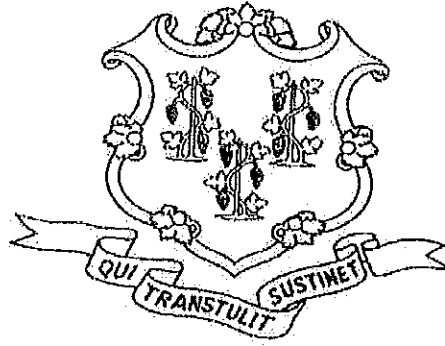


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Jerome Home	
Address (No. & Street, City, State, Zip Code) 975 Corbin Avenue, New Britain, CT 06051	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider 07-5343
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Medicaid Provider Numbers:	CCNH 20652	RHNS	ICF-IID
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For Department Use Only

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

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General Information

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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) <i>Lori Toombs</i>		Date	Signed (Owner)		Date
Printed Name (Administrator) Lori Toombs LORI TOOMBS			Printed Name (Owner)		
Subscribed and Sworn to before me:	<i>Donna Hechler</i>	State of CT	Date 2/15/16	Signed (Notary Public) <i>Donna Hechler</i>	Comm. Expires 6, 30, 18
Address of Notary Public 30 Tuccitto Rd, Portland CT 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			Page 1A	of 37
Name of Facility Jerome Home		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Paula DePinto		Phone Number 860-406-6717	Date 2/15/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-3707		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Jerome Home			Address (No. & Street, City, State, Zip) 975 Corbin Avenue, New Britain, CT 06051		
License Numbers:	CCNH 2065C	RHNS	Residential Care Home 1427	Medicare Provider No. 07-5343	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input checked="" type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Lori Toombs			Nursing Home Administrator's License No.:	001985	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



Jerome Home Trustees

Verified Information for 2015

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015	Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**			
See attached listing		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient days used primarily				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 See attached Listing				
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1		\$ 41,250		
2		\$		
3		\$		
4		\$		
				Charge for Services Provided
				\$ 41,250
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 / 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See attached Listing				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1		\$ 6,982		
2		\$		
3		\$		
4		\$		
5		\$		
				Charge for Services Provided
				\$ 6,982
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 / 1c				

**JEROME HOME
PAGE 7 ACCOUNTING AND LEGAL FEES
10/1/14 - 9/30/15**

F:\C\SHSA\accounting\JEROME HOME\JH COST REPORT FILES\FY2015\JH 2015 ACCOUNT DETAILS-WORKING COPY.xls|PAGE 7 ACCT & LEGAL 12

**Accounting Fees
G/L # 6420-054-000**

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

\$41,250.00

**Legal Fees
G/L # 6420-046-000**

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

\$6,981.96

See Note Below

Schedule of Resident Statistics

Name of Facility Jerome Home	License No. 20655C	Report for Year Ended 9/30/2015				Page 8		of 37					
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30									
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. 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		7,098	10,601	8,351		2,250
Total Number of Days Not Included in Figures in 3G													
4. for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
		188	82		106	64	64			124	18		106
B. Other Bed Reserve Days													
		165	163		2	121	121			44	42		2
5. Total Resident Days (3G + 4A + 4B)													
		42,838	33,383		9,456	32,069	24,971		7,098	10,769	8,411		2,358

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare		Medicaid		Self-Pay		Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H. ICF-MR
No. of Residents	11	48	25	30			1	
Per Diem Rate								
a. One bed rm.	RUGS	228.11	129.00	471.00			223.00	
b. Two bed rms.							207.00	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,530	793		737
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	7	7		
2. Restorative Treatments				
C. Other	9,198	9,033		165
D. Total Physical Therapy Treatments	10,735	9,833		902

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	145	134		11
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	4	4		
2. Restorative Treatments				
C. Other	477	477		
D. Total Speech Therapy Treatments	626	615		11

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	517	448		69
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1	1		
2. Restorative Treatments				
C. Other	8,944	8,806		138
D. Total Occupational Therapy Treatments	9,462	9,255		207

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	98,485	1,621			27,897	459
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	309,548	11,516			87,684	3,262
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	47,861	1,755			13,558	497
c. Dietary Workers	392,578	28,683			111,204	8,125
6. Housekeeping Service						
a. Head Housekeeper	61,688	2,553			17,474	723
b. Other Housekeeping Workers	170,594	12,789			48,323	3,623
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	23,489	949			6,654	269
b. Other Maintenance Workers	88,550	5,894			25,083	1,669
8. Laundry Service						
a. Supervisor	14,402	370			4,080	105
b. Other Laundry Workers	81,346	6,431			23,043	1,822
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	207,678	4,386			10,404	220
b. RN						
1. Direct Care	1,646,985	50,303				
2. Administrative**	351,192	6,361			17,593	319
c. LPN						
1. Direct Care	423,669	14,624				
2. Administrative**						
d. Aides and Attendants	1,782,613	119,826			190,824	12,827
e. Physical Therapists	214,312	5,786			19,659	531
f. Speech Therapists						
g. Occupational Therapists	125,641	3,591			2,810	71
h. Recreation Workers	150,734	7,271			42,698	2,059
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	97,188	3,156			27,530	894
n. Marketing						
o. Other (Specify) Sec Attached Schedule	59,902	1,945			64,690	4,193
A-13. Total Salary Expenditures	6,348,455	289,810			741,208	41,668

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

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

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

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

Name of Facility Jerome Home		License No. 2065C		Report for Year Ended 9/30/2015		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
Jerome Home		2065C		9/30/2015		12	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Lori Toombs	98,485		27,897			2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	22,149	571			6,274	162
2. Dentist	2,749	75			779	21
3. Pharmacist	6,822	93			1,933	27
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	105,940	2,591			9,718	238
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	38,227	281			10,829	79
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psych Consultant	1,636	162			464	46
9. Speech Therapist						
a. Resident Care	22,134	406			396	7
b. Other						
10. Occupational Therapist						
a. Resident Care	36,120	812			808	18
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	8,765	160				
2. Administrative***						
b. LPN						
1. Direct Care	1,066	18				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	857				43	
B-13 Total Fees Paid in Lieu of Salaries	246,465	5,169			31,244	598

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. 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) (not-owners and not-operators)	\$ 137,165	122,830		14,335
8. Uniform Allowance	\$ 417	373		44
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,933	7,104		829
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 290,676	226,513		64,163
d. Accounting and Auditing	\$ 41,250	32,145		9,105
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 6,982	5,441		1,541
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 27,697	21,583		6,114
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,948	13,207		3,741
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 618,477	618,477		
Subtotal	\$ 2,859,702	2,580,899		278,803

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

(Carry Subtotals forward to next page)

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

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)
Total	\$ 7,104	\$ -	\$ 829

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	2,859,702	2,580,899		278,803
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties 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
5. Education Expenses Related to Seminars and Conventions	\$ 46,313	36,090		10,223
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,825	4,539		1,286
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 11,588	9,030		2,558
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,191	4,045		1,146
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 4,861	3,788		1,073
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,759	7,605		2,154
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 4,562	3,555		1,007
12. Administrative Management Services**	\$ 233,119	181,661		51,458
13. Other (<i>Specify</i>) See Attached Schedule	\$ 108,244	116,581		(8,337)
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**

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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. Toomb:	\$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	 <u>\$13,092.05</u>

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	CCNH	RIHS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RIHS	Residential Care Home
Business Promotion - Disallowed	\$ 4,045		\$ 1,146
Total Other Advertising	\$ 4,045	\$ -	\$ 1,146

Schedule of Dues

Description	CCNH	RIHS	Residential Care Home
See Attached Schedule	\$ 7,605		\$ 2,154
Total Dues	\$ 7,605	\$ -	\$ 2,154

Schedule of Contributions

Description	CCNH	RIHS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RIHS	Residential Care Home
Other Professional Fees	\$ 31		\$ 9
Licenses - Disallowed	\$ 2,458		\$ 696
Equipment Rental - Disallowed	\$ 7,983		\$ 2,261
Bank Charges - Disallowed	\$ 10,090		\$ 2,858
Consulting Fees	\$ 8,796		\$ 2,492
Maintenance Agreements	\$ 75,538		\$ 21,397
Nursing Consultant - Prof Services	\$ 2,178		\$ 617
consulting Services	\$ 584		\$ 166
Offsite Storage	\$ 3,666		\$ 1,038
Good Life Fitness - Supplies - disallowed			\$ 475
Development - Disallowed	\$ 2,338		\$ 662
Transition of Care - Disallowed	\$ 2,019		\$ 827
Non op Property Tax - disallowed			\$ 44,789
Non op other - disallowed			\$ 43,435
Non op banking fees - disallowed			\$ 53,222
Non op gain/loss - Disallowed			\$ 82,667
swap agreement - Disallowed			\$ (293,382)
non op rental expenses - Disallowed			\$ 27,434
Total Other Administrative and General	\$ 116,581	\$ -	\$ (8,337)

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
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)

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 320,045	249,399			70,646
2.	Non-Food Supplies	\$ 44,104	34,369			9,735
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
	uniforms	\$ 209	163			46
	Equipment Rental					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 364,358	283,931			80,427
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G.	Resident Meals: Total no. of meals served per day:*	352	274			78
H.	Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					18
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					18
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	14,664	11,427		3,237
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	2,438	1,900		538
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	15,135	11,794		3,341
3E. Total Laundry Expenditures (3a + b + c + d)		\$	32,237	25,121		7,116
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	36,184	28,197		7,987
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 36,184	28,197		7,987
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OmniCare		\$ 169,118	169,118		
b.	Medicine Cabinet Drugs		\$ 25,788	20,096		5,692
c.	Medical and Therapeutic Supplies		\$ 12,354	9,627		2,727
d.	Ambulance/Limousine***		\$			
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 Procedures***		\$ 11,859	11,859		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 17,568	17,568		
i.	Recreation		\$ 19,811	15,438		4,373
j.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 144,216	136,068		8,148
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 425,596	400,269		25,327

* 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.

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

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
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 (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 145,581	113,446			32,135	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 457,901	356,825			101,076	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 16,249	12,662			3,587	
b. Building & Building Improvements	\$ 400,919	256,623			144,296	
c. Non-Movable Equipment	\$ 86,427	67,349			19,078	
d. Movable Equipment	\$ 206,209	160,691			45,518	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 709,804	497,325			212,479	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 7,206	5,615			1,591	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,206	5,615			1,591	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 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.

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

Asset ID	Asset Description	Place in Service Date	Cost Basis	Asset Class ID	Current Run Depreciation Amount
LI-000016	DRIVEWAY REPAIR EAST & MAIN ENTR	11/7/2014	1,500	LAND IMP	150
LI-000017	EAST PATIO PROJECT	7/8/2015	73,893	LAND IMP	2,463
			<u>75,393</u>		<u>2,613</u>
BI-00132	DINING STORAGE ROOM RENOVATION	1/14/2015	17,460	BUILDING IMP	1,748
BI-00133	NORTH MOP ROOM RENOVATION	12/23/2014	8,499	BUILDING IMP	851
BI-00134	EAST DINING RM CABINETS	12/29/2014	5,439	BUILDING IMP	545
BI-00137	LAUNDRY ROOM RENOVATION	9/30/2015	62,933	BUILDING IMP	3,153
BI-00139	REPAIR BRICK WINDOW SILLS NORTH	9/23/2015	16,875	BUILDING 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	6,304
BI-00144	RESIDENT ROOM FLOOR REPLACEMENT	9/7/2015	20,706	BUILDING IMP	692
BI-00145	NORTH HOUSEKEEPING CLOSET	9/29/2015	9,552	BUILDING IMP	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
RBUILD-00012	38 HAMILTON RENOVATION	9/17/2015	3,539	RP-BUILDING	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	403
			<u>951,320</u>		<u>32,819</u>
FIX-00033	Hood for Main Dining	10/1/2014	27,075	FIXED EQUIP	2,712
FIX-00036	FIRE HOOD/SUPPRESSION SYSTEM	12/18/2014	3,006	FIXED EQUIP	301
			<u>30,081</u>		<u>3,013</u>
FURN-00278	TELEPHONE SYSTEM	10/23/2014	16,896	FURN&FIX	940
FURN-00280	MONITOR VITAL SIGNS	10/14/2014	4,350	FURN&FIX	436
FURN-00281	UPHOLSTERY CLEANER	10/21/2014	2,155	FURN&FIX	216
FURN-00282	MATTRESSES	9/29/2014	4,068	FURN&FIX	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	103
FURN-00288	OFFICE FURNITURE	1/12/2015	1,302	FURN&FIX	130
FURN-00289	(5) SURE RESPONSE RADIOS	3/10/2015	8,498	FURN&FIX	851
COM-00031	EIS System Hardware & Software	10/9/2014	16,640	COMPUTER	2,778
COM-00092	NETWORK SYSTEM BACKUP DRIVE	5/6/2014	2,176	COMPUTER	363
COM-00094	COMPUTER EQUIPMENT	6/19/2014	5,842	COMPUTER	1,711
COM-00096	EMR CAPITAL	12/4/2014	5,134	COMPUTER	514
			<u>79,302</u>		<u>9,514</u>

Amortization Schedule*

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015		Page 24	of 37					
		Date of Acquisition	Item							
		Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Bond issue Costs		11	2007	30 years	412,492	53,004	s/l		7,206	
2.										
3.										
B-4. Subtotal										7,206
C. Leasehold Improvements and Other										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B, If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	1923			
2. Date Structure Completed	1923			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	Mids 1970s			
5. Total Licensed Bed Capacity	120			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	CHEFA variable			
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year	varies			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	11,895,000			
f. Principal balance outstanding as of	10,115,000			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jerome Home		2065C	9/30/2015		26	37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$ 11,895,000			
2. Loan Origination Date			03/29/07			
3. Interest Rate %			varies			
4. Term			30 years			
5. CHEFA Interest Expense			119,802	93,357		26,445
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 119,802	93,357		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 Year Ended			Page	of
Jerome Home		2065C		9/30/2015			27	37
Item				Total	CCNH	RHNS	Residential	
							Care Home	
Subtotals Brought Forward:				119,802	93,357		26,445	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 119,802	93,357		26,445	
14. Insurance								
a. Insurance on Property (buildings only)				\$				
b. Insurance on Automobiles				\$ 1,421	1,107		314	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)			\$ 37,111	28,919			8,192	
2. Fire and Extended Coverage			\$					
3. Other (Specify)			\$					
14d. Total Insurance Expenditures (14a + b + c)				\$ 38,532	30,026		8,506	
15. Total All Expenditures (A-13 thru C-14)				\$ 12,875,100	11,284,375		1,590,725	

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home			License No. 2065C	Report for Year Ended 9/30/2015	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.	10	A12o	Outpatient Service Costs	\$ 47,722			47,722
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 128,451	125,641		2,810
4.			Other - See attached Schedule	\$ 233,971	214,312		19,659
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B9a	Occupational Therapy	\$ 22,530	22,134		396
7.			Other - See attached Schedule	\$ 16,193	5,242		10,951
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	c	Bad Debts	\$ 290,676	226,513		64,163
10.	15	1e	Accounting & Legal	\$ 6,982	5,441		1,541
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,440	3,460		980
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 5,191	4,045		1,146
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 233,119	181,661		51,458
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 98,324	29,833		68,491
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,087,599	818,282		269,317

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A12e	PT Wages	\$ 214,312		\$ 19,659
Total Other Salaries Adjustment			\$ 214,312	\$ -	\$ 19,659

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B/11	Medical Records	\$ 857		\$ 43
13	B9a	ST purchased services (outpatient portion only)			\$ 324
13	B5A	PT Purchased Services (outpatient portion only)			\$ 8,619
13	B10A	OT purchased Services (outpatient portion only)			\$ 722
13	B2	Dentist	\$ 2,749		\$ 779
13	B8e	Psychologist	\$ 1,636		\$ 464
Total Other Fees Adjustments			\$ 5,242	\$ -	\$ 10,951

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a1	Worker's Comp (outpatient only)			\$ 1,377
15	1a1	Disability (outpatient only)			\$ 455
15	1a3	Unemployment			\$ 347
15	1a4	FICA			\$ 5,051
15	1a5	Employee Health Insurance			\$ 9,112
15	1a7	Pension			\$ 1,309
15	1a9	Employee Physicals			\$ 76
15	1a8	Uniform Allowance			\$ 4
16	M13a	Transition of care	\$ 2,919		\$ 827
16	M13a	Development	\$ 2,338		\$ 662
16	M13a	Non Operating expenses			\$ 41,835
16	M3	Business Promotion	4045		1146
16	M13a	Good Life Fitness Supplies			475
16	M13a	Equipment Rental	7983		2261
16	M13a	bank fees	10090		2858
16	M13a	Licenses	2458		696
Total Other A&G Adjustments			\$ 29,833	\$ -	\$ 68,491

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Jerome Home			2065C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,087,599	818,282		269,317
Page 20 - Resident Care Supplies ***							
27.	20	5a2	Prescription Drugs	\$ 169,118	169,118		
28.			Ambulance/Limousine	\$			
29.	20	f	X-rays, etc	\$ 11,859	11,859		
30.	20	h	Laboratory	\$ 17,568	17,568		
31.			Medical Supplies	\$			
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 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14C	Property Insurance	\$ 5,000			5,000
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	22	6E	Radio and Television Revenue	\$ 15,750	12,285		3,465
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ (484,214)	55,578		(539,792)
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 71,603			71,603
51. Total Amount 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.

Jerome Home
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Planetree	\$ 6,176		\$ 1,750
20	5j	Rehab nursing supplies	\$ 202		
20	5a2	Pharmacy	169,118		
20	5e2	Other oxygen	8,485		985
20	5f	Xray	11,859		
20	5h	Lab	17,568		
20	5j	PT supplies	2,646		242
20	5j	OT supplies	2,178		49
20	5j	Other ancillary Medicare	\$ 2,949		
20	5i	Volunteer Services	\$ 845		\$ 240
Total Other Ancillary Costs			\$ 222,026	\$ -	\$ 3,266

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	6a	APRN revenue	\$ 35,711		\$ 35,711
30	2m	Miscellaneous Revenue	\$ 6,682		\$ 1,893
30	2m	Van Fee Revenue	\$ 13,185		\$ 3,735
30	IV8	PT Outpatient			\$ 9,064
30	IV8	Contractual Allowance			\$ (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			\$ (7,433)
30	IV8	OT managed care Outpatient			\$ 7,746
30	IV8	Non Operating Rent Revenue			\$ 119,610
30	IV8	Good Life Fitness Revenue			\$ 29,937
30	IV8	Unrealized gain/loss			\$ (858,253)
30	IV8	gain on sale			\$ 114,587
Total Other Adjustments			\$ 55,578	\$ -	\$ (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
Total Unallowable Building Interest			\$ -	\$ -	\$ 71,603

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 10,109,769	8,319,078		1,790,691		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,843,246)	(4,189,892)		(653,354)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,524,873	1,524,873				
b. Medicare Room and Board Contractual Allowance **	\$ (35,979)	(35,979)				
4. a. Private-Pay Residents and Other	\$ 5,598,602	5,005,236		593,366		
b. Private-Pay Room and Board Contractual Allowance **	\$ (7,212)	(7,212)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 119,093	119,093				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (126,002)	(126,002)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 267,353	262,787		4,566		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (213,008)	(213,008)				
c. Physical Therapy - Non-Medicare	\$ 105,056	105,056				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (109,339)	(106,009)		(3,330)		
4. a. Speech Therapy - Medicare	\$ 40,358	40,358				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,552)	(27,552)				
c. Speech Therapy - Non-Medicare	\$ 1,012	1,012				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 245,149	244,777		372		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (228,143)	(228,143)				
c. Occupational Therapy - Non-Medicare	\$ 108,379	108,288		91		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (108,273)	(108,273)				
6. a. Other (Specify) - Medicare	\$ 37,457	37,457				
b. Other (Specify) - Non-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 non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 328,283	255,818		72,465		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
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 +V)	\$ 12,258,332	11,023,062		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.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RIINS	Residential Care Home
	Xray & other Lab	\$ 2,844		
	Xray & other Lab - contractual allowances	\$ (1,098)		
	Physician Service Med B	\$ 35,711		
	Total Other Resident Revenue - Medicare	\$ 37,457	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RIINS	Residential Care Home
	managed medicare ancillary	\$ 576		
	Total Other Resident Revenue	\$ 576	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RIINS	Residential Care Home
	See attached Schedule		\$ 255,818		\$ 72,465
	Total Interest Income		\$ 255,818	\$ -	\$ 72,465

