00000XII		127870014	allica daxia ado s	
50000-XIL		1.	21 22 222	
		. •	30,081	3,013
97C000 MUTIL	METRYS PINCHES IST	100320014	16 898 FURNSEIX	C776
FURN-00280	MONTAN SIGNS	10/14/2014	4.350 FURNAFIX	
FURN-00281	UPHOLSTERY CLEANER	10/21/2014	2,155 FURNRFIX	
FURN-00282	MATTRESSES	9/29/2014	4,068 FURN&FIX	X 407
FURN-00283	SENSOR/SMART VAC	11/20/2014	3,678 FURN&FIX	368
FURN-00284	CARENDO LIFT CHAIR	1/27/2015	4,856 FURN&FIX	× 486
FURN-00286	SARATOGA CYCLE/ADJ CYCLE TABLE	1/22/2015	2,090 FURN&FIX	209
FURN-00287	COUNTER GRIDDLE	2/3/2015	619 FURN&FIX	X 103
FURN-00288	OFFICE FURNITURE	1/12/2015	1,302 FURN&FIX	X 130
FURN-00289	(6) SURE RESPONSE RADIOS	3/10/2015	8,498 FURN&FIX	x 851
COM-00091	EIS System Hardware & Software	10/9/2014	16,640 COMPUTER	ER 2,778
COM-00092	NETWORK SYSTEM BACKUP DRIVE	5/6/2014	2,176 COMPUTER	ER 363
COM-00094	COMPUTER EQUIPMENT	6/19/2014	6,842 COMPUTER	1,711
COM-00096	EMR CAPITAL	12/4/2014	5,134 COMPUTER	ER 514
			79.302	212

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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
Jerome Home			2065C	5C	9/30/2015			24	37
	:				Accumulated				
	Date	of	*****		Amort. to				
	Acquisition	ition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.							·		
2.			:	:					
3.									
A-4. Subtotal		1							
B. Mortgage Expense									
1. Bond issue Costs	11	2007	2007 30 years	412,492	53,004	s/1		7,206	
2.									- 24
3,									
B-4. Subtotal									7,206
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			7.						
2. Disposals (attach schedule)			-						
3. Acquired during this report period									
(attach schedule)									
C-4. Subtotal									
D. Total Amortization									7,206

* 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	License No.	Report for Year En	ided		Page of
Jerome Home	2065C	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ie Facility	9 Yes	0	No	If "Yes," complete Part B,
or leased from a Related Party?*					If "No," complete Part C.
*If any owner or operator of this fa	cility is related by family	, marriage, ownership, abi	lity to control or		
business association to any person a related party transaction,	огогданізацон пот WM	om ominings are leased, ut	on it is constructed		
Description		Total			
1. Date Land Purchased		1923			
2. Date Structure Completed		1923			AFE CONTRACTOR
3. If NOT Original Owner, Date	e of Purchase				
4. Date of Initial Licensure	·	Mids 1970s			
5. Total Licensed Bed Capacity		120	100	3.000 (3.45)	
6. Square Footage					
7. Acquisition Cost a. Land					
b. Building			full of the		
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., f	ixed, variable)	CHEFA variable	· ····································	***************************************	The second secon
b. Date Mortgage Obtained					
c. Interest Rate for the Cost		varies			5
d. Term of Mortgage (numb	er of years)	30			
e. Amount of Principal Borr		11,895,000			
f. Principal balance outstand		10,115,000			
Complete if Mortgage was I					
During Current Cost Ye					
g. Type of Financing (e.g., f	ixed, variable)				
h. Date of Refinancing i. New Interest Rate					
j. Term of Mortgage (numb	er of years)				:
k. Amount of Principal Borr					
I. Principal Outstanding on		<u> </u>			
Part C - Arms-Length Leas		y Improvements Onl	у		
Name and Address of Lesso		roperty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
			.[
			7 27 42 27 27		
		***************************************	74773		

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 Ye	ar Ended		Page of
Jerome Home	2065C		9/30/2015		:	26 37
						Residential Car
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improven Equipment	ent & Non-Movable)				
1. First Mortgage		.\$				
Name of Lender		Rate				
					1	
Address of Lender					177.11	
2 C		<u>,</u>			and the second	
2. Second Mortgage Name of Lender	·	\$ Rate				
Traine of Bender	ſ	Rato				and the discount
Address of Lender				# 1 m		22.50
				1		100
3. Third Mortgage		\$			-	
Name of Lender		Rate		1		
Address of Lender	tata a marata a di				4	
Address of London					4.	
4. Fourth Mortgage		\$			pasa paka pipan barang as	
Name of Lender		Rate	, and the second			
and the second 	: 		4, 4		-	
Address of Lender						
B. CHEFA Loan Information	<u> </u>					
Original Loan Amount		\$	11,895,000			
Loan Origination Date		······································	03/29/07		7	10
3. Interest Rate %			varies			14
4. Term			30 years			
the state of the s				02 257		26.445
5. CHEFA Interest Exper	········		119,802	93,357		26,445
12 B7. Total Building Interest Expen	se (A1 - A4 + B5)	. \$		93,357	<u> </u>	26,445

(Carry Subtotals forward to next page)

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

Name of Facility	License No.				Report for Y	ear Ended		Page	of
Jerome Home	20650	3			9/30/2015			27	37
								Resid	ential
	Item				Total	CCNH	RHNS	Care	Home
	Subtota	ls Brou	ight Forward	1:	119,802	93,357			26,445
12. C. Movable Equipmen	ıt								
1. Automotive Equ	ipment		- 34 3	\$				SI Visite II - Sellen distribution (miles	
A. Item		Rate	Amount			1	d.		
Lender		··········							1
Address of Lender			· · · · · · · · · · · · · · · · · · ·				Hall Seria	100	
2. Other (Specify)				\$			L Lean V		
A. Item		Rate	Amount						
						and the second			
Lender									
Address of Lender									
B. Item		Rate	Amount						
Lender									
Address of Lender									
12. C. 3. Total Movable F									
Expense (C1 + 2				\$					
12. D. Other Interest Expe	nse (<i>Specify</i>)			\$					
13. Total All Interest Expe	nse (12B7 + 12C3	+ 12D)	\$	119,802	93,357	Marie Control of the		26,445
14. Insurance	· · · · · · · · · · · · · · · · · · ·		.						
a. Insurance on Prope	rty (buildings only)		\$;		
b. Insurance on Autor	nobiles			\$	1,421	1,107	1		314
c. Insurance other tha	n Property (as spec	cified a	ibove)						Ï
1. Umbrella (<i>Blanl</i>	ket Coverage)			\$		28,919			8,192
2. Fire and Extend	ed Coverage			\$					
3. Other (Specify)				\$					
							100		
					1 10 10 12 14 14 14 14 14 14 14 14 14 14 14 14 14		agera a A		
14d. Total Insurance Expen	ditures (14a + b +	- c)		\$	38,532	30,026			8,506
15. Total All Expenditures				\$		11,284,375		1,	590,725

D. Adjustments to Statement of Expenditures

	e of Fa			Lie	cense No. 2065C	Report for Ye 9/30/2015	ar Ended	Page 28	of 37
JOI 011	101101				Total	213012013			1 31
Item	Page	Line			Amount of			Residen	tial Car
No.	_	No.	Item Description		Decrease	CCNH	RHNS		me
			es and Wages		Decrease	CCIVII	Killy	110	nne
rage			Outpatient Service Costs	\$	47,722				47,722
2,	10	A1ZĢ	Salaries not related to Resident Care	\$					47,722
3,	10	λ 12a	Occupational Therapy	- <u>\$</u>		125 (41			2,810
4.	10	AIZE	Other - See attached Schedule	\$	128,451 233,971	125,641 214,312			19,659
	12 T	Puo Can		Ф	233,9/1	214,312	7.0		19,039
Fage 5.	15 - E	rojes	sional Fees	Δ.					1
	10	D0	Resident Care Physicians **	\$		20.124		ļ	206
6.	. 13	B9a	Occupational Therapy	\$	22,530	22,134			396
7.			Other - See attached Schedule	\$	16,193	5,242			10,951
	15 &	16 -	Administrative and General						7.7
8,			Discriminatory Benefits	\$			<u> </u>		
9.	15		Bad Debts	\$	290,676	226,513			64,163
10.	15	le	Accounting & Legal	\$	6,982	5,441			1,541
11.			Telephone	\$: 			
12.			Cellular Telephone	\$			10.5507.551.51		
13,			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.	16	L5	Education expenditures to colleges or				F-7		
			universities for tuition and related costs						
			for owners and employees	\$	4,440	3,460		1,20,20,20,20,20,20,20,20,20,20,20,20,20,	980
16.			Travel for purposes of attending						
			conferences or seminars outside the						4
			continental U.S. Other out-of-state						
- 1			travel in excess of one representative	\$					2. Saltana and action
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	N 42	Unallowable Advertising *	\$	5,191	4,045			1,146
19.	10	1013	Income Tax / Corporate Business Tax	\$	3,131	4,040		** **	1,140
				\$	·			.:.	
20.		N / 1 / 2	Fund Raising / Contributions		222 110	101 661			51,458
21.	16		Unallowable Management Fees	\$ \$	233,119	181,661			31,436
22.			Barber and Beauty		00.004	00.000			CO 401
23.			Other - See attached Schedule	\$	98,324	29,833		folia i a la compa	68,491
	18 - L		Expenditures						
24.			Meals to employees, guests and others						و حوال کا دور
			who are not residents	\$					Commence of the Commence of th
	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests	,					
		-	and others who are not residents	\$				annipsa/pa/sa/sa	
Page	20 - I		keeping Expenditures						
26.			Housekeeping services to employees, guests	-				and the same	
			and others who are not residents	\$		1			

^{*} All except "Help Wanted",

⁽Carry Subtotal forward to next page)

^{**} Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident,

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
T	A12e	PT Wages	\$ 214,312		\$ 19,659
V4.044.04					
real Colores					
1120 min 2012				Yana kata sa	
				3 (4) 4 (4) (4) (4) (4)	
. 4274.162					
4. 3 : 104 - 2501.2 1, 2 : 104 - 2501.2	5833445			1,1444	
Total Othe	r Salaries .	Adjustment	\$ 214,312	\$.	\$ 19,659

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	B/11	Medical Records	\$ 857		\$ 43
13	B9a	ST purchased services (outpatient portion only)		AREA DAM	\$ 324
13	B5A	PT Purchased Services (outpatient portion only)			\$ 8,619
13	B10A	OT purchased Services (outpatient portion only)		The state of the s	\$ 722
13	B2	Dentist	\$ 2,749	<u> </u>	\$ 779
13	B8e	Psychologist	\$ 1,636		\$ 464
Take 180			34.35.437		1, 140, 40, 19463.
ragratulia.	1977.75.05		Acv(566,1932,1931.17		- Constitution of the Cons
Total Othe	r Fees Adj	ustments	\$ 5,242	3 500 140 40	\$ 10,951

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
	lal Visi	Worker's Comp (outpatient only)			\$ 1,377
15	1al	Disability (outpatient only)		- N. (Frank), 124.	\$ 455
15	1a3	Unemployment			\$ 347
15	Ia4	FICA		: 1550 PERSONS (5/10	\$ 5,051
15	1a5	Employee Health Insurance		-1175-c1100 (1993) mm (1	\$ 9,112
	Ja7 ∞ oc	Pension		Europe afficie spreadour	\$ 1,309
	1a9	Employee Physicals			\$ 76
15	1a8	Uniform Allowance		APPAPEZ PREM	\$ 4
	M13a	Transition of care	\$ 2,919	7623/843/7623/1999	S 827
16	M13a	Development	\$ 2,338	17(02)/54(05)	\$ 662
16	M13a	Non Operating expenses		3.2000年2月2日	\$ 41,835
	М3	Business Promotion	4045	20000000000000000000000000000000000000	1146
16	M13a	Good Life Fitness Supplies	- 1 No. 1 (100 (2) (100 (2	PERMITS OF STREET	475
16	M13a	Equipment Rental	7983		2261
16	M13a	bank fees	10090		2858
16	M13a	Licenses	2458		696
Martineras (C)			50 030 00000000	Bearing Colleges	
	San		Thirther in a second		
Total Othe	r A&G Ad	justments	\$ 29,833	\$ -	\$ 68,491

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

	D. Adjustments to Statement of Expenditures (cont'd)								
Name	e of Fa	cility	,	Li	ense No.	Report for Y	ear Ended	Page	of
Jeron	ne Ho	me			2065C	9/30/2015		29	37
					Total				
	Page				Amount of			Reside	ential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	I	Iome
			Subtotals Brought Forward	\$	1,087,599	818,282			269,317
Page	20 - I	Reside	ent Care Supplies ***		li,				
27,	20	5a2	Prescription Drugs	\$	169,118	169,118			"Nea
28.			Ambulance/Limousine	\$					
29.	20	f	X-rays, etc	\$	11,859	11,859			
30.	20	h	Laboratory	\$	17,568	17,568			
31.			Medical Supplies	\$				<u> </u>	
32.	20	e2	Oxygen (non emergency)	\$	9,470	8,485			985
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	225,292	222,026		•	3,266
Page	22 - N	Iaint	enance and Property				2 7 - 7 - 21	1	
35.			Excess Movable Equipment Depreciation		*				
			See Attached Schedule	\$. ,,,,,,,,,	
36.			Depreciation on Unallowable				1		
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.	,		Other - See Attached Schedule	\$					
Page	27 - I	nsura	ince			1000		, E	
40.			Mortgage Insurance	\$					**
41.	27	14C	Property Insurance	\$	5,000				5,000
Othe	r - Mis	scella	neous				F. F. 75		
42.			Research or Experimental Activities	\$			1,		
43,	22	6E	Radio and Television Revenue	\$	15,750	12,285	ar and a	San Step Le	3,465
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					Janes Carlos Company
46.			Duplications of functions or services	\$. 12.				
47.			Expenditures made for the protection,				-		
			enhancement or promotion of the		1. 1. 1.			7.00	
			providers interest	\$	AND ST. COMPONENT SERVICE AND				
48,			Interest Income on Accounts Rec	\$			de le sancial et le le la		
49.			Other (include personnel and other	~~~~				1	
			costs unrelated to resident care) - See						
			Attached Schedule	\$	(484,214)	55,578			(539,792)
Not I	or Pr	ofit P	Providers Only						16.1
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -			44.00			
			See Attached Schedule	\$	71,603		, , , , , , , , , , , , , , , , , , , ,		71,603
51	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,129,045	1,315,201			(186,156)

^{***} 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20		Planetree	\$ 6,176	Statistick	\$ 1,750
20	5j	Rehab nursing supplies	\$ 202	The Field processors of	90,595,385,255,031
		Pharmacy	169118	Jan Butterbette	
20	5e2	Other oxygen	8485		985
20	5f	Xray	11859	\$ 1.44 a \$ 15 ⁴	
20		Lab	17568		
20		PT supplies	2646	2 1 1 2 1 1 1 1 2 2 2 2 2 3 3 3 3 3 3 3	242
20		OT supplies	2178		49
20		Other ancillary Medicare	\$ 2,949		
20		Volunteer Services	\$ 845		\$ 240
Total Othe	r Ancillary	Costs	\$ 222,026	\$ 1900	\$ 3,266

Schedule of Excess Moyable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			a		
					Balling Co.
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
17474	0 60 11 113 1584				
11142					
				/secongraphing graph	\$200 mg (200 mg) (1
Silve					
8/018/80/81/83	AND MINE				13,350,000,000
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ 5000000000

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	建筑设置		72-File VA Cresses 1.2 General VIII and 1.2		
Eversion and	25,25,10.00		768540 gg 15		e i gradje adda jedner.
9.9% (22.2%)	4004747710		1970/38/53		- 51 Sp. Vir dy (\$
14 (44 (1971 A)			9909A. (E. A. VIII.)		31-60-500 (t(5/05/2))
Harris Torres (CANA)					2. 3(2), (40), (200), ((3)), (3)
agegeenvages (in Aggreeenvages (in	The gradient				
988745 (2011). S	2000 000 000 000 000 000 000 000 000 00		45,400,000,000		Details of the
	141400000000000000000000000000000000000		1464446146	tvá s (töplégi kisántaga)	
				2-2003/03/03/03/03	William Company
Dial Out	20 3 A.L. 33	Adjustments	\$ -	S	S

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
The second secon	6a	APRN revenue	\$ 35,711		\$ 35,711
30	2m	Miscellaneous Revenue	\$ 6,682		\$ 1,893
30	2m	Van Pee Revenue	\$ 13,185		\$ 3,735
30	IV8	PT Outpatient	la guera (A)		\$ 9,064
30	IV8	Contractual Allowance	.(6) 1.61 (10) (10)		\$ (704)
30	IV8	PT outpatient managed care			\$ 7,562
30	IV8	Contractual Allowance PT outpatient managed medicare			\$ (4,097)
30	IV8	OT outpatient medicare B			\$ 850
30	IV8	OT managed care Outpatient	http://www.chi.com	, váltaniským i svo	\$ (7,433)
30	IV8	OT managed care Outpatient	12:23:400:056:130:120	/1967/1969/1969/E	\$ 7,746
30	IV8	Non Operating Rent Revenue	Artigue de la Marchael (1)		\$ 119,610
30	IV8	Good Life Fitness Revenue		0.000.000	\$ 29,937
30	IV8	Unrealized gain/loss	Assessment	N. S. participal control of the state of the	\$ (858,253)
30	IV8	gain on sale	62137505580	e : 14 637 EC 04 viji	\$ 114,587
Total Othe	r Adiustm	ents	\$ 55,578	\$ 100	\$ (539,792)

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Non op building Depr			\$ 71,603
1 (0.080.5)	美国建筑 的		10 (1. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1		The Burney S. F.
128458	Particle.			Marin Palent y son - A	
i di maja ining	185 St. (15)				\$.95 st (6.0) e:
d byteriori	MANAGE PROPERTY		- Acquired region (w. 1459)	1 2 (2) (2)	1 0 5 3 50
· Kalaya lawasa ga Walio ka kasa sa ka	r kran site (NELLA) Orisa sevi seria di				E-11 School 1990 1225 189
Anis de Oute	SEE SETSELS				
1000 19, 2007 10	138 (20) (late (3	Microsoft States and Comments of the Comments		White Street	
Total Unal	lowable Bu	illding Interest	\$	\$	\$ 71,603

F. Statement of Revenue

Name of Facility	F. Statement of Re		Report for Y	ear Ended		Page of 30 37
Jerome Home	2065C		9/30/2015	CCNH	RHNS	Residential Care
	Item		Total	CCNH	KUNS	Home
I. Resident Room, Board &				0.010.000		1 700 401
1. a. Medicaid Residents		\$		8,319,078		1,790,691
	d Board Contractual Allowance **	\$	(4,843.246)	_(4,189,892)		(653,354)
2. a. Medicaid (All other		\$				
	and Board Contractual Allowance **	\$		1 50 4 070		
3. a. Medicare Residents		\$	1,524,873	1,524,873		
	d Board Contractual Allowance **	\$	(35,979)	(35,979)	Control of the second	502.2//
4. a. Private-Pay Reside		\$	5,598,602	5,005,236		593,366
	and Board Contractual Allowance **	\$	(7,212)	(7,212)		20 <u>11</u>
II. Other Resident Revenue	2					
1. a. Prescription Drugs		\$	119,093	119,093		
	- Medicare Contractual Allowance **	\$	(126,002)	(126,002)		
c. Prescription Drugs		\$				
d. Prescription Drugs	- Non-Medicare Contractual Allowance **	\$				
a. Medical Supplies -		\$				
 b. Medical Supplies - 	Medicare Contractual Allowance **	\$			-	
 c. Medical Supplies - 		\$				
 d. Medical Supplies - 	Non-Medicare Contractual Allowance **	. \$				
3. a. Physical Therapy -		\$		262,787		4,566
	Medicare Contractual Allowance **	\$	(213,008)		-	
 c. Physical Therapy - 		\$	105,056	105,056		
d. Physical Therapy -	Non-Medicare Contractual Allowance **	\$	(109,339)	(106,009)		(3,330
4. a. Speech Therapy - I	Medicare	\$	40,358	40,358		·
b. Speech Therapy - I	Medicare Contractual Allowance **	\$	(27,552)	(27,552)	**	
c. Speech Therapy - 1	Non-Medicare	\$	1,012	1,012		
d. Speech Therapy - 1	Non-Medicare Contractual Allowance **	\$				
5. a. Occupational The	rapy - Medicare	\$	245,149	244,777		372
b. Occupational Ther	rapy - Medicare Contractual Allowance **	\$	(228,143)	(228.143)		
c. Occupational The	rapy - Non-Medicare	\$		108,288		91
d. Occupational The	rapy - Non-Medicare Contractual Allowance **	\$	(108,273)	(108,273)		
6. a. Other (Specify) - N	/ledicare	\$		37,457	Lineren	
b. Other (Specify) - N	Von-Medicare	\$	576	576		
III. Total Resident Revenue	(Section I. thru Section II.)	\$	12,458,923	10,726,521		1,732,402
IV. Other Revenue*						
1. Meals sold to guests,	employees & others	\$				
2. Rental of rooms to no		\$				
3. Telephone		\$				
4. Rental of Television a	und Cable Services	\$				
5. Interest Income (Spec	<u> </u>	.\$	328,283	255,818		72,465
6. Private Duty Nurses' l		\$				
7. Barber, Coffee, Beaut		\$				
8. Other (Specify)		\$	(528,874)	40,723		(569,597
V. Total Other Revenue (1	thru 8)	\$	(200,591)	296,541		(497,132
VI. Total All Revenue (III		S				1,235,270

^{*} 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.

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2015	ъ			Page of 21 37
		Related ** to Owners, Operators, Officers	to Owners, Officers			•	Fotal Cost	Total Cost/Page Ref. ***	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg Line
See attached Listing		0	0						
		0	0						
		: O,	0						
		0	0						
		0	0					4, 4,4	
		0	0						
		0	0						
Walter Company		0	0						
		0	0			,			
		0	0						
100 July 1	-	0	0						.7
		0	0						
	: '` :	0	0						
		0	0	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		:			
		-							

^{*} 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).

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNII	RIINŚ	Residential Care Home
	\$ 2,844	CAMERAN	4.555222
Xray & other Lab - contractual allowances	\$ (1,098)		er i bedyeb
Physician Servie Med B	\$ 35,711	and an indicate	24-100
	e de sagrado o Arabbanda Abr		198.038.008
	The Past Contract	40 7 44	11 11 11 11
			1.11
Total Other Resident Revenue - Medicare	\$ 37,457	\$.	S

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNIL	RIINS	Residential Care Home
managed medicare ancilliary	\$ 576	HOSPIER WESTER	
	ili Biliya barr	13404000000000	PROGRAMMENT
	4 11-14-15	1578178370108078	25 ch 2007
	A TH . V.W	100000000000000000000000000000000000000	A501.14 0 21 4 4 4
		. (A.) A. (1.) (A.)	1904KI 11414
		4000000000	
Total Other Resident Revenue	\$ 576	S	\$

Interest Income

Account

_ ~ _ ~	\$1.80 mg	D-1	CCNH	RHNS	Residential Care Hame
Page Ref	Account Secontached Schedule	Balance	\$ 255,818	Kiina	\$ 72,465
		4 NAMES (1, 15, 15, 15)			V. 3. 45. (31)
10,000		E System Continues of the	######################################	38 1135 113	
1941 (A) D		Page the American	20 3 000 11,000 1100	1, 15 a guesta 197	a wasan
Total Inter	est Income		\$ 255,818	\$ 4,4,72	\$ 72,465

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
52/250/00/05500000	Van Fc¢ Income - Disallowed	\$ 13,185		\$ 3,735
A \$200 (\$200 kg)	Good Life Fitness - Disallowed	A NEWS SHOULD	Falleningssoner, Ter	\$ 29,937
wight (Spikets	Donation - unrestricted	\$ 18,699	74470508005555	\$ 5,297
ing a second	Miscellaneous Income	\$ 6,682		\$ 1,893
/dracts/stakes	Temp restricted	\$ 2,157	40H2(46W/51m)	\$ 611
302000000	PT OP med B - disallowed	55.78*\(29.051\)	9008861866186507.03	\$ 9,064
30686603(b)152	contr allow PT OP med B - disallowed	3399800087900	Waysaga St. ()	\$ (704)
Arayaa Arayaa Araya Arayaa ayaa ayaa ayaa	PT OP managed - disallowed	17011517/052005100	Marketta	s 7,562
250000000000000000000000000000000000000	contratiow PT OP managed - disallowed	: 355575 - 2554590	\$ussin(eproblem	\$ (4,099)
\$1500 (1250 HZ)	OT outpatient Med B - disallowed	12 independent	proportion (co.	\$ 850
agastijadusist:	OT managed Care OP - disallowed	086000000000000000000000000000000000000	Value to the Action	\$ (7,433)
WWW.	OT managed Care OP - disallowed	46675000		\$ 7,746
\$69.888.0	Non Op Rent Revenue - disallowed	CONTROL CONTROL	William Committee	\$ (19,610
1898085110	Unrealized gain/loss	engelens fersiere.		\$ (85B,253)
368634343	gain on sale	30 TO 10 TO	\$100 a sector	\$ 114,587
WHERE HER		PMEASTER A 1-1-1		CARTERONS MAY
Teaching		\$100000	11,911,12	4/4:3444
440,000			(544 mm, 1981)	
F/ 1 74V.			S	
W/45/40		138-1341 (1984)		Market Callery
160 1414		Hatta Mar	, state of the	7577
49.00		1840 F 1		90 y Badgab
Total Other	er Revenue	\$ 40,723	S	\$ (569,597)

G. Balance Sheet

		Facility	License No.	Report for Year End	ed	Page	of
Jeron	ne I	Home	2065C	9/30/2015		31	37
			Account			A	mount
Asset							
Α.		rrent Assets					0.500.155
		Cash (on hand and in banks)		A = 1 = 1	\$		2,733,177
		Resident Accounts Receivab			\$		933,595
		Other Accounts Receivable (Excluding Owners	or Related Parties)	\$	 	
	4	Inventories			\$		20.004
	5.	Prepaid Expenses			\$		98,984
		a. Prepaid Expenses (see atta		78,097			
		b. Good Life Fitness receiva	ble	5,485			
		c. A/R miscellaneous		15,401			
		d.					
		Interest Receivable			\$		
//	7.	Medicare Final Settlement R	eceivable		\$		
	8.	Other Current Assets (itemiz	e)		\$		178,039
		Debt Services Funds		79,343 224			
		Due from Affliates Arbor Rose other assets		98,472			
		THOO ROSO OTHER BASES	**************************************				() () () () () () () () () ()
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$		3,943,795
B.	Fix	ed Assets					
	1.	Land		and the second s	\$		316,554
		Land Improvements	*Historical Cost	461,771	\$		145,938
		•	Accum. Depreciat	tion 315,833 Net			
	3.	Buildings	*Historical Cost	12,412,245	\$		4,081,760
			Accum. Deprecia	· • · · · · · · · · · · · · · · · · · ·			
	4.	Leasehold Improvements	*Historical Cost	<u> </u>	\$	^^	
			Accum, Deprecia	tion Net			
	5.	Non-Movable Equipment	*Historical Cost	1,612,730	\$	•	504,807
	•		Accum, Deprecia				
	6.	Movable Equipment	*Historical Cost	3,479,572	\$		569,416
	٠,		Accum, Deprecia				
	7	Motor Vehicles	*Historical Cost	49,480	\$		
	′•	TAXOLOX 1 ONIOLOS	Accum Deprecia				
	8.	Minor Equipment-Not Depre			\$	· · · · · · · · · · · · · · · · · · ·	·
	9.	Other Fixed Assets (itemize)	And the second s		\$		10,556,704
	<i>,</i> ,	Investment in Arbor Rose		10,517,707			
		Asset Clearing Account		38,997			
B-10	4	Total Fixed Assets (Lines B	1 thru 9)		\$		16,175,180

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

JEROME HOME

FYE 9/30/15

Cost Report 10/1/2014 to 9/30/15
Balance sheet - Assets Prepaid Other

Description	# Months	<u>2015</u>
D&O Runoff EPL Prem	4/11-3/16	215
Bulk T.V. Last Month	Future	1,10 4
Dakium Brainfit Subscription	12/13-11/16	972
Health Medx Emr Due SCC	last month	1,849
CT Computer Support	11/14-10/15	359
ADI Software	11/14-10/15	126
CT Computer Cisco SCC	12/14-11/15	500
Leading Age	1/15-12/15	1,832
Hartford Courant	1/15-12/15	323
Ct Computer Annual Support	1/15-12/15	576
Ct Computer Software Assurance	1/15-12/15	186
CT computer Onsite Support	1/15-12/15	451
GP Enhancement Plan	3/15-2/16	2,675
SBS Group Maint Plan	3/15-2/16	1,103
IN2L	1/15-12/15	338
IN2L	1/15-12/15	300
Kone Elevator	1/15-12/15	1,363
Relias	4/15-3/16	5,124
Gavlak	4/15-3/16	750
Planetree Annual Dues	2/15 - 1/16	553
Dakium Brainfitness	4/15-3/16	600
Healthcare Source	6/15-5/ 1 6	1,622
Zix Gateway	7/15-6/16	3,702
Mealtracker	7/15-6/16	476
Chefa Annual Trustee Fee	4/15-3/16	313
Prop tax rentals	7/15-6/16	31,130
Trend Anti-Virus	8/15-7/16	2,030
Johnson Conrols	8/15-1/16	1,455
Allscripts	8/15-10/15	248
ADI Software	10/15-11/16	1,732
Leading Age	10/15-9/16	5, 05 9
Ct Computer	10/15-9/16	2,365
Ct Computer	10/15-9/16	917
Health Med X Oct	10/15	1,849
Ct Computer	10/15-9/16	1,594
Ct Computer	10/15-9/16	2,304

78,097

Jerome Home	TT	·				П	
Cost Report 10/1/2014 to	9/30/	15			100 m	П	
Balance Sheet - Accts Recelvable - Other							
						П	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>			Anny result described from And Colours have the Filly advanced and assessment as yet 4 - 10-10 \$400 by some
						T	
							4
	1	Food Payment	Air Conditioner	Misc	GLF Senior Fit		Balance
	1	Marion Heights		<u> </u>		П	
	1-1	· · · · · · · · · · · · · · · · · · ·					
Balance 9/30/2015		3,563.00	597.00	-	11,241.40		15,401.40
A P Special Control of the Control o						П	
		,,,,,				П	:
	1-1-				**************************************		1
							:
		· · · · · · · · · · · · · · · · · · ·				H	

G. Balance Sheet (cont'd)

1		Facility	License No.	Report for Year Ended		Page		of
Jero	ne l	Home	2065C	9/30/2015		32		37
			Account				mount	
				Total Brought Forw	ard: \$	· · · · · · · · · · · · · · · · · · ·	20,1	18,976
C.		asehold or like property recor-						
		Land			\\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciat	ion Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciat	ion Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum, Depreciat	ion Net	\$			
	5.	Movable Equipment	*Historical Cost					
		and the second of the second o	Accum. Depreciat	ion Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum, Depreciat	ion Net	\$			
	7.	Minor Equipment-Not Depre	ciable		\$			
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$			
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
		,	Accum, Depreciat	ion Net	\$			
	4.	Goodwill (Purchased Only)	*					
		Investments Related to Resid	lent Care (itemize)		\$			
			, ,		E	Part of the		
						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	6.	Loans to Owners or Related	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date		7.0		100
	-						0 - 20 - 5	
		·					0	
						1		
<u> </u>	7.	Other Assets (itemize)	.1		\$			25,827
		Endowment fund		17,699,269				
		Deferred Financing	· · · · · · · · · · · · · · · · · · ·	530,863				***
		Permanently Restricted Ir	vestments	295,695				
D-8	To	tal Investments and Other As			\$	The state of the s	18,5	25,827
D-9	To	tal All Assets (Lines A9 + B)	0 + C8 + D8	/	\$			44,803

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

G. Balance Sheet (cont'd)

Name of Fa	cility	···	License No.	Report for Year	Ended	Page	of
Jerome Hon	ne		2065C	9/30/2015		33	37
			Account			An	ount
Liabilities							
A.	Cu	rrent Liabilities			İ		
	1.	Trade Accounts Payable			\$		883,200
]	2.	Notes Payable (itemize)			\$		Call Sulphing Comments and Call Supplements and
	2	Loans Payable for Equipme	mt (Ctt	-> (:	<u>[</u>		
	3.	Name of Lender	Purpose	Amount	Date Due	<u> </u>	
		Ivalue of Lender	Furpose	Amount	Date Due		
		:					- 景
					+ 22		
		:					
						4	
					<u> </u>		
	4.	Accrued Payroll (Exclusive	of Owners and/or L	Stockholders only)	\$		
	5.	Accrued Payroll (Owners as	nd/or Stockholders	only)	\$		328,179
	6.	Accrued Payroll Taxes Paya	ıble		\$		
	7.	Medicare Final Settlement I	Payable		\$		
	8.	Medicare Current Financing	g Payable		\$		
	9.	Mortgage Payable (Current	Portion)		\$		280,000
	10.	Interest Payable (Exclusive	of Owner and/or Re	elated Parties)	\$		6,828
	11.	Accrued Income Taxes*			\$		· · · · · ·
	12.	Other Current Liabilities (it	emize)		\$		1,033,147
		Accrued Expenses	147,8	R17 Accrued Employee Ber	iel 361,438		
		Due to related parties	121,4	401 Arbor Rose Accrued Ex	кр 55,689		
		Due to CT Provider Taxes	154,6				
 		Accrued Health Insurance	192,1	199			*
A-13	, Tot	tal Current Liabilities (Line	s A1 thru 12)		\$		2,531,354

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

JEROME HOME Cost Report 10/1/2014 to 9/30/15 Balance Sheet Accrued Other Expenses

	<u>Description</u>	Total Balance
9/30/15		
0,00,10	Audit Accountants	64,880
	Jordon Actuary	4,802
	Medical Records Consultant	925
	Water-Rental	5,006
	Water Usage	296
	Int Exp on Funds	404
	Proclaims	300
	United Dental November	294
	Travelers Rental Fire in House	24,477
	Unemployment	4,000
	CHEFA Semi Annual Fees	1,296
	Swap	7,466
	Pharmacy	25,413
	Additional Therapy Wages	1,758
	Crisla Ryan	6,500
		=
	_	

Balance 9/30/2015

147,817

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Jerome Home	2065C	9/30/2015		34	37
	Account			Am	ount
		Total Broug	sht Forward;		2,531,354
Liabilities (cont'd)					
B. Long-Term Liabilities 1. Loans Payable-Equipme	\$				
Name of Lender					W.
2. Mortgages Payable			\$		9,835,000
3. Loans from Owners or l			\$		
Name and Address of Lender	Amount	Loan I	Date		
4. Other Long-Term Liabi	\$		759,812		
Accrued Worker's Compensation 335,215 Accrual for Swap Agreement 424,597					
Accrual for Swap Agree			F-1		
B-5. Total Long-Term Liabilitie	v (Lines B1 thru 4)	and the second s	\$, , , , , , , , , , , , , , , , , , , ,	10,594,812
C. Total All Llabilities (Lines	A-13 + B-5)		\$		13,126,166

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

	ne of Facility	License No.	Report for Ye	ar Ended	Page	of
Jero	me Home	2065C	9/30/2015		35	37 mount
A.	Reserves	Account	Account			mount
1	Reserve for value of leased I	and			\$	
					Ψ	
	Reserve for depreciation value to be amortized	ue of leased build	ings and appurten	ances	\$	
	to be amortized				Ψ	
	3. Reserve for depreciation val	ue of leased perso	nal property (<i>Equ</i>	uity)	\$	
	4. Reserve for leasehold real pa	operties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	47,592
	6. Total Reserves				\$	47,592
в.	Net Worth				·	
	1. Owner's Capital				\$	26,087,813
,i	2. Capital Stock				\$	
	3. Paid-in Surplus			,	\$	
	4. Treasury Stock	30			\$	
	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/20)14 thru	9/30/2015	\$	(616,768)
	7. Total Net Worth		agenta de la companya del companya de la companya del companya de la companya de		\$	25,471,045
C.	Total Reserves and Net Worth				\$	25,518,637
D.	Total Liabilities, Reserves, and	Net Worth			\$	38,644,803

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year I	Ended	Page	of
1	me Home	2065C	9/30/2015		36	37
		Account		Ī	A	mount
Α.	Balance at End of Prior Period as s	hown on Report of	09/30/2014	\$		26,087,813
В.	Total Revenue (From Statement of	Revenue Page 30)		\$		12,258,332
C.	Total Expenditures (From Stateme	nt of Expenditures	Page 27)	\$		12,875,100
D.	Net Income or Deficit			\$		(616,768)
E.	Balance					25,471,045
F.	Additions 1. Additional Capital Contributed Temporary Restricted	(itemize)	71,858			
	2. Other (itemize) Arbor Rose Change in Permanent Asse	ts	6,006 (30,272)			
F-3.	Total Additions			\$		47,592
G.	Deductions	s.				
	1. Drawings of Owners/Operators			\$	aca -	<u> </u>
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)			\$		
	Purpose Amount					
	3. Total Deductions			\$		
H.	Balance at End of Period	09/30/	/15	\$	\	25,518,637
п.	Dumice at Lina of Lenoa	U7/3U/	113	ĮΦ		23,010,037

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of			
Jerome Home	2065C	9/30/2015	37	37			
	Check appropriate category						
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home					
Preparer/Reviewer Certification							
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.							
Signature of Preparer Poula De Puto Donuthy Robinson	Director of Fine Si. Financial Anal	ance Date Signed //6					
Dorathy Robinson	451 2/15/16						
Printed Name of Preparer							
Paula DePinto/Dorothy Robinson Addres Address		Phone Number	.,				
80 Meriden Avenue, Southington, CT 06489		860-406-6717/860-378-	8022				