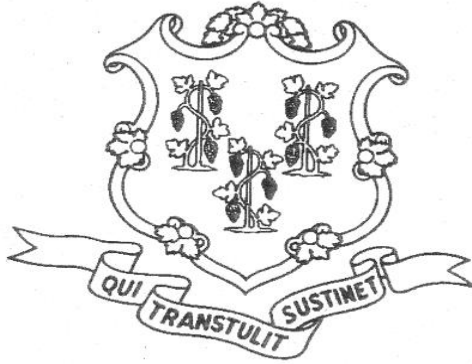


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

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 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jerome Home [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Jerome Home		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 975 Corbin Avenue, New Britain, CT 06051				
Report Prepared By Dorothy Robinson		Phone Number 860-378-8022	Date	
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 9/30/2017		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 Sept 2017

<p>Mr. John Manning 118 Mooreland Road Kensington, CT 06037 (860) 225-8390 jsmanningfbk@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>Dr. Marie Gustin 365 Shuttle Meadow Avenue New Britain, CT 06052 (860) 224-1313 (New Trustee as of September 2016)</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 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
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"/>					

* 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 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Short term leases only	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***	

* 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 Jerome Home	License No. 2065C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Crowe Horwath, LLP 2 Treasurer, State of CT 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane, Avon, CT 06001 PO Box 340308, Hartford, CT 06134
---	---

Services Provided by This Firm (*describe fully*)

1 Year End Audit, 401k/403b Audit	\$ 45,000
2 Probate Accounting	\$ 555
3	\$
4	\$
	Charge for Services Provided
	\$ 45,555

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

- Yes No Page 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 Michalik, Bauer, Silvia & Ciccarillo LLP 3 Law Office of Barry T. Pontolillo 4 5	Telephone Number 860-240-6000 860-225-8403 203-238-7676
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 185 Asylum St. Hartford, CT 06103
 2 35 Pearl St. Suite 300, New Britain, CT 06051
 3 PO Box 943, Meriden, CT 06450
 4
 5

Services Provided by This Firm (*describe fully*)

1 General Legal Counsel	\$ 4,000
2 Collections - disallow	\$ 679
3 Eviction of tenant 28 Hamilton Ave, New Britain - disallow	\$ 125
4	\$
5	\$
	Charge for Services Provided
	\$ 4,804

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

- Yes No Page 15 Line 1e

Schedule of Resident Statistics

Name of Facility Jerome Home		License No. 2065C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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	117	91		26	117	91		26	118	91		27	
B. As of midnight of THIS report period	116	92		24	116	91		25	116	92		24	
3. Total Number of Days Care Provided During Period													
A. Medicare	4,004	4,004			3,096	3,096			908	908			
B. Medicaid (Conn.)	23,391	15,024		8,367	17,861	11,486		6,375	5,530	3,538		1,992	
C. Medicaid (other states)													
D. Private Pay	11,635	11,098		537	8,289	7,925		364	3,346	3,173		173	
E. State SSI for RCH													
F. Other (Specify) Mgd Care, Mgd Medicare & W	2,514	2,514			1,833	1,833			681	681			
G. Total Care Days During Period (3A thru F)	41,544	32,640		8,904	31,079	24,340		6,739	10,465	8,300		2,165	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	44	44			35	35			9	9			
B. Other Bed Reserve Days	81	81			48	48			33	33			
5. Total Resident Days (3G + 4A + 4B)	41,669	32,765		8,904	31,162	24,423		6,739	10,507	8,342		2,165	

Schedule of Resident Statistics (Cont'd)

Name of Facility Jerome Home			License No. 2065C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	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	16		41		35		3	21					
Per Diem Rate													
a. One bed rm.	RUGS		236.98		500.00		237.00	131.98					
b. Two bed rms.					486.00		220.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								3,679	1,219		2,460		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								16,382	16,176		206		
D. Total Physical Therapy Treatments								20,061	17,395		2,666		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								319	305		14		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								460	460				
D. Total Speech Therapy Treatments								779	765		14		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								682	547		135		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								14,740	14,740				
D. Total Occupational Therapy Treatments								15,422	15,287		135		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Jerome Home	2065C	9/30/2017	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)	113,461	1,636			30,833	444
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	450,672	16,899			122,472	4,592
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,203	1,840			15,273	500
c. Dietary Workers	376,421	26,652			102,294	7,243
6. Housekeeping Service						
a. Head Housekeeper	7,416	279			3,618	137
b. Other Housekeeping Workers	113,897	9,621			55,564	4,694
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,003	1,398			28,296	682
b. Other Maintenance Workers	86,689	4,960			42,290	2,420
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	111,175	10,060				
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	162,368	3,303			44,124	897
b. RN						
1. Direct Care	1,564,179	41,270			88,283	2,240
2. Administrative**	284,054	7,187			8,787	222
c. LPN						
1. Direct Care	676,759	21,833				
2. Administrative**						
d. Aides and Attendants	1,917,515	124,211			140,905	7,224
e. Physical Therapists	319,203	10,076			48,922	1,544
f. Speech Therapists	2,156	43			39	1
g. Occupational Therapists	230,078	6,477			2,032	57
h. Recreation Workers	162,301	7,896			44,106	2,146
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	103,714	3,898			28,185	1,059
n. Marketing						
o. Other (Specify) See Attached Schedule	70,714	2,490			73,403	4,535
<i>A-13. Total Salary Expenditures</i>	6,866,978	302,029			879,426	40,637

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
ADMISSIONS-SALARIES - ADMISSIONS SUPERVISOR	\$ 58,559	1,730	\$ -		\$ 15,914	470
ADMISSIONS-SALARIES - ADMISSIONS OTHER	\$ 12,155	760			\$ 3,303	207
GOOD LIFE FIT -SENIOR FIT - SALARIES - DISALLOWED	\$ -	-			\$ 54,186	3,858
Total	\$ 70,714	2,490	\$ -	-	\$ 73,403	4,535

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
			\$ -	-	\$ -	-
CONSULTANT-PROFESSIONAL SERVICES - DISALLOWED	\$ 10,722	49				
Total	\$ 10,722	49	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Jerome Home				2065C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
							A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Jerome Home				2065C	9/30/2017				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	113,461		30,833	Non-discriminatory		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.

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 Year Ended	Page	of		
Jerome Home	2065C	9/30/2017	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	27,957	699			7,597	190
2. Dentist	4,671	75			1,269	21
3. Pharmacist	1,192	25			324	7
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	82,897	1,263			12,705	193
b. Other						
6. Social Worker						
7. Recreation Worker	8,097	79			2,200	22
8. Physicians						
a. Medical Director (entire facility)	39,709	246			10,791	67
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)						
9. Speech Therapist						
a. Resident Care	28,659	485			524	9
b. Other						
10. Occupational Therapist						
a. Resident Care	24,813	608			219	5
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	10,722	49				
B-13 Total Fees Paid in Lieu of Salaries	228,717	3,529			35,629	514

* 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 Jerome Home		License No. 2065C		Report for Year Ended 9/30/2017		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
Catherine Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
United Dental/Health Resources LLC	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>						
Omnicare of CT	Pharmacy Services	<input type="radio"/>	<input checked="" type="radio"/>						
Hartford HealthCare Rehab Network	Physical, Speech and Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate					
Hartford Hospital	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate					
Hartford HealthCare Senior Services - Southington Care Center	Physical and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Hartford HealthCare Affiliate					
Swallowing Diagnostics	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
DG Enterprises/Donna Gollenberg	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Kathleen Gregory	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Susan D Black - Black Eyed Susie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Michael Iarusso	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Robert Lupi	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Elizabeth Bennett	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Big Smile Entertainment/Jacob, Elaina Vratos	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Anita Siarkowski	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Shawn Taylor	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
John Bussmann	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Deborah and Joseph Cadena	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Margaret W Carchie	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
CT Historical Society	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Forest Park Zoological Society	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						
Jeanne Freeman	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>						

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

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

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Paul Gobell	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Lambert Entertainment	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dorothy Mahon	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Music & Memory, Inc.	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Ringrose, Daniel Heath	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
James Sheehan	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Shemrock School of Irish Dance	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Paul Shlien	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
William Shontz	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Tom Stankus	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Unforgettable LLC/Fred Astaire Dance	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Zavaski, Edward	Recreation Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Askari Jafri	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joseph Anquillare - Starling Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Celtic Consulting	Medicare Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Jerome Home	2065C	9/30/2017		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 250,564	222,118			28,446
2. Disability Insurance	\$ 47,000	41,664			5,336
3. Unemployment Insurance	\$ 27,159	24,075			3,084
4. Social Security (F.I.C.A.)	\$ 571,406	506,536			64,870
5. Health Insurance	\$ 996,322	883,212			113,110
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 134,625	119,341			15,284
8. Uniform Allowance	\$ 2,274	2,016			258
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,944	6,414			1,530
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 60,000	60,000			
d. Accounting and Auditing	\$ 45,555	35,821			9,734
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,804	3,777			1,027
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 25,241	19,847			5,394
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 21,031	16,537			4,494
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	\$ 562,201	562,201			
Subtotal	\$ 2,756,126	2,503,559			252,567

* 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
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home	
EMPLOYEE BENEFITS-EMPLOYEE PHYSICALS & TESTING - background checks	\$ 5,433	\$ -	\$ 971	\$ 6,404
EMPLOYEE BENEFITS-EMPLOYEE PHYSICALS & TESTING - preplacement physicals - disallowed	\$ 8,537		\$ 1,527	\$ 10,064
EMPLOYEE BENEFITS-OTHER - credit of employee benefits for staff working off site and charged to related parties	\$ (7,556)		\$ (968)	\$ (8,524)
Total	\$ 6,414	\$ -	\$ 1,530	\$ 7,944

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Jerome Home	2065C	9/30/2017	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		2,756,126	2,503,559		252,567
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,481	2,737		744
3. Gifts to Staff and Residents	\$	11,923	9,375		2,548
4. Employee Travel	\$	4,320	3,397		923
5. Education Expenses Related to Seminars and Conventions	\$	25,346	19,947		5,399
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	5,962	4,688		1,274
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	7,601	5,977		1,624
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	14,774	11,617		3,157
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	\$	3,592	2,824		768
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	8,885	6,986		1,899
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	617	485		132
9. Subscriptions	\$	2,816	2,214		602
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>)	\$	166,185	130,674		35,511
12. Administrative Management Services**	\$	235,344	10,379		224,965
13. Other (<i>Specify</i>) See Attached Schedule	\$	327,033	39,167		287,866
C-14 Total Administrative & General Expenditures	\$	3,574,005	2,754,026		819,979

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
A & G- BUSINESS PROMOTION-ADVERTISING PROMOTION - DISALLOWED	\$ 11,617	\$ -	\$ 3,157
Total Other Advertising	\$ 11,617	\$ -	\$ 3,157

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home	
		\$ -		\$ -
LEADING AGE	\$ 5,942		\$ 1,615	\$ 7,557
NB NETWORKING	\$ 79		\$ 21	\$ 100
ALTCFM	\$ 267		\$ 73	\$ 340
CAHCF	\$ 275		\$ 75	\$ 350
SOCIETY FOR HUMAN RESOURCE MANAGEMENT	\$ 108		\$ 30	\$ 138
CALTC	\$ 315		\$ 85	\$ 400
				\$ -
				\$ -
				\$ -
Total Dues	\$ 6,986	\$ -	\$ 1,899	\$ 8,885

Schedule of Contributions

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

Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home	
		\$ -		
EMP BENEFITS-TUITION REIMB - DISALLOWED	\$ 1,327		\$ 361	\$ 1,688
TRANSITIONS OF CARE - DISALLOWED	\$ 1,380		\$ 375	\$ 1,755
A & G- EQUIPMENT RENTAL	\$ 11,584		\$ 3,148	\$ 14,732
A & G-OTHER PROF FEES - DISALLOWED	\$ 236		\$ 64	\$ 300
A & G- BANK CHARGES - DISALLOWED	\$ 6,452		\$ 1,753	\$ 8,205
A & G-LICENSES	\$ 2,548		\$ 693	\$ 3,241
NON OPERATING-BHC - BANK FEES - DISALLOWED	\$ -		\$ 61,405	\$ 61,405
NON OPERATING - OTHER EXPENSE - DISALLOWED	\$ -		\$ 215,815	\$ 215,815
RECREATION- VOLUNTEER REL EXP - DISALLOWED	\$ 1,018		\$ 277	\$ 1,295
A & G-RESIDENT RELATIONS - TV'S PURCHASED FOR RESIDENTS' ROOMS	\$ 736		\$ 200	\$ 936
A & G-RESIDENT RELATIONS - REPLACE RESIDENT BELONGINGS - DISALLOWED	\$ 2,971		\$ 808	\$ 3,779
PLANETREE - DISALLOWED	\$ 5,169		\$ 1,405	\$ 6,574
CABLE TV EXPENSE - DISALLOWED	\$ 15,004		\$ 4,078	\$ 19,082
CABLE TV REVENUE - DISALLOWED PAGE 29	\$ (11,771)		\$ (3,199)	\$ (14,970)
INTERNET EXPENSE	\$ 3,193		\$ 868	\$ 4,061
EMPLOYEE SURVEY - DISALLOWED	\$ 28		\$ 7	\$ 35
MEDICAL RECORDS CONSULTANT CREDIT - DISALLOWED	\$ (708)		\$ (192)	\$ (900)
				\$ -
Total Other Administrative and General	\$ 39,167	\$ -	\$ 287,866	\$ 327,033

Schedule C-1 - Management Services*

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Hartford HealthCare Senior Services	222,144	Oversight of Management Staff	p. 16 line m12

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

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

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 352,445	277,133		75,312
2. Non-Food Supplies	\$ 47,602	37,430		10,172
3. Other (Specify) _____ Food for residents, and for employees at staff meetings Disallow \$9,876 for employees	\$ 10,338	8,129		2,209
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 410,385	322,692		87,693
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*	341	268		73
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. Included in 2L				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				p. 18 line 2a
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$6,912				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				p. 18 line 2a
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input 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	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2017	19	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. \$	12,898	12,898	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) LAUNDRY SUPPLIES	\$	11,266	11,266	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	24,164	24,164	
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Jerome Home	2065C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced	72,812	48,938		23,874
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	43,145	28,998		14,147
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced	72,812	48,938		23,874
	by Personnel				
	Amt. \$				
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 43,145	28,998		14,147
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	211,657	211,657		
b. Medicine Cabinet Drugs	\$	24,391	19,179		5,212
c. Medical and Therapeutic Supplies	\$	19,907	15,653		4,254
d. Ambulance/Limousine***	\$	3,759	3,759		
e. Oxygen					
1. For Emergency Use	\$	23,948	18,831		5,117
2. Other***	\$	14,873	14,873		
f. X-rays and Related Radiological Procedures***	\$	29,269	29,269		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	25,691	25,691		
i. Recreation	\$	4,645	3,652		993
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	159,326	116,531		42,795
5K. Total Resident Care Expenditures (5a - 5j)		\$ 517,466	459,095		58,371

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

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

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

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

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

Name of Facility Jerome Home			License No. 2065C		Report for Year Ended 9/30/2017			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
See attached list		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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).

P. 21

JEROME HOME
 FYE 9/30/17
 INDIVIDUALS OR FIRMS PROVIDING SERVICES BY CONTRACT OVER \$10,000
 Page 21
 Schedule C-2 - Individuals or Firms Providing Services by Contract

Name of Individual or Company	Address	Related		Explanation of Relationship	Total Cost/Page Ref.			Pg	Line
		Yes	No		CCNH	RHNS	RCH		
Aegis Energy Services/Aegenco Inc.	P.O. Box 2511, Springfield, MA 01101-2511		x	Equipment Maintenance and Repair - Cogenerator	8,802		4,295	22	6a & 6f
Board of Water Commissioners	27 West Main St. Rm 104, New Britain, CT 06051		x	Water & Sewer	23,933		19,555	22	6a, 6d, 6f
Bulk TV & Internet/Direct TV for Business	MDU Enterprises Inc., 8537 Six Forks Rd. Suite 100, Raleigh, NC 27615		x	TV & Internet	15,004		4,078	16	1m13
Connecticut Computer Service, Inc.	101 East Summer St., Plantsville, CT 06479		x	computer maintenance and consulting	14,293		3,884	16	1m11
CT Natural Gas Corporation	PO Box 1500, Hartford, CT 06144-1500		x	gas and propane	45,382		22,948	22	6a & b
Dainty Rubbish	80 Industrial Park Road, Middletown, CT 06457		x	trash removal grounds	11,736		5,725	22	6f
Distinguished Lawns/ Fruchtenicht, J.	79 Cherry Hill Drive, Bristol, CT 06010		x	maintenance - snow removal	7,017		3,423	22	6f
Eversource	PO Box 150493 Hartford, CT 06115-0493		x	electricity	40,248		19,727	22	6a & c
Hospital of Central Connecticut	100 Grand St., New Britain, CT 06050	x		lab & x ray services	12,509			20	5f & h
Leading Age CT	110 Barnes Road, Wallingford, CT 06492		x	seminars, meetings, dues	8,368		2,274	16	1L5, 1m8 & 1m13a
Matrixcare/MDI Achieve	PO Box 1414, Minneapolis, MN 55480-1414		x	software maintenance	17,856		4,852	16	1m11
MobileXUSA	P.O. Box 17462, Baltimore, MD 21297-0518		x	x-rays	11,024			20	5f
Perfect Temp Heating & Air Conditioning	125 Robert Jackson Way Unit A, Plainville, CT 06062		x	HVAC	16,242		7,923	22	6a & 6f
David J. Prendergast	228 Corbin Ave, New Britain, CT 06052		x	drain maintenance	7,068		4,190	22	6a
Procair, LLC/ Biomed, LLC	P. O. Box 801, Tolland, CT 06084		x	oxygen & equipment rental	33,425		5,117	20	5e1 & 5e2
Relias Learning	111 Corning Road, Suite 250, Cary, NC 27518		x	staff development	8,474		2,303	16	1L5
Trans Canada Power Marketing LTD.	110 Turnpike Rd., Suite 300, Westborough, MA 01581-2808		x	electricity	47,777		23,308	22	6c
U.S. Bank	Office Equipment Finance Serv., P.O. Box 790448, St. Louis, MO 63179-0448		x	copier/printer rental	11,584		3,148	16	1m13

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

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 227,122	92,668			134,454	
b. Heat	\$ 70,151	47,149			23,002	
c. Light & Power	\$ 130,968	88,025			42,943	
d. Water	\$ 34,368	23,099			11,269	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 97,035	65,218			31,817	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 559,644	316,159			243,485	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 20,579	13,832			6,747	
b. Building & Building Improvements	\$ 476,707	275,147			201,560	
c. Non-Movable Equipment	\$ 72,417	48,672			23,745	
d. Movable Equipment	\$ 188,047	126,390			61,657	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 757,750	464,041			293,709	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,337	4,259			2,078	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,337	4,259			2,078	
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	\$ 45,148				45,148	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 809,235	468,300			340,935	

* 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	
		\$ -		
MAINTENANCE-EQUIPMENT-CONTRACT SERVICES	\$ 3,531		\$ 1,723	\$ 5,254
MAINTENANCE-GROUNDS-CONTRACT SERVICES	\$ 13,734		\$ 6,700	\$20,434
MAINTENANCE-RUBBISH REMOVAL	\$ 13,273		\$ 6,475	\$19,748
MAINTENANCE-SECURITY-CONTRACT SERVICES	\$ 501		\$ 245	\$ 746
MAINTENANCE-BUILDING-CONTRACT SERVICES	\$ 34,179		\$ 16,674	\$50,853
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total Other Repairs and Maintenance	\$ 65,218	\$ -	\$ 31,817	\$97,035

Jerome Home
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/29/2017	Concrete Walkways at East Building	\$ 14,973	15	\$ 499
Total additions for Land Improvements		\$ 14,973		\$ 499 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/23/2017	EW Equipment Storage Door Replacement	\$ 2,062	5	\$ 207
10/31/2016	Continuation of Annunciator Replacement	\$ 8,180	15	\$ 273
7/17/2017	Atwood Corridor Renovations/Painting	\$ 87,086	5	\$ 8,728
9/12/2017	North Dining Room/Hall Corridor Flooring	\$ 9,209	5	\$ 923
9/25/2017	Renovations E1 & E2 Bathrooms	\$ 171,380	10	\$ 8,362
10/11/2016	Carpet Replacement Project	\$ 94,457	5	\$ 9,466
1/30/2017	Hot Water Heater 38 Hamilton	\$ 1,195	3	\$ 199
11/14/2016	Water Heater 131 Black Rock Ave.	\$ 2,804	3	\$ 467
10/11/2016	Gas Boiler 32 Hamilton	\$ 4,975	5	\$ 498
7/26/2017	Oil Tank 123 Black Rock	\$ 2,695	5	\$ 269
Total additions for Building Improvements		\$ 384,043		\$ 29,392 *
Deletions:				
9/30/2017	18 Hamilton Ave - demolished	\$ 38,799		
9/30/2017	133 Black Rock Ave - demolished	\$ 232,197		
Total deletions for Building Improvements		\$ 270,996		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/20/2017	Cleaver Brooks Boiler	\$ 3,000	5	\$ 301
Total additions for Non-Movable Equipment		\$ 3,000		\$ 301 *

Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/21/2016	Chairs Rehab IP/OP Areas	\$ 2,537	3	\$ 424
11/4/2016	Wheel Chairs/Cushions	\$ 4,452	3	\$ 743
3/3/2017	It's Never 2 Late Upgrade Standard 23	\$ 1,897	3	\$ 317
5/17/2017	Recumbent Stepper/Wchair Platform	\$ 5,375	5	\$ 539
5/11/2017	Bariatric Parallel Bars	\$ 1,787	5	\$ 179
5/22/2017	Carpet Cleaner	\$ 5,296	5	\$ 531
6/1/2017	Linens - Dining/Poly Tablecover	\$ 5,046	3	\$ 843
8/17/2017	Dining Beverage Cart	\$ 1,921	3	\$ 321
8/5/2017	Brainfitness System	\$ 1,025	3	\$ 171
11/21/2016	3 Shelf Freezer	\$ 2,295	5	\$ 230
3/16/2017	Furniture Replacement Atwood	\$ 23,544	5	\$ 2,360
9/21/2017	Bariatric Elec. Sit-to-Stand	\$ 4,531	3	\$ 756
8/17/2017	Electric Mat Table	\$ 2,619	3	\$ 437
9/29/2017	Dining Dish/Supplies Replacements	\$ 7,543	3	\$ 1,259
9/30/2017	2 Hot Transport Boxes	\$ 3,477	3	\$ 581
12/7/2016	Wireless IP Phone and Installation	\$ 3,732	3	\$ 623
11/30/2016	Phone System VOICE NETWORK	\$ 2,429	3	\$ 405
9/30/2017	Website Redesign	\$ 12,650	3	\$ 2,112
Total additions for Movable Equipment		\$ 92,156		\$ 12,831 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Jerome Home			License No. 2065C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Bond Issue Costs	11	2007	30 years	412,492	66,547	s/1		6,337	
2.									
3.									
B-4. Subtotal									6,337
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									6,337

* 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) - Interest

Name of Facility		License No.	Report for Year Ended			Page	of
Jerome Home		2065C	9/30/2017			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			7,868	5,288		2,580	
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$	7,868	5,288		2,580	

(Carry Subtotals forward to next page)

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

Name of Facility Jerome Home		License No. 2065C		Report for Year Ended 9/30/2017			Page of 27 37	
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				7,868	5,288		2,580	
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)				\$ 7,868	5,288		2,580	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 32,091	19,194		12,897	
b. Insurance on Automobiles				\$ 3,708	2,916		792	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 48,589	38,206		10,383	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 84,388	60,316		24,072	
15. Total All Expenditures (A-13 thru C-14)				\$ 14,041,050	11,534,733		2,506,317	

D. Adjustments to Statement of Expenditures

Name of Facility Jerome Home				License No. 2065C	Report for Year Ended 9/30/2017	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.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 232,110	230,078		2,032
4.			Other - See attached Schedule	\$ 161,935			161,935
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 25,032	24,813		219
7.			Other - See attached Schedule	\$ 141,447	126,949		14,498
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 60,000	60,000		
10.	15	1e	Accounting & Legal	\$ 804	632		172
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,688	1,327		361
16.	16	1L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 2,016	1,585		431
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2-	Unallowable Advertising *	\$ 14,774	11,617		3,157
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4	Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 235,344	10,379		224,965
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 442,719	109,178		333,540
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 9,876	7,576		2,300
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)				\$ 1,327,745	584,134		743,610

* 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	A6a	Outpatient portion Head Housekeeper Wages			\$ 173	\$ 173
10	A6b	Outpatient portion Housekeeper Wages			\$ 2,663	\$ 2,663
10	A7a	Outpatient portion Chief of Maintenance Wages			\$ 1,356	\$ 1,356
10	A7b	Outpatient portion Maintenance Wages			\$ 2,026	\$ 2,026
10	A12b1	To adjust wages - APRN wages in excess of Aides			\$ 2,200	\$ 2,200
10	A12b1	To adjust wages - RN Supervisors RCH wages in excess of Aides			\$ 50,370	\$ 50,370
10	A12o	Good Life Fitness Wages			\$ 54,186	\$ 54,186
10	A12e	Outpatient - Physical Therapy Wages			\$ 48,922	\$ 48,922
10	A12f	Outpatient - Speech Therapy Wages			\$ 39	\$ 39
						\$ -
						\$ -
Total Other Salaries Adjustment			\$ -	\$ -	\$ 161,935	\$ 161,935

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
13	B1	Dental Purchased Services	\$ 4,671		\$ 1,269	\$ 5,940
13	B5	Purchased Services - Physical Therapist	\$ 82,897		\$ 12,705	\$ 95,602
13	B9	Purchased Services - Speech Therapist	\$ 28,659		\$ 524	\$ 29,183
13	B12	Consultant Professional Services - Celtic Consulting	\$ 10,722			\$ 10,722
						\$ -
						\$ -
Total Other Fees Adjustments			\$ 126,949	\$ -	\$ 14,498	\$ 141,447

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
15	1a	Employee Benefits related to APRN RCH wages			\$ 638	\$ 638
15	1a	Employee Benefits related to RN Supervisor RCH wages			\$ 14,607	\$ 14,607
15	1a	Employee Benefits related to Occupational Therapists SNF portion (the outpatient portion is included below)	\$ 60,510		\$ -	\$ 60,510
15	1a1	Benefits related to Outpatient Therapy - Workers Comp			\$ 3,603	\$ 3,603
15	1a2	Benefits related to Outpatient Therapy - Disability			\$ 676	\$ 676
15	1a3	Benefits related to Outpatient Therapy - Unemployment			\$ 391	\$ 391
15	1a4	Benefits related to Outpatient Therapy - FICA			\$ 8,217	\$ 8,217
15	1a5	Benefits related to Outpatient Therapy - Health Insurance			\$ 14,328	\$ 14,328
15	1a7	Benefits related to Outpatient Therapy - Pension			\$ 1,936	\$ 1,936
15	1a8	Benefits related to Outpatient Therapy - Uniform Allowance			\$ 33	\$ 33
15	1a9	Benefits related to Outpatient Therapy - Other Benefits			\$ 114	\$ 114
15	1a9	Preplacement Physicals SNF & RCH (not included in disallowance of Benefits related to Outpatient Therapy Other Benefits above)	\$ 8,921		\$ 998	\$ 9,919
16	1L2	Disallow parties for staff in excess of 1	\$ 1,109		\$ 301	\$ 1,410

16	1L3	Disallow gifts to employees that are discriminatory or in excess of \$25 each	\$ 3,854		\$ 1,047	\$ 4,901
16	1L5	Disallow PT Seminar	\$ 199		\$ 31	\$ 230
16	1m8a	Dues - New Britain Chamber of Commerce	\$ 221		\$ 60	\$ 281
16	1m8a	Dues - Lions Club	\$ 264		\$ 72	\$ 336
16	1m11	A&G Maintenance Agreements - Allscripts	\$ 1,790		\$ 487	\$ 2,277
16	1m11	A&G Maintenance Agreements - GLF Matrix Subscription	\$ 760		\$ 206	\$ 966
16	1m13a	Transitions of Care	\$ 1,380		\$ 375	\$ 1,755
16	1m13a	A&G Bank Charges	\$ 6,452		\$ 1,753	\$ 8,205
16	1m13a	Non-Operating BHC Bank Fees			\$ 61,405	\$ 61,405
16	1m13a	Non-Operating Other Expense			\$ 215,815	\$ 215,815
16	1m13a	Recreation - Volunteer Relations	\$ 1,018		\$ 277	\$ 1,295
16	1m13a	A&G Resident Relations - replacement of resident belongings	\$ 2,971		\$ 808	\$ 3,779
16	1m13a	Planetree	\$ 5,169		\$ 1,405	\$ 6,574
16	1m13a	Cable TV Expense	\$ 15,004		\$ 4,078	\$ 19,082
16	1m13a	Employee Survey	\$ 28		\$ 7	\$ 35
16	1m13a	A&G Other Professional Fees - Compensation & Benefit Survey	\$ 236		\$ 64	\$ 300
16	1m13a	Medical Records Consultant Credit	(708)		(192)	\$ (900)
						\$ -
						\$ -
Total Other A&G Adjustments			\$ 109,178	\$ -	\$ 333,540	\$ 442,719

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jerome Home				2065C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,327,745	584,134		743,610
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 211,657	211,657		
28.	20	5d	Ambulance/Limousine	\$ 3,759	3,759		
29.	20	5f	X-rays, etc	\$ 29,269	29,269		
30.	20	5h	Laboratory	\$ 25,691	25,691		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 14,873	14,873		
33.	20	5j	Occupational Therapy	\$ 1,513	1,500		13
34.	20	5j	Other - See Attached Schedule	\$ 32,008	15,575		16,433
Page 22 - Maintenance and Property							
35.	20	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,954			2,954
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 45,148			45,148
38.			Rental of Building Space or Rooms	\$			
39.	22		Other - See Attached Schedule	\$ 99,916	1,949		97,967
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 3,982			3,982
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	16	1m13	Radio and Television Revenue	\$ 14,970	11,771		3,199
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	\$ 2,090,714	110,402		1,980,312
Not For Profit Providers Only							
50.	22,26	7b,c,f	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 75,025			75,025
51.	Total Amount of Decrease (Items 1 - 50)			\$ 3,979,224	1,010,580		2,968,643

*** 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
9/30/2017**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home		
20	5j	PT Supplies	\$ 2,469		\$ 378	\$	2,847
20	5j	Other Ancillaries - Medicare	\$ 10,079		\$ 2,739	\$	12,818
20	5j	Good Life Fitness Supplies			\$ 502	\$	502
20	5j	Equipment Rental	\$ 3,027			\$	3,027
20	5j	PT Optima Software fees			\$ 3,136	\$	3,136
20	5j	HHC Rehab Network Management Fees			\$ 9,000	\$	9,000
20	4a1	Housekeeping Supplies Outpatient portion			\$ 678	\$	678
						\$	-
						\$	-
Total Other Ancillary Costs			\$ 15,575	\$ -	\$ 16,433	\$	32,008

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home		
22	7d	Depreciation - Computers related to Outpatient			\$ 1,023	\$	1,023
22	7d	Depreciation - Furniture/Equipment related to Outpatient			\$ 1,931	\$	1,931
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,954	\$	2,954

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home		
22	6a	Repair & Maintenance related to Outpatient			\$ 2,166	\$	2,166
22	6a	Non-Operating - Rental Expenses			\$ 89,248	\$	89,248
22	6b	Heat related to Outpatient			\$ 1,102	\$	1,102
22	6c	Light & Power related to Outpatient			\$ 2,058	\$	2,058
22	6d	Water & Sewer related to Outpatient			\$ 540	\$	540
22	6f	Maintenance Equipment related to Outpatient			\$ 83	\$	83
22	6f	Maintenance - Grounds Contract Services related to Outpatient			\$ 321	\$	321
22	6f	Maintenance - Rubbish Removal related to Outpatient			\$ 310	\$	310
22	6f	Maintenance - Security Contract Services related to Outpatient			\$ 12	\$	12
22	6f	Maintenance - Building Contract Services related to Outpatient			\$ 799	\$	799
22	7a	Depreciation - Land Improvements related to Outpatient			\$ 323	\$	323
22	8b	Amortization - Bond Issue Cost related to Outpatient			\$ 54	\$	54
22	8b	Amortization - LOC Renewal amortized in error	\$ 1,949		\$ 951	\$	2,900
						\$	-
						\$	-
Total Other Property Adjustments			\$ 1,949	\$ -	\$ 97,967	\$	99,916

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
30	II 6b	APRN Revenue net of contra allowance	\$ 81,888			\$ 81,888
30	IV8	GLF Revenue - Senior Fit Program net of contra allowance			\$ 26,622	\$ 26,622
30	IV8	Transportation - Van Fee Income	\$ 10,804		\$ 2,936	\$ 13,740
30	IV8	Miscellaneous Income - see Misc. Income Schedule	\$ 17,710		\$ 4,813	\$ 22,523
30	IV8	Non-Operating - Rental Income			\$ 118,534	\$ 118,534
30	IV8	Unrealized Gain/(Loss)			\$ 1,277,671	\$ 1,277,671
30	IV8	Gain on Sale			\$ 549,736	\$ 549,736
						\$ -
Total Other Adjustments			\$ 110,402	\$ -	\$ 1,980,312	\$ 2,090,714

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7b	Depreciation - Building related to Outpatient			\$ 1,608	\$ 1,608
22	7b	Depreciation - Building Improvements related to Outpatient			\$ 4,824	\$ 4,824
22	7b	Non-Operating Depreciation - Rental Building			\$ 67,331	\$ 67,331
22	7c	Depreciation - Fixed Equipment related to Outpatient			\$ 1,138	\$ 1,138
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ 74,901	\$ 74,901

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jerome Home	2065C	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,736,692	7,609,144		1,127,548		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,991,405)	(3,987,138)		(4,267)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,957,746	1,957,746				
b. Medicare Room and Board Contractual Allowance **	\$ 150,205	150,205				
4. a. Private-Pay Residents and Other	\$ 6,743,908	6,624,875		119,033		
b. Private-Pay Room and Board Contractual Allowance **	\$ 20,759	20,355		404		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 129,665	129,665				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (129,665)	(129,665)				
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	\$ 487,206	397,004		90,202		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (385,835)	(370,081)		(15,754)		
c. Physical Therapy - Non-Medicare	\$ 7,335	840		6,495		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (1,332)	(1,332)				
4. a. Speech Therapy - Medicare	\$ 48,077	48,077				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (30,651)	(30,651)				
c. Speech Therapy - Non-Medicare	\$ 464	464				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (224)	(224)				
5. a. Occupational Therapy - Medicare	\$ 364,646	364,646				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (350,759)	(350,797)		38		
c. Occupational Therapy - Non-Medicare	\$ (558)			(558)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 217	217				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 81,888	81,888				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,838,379	12,515,238		1,323,141		
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 (<i>Specify</i>)	\$ 458,550	360,565		97,985		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,054,564	64,478		1,990,086		
V. Total Other Revenue (1 thru 8)	\$ 2,513,114	425,043		2,088,071		
VI. Total All Revenue (III +V)	\$ 16,351,493	12,940,281		3,411,212		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home	
II 6a	MEDICARE A - X-RAY	\$ 10,088	\$ -	\$ -	\$ 10,088
II 6a	MEDICARE A - LAB	\$ 12,766			\$ 12,766
II 6a	LAB - MEDICARE B	\$ 2,886			\$ 2,886
II 6a	CONTR ALLOW - X RAY MED A	\$ (10,088)			\$ (10,088)
II 6a	CONTR ALLOW - LAB MED A	\$ (13,420)			\$ (13,420)
II 6a	MEDICARE B MPPR	\$ (2,015)			\$ (2,015)
Total Other Resident Revenue - Medicare		\$ 217	\$ -	\$ -	\$ 217

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home	
			\$ -	\$ -	\$ -
II 6b	APRN	\$ 84,660			\$ 84,660
II 6b	CONTR.ALLOW - OTHER ANCILLARY APRN	\$ (2,772)			\$ (2,772)
					\$ -
					\$ -
					\$ -
Total Other Resident Revenue		\$ 81,888	\$ -	\$ -	\$ 81,888

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home	
IV 5	INTEREST INCOME		\$ 359,153	\$ -	\$ 97,601	\$ 456,754
IV 5	GALAXY FUND INT. INCOME		\$ 624		\$ 170	\$ 794
IV 5	INTEREST INCOME - EARNINGS FUND		\$ 788		\$ 214	\$ 1,002
Total Interest Income			\$ 360,565	\$ -	\$ 97,985	\$ 458,550

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home	
			\$ -		
IV 8	CONTR ALLOW - SENIOR FIT PROGRAM - DISALLOWED	\$ -		\$ (10,600)	\$ (10,600)
IV 8	GLF REVENUE - DISALLOWED	\$ -		\$ 37,222	\$ 37,222
IV 8	TRANSPORTATION - VAN FEE INCOME - DISALLOWED	\$ 10,804		\$ 2,936	\$ 13,740
IV 8	UNRESTRICTED DONATIONS	\$ 18,210		\$ 4,949	\$ 23,159
IV 8	MISCELLANEOUS INCOME - DISALLOWED	\$ 17,710		\$ 4,813	\$ 22,523
IV 8	TEMP NET ASSET RELEASED FROM RESTR-OPERATIONS	\$ 17,754		\$ 4,825	\$ 22,579
IV 8	NON OPERATING-RENTAL INCOME - DISALLOWED	\$ -		\$ 118,534	\$ 118,534
IV 8	UNREALIZED GAIN / (LOSS) - DISALLOWED	\$ -		\$ 1,277,671	\$ 1,277,671
IV 8	GAIN ON SALE - DISALLOWED	\$ -		\$ 549,736	\$ 549,736
					\$ -
					\$ -
Total Other Revenue		\$ 64,478	\$ -	\$ 1,990,086	\$ 2,054,564

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Jerome Home
Miscellaneous Income
FYE 9/30/17

Account # 4750-091-000

	<u>Flu Shots</u>	<u>Various</u>	<u>Balance</u>
Health Insurance Rebate		1,946.27	1,946.27
Christmas Party		121.99	
Resident Relations- Resident Payback		143.57	2,211.83
Flu Shots	4,233.60		6,445.43
Mobilex Refund		15,763.90	22,209.33
Interest from CT Care J. Fontana 1/17 Pmt		125.55	22,334.88
Duplicate Payment Starling Physicians		163.30	22,498.18
Vendor Show Fee		25.00	22,523.18
Total	4,233.60	18,289.58	22,523.18

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,327,166
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,202,193
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	88,610
a. PREPAID-OTHER - SEE ATTACHED	77,623			
b. MISCELLANEOUS RECEIVABLE	9,459			
c. A/R - GLF	1,528			
d.				
6. Interest Receivable			\$	66
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	173,673
DEBT SEERVICE FUNDS	121,880			
DUE FROM AFFILIATES	9,675			
ARBOR ROSE OTHER ASSETS	42,118			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,791,708
B. Fixed Assets				
1. Land			\$	316,555
2. Land Improvements	*Historical Cost	487,768	\$	131,388
	Accum. Depreciation	356,380		Net
3. Buildings	*Historical Cost	13,349,793	\$	4,131,492
	Accum. Depreciation	9,218,301		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,615,731	\$	354,819
	Accum. Depreciation	1,260,912		Net
6. Movable Equipment	*Historical Cost	3,765,466	\$	482,483
	Accum. Depreciation	3,282,983		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>)			\$	9,654,092
INVESTMENT IN ARBOR ROSE	9,548,559			
FIXED ASSET CLEARING ACCOUNT	105,533			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	15,070,829

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

(Carry Total forward to next page)

<u>Description</u>	<u>Account #</u>	<u># Months</u>	<u>Balance @ 9/30/17</u>
Bulk T.V. Last Month	6820-003-000	Future	1,104.36
MATRIXCARE	6420-028-000	FIRST/LAST	1,639.84
Elevator Renewal	6420-082-000	7/16-6/18	120.00
5 yr San Svc Contract	6420-028-000	11/15-10/20	3,083.41
UPS Svc Contract 3 yr	6420-028-000	11/15-10/20	490.44
EMR Kiosk Support	6420-028-000	4/16-3/19	580.04
CT Computer VMWare 1 year	6420-028-000	11/16-10/17	258.84
ADI Software	6420-028	11/16-10/17	147.10
Kone Elevator	6820-046-000	1/17-12/17	1,477.32
Leading Age	6420-024-000	1/17-12/17	1,901.56
IN2L Subscription	6420-001-000	1/17-12/17	300.00
IN2L Subscription	6420-001-000	2/17-1/18	450.00
SBS GP Enhancement Plan Support	6420-028-000	3/17-2/18	1,502.26
SBS GP Charger Maint Support	6420-028-000	3/17-2/18	152.81
SBS Rockton Rpt Mgr/Auditor	6420-028-000	3/17-2/18	316.69
SBS Support GP Mekorma	6420-028-000	3/17-2/18	285.81
Hartford Courant	6420-096-000	2/17-1/18	403.09
CT Computer Cisco Phone Contract	6420-028-000	2/17-1/18	988.37
Relias	6420-080	4/17-3/18	5,388.32
Gavlak Annual Standby	6820-046	4/17-3/18	950.02
Asure Software ADI	6420-028	2/17-1/18	699.29
Cisco Phone support	6420-028	4/17-3/18	1,522.50
NFP/Serra & Delvecchio Ins	Cyber Policy	6/17-5/18	1,317.44
Healthcare source Staff Assessments	6920-030	6/17-5/18	2,012.12
CHEFA Annual Trustee Fee	6420-024	6/17-5/18	562.50
Property Tax Rentals	9020-052	7/17-6/18	34,877.25
Perfectemp HVAC Maint	6820-046	7/17-12/17	1,166.51
CT Computer Phone System cont	6420-028	8/17-7/18	1,003.13
SBS Bi-360 Maint Plan	6420-028-000	11/17-10/18	1,128.01
Johnson Controls	6820-046	8/17-1/18	1,528.66
Dakium Gym Annual Fee	6420-001-000	9/17-8/18	1,100.00
Fire Prot Testing	6820-046-000	9/17-11/17	420.00
Hobart Coverage	6820-022-000	10/17-9/18	3,731.00
RC Credit Bal Aflac	2102-340-000	10/17	4,759.22
Misc Diff			254.59
			<u>77,622.50</u>

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	19,862,537
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>)			\$	22,462,648
ENDOWMENT FUND		21,667,000		
DEFERRED FINANCING		464,504		
PERMANENTLY RESTRICTED INVESTMEN		331,144		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	22,462,648
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	42,325,185

* 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 Jerome Home		License No. 2065C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	500,881
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>)				\$	467,120
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	340,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	6,376
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,288,331
Accrued Expenses		287,239	Accrued Employee Benef	290,171	
Due to Related Parties		81,015	Arbor Rose Accrued Exp	441,972	
Due to CT Provider Taxes		146,154	Due to Third Parties	22,828	
Deferred Revenue		18,952			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,602,708

* 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
ACCRUALS
FYE SEPT 30, 2017**

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**Account #
2103-040**

9/17

<u>Description</u>	<u>Acct #</u>	<u>Amount</u>
Audit Fees	6420-054	\$ 70,125.98
Water Usage - Rental	9020-056	\$ 4,800.00
Jordan Actuary	6920-034	\$ 2,910.00
AT Risk L.T.	6410-000	\$ 12,000.00
Mobilex X Rays (May & July)	6227-014	\$ 3,000.00
Additional Mobilex	6227-014	\$ 12,757.52
CHEFA Semi Annual Fees	6420-024	\$ 760.00
Qtrly LOC Fees	7020-086	\$ 6,600.00
Qtrly Remarketing Fee 10/16-12/16	7020-086	\$ 339.54
Hooker & Holcomb Pension consultant	6420-001	\$ 2,786.25
Trustees Expense	6420-052	\$ 975.00
Qtrly Remarketing Fee 10/16-12/16	7020-086	\$ 169.77
Swap	9020-084	\$ 737.46
Pharmacy	6224	\$ 16,641.81
Int Exp Funds	7020-086	\$ 1,665.56
Gas	6820-036	\$ 3,500.00
Landscaping July	6820-028	\$ 869.18
Lab - Hospital Sept	6227-012	\$ 2,500.00
September Unemployment	6920-036	\$ 2,544.00
August Unemployment	6920-036	\$ 2,561.00
Dainty Rubbish Sept	6820-030	\$ 2,287.12
Dr Anquillare	6320-020	\$ 1,800.00
Repair Augustus Portrait	6820-026	\$ 2,977.80
RC Negative A/R Bal to Liab	various A/R	\$ 131,931.00
BALANCE 9/30/17		\$ 287,238.99

G. Balance Sheet (cont'd)

Name of Facility Jerome Home		License No. 2065C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,602,708	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 9,170,000	
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>)				\$ 340,351	
Accrued Worker's Compensation		323,569			
Other Long-Term Liabilities - Swap Accrual		16,782			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,510,351	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,113,059	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jerome Home	2065C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	208,573
6. Total Reserves			\$	208,573
B. Net Worth				
1. Owner's Capital			\$	27,693,110
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	2,310,443
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	30,003,553
C. Total Reserves and Net Worth			\$	30,212,126
D. Total Liabilities, Reserves, and Net Worth			\$	42,325,185

H. Changes in Total Net Worth

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	27,693,110
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,351,493
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,041,050
D. Net Income or Deficit			\$	2,310,443
E. Balance			\$	30,003,553
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Temp Restricted	61,116			
2. Other (<i>itemize</i>)				
Arbor Rose Net Income	123,171			
Change in Perm Restricted Net Assets	24,286			
F-3. Total Additions			\$	208,573
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			\$	30,212,126
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Jerome Home	License No. 2065C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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	Title Senior Financial Analyst	Date Signed		
Printed Name of Preparer Dorothy Robinson				
Address Hartford HealthCare Senior Services, 80 Meriden Ave, Southington, CT 06489		Phone Number 860-378-8022		

Error Check

Level	Item	Reported as	
Other	Page 9 - Total Speech Therapy Treatments	14	is inconsistent with balance of 14