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Van Fes Income - Disallowed	\$ 13,185		\$ 3,735
	Good Life Fitness - Disallowed			\$ 29,937
	Donation - unrestricted	\$ 18,699		\$ 5,297
	Miscellaneous Income	\$ 6,682		\$ 1,893
	Temp restricted	\$ 2,157		\$ 611
	PT OP med B - disallowed			\$ 9,064
	contr allow PT OP med B - disallowed			\$ (704)
	PT OP managed - disallowed			\$ 7,562
	contr allow PT OP managed - disallowed			\$ (4,099)
	OT outpatient Med B - disallowed			\$ 850
	OT managed Care OP - disallowed			\$ (7,433)
	OT managed Care OP - disallowed			\$ 7,746
	Non Op Rent Revenue - disallowed			\$ 119,610
	Unrealized gain/loss			\$ (858,253)
	gain on sale			\$ 114,587
	Total Other Revenue	\$ 40,723	\$ -	\$ (569,597)

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,733,177
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	933,595
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	98,984
a. Prepaid Expenses (see attached)	78,097			
b. Good Life Fitness receivable	5,485			
c. A/R miscellaneous	15,401			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	178,039
Debt Services Funds	79,343			
Due from Affiliates	224			
Arbor Rose other assets	98,472			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,943,795
B. Fixed Assets				
1. Land			\$	316,554
2. Land Improvements	*Historical Cost	461,771	\$	145,938
	Accum. Depreciation	315,833	Net	
3. Buildings	*Historical Cost	12,412,245	\$	4,081,760
	Accum. Depreciation	8,330,485	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,612,730	\$	504,807
	Accum. Depreciation	1,107,923	Net	
6. Movable Equipment	*Historical Cost	3,479,572	\$	569,416
	Accum. Depreciation	2,910,156	Net	
7. Motor Vehicles	*Historical Cost	49,480	\$	
	Accum. Depreciation	49,480	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,556,704
Investment in Arbor Rose	10,517,707			
Asset Clearing Account	38,997			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	16,175,180

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

(Carry Total forward to next page)

JEROME HOME**FYE 9/30/15****Cost Report 10/1/2014 to 9/30/15**

Balance sheet - Assets Prepaid Other

<u>Description</u>	<u># Months</u>	<u>2015</u>
D&O Runoff EPL Prem	4/11-3/16	215
Bulk T.V. Last Month	Future	1,104
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	6/15-5/16	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	5,059
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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	20,118,976
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
3. Buildings			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
4. Non-Movable Equipment			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
5. Movable Equipment			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
6. Motor Vehicles			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	18,525,827
Endowment fund		17,699,269		
Deferred Financing		530,863		
Permanently Restricted Investments		295,695		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	18,525,827
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	38,644,803

* 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 Facility		License No.	Report for Year Ended	Page	of
Jerome Home		2065C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	883,200
2. Notes Payable (<i>itemize</i>)				\$	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	328,179
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	280,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	6,828
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,033,147
Accrued Expenses		147,817	Accrued Employee Benel	361,438	
Due to related parties		121,401	Arbor Rose Accrued Exp	55,689	
Due to CT Provider Taxes		154,603			
Accrued Health Insurance		192,199			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,531,354

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

(Carry Total forward to next page)

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

Description **Total Balance**

9/30/15

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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,531,354	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 9,835,000	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 759,812	
Accrued Worker's Compensation		335,215			
Accrual for Swap Agreement		424,597			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 10,594,812	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,126,166	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	47,592
6. Total Reserves			\$	47,592
B. Net Worth				
1. Owner's Capital			\$	26,087,813
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(616,768)
7. Total Net Worth			\$	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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	26,087,813
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,258,332
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,875,100
D. Net Income or Deficit			\$	(616,768)
E. Balance			\$	25,471,045
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Temporary Restricted	71,858			
2. Other <i>(itemize)</i>				
Arbor Rose	6,006			
Change in Permanent Assets	(30,272)			
F-3. Total Additions			\$	47,592
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	25,518,637
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer Paula DePinto Dorothy Robinson		Title Director of Finance Sr. Financial Analyst	Date Signed 2/10/16 2/15/16		
Printed Name of Preparer Paula DePinto/Dorothy Robinson					
Address Address 80 Meriden Avenue, Southington, CT 06489			Phone Number 860-406-6717/860-378-8022		