

February 15, 2019

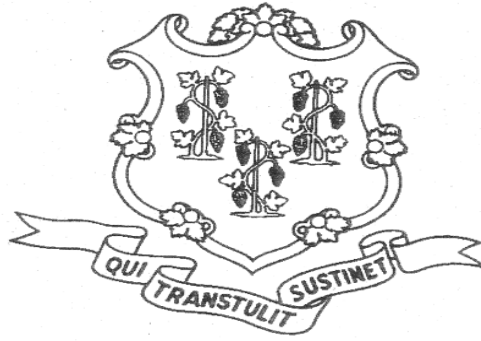
Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2018 Medicaid Cost Report for The Mary Wade Home.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. We did not disallow bad debts as it is now netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We have submitted two page 23's to you, one representing asset activity of the CCHH and one representing activity of the RCH. The sum of both of these pages is included on pages 23 and 31. The differences noted on the error check page between pages 22 and 23 and pages 23 and 24 are equal to the asset activity of the RCH. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) The Mary Wade Home, Inc.	
Address (No. & Street, City, State, Zip Code) 118 Clinton Avenue, New Haven, CT 06513	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2051C	RHNS	Residential Care Home 1665-RHC	Medicare Provider 07-5325
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Medicaid Provider Numbers:	CCNH 20511	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) The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 1	of 37
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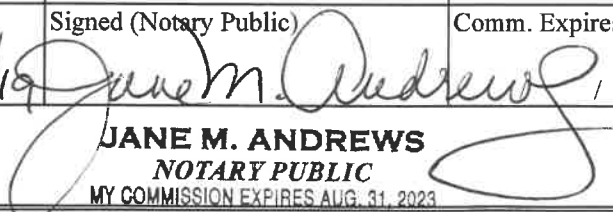
**Administrator's/Owner's Certification**

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 The Mary Wade Home, Inc. [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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 2/13/19	Signed (Owner)		Date
Printed Name (Administrator) Stanley P. DeCosta Jr.			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	CT	02/13/19			
Address of Notary Public North Haven, CT			<b>JANE M. ANDREWS</b> NOTARY PUBLIC MY COMMISSION EXPIRES AUG. 31, 2023		

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Mary Wade Home, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 118 Clinton Avenue, New Haven, CT 06513				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/15/2019	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-562-7222		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) The Mary Wade Home, Inc.		Address (No. & Street, City, State, Zip) 118 Clinton Avenue, New Haven, CT 06513		
License Numbers:	CCNH 2051C	RHNS	Residential Care Home 1665-RHC	Medicare Provider No. 07-5325
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 checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Stanley DeCosta		Nursing Home Administrator's License No.:	001875	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Mary Margaret Mandel (RCH Only)		License No.:		







# Mary Wade Board of Trustees – 2018

**Harold Spitzer - Chair** (2016-2019)

Spouse: *Thomas Martin*  
**Home:** 1016 Ridge Road  
Hamden, CT 06517  
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[hsspitzer@gmail.com](mailto:hsspitzer@gmail.com)

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**MaryBeth Canavan – Secretary** (2016-2019)

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**Luis Pagan – Treasurer** (2016-2019)

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# Mary Wade Board of Trustees – 2018

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Cell: 203-887-3711

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**NOTE:** Year in parentheses denotes Trustee's term limit class.

### General Information and Questionnaire Individual Proprietorship

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire  
 Related Parties\***

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	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	%**				
MW Health Care, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input type="radio"/>	<input checked="" type="radio"/>		See 4a(4)/ Intercompany loan receivable	Page 32, Line 6	1,136,727	1,136,727
MW Holdings, Inc.	83 Pine Street, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a (1), (3), (5)/ Intercompany loan receiv	Page 32, Line 6	5,386,409	5,386,409
MW Holdings, Inc.	83 Pine Street, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a (1), (3), (5)/ Rents property to Home	Page 22, line 9	33,801	33,801
Fair Haven Properties, LLC	83 Pine Street, New Haven, CT 06513	<input type="radio"/>	<input checked="" type="radio"/>		See 4a (2), (3), (5)/ Intercompany loan payab	Page 32, Line 6	(5,249)	(5,249)
Mary Wade at Home	118 Clinton Avenue, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a (4), (6), and (7)	Page 32, Line 6	328,839	328,839
		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

Mary Wade Home, Inc.  
FY 2018  
Related Parties

[1] The Mary Wade Home provides certain services to MWH Holdings. The costs to provide these services have been deducted from the applicable Mary Wade Home cost centers.

[2] Rental expense will be replaced by Fair Rent on the parking lot.

[3] MWH Holdings is the sole member of Fair Haven Properties, LLC.

[4] MW Healthcare is the sole member of Mary Wade Home, Inc.

[5] MWH Holdings and Fair Haven Properties, **LLC** provide services to non-related parties. We rent many apartments to non-related individuals. The cost report does not include the costs or the revenues of MWH Holdings or Fair Haven Properties, LLC.

[6] Mary Wade is the sole member of Mary Wade At Home.

[7] Mary Wade at Home provides services to non-related parties. Mary Wade at Home provides homemaker and companion services to residents in the Greater New Haven area. The cost report does not include the costs or the revenues of Mary Wade at Home.

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
All costs were allocated as listed above except for laundry and all other general administrative expenses. These were allocated based on patient days. This method has been accepted in the past.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
The Mary Wade Home provides certain services to MWH Holding, Inc. As a result, certain direct and indirect costs have been allocated to MWH Holding, Inc.				
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.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes      <input type="radio"/> No      If "No," explain fully why such allocation was not made.                 </div>				
See enclosed pages 5a - 5a2 for allocation methodologies for Adult Day Care (ADC) and Advancement Department. See enclosed page 5a3 - 5a4 for allocation methodology of costs to MWH Holding, Inc. See enclosed page 29B for outpatient therapy cost allocation.				

Mary Wade Home Allocations  
 FY 2018 Year End  
 Page 5a

Allocation Method	ADC		DEV	ADC DEVELOP total		
<b>1. Adult Day Care:</b>						
Fringe Benefits for ADC+admin+house+maint+dietary	Payroll Dollars per distributions schedule attached			144,646.20	58,619.55	203,265.75
Admin	expense		4.63% 1.29%	69,346.21	5,358.42	74,704.63
Housekeeping	square footage	350,187	5.28% 0.82%	18,503.38	2,887.26	21,390.64
Maintenance	square footage	812,537	5.28% 0.82%	42,933.28	6,699.30	49,632.59
Property Costs includes interest and rental	square footage	682,265	5.28% 0.82%	36,049.90	5,625.22	41,675.12
Depreciation on Direct building and furniture costs	direct		100%	56,282.39	4,388.23	60,670.62
Building Depreciation on old ADC	square footage			5,239.07	0.00	5,239.07
Insurance Costs #5190	square footage	129,005	5.28% 0.82%	6,816.44	1,063.64	7,880.07
				<u>379,816.86</u>	<u>84,641.62</u>	<u>464,458.49</u>

Total Payroll	7,232,195	
Fringe Benefits/Payroll Taxes/Education/workmen'scomp	1,768,578	24.45%
Square Footage:		
Adult Day Care 2002 addition 3569.		
Adult Day Care 2011 addition 1604	4,313	5.28%
total square footage	81,626	
Square Footage: Direct		
Development office	673	26.92%
total for atwater	2,500	
Modified Square Footage:		
ADC portion in SNF building	588	
Non Adult Day Care Square Footage	77,041	0.76%
modified Square footage Development		
	673	0.82%
	81,626	
Expense:		
Adult Day Expense	690,160	
Total expense	14,891,601	4.63%
DEVELOPMENT EXPENSE		
	191,803	1.29%
Total expense	14,891,601	

MW Holdings, Inc fringe allocation	
Admin	58,011.00
House	0.00
Maint	10,840.00
	<u>68,851.00</u>
	24.45%
	16,836.99

MWHealthcare fringe allocation	
Admin	Salaries 140,887
	24.45%
	34,452.84

* Dev total fringe allocation			
	Overhead	Total Salary	Salary Alloc
Dev	100.00%	147,006	147,006
hunter alloc	100.00%	87,978	87,978
House	0.82%	267,457	2,205
Maint	0.82%	305,893	2,522
			<u>239,711</u>
			24%
			58,619.55

Admin Calculation:

Total Admin Expenses before allocation to adc	2,132,130.00
Less:	
misc expense	-42,839.00
Insurance - General	-150,345.00
Dues, Licenses & Subscriptions	-40,333.00
Advertising - Promotion A/C #730018	0.00
Fuel - A/C # 730024, 730025, 730023	0.00
Business office equip rental A/C#730022	-45,699.00
Donations	-1,231.00
board meeting expense	-2,009.00
amortization included in property	-30,477.00
Bad Debts	-181,578.00
Admin expense	<u>1,637,619.00</u>

* ADC total fringe allocation			
	Overhead	Total Salary	Salary Alloc
Dietary	0.00%	0	0
ADC	100.00%	520,203	520,203
Admin	4.63%	884,648	41,000
			0
House	5.28%	267,457	14,132
Maint	5.28%	305,893	16,163
		<u>1,978,201.12</u>	<u>591,498</u>
			24.45%
			<b>144,646.20</b>

THE MARY WADE HOME, INC.  
DEPARTMENTAL BREAKDOWN OF THE ADC ALLOCATION  
SEPTEMBER 30, 2018  
Page 5a1

<u>HOUSEKEEPING</u>	5.28%	0.82%				<u>TOTAL</u>	
			<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>DEV ALLOC</u>		
HOUSEKEEPING SALARIES			267,457.00	14,132.04	2,205.16	16,337.20	251,119.80
HOUSEKEEPING/PURCH SERVICE			953.00	50.36	7.86	58.21	894.79
HOUSEKEEPING SUPPLIES			81,777.00	4,320.98	674.24	4,995.22	76,781.78
OBRA/OSHA			0.00	0.00	0.00	0.00	0.00
			<u>350,187.00</u>	<u>18,503.38</u>	<u>2,887.26</u>	<u>21,390.64</u>	<u>328,796.36</u>

<u>MAINTENANCE</u>	5.28%	0.82%				<u>TOTAL</u>	
			<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>ADV ALLOC</u>		
SALARIES - MAINTENANCE			305,893.00	16,162.94	2,522.06	18,685.01	287,207.99
REPAIRS & PURCH SERV			141,857.00	7,495.52	1,169.60	8,665.12	133,191.88
UTILITIES			321,297.00	16,976.87	2,649.07	19,625.94	301,671.06
MAINTENANCE SUPPLIES			42,085.00	2,223.71	346.99	2,570.70	39,514.30
OSHA - MAINTENANCE			1,405.00	74.24	11.58	85.82	1,319.18
ALLOCATE MAINT TO MWH HOLDING			0.00		0.00	0.00	0.00
			<u>812,537.00</u>	<u>42,933.28</u>	<u>6,699.30</u>	<u>49,632.59</u>	<u>762,904.41</u>

<u>PROPERTY COSTS</u>	ADC 5.28%	ADC modified 0.76%	dev direct 26.92%	dev moc 0.82%				<u>TOTAL</u>	
					<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>ADV ALLOC</u>		
Depreciation Expense					686,434.00	5,239.07	0.00	5,239.07	681,194.93
adc direct depreciation	direct				56,282.39	56,282.39		56,282.39	0.00
atwater direct	direct				16,301.00		4,388.23	4,388.23	11,912.77
INTEREST EXPENSE					646,265.00	34,147.71	5,328.40	39,476.11	606,788.89
Property Rental and tax					36,000.00	1,902.19	296.82	2,199.01	33,800.99
					<u>1,441,282.39</u>	<u>97,571.36</u>	<u>10,013.45</u>	<u>107,584.81</u>	<u>1,333,697.58</u>



<u>INSURANCE COSTS</u>	5.28%	0.82%			
	<u>ACTUAL YTD</u>	<u>ADC ALLOC</u>	<u>ADV ALLOC</u>	<u>TOTAL</u>	
INSURANCE - GENERAL	129,005.00	6,816.44	1,063.64	7,880.07	121,124.93
per prepaid insurance entry					
less auto	<u>129,005.00</u>	<u>6,816.44</u>	<u>1,063.64</u>	<u>7,880.07</u>	

<u>ADMIN</u>	4.63%	1.29%			
		<u>ADC ALLOC</u>	<u>ADV ALLOC</u>	<u>TOTAL</u>	
ADMINISTRATIVE WAGES	451,128.12	20,907.80		20,907.80	430,220.32
Office Wages	166,534.00	7,718.12		7,718.12	158,815.88
FINANCE WAGES	266,986.00	12,373.62		12,373.62	254,612.38
legal	28,480.00	1,319.92		1,319.92	27,160.08
account	79,319.00	3,676.09	1,021.62	4,697.71	74,621.29
Supplies & Comp Expense	256,723.00	11,897.98	3,306.58	15,204.56	241,518.44
ADVERTISING - EMPLOYMENT	16,646.00	771.47	214.40	985.87	15,660.13
purchased services	108,833.00	5,043.93		5,043.93	103,789.07
Bank charges	58,296.00	2,701.76		2,701.76	55,594.24
TELEPHONE	53,831.00	2,494.83	693.34	3,188.17	50,642.83
Travel	9,509.00	440.70	122.48	563.18	8,945.82

A was netted	<u>1,496,285.12</u>	<u>69,346.21</u>	<u>5,358.42</u>	<u>74,704.63</u>	<u>1,421,580.49</u>
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	24.45%	Total	less alloc to affiliates dev for hunter	adjusted total	ALLOC ADC ALLOC	Alloc DEV	TOTAL	
Fringe Benefits								
employee education		32,923.00	-1,263.84	64,582.16	2,692.66	1,091.23	3,783.90	60,798.27
Payroll taxes		543,654.00	-20,869.58	1,066,438.42	44,463.68	18,019.42	62,483.10	1,003,955.32
unemployment		68,096.00	-2,614.04	133,577.96	5,569.35	2,257.04	7,826.39	125,751.57
403b		114,623.00	-4,400.10	224,845.90	9,374.64	3,799.18	13,173.82	211,672.08
group insurance		801,991.00	-30,786.52	1,573,195.48	65,592.22	26,582.01	92,174.22	1,481,021.26
medical reimbursement		0.00	0.00	0.00	0.00	0.00	0.00	0.00
employee benefits		43,001.00	-1,650.71	84,351.29	3,516.91	1,425.27	4,942.18	79,409.11
workers compensation		164,290.00	-6,306.70	322,273.30	13,436.74	5,445.39	18,882.14	303,391.16
		<u>1,768,578.00</u>	<u>-67,891.49</u>	<u>3,469,264.51</u>	<u>144,646.20</u>	<u>58,619.55</u>	<u>203,265.75</u>	<u>3,265,998.77</u>

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
The Mary Wade Home, Inc.			2051C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	07/01/14	Terminated in 2018	16,188		3,540
US Bank Equipment	<input type="radio"/>	<input checked="" type="radio"/>	3 Copiers	10/01/12	Terminated in 2018	6,712		1,468
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/13	Terminated in 2018	3,120		682
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/13	Terminated in 2018	403		88
CT Business Systems	<input type="radio"/>	<input checked="" type="radio"/>	Printer	04/01/15	Terminated in 2018	408		89
CIT Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier	08/01/13	Terminated in 2018	996		218
	<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"/>						
							<b>Total ***</b>	6,085

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* 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 The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	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 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, P.O. Box 272000, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Independent audit, Form 990, Medicaid and Medicare Cost Reports	\$ 74,621
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 74,621

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 See attachment 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 See attachment	\$ 152,768
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 152,768

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

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 7	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Murtha Cullina, LLC		860-240-6000	
2	Madsen, Prestley & Parenteau		(860) 246-2466	
3	Settlement Paid			
4	Bruce Matzkin		(203) 605-2784	
5	Settlement Paid			
6	Neubert, Pepe, & Monteith		(203) 821-2000	
Address (No. & Street, City, State, Zip Code)				
1	185 Asylum Street, Hartford, CT 06103			
2	402 Asylum Street, Hartford, CT 06103			
3				
4	1052 E Main St, Branford, CT 06405			
5				
6	195 Church St, New Haven, CT 06510			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Services related to employee matters and general operations		\$	9,791
2	Services related to claims		\$	45,833
3	Services related to claims		\$	91,455
4	Services related to claims		\$	2,246
5	Services related to claims		\$	3,369
6	Services related to employee matters		\$	74
			Charge for Services Provided	\$ 152,768
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 <span style="float: right;">Page 15 line 1e</span>				

### Schedule of Resident Statistics

Name of Facility The Mary Wade Home, Inc.		License No. 2051C			Report for Year Ended 9/30/2018				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	139	94		45	139	94		45	139	94		45
B. On last day of THIS report period	139	94		45	139	94		45	139	94		45
2. Number of Residents												
A. As of midnight of PREVIOUS report period	133	91		42	133	91		42	130	86		44
B. As of midnight of THIS report period	130	86		44	130	86		44	130	86		44
3. Total Number of Days Care Provided During Period												
A. Medicare	4,453	4,453			3,094	3,094			1,359	1,359		
B. Medicaid (Conn.)	21,282	21,282			16,091	16,091			5,191	5,191		
C. Medicaid (other states)												
D. Private Pay	7,120	5,408		1,712	5,406	4,153		1,253	1,714	1,255		459
E. State SSI for RCH	13,991			13,991	10,504			10,504	3,487			3,487
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	46,846	31,143		15,703	35,095	23,338		11,757	11,751	7,805		3,946
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	359	68		291	302	68		234	57			57
B. Other Bed Reserve Days	93	72		21	61	41		20	32	31		1
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,298	31,283		16,015	35,458	23,447		12,011	11,840	7,836		4,004

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

Name of Facility The Mary Wade Home, Inc.			License No. 2051C			Report for Year Ended 9/30/2018			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)	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	17		56		13		5	39					
Per Diem Rate													
a. One bed rm.	Var PPS		254.19		494.00		153-183	137.73					
b. Two bed rms.					450.00		163-173						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									2,078	2,078			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									940	940			
D. <b>Total Physical Therapy Treatments</b>									3,018	3,018			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									797	797			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									48	48			
D. <b>Total Speech Therapy Treatments</b>									845	845			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,070	1,070			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									383	383			
D. <b>Total Occupational Therapy Treatments</b>									1,453	1,453			

### Report of Expenditures - Salaries & Wages

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	50,158	364			25,678	186
2. Administrator(s) (Complete also Sec. III of Schedule A1)	82,876	1,327			42,427	679
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					65,311	2,067
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	145,338	5,896			74,405	3,018
5. Dietary Service						
a. Head Dietitian	30,719	820			15,727	420
b. Food Service Supervisor	45,453	1,376			23,269	704
c. Dietary Workers	399,975	24,525			204,763	12,556
6. Housekeeping Service						
a. Head Housekeeper	13,229	793			6,393	383
b. Other Housekeeping Workers	156,074	12,489			75,424	6,035
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	43,170	1,402			20,862	678
b. Other Maintenance Workers	87,036	3,665			42,061	1,771
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	39,923	3,106			20,438	1,590
9. Barber and Beautician Services						
10. Protective Services	62,223	4,121			31,855	2,109
11. Accounting Services						
a. Head Accountant	45,752	720			23,423	368
b. Other Accountants	168,404	6,773			86,212	3,467
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	234,624	4,320				
b. RN						
1. Direct Care	772,647	18,580				
2. Administrative**	202,076	5,059				
c. LPN						
1. Direct Care	803,725	27,499				
2. Administrative**						
d. Aides and Attendants	1,360,492	88,328			431,237	26,633
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	70,237	3,845			46,824	2,564
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	149,314	4,128				
n. Marketing						
o. Other (Specify) See Attached Schedule	166,709	7,409			30,814	1,331
<i>A-13. Total Salary Expenditures</i>	5,130,154	226,544			1,267,123	66,560

\* 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
Medical Records	\$ 22,193	1,224			\$ 11,362	627
Director of Admissions	\$ 45,954	1,376			\$ 23,526	704
Home Comm Based Services					\$ (4,074)	Disallowed
Nursing Admin Assistant	\$ 96,916	4,763				
Respiratory Therapist	\$ 1,646	46				
<b>Total</b>	\$ 166,709	7,409	\$ -	-	\$ 30,814	1,331

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Pulmonology Consultant	\$ 15,000	Disallowed				
Doctor Consultant	\$ 463	Disallowed			\$ 237	Disallowed
<b>Total</b>	\$ 15,463	Disallowed	\$ -	-	\$ 237	Disallowed



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	
The Mary Wade Home, Inc.				2051C	9/30/2018			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							
<b>Section I - Operators/Owners</b>										
David Hunter	50,158		25,678			550	A1	Mary Wade Healthcare 118 Clinton Ave, New Haven, CT 06513	721	92,005
								Mary Wade at Home - Development (other withdrawals - page 26)	690	87,978
<b>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).</b>										

\* 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	
The Mary Wade Home, Inc.				2051C	9/30/2018			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							
<b>Section III - Administrators***</b>										
Stanley DeCosta	82,876		42,427		Administrator	2,006	A2			
<b>Section IV - Assistant Administrators</b>										
Ellen Kessner (through 1/22/2018)			19,433		Director of RCH (RCH Only)	640	A3			
Mary Margaret Mandel (1/22/2018 - present)			45,878		Director of RCH (RCH Only)	1,427	A3			

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
The Mary Wade Home, Inc.	2051C	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	615	15			315	8
2. Dentist	10,716	80				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	240,989	4,448				
b. Other						
6. Social Worker	1,673	51				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,600	208				
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	75,303	941				
b. Other						
10. Occupational Therapist						
a. Resident Care	204,770	3,100				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	1,187	24				
2. Administrative***						
c. Aides	1,540	57				
d. Other						
12. Other (Specify)						
See Attached Schedule	15,463	Disallowed			237	Disallowed
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>597,856</b>	<b>8,924</b>			<b>552</b>	<b>8</b>

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

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

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

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Dr. Anuruddha Walaliyadda 12 Cooke Road, Wallingford, CT 06492	Medical Director Services	<input type="radio"/>	<input checked="" type="radio"/>			
Foremost Rehab of CT 1157 Highland Avenue, Suite 101, Cheshire, CT 06410	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
HealthPro Heritage 536 Old Howell Road, Greenville, SC 29615	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Alan Rodrigues, Chapel Pulmonary & Critical Care, 136 Sherman Ave, Suite 205, New Haven,	Pulmonology Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Andrew Matusiak, LMSW, 143 Pine Road, Unit 17-A, Thomaston, CT 06787	Social Services Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Gina Kessler, 60 London Terrace, Fairfield, CT 06825	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Dental Group, 888 Worcester Street, Suite 130, Wellesley, MA 02482-3744	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Key Personnel, Inc. 142 State Street, PO Box 404, North Haven, CT 06473	RN and LPN	<input type="radio"/>	<input checked="" type="radio"/>			
Molly Berky, 27231 Town Walk Drive, Hamden, CT 06518	Social Services Consultant	<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"/>			
		<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
The Mary Wade Home, Inc.	2051C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 139,517	111,883		27,634
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 54,034	43,331		10,703
4. Social Security (F.I.C.A.)	\$ 487,407	390,865		96,542
5. Health Insurance	\$ 681,061	546,162		134,899
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 97,339	78,059		19,280
8. Uniform Allowance	\$ 1,615	1,295		320
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 25,606	20,534		5,072
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 15,596	12,507		3,089
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 74,621	49,354		25,267
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 152,768	101,041		51,727
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 50,609	33,473		17,136
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 37,074	24,521		12,553
2. Cellular Phones	\$ 13,594	8,991		4,603
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	\$ 551,390	551,390		
<b>Subtotal</b>	<b>\$ 2,382,231</b>	<b>1,973,406</b>		<b>408,825</b>

\* 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**

The Mary Wade Home, Inc.  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Employee Physicals and Screening, Flu Shots, Counseling Program	\$ 20,534		\$ 5,072
<b>Total</b>	\$ 20,534	\$ -	\$ 5,072

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**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b><i>Subtotals Brought Forward:</i></b>	2,382,231	1,973,406		408,825	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,709	1,130	579	
3. Gifts to Staff and Residents	\$	13,031	8,619	4,412	
4. Employee Travel	\$	8,946	5,917	3,029	
5. Education Expenses Related to Seminars and Conventions	\$	29,139	20,446	8,693	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	6,781	4,485	2,296	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	15,661	10,358	5,303	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	7,587	5,018	2,569	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	17,825	11,790	6,035	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	6,251	4,134	2,117	
9. Subscriptions	\$	34,184	22,609	11,575	
10. Contributions*** See Attached Schedule	\$	500	331	169	
11. Services Provided by Contract ( <i>Specify and Complete     Schedule C-2, Page 21 for each firm or individual</i> )	\$	294,725	197,919	96,806	
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	214,492	141,865	72,627	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,033,062	2,408,027	625,035	

\* 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
Board Meeting Expense	\$ 4,485		\$ 2,296
<b>Total Other Travel and Entertainment</b>	<b>\$ 4,485</b>	<b>\$ -</b>	<b>\$ 2,296</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 9,434		\$ 4,829
ALTCFM	\$ 169		\$ 86
CT Association of Residential Care Homes	\$ 430		\$ 220
CALA	\$ 595		\$ 305
Amazon Prime Subscription - Disallowed	\$ 65		\$ 34
Society for Human Resource Management	\$ 53		\$ 27
National Fire Protection	\$ 116		\$ 59
CT Association of Health Care Facilities	\$ 463		\$ 237
Oklahoma Mineral Owner Registry	\$ 74		\$ 38
American Association of Nurse Assessment Coordination	\$ 82		\$ 42
American College of Healthcare Administrators	\$ 205		\$ 105
Association of Nutrition and Food Service Professionals	\$ 104		\$ 53
<b>Total Dues</b>	<b>\$ 11,790</b>	<b>\$ -</b>	<b>\$ 6,035</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Residential Care Home
Donations	\$ 331		\$ 169
<b>Total Contributions</b>	<b>\$ 331</b>	<b>\$ -</b>	<b>\$ 169</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Licenses	\$ 936		\$ 479
Bank Charges	\$ 36,769		\$ 18,824
Miscellaneous Expense	\$ 41,877		\$ 21,439
Officer Liability - Insurance	\$ 8,557		\$ 4,381
Cyber Liability - Insurance	\$ 2,682		\$ 1,373
Crime Policy - Insurance	\$ 1,800		\$ 921
Construction Costs	\$ 49,045		\$ 25,108
Amortization Expense - Deferred Construction	\$ 199		\$ 102
<b>Total Other Administrative and General</b>	<b>\$ 141,865</b>	<b>\$ -</b>	<b>\$ 72,627</b>



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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 17	of 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 #	
N/A				

**\* 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 The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2018		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1.	Raw Food	\$ 373,403	246,970			126,433
2.	Non-Food Supplies	\$ 42,831	28,329			14,502
3.	Other ( <i>Specify</i> ) _____	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$ 500	331			169
<b>c. Other (<i>Specify</i>) _____</b> Administrative Charge - Food Service		\$ 154	102			52
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 416,888	275,732			141,156
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	Residential Care Home	
<b>G. Resident Meals:</b> Total no. of meals served per day:*						
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
<b>L. Is any revenue collected from these people?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>		Page 30, Line IV8				
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

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

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2018		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. \$				
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. \$	11,165	7,385		3,780
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Laundry Supplies and OSHA Laundry Expense		\$	8,458	5,594		2,864
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	19,623	12,979		6,644
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.

\*\*\* 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 The Mary Wade Home, Inc.		License No. 2051C	Report for Year Ended 9/30/2018		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. \$	76,781	51,765		25,016
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. \$	895	603		292
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	<b>77,676</b>	<b>52,368</b>		<b>25,308</b>
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	310,883	310,883		
b.	Medicine Cabinet Drugs	\$	13,708	13,708		
c.	Medical and Therapeutic Supplies	\$	208,742	208,742		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	47,637	47,637		
f.	X-rays and Related Radiological Procedures***	\$	27,360	27,360		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	37,206	37,206		
i.	Recreation	\$	12,668	8,379		4,289
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	125,904	125,904		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>784,108</b>	<b>779,819</b>		<b>4,289</b>

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	Residential Care Home
Miscellaneous Part A Expense	\$ 99,353		
PT Supplies	\$ 25,860		
OT Supplies	\$ 691		
<b>Total Other Resident Care</b>	\$ 125,904	\$ -	\$ -

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

Name of Facility The Mary Wade Home, Inc.			License No. 2051C	Report for Year Ended 9/30/2018	Page 21	of 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
Accelerated Care Plus	Drive, Chicago, IL, 60693	<input type="radio"/>	<input checked="" type="radio"/>		Rehabilitation Care	23,988			20	5l
Celtic Consulting, LLC	Suite 208, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	12,286			16	L5/ M
Elite Property Services	4481 Whitney Avenue, Hamden, CT, 06518	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	41,770		20,186	22	6f
All American Waste, LLC	P.O. Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	15,062		7,279	22	6f
MatrixCare	1414, Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance and Support	21,736		11,127	16	11
It's Never 2 Late	PO Box 173802, Denver, CO, 80217-3850	<input type="radio"/>	<input checked="" type="radio"/>		Software	8,512		4,358	16	11
MOBILEXUSA	PO Box 17462, Baltimore, MD 21297	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	22,606			20	5f
Partners Pharmacy of CT	PO Box 67042, Newark, NJ 07101	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy	244,881			20	5a2
RKL LLP	PO Box 8408, Lancaster, PA 17604-8408	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	33,423		17,111	16	11
US Lab & Radiology	PO Box 845127, Boston, MA 02284-5127	<input type="radio"/>	<input checked="" type="radio"/>		Laboratory	33,569			20	5h
Thyssen Krupp Elevator	P.O. Box 933007, Atlanta GA, 31193	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Services	9,756		4,715	22	6f
Smartlinx Solutions, LLC	333 Thornhall St., 4th Fl, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Staffing	24,217		12,398	16	11
Technical Gas Products, LLC	Industrial Road. 1B. Suite 1 Wallingford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Products, and Other Misc. Items	111,646		36	20/ 22	5e2, 5
See attached		<input type="radio"/>	<input checked="" 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).

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

Name of Facility The Mary Wade Home, Inc.		License No. 2051C		Report for Year Ended 9/30/2018			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
Pension Service, Inc.	PO Box 478 New Haven, CT 06473-0478	<input type="radio"/>	<input checked="" type="radio"/>			13,361		3,300	15	a7
Quality Mechanical Corp.	231 Silver Sands Road, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>			14,674		7,092	22	6a/ 6f
		<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"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 47,022	31,702			15,320	
b. Heat	\$ 71,936	48,499			23,437	
c. Light & Power	\$ 167,296	112,790			54,506	
d. Water	\$ 62,438	42,095			20,343	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 6,085	4,102			1,983	
f. Other ( <i>itemize</i> )	\$ 231,902	156,346			75,556	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 586,679</b>	<b>395,534</b>			<b>191,145</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,249	6,460			1,789	
b. Building & Building Improvements	\$ 528,878	436,664			92,214	
c. Non-Movable Equipment	\$ 27,721	25,549			2,172	
d. Movable Equipment	\$ 213,572	207,271			6,301	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 778,420</b>	<b>675,944</b>			<b>102,476</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 30,176	20,344			9,832	
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 30,176</b>	<b>20,344</b>			<b>9,832</b>	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 33,801	22,788			11,013	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 842,397</b>	<b>719,076</b>			<b>123,321</b>	

\* 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
Short-Term Postage Machine Lease	\$ 318		\$ 153
Grounds Landscaping	\$ 43,696		\$ 21,117
Purchased Services	\$ 103,905		\$ 50,213
Maintenance - Consultant	\$ 8,427		\$ 4,073
<b>Total Other Repairs and Maintenance</b>	\$ 156,346	\$ -	\$ 75,556

**MW Healthcare, Inc. and Subsidiaries**  
**September 30, 2018**

**Purpose:** To summarize reclass of depreciation expense to breakout line items on Cost report page 22. See depreciation allocation workpaper for support on allocations between CCNH and RCH of amounts below.

	<b>GL</b>	<b>Balance per CR</b>	<b>Reclass Needed</b>
Land Improvements	-	8,249	8,249
Building & Building Improvements	<b>629,806</b>	528,878	(100,928)
Auto	-	35,773	35,773
Non-Moveable	-	27,721	27,721
Moveable & Other Moveable	-	177,799	177,799
			148,614

**MW Healthcare, Inc. and Subsidiaries**  
**Depreciation Allocation Spreadsheet**  
**September 30, 2018**

**Purpose:** The purpose of this workpaper is to detail out allocation of depreciation expense which is then reclassified to applicable depreciation line items on page 22 of Cost Report. Prior to Cost Year 2011, MWH fixed assets for assets owned by home were allocated on a 57.09% to SNF and 42.91% to RCH split. After which, depreciation was allocated directly. As such, this spreadsheet first separates depreciation relating to assets acquired prior to Cost Year 2011 and assets acquired after Cost Year 2011. The applicable allocations are then applied to depreciation amounts which roll into the reclass. See depreciation reclass spreadsheet for detail of reclass. Depreciation amounts are obtained from depreciation schedule obtained from client.

<u>CCNH Assets</u>	<b>Depreciation per MWH schedule</b>	<b>Allocation</b>			
		<b>SNF</b>		<b>RCH</b>	
<b>Land Improvements</b>					
Dep on assets acquired prior to 2011:	4,170	57.09%	2,381	42.91%	1,789
Dep on assets acquired 2011 & after:	4,079	100%	4,079	0%	-
Total Dep. Expense	8,249		6,460		1,789
<b>Building Improvements</b>					
Dep on assets acquired prior to 2011:	80,133	57.09%	45,748	42.91%	34,385
Dep on assets acquired 2011 & after:	390,916	100%	390,916	0%	-
Total Dep. Expense	471,049		436,664		34,385
<b>Automobiles</b>					
Dep on assets acquired prior to 2011:	-	57.09%	-	42.91%	-
Dep on assets acquired 2011 & after:	35,773	100%	35,773	0%	-
Total Dep. Expense	35,773		35,773		-
<b>Non Movable Equip</b>					
Dep on assets acquired prior to 2011:	5,062	57.09%	2,890	42.91%	2,172
Dep on assets acquired 2011 & after:	22,659	100%	22,659	0%	-
Total Dep. Expense	27,721		25,549		2,172
<b>Movable Equip and Other</b>					
Dep on assets acquired prior to 2011:	3,510	57.09%	2,004	42.91%	1,506
Dep on assets acquired 2011 & after:	169,494	100%	169,494	0%	-
Total Dep. Expense	173,004		171,498		1,506
<u>RCH Assets</u>	<b>Depreciation per MWH schedule</b>	<b>Allocation</b>			
<b>Building Improvements</b>					
Dep on all assets	57,829			100%	57,829
<b>Movable Equipment</b>					
Dep on all assets	4,795			100%	4,795
<b>TOTAL DEPRECIATION</b>	778,420				
<b>Total allocations per CR line items:</b>					
		<b>SNF</b>		<b>RCH</b>	
Land Improvements		6,460		1,789	
Building Improvements		436,664		92,214	
Automobiles		35,773		-	
Non Movable Equip		25,549		2,172	
Movable Equip and Other		171,498		6,301	

### Depreciation Schedule

Name of Facility The Mary Wade Home, Inc.		License No. 2051C			Report for Year Ended 9/30/2018			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		291,568		291,568	250,619	SL	Various	8,249					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									8,249				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		13,863,130		13,863,130	7,039,434	SL	Various	471,050					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal									471,050				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		385,323		385,323	261,003	SL	Various	26,330					
2. Disposals (attach schedule)		(3,772)		(3,772)	(3,772)	SL	Various						
3. Acquired during this report period (attach schedule)		18,549				SL	Various	1,391					
C-4. Subtotal									27,721				
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Prior year vehicles (now fully depreciated)						345,263		345,263	339,918	SL	3	5,345	
b. Matthew's Buses						64,796		64,796	24,299	SL	4	16,199	
c. Subaru Forester						24,925		24,925	3,116	SL	4	6,231	
d. Matthew's Buses						63,982		63,982		SL	4	7,998	
2. Movable Equipment													
a. Acquired prior to this report period						1,850,258		1,850,258	1,321,090	SL	Various	166,805	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						64,884		64,884		SL	Various	6,199	
D-3. Subtotal													208,777
<b>E. Total Depreciation</b>													715,797

The Mary Wade Home, Inc.  
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
11/16/2017	Bathroom Floor	\$ 1,275	20	\$ 64
12/19/2017	Boiler Replacement	\$ 2,960	20	\$ 148
7/18/2018	Boiler Replacement	\$ 5,040	20	\$ 252
8/29/2018	Convection Steamer	\$ 5,774	10	\$ 577
9/28/2018	Flooring/Molding Replacement	\$ 3,500	10	\$ 350
<b>Total additions for Non-Movable Equipment</b>		\$ 18,549		\$ 1,391 *
<b>Deletions:</b>				
9/30/2018	Asset disposal	\$ (3,772)		
<b>Total deletions for Non-Movable Equipment</b>		\$ (3,772)		\$ - **

\*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
<b>Additions:</b>				
2/22/2018	Cameras	\$ 2,895	5	\$ 289
3/31/2018	Oven	\$ 6,874	10	\$ 344
4/30/2018	Clothing Printing System	\$ 2,932	10	\$ 147
5/17/2018	Foot Rack	\$ 1,852	10	\$ 92
5/22/2018	Kittredge Equipment	\$ 1,038	10	\$ 52
6/30/2018	Lift/Scale/Sling	\$ 10,027	10	\$ 501
6/30/2018	Outdoor Benches	\$ 1,011	15	\$ 34
6/22/2018	Head and Foot Board	\$ 1,852	10	\$ 93
7/18/2018	Lift	\$ 4,901	10	\$ 245
8/16/2018	Dining Mixer and Machine Stand	\$ 3,570	10	\$ 178
9/30/2018	Foot Rack	\$ 1,852	10	\$ 93
9/30/2018	Foot Rack	\$ 1,852	10	\$ 93
FY 2018	Computer Upgrades	\$ 24,228	3	\$ 4,038
<b>Total additions for Movable Equipment</b>		\$ 64,884		\$ 6,199 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

### Depreciation Schedule

Name of Facility The Mary Wade Home, Inc.				License No. 2051C			Report for Year Ended 9/30/2017			Page 23-2	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciati on for This Year	Totals			
<b>A. Land Improvements</b>														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
<b>B. Building and Building Improvements</b>														
1. Acquired prior to this report period				1,185,281		1,185,281	707,200	S/L	Various	55,979				
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)				41,000		41,000		S/L	Various	1,850				
B-4. Subtotal											57,829			
<b>C. Non-Movable Equipment</b>														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
			Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciati on for This Year	Totals
			Yes	No	Month	Year								
<b>D. Movable Equipment</b>														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a.														
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period							122,016		122,016	106,718	S/L	Various	4,795	
b. Disposals (attach schedule)							(45,695)		(45,695)	(45,518)	S/L	Various		
c. Acquired during this report period (attach schedule)														
D-3. Subtotal														4,795
<b>E. Total Depreciation</b>														62,624





\*\*Ties to Page 23-2, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Dat	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Movable Equipment</b>				*
<b>Deletions:</b>				
9/30/2018	Asset Disposal	\$ (45,695)		
<b>Total deletions for Movable Equipment</b>		\$ (45,695)		\$ - **

\*Ties to Page 23-2, Line D2c

\*\*Ties to Page 23-2, Line D2b

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**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
The Mary Wade Home, Inc.			2051C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Organization Expense Prior Years				568					
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. People's Bank/ Start Up Fees		2011		299,505	202,073			30,176	
2.									
3.									
B-4. Subtotal									30,176
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									30,176

\* 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 The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		139		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		01/01/12		
c. Interest Rate for the Cost Year		4.75%		
d. Term of Mortgage (number of years)		25		
e. Amount of Principal Borrowed		13,220,022		
f. Principal balance outstanding as of 9/30/2018		10,924,484		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
The Mary Wade Home, Inc.		2051C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 495,881	441,136			54,745	
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		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 495,881	441,136			54,745	

(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
The Mary Wade Home, Inc.		2051C		9/30/2018			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				495,881	441,136		54,745	
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) Revolving Line of Credit \$95,312, Capital Lease 4,813				\$ 100,125	67,504		32,621	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 596,006	508,640		87,366	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 33,089	22,308		10,781	
b. Insurance on Automobiles				\$ 17,838	12,026		5,812	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 27,935	18,834		9,101	
2. Fire and Extended Coverage				\$				
3. Other (Specify) Professional				\$ 43,889	29,590		14,299	
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 122,751	82,758		39,993	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 13,474,875	10,962,943		2,511,932	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.				2051C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 5,356	7,888		(2,532)
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 204,770	204,770		
7.			Other - See attached Schedule	\$ 37,076	36,839		237
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1b	Discriminatory Benefits	\$ 15,596	12,507		3,089
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 142,903	94,516		48,387
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 12,154	8,039		4,115
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 11,526	8,087		3,439
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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 500	331		169
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 305,477	202,225		103,252
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 735,358	575,202		160,156

\* 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	A1	Owners & Operators	\$ 523		\$ 129
10	A2	Administrators	\$ 935		\$ 231
10	A11a	Head Accountant	\$ 530		\$ 131
10	A11b	Other Accountants	\$ 4,254		\$ 1,051
10	A12o	Home Comm Based Services			\$ (4,074)
10	A12o	Respiratory Therapist	\$ 1,646		
<b>Total Other Salaries Adjustment</b>			\$ 7,888	\$ -	\$ (2,532)

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dental Consultant	\$ 10,716		
13	B8a	Medical Director	\$ 10,660		
13	12	Pulmonology Consultant	\$ 15,000		
13	12	Doctor Consultant	\$ 463		\$ 237
<b>Total Other Fees Adjustments</b>			\$ 36,839	\$ -	\$ 237

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	7	Board Meetings	\$ 4,485		\$ 2,296
16	M.8a	Fraternal Organizations	\$ 2,201		\$ 1,127
16	M.8a	Chamber of Commerce	\$ 1,933		\$ 990
16	M.8	Amazon Prime	\$ 65		\$ 34
16	1.3.	Staff Gifts	\$ 4,469		\$ 2,287
16	M.13	Miscellaneous Expense	\$ 11,799		\$ 6,040
30	IV8	Miscellaneous Income	\$ 89,772		\$ 45,958
16	M.13	Bank Charges	\$ 36,769		\$ 18,824
16	M.13	Deferred Construction Amortization	\$ 199		\$ 102
16	M.13	Construction Costs	\$ 49,045		\$ 25,108
16	M11	Outsourced CFO Services	\$ 490		\$ 239
15		Benefits on disallowed salaries	\$ 998		\$ 247
<b>Total Other A&amp;G Adjustments</b>			\$ 202,225	\$ -	\$ 103,252

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.				2051C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 735,358	575,202		160,156
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 310,883	310,883		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 27,360	27,360		
30.	20	5h	Laboratory	\$ 37,206	37,206		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 47,637	47,637		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 125,904	125,904		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	6d	Depreciation on Unallowable Motor Vehicles	\$ 35,773	35,773		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 142,652	105,363		37,289
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 95,312	64,259		31,053
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 24,761	16,377		8,384
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,582,846	1,345,964		236,882

\*\*\* 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.



The Mary Wade Home, Inc.  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Misc. Part A Expense	\$ 99,353		
20	5j	PT Supplies	\$ 25,860		
20	5j	OT Supplies	\$ 691		
<b>Total Other Ancillary Costs</b>			\$ 125,904	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	9	Parking Lot Rental/Office Space - MWH - Related Party	\$ 22,788		\$ 11,013
27	14b	Auto Insurance	\$ 12,026		\$ 5,812
29B		Outpatient Therapy Fair Rent Allocation	\$ 824		\$ 189
29B		Outpatient Therapy Insurance Allocation	\$ 56		\$ 13
29B		Outpatient Therapy A & G Allocation	\$ 475		\$ 109
29B		Outpatient Therapy Indirect Allocation	\$ 302		\$ 69
22	8b	Amortization of Start Up Costs	\$ 20,344		\$ 9,832
22	7b	ADC Depreciation on Building Improvements	\$ 48,548		\$ 10,252
<b>Total Other Property Adjustments</b>			\$ 105,363	\$ -	\$ 37,289

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Line of credit interest expense	\$ 64,259		\$ 31,053
<b>Total Other Adjustments</b>			\$ 64,259	\$ -	\$ 31,053

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Patient Room Cable TV Expense	\$ 16,377		\$ 8,384
<b>Total Unallowable Building Interest</b>			\$ 16,377	\$ -	\$ 8,384

**MW Healthcare, Inc. and Subsidiaries**  
**September 30, 2018**

**Estimated Overhead on Outpatient Therapy**

Square Footage on Therapy Space	357
Total Square Footage of Facility	<u>81626</u>
	0.004374

Outpatient Treatments - per client questionnaire

PT	940
ST	48
OT	<u>383</u>
Total Outpatient Treatments	1,371

Total Treatments - Page 9 of Cost Report

PT	3,018
ST	845
OT	<u>1,453</u>
Total Therapy Treatments	5,316

Outpatient Treatments %	0.25790068
Outpatient Allocation of Therapy Space %	0.00112796

**Expense Item:**

Heat	71,936
Light & Power	167,296
Repairs & Maintenance	47,022
Other Repairs Maintenance	<u>231,902</u>
Sub-total	518,156
Outpatient Allocation of Therapy Space %	<u>0.00112796</u>
<b>Unallowable A&amp;G Expense</b>	<u><u>584</u></u>

Housekeeping Salaries	251,120
Other Housekeeping Expense	<u>77,676</u>
Sub-Total	328,796
Outpatient Allocation of Therapy Space %	<u>0.00112796</u>
<b>Unallowable Indirect Expense</b>	<u><u>371</u></u>

Property & Umbrella Insurances (Excluding Auto)	61,024
Outpatient Allocation of Therapy Space %	<u>0.00112796</u>
<b>Unallowable Capital Expense</b>	<u><u>69</u></u>

Fair Rent ***	897,948
Outpatient Allocation of Therapy Space %	<u>0.00112796</u>
<b>Unallowable Fair Rent</b>	<u><u>1,013</u></u>

\*\*\* Based on Land + Rate Year 2011 Real Property

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,793,582	9,571,614		2,221,968		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,304,676)	(4,050,006)		(254,670)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,410,901	1,410,901				
b. Medicare Room and Board Contractual Allowance **	\$ 393,055	393,055				
4. a. Private-Pay Residents and Other	\$ 3,482,435	3,189,498		292,937		
b. Private-Pay Room and Board Contractual Allowance **	\$ (565,122)	(525,025)		(40,097)		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 159,159	159,159				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 79,652	79,652				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 4,214	4,214				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 331,036	331,036				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 93,702	93,702				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 150,225	150,225				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 14,756	14,756				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 310,012	310,012				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 91,101	91,101				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (781,112)	(781,112)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (262,640)	(262,640)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,400,280	10,180,142		2,220,138		
<b>IV. Other Revenue*</b>						
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> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 426,800	282,286		144,514		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 426,800	282,286		144,514		
<b>VI. Total All Revenue</b> (III +V)	\$ 12,827,080	10,462,428		2,364,652		

\* 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
Page 30 Line II6a	Medicare A - X-Ray	\$ 11,665		
Page 30 Line II6a	Medicare A - Lab	\$ 18,764		
Page 30 Line II6a	Medicare A - Non R&B Contractual Adj	\$ (1,396)		
Page 30 Line II6a	Medicare A - Ancillary Contractual Adj	\$ (786,630)		
Page 30 Line II6a	Medicare A - Small Balance Adjustment	\$ (4)		
Page 30 Line II6a	Medicare B Contractual Allowance	\$ (17,425)		
Page 30 Line II6a	Medicare B Non R&B Contractual Adj	\$ (9)		
Page 30 Line II6a	Medicare B Small Balance Adjustment	\$ (1)		
Page 30 Line II6a	Outpatient Med B Contractual Allowance	\$ (6,043)		
Page 30 Line II6a	Outpatient Med B Non R&B Contractual	\$ (32)		
Page 30 Line II6a	Outpatient Med B-Small Balance Adjustment	\$ (1)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (781,112)	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 Line II6b	INPT Managed Care Part A X-Ray	\$ 7,953		
Page 30 Line II6b	INPT Managed Care Part A Lab	\$ 9,379		
Page 30 Line II6b	INPT Managed Care Part A Ancillary Contractual	\$ (280,175)		
Page 30 Line II6b	Inpatient Private - XRay	\$ 203		
<b>Total Other Resident Revenue</b>		\$ (262,640)	\$ -	\$ -

**Interest Income**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 Line IV8	Donations - Unrestricted	\$ 8,473		\$ 4,338
Page 30 Line IV8	Annual Campaign	\$ 13,911		\$ 7,122
Page 30 Line IV8	Special Events	\$ 80,229		\$ 41,073
Page 30 Line IV8	Net non-operating grants revenue	\$ 63,570		\$ 32,544
Page 30 Line IV8	Miscellaneous Income	\$ 89,772		\$ 45,958
Page 30 Line IV8	Investment Income	\$ 10,918		\$ 5,590
Page 30 Line IV8	Unrealized Gain/Loss	\$ 1,133		\$ 580
Page 30 Line IV8	Sale Of Investments	\$ 1,585		\$ 812
Page 30 Line IV8	Investment Fees	\$ (207)		\$ (106)
Page 30 Line IV8	Cable Revenue	\$ 12,900		\$ 6,604
Page 30 Line IV8	Cable/TV/Phone - Contractual Adj.	\$ 1		\$ 0
<b>Total Other Revenue</b>		\$ 282,286	\$ -	\$ 144,514

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	171,064
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,536,380
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	30,984
5. Prepaid Expenses			\$	94,403
a. Insurance	76,615			
b. Clothing Labels	360			
c. Other Expenses	17,428			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	64,927
Patient Funds	64,927			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,897,758</b>
B. Fixed Assets				
1. Land			\$	320,191
2. Land Improvements	*Historical Cost	291,568	\$	32,700
	Accum. Depreciation	258,868		Net
3. Buildings	*Historical Cost	15,089,411	\$	7,578,927
	Accum. Depreciation	7,510,484		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	400,100	\$	115,148
	Accum. Depreciation	284,952		Net
6. Movable Equipment	*Historical Cost	2,037,158	\$	431,551
	Accum. Depreciation	1,605,607		Net
7. Motor Vehicles	*Historical Cost	498,966	\$	95,860
	Accum. Depreciation	403,106		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	1,812,021
Construction in Progress	1,692,089			
See Schedule	119,932			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>10,386,398</b>

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	12,284,156
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	299,505		
	Accum. Depreciation	261,857	Net	\$ 37,648
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	20,855
	Cheer Fund	20,855		
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	6,846,726
	Name and Address	Amount	Loan Date	
	MW Healthcare			
	\$1,136,727; MW Holdings			
	\$5,386,409; Fair Haven			
	Prop (\$5,249); MW at	6,846,726		
7. Other Assets ( <i>itemize</i> )			\$	1,070,747
	Deferred Costs	298,934		
	Lic Bed Addition	380,992		
	See Schedule	390,821		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	7,975,976
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	20,260,132

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
31	B9	C/R Versus F/S	\$ 119,932
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 119,932

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Endowment Funds & Investments in MWH	\$ 390,821
<b>Total Other Assets</b>			\$ 390,821

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -



## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.		2051C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,059,289
2. Notes Payable ( <i>itemize</i> )				\$	3,312,683
Peoples Bank - Revolving Line of Credit				451,883	
US Trust - Line of Credit				2,860,800	
See Schedule					
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> )				\$	285,464
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	32,401
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	380,729
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	41,626
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	253,839
Provider Tax Payable		135,171	Capital Lease - Current P	15,640	
Resident Trust		64,927			
Due to Medicaid		331			
Other Current Liabilities		37,770	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	5,366,031

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

(Carry Total forward to next page)

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			5,366,031	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$ 10,543,755
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> )				
Deferred Compensation 457(b) Eligible		310,512		
Capital Lease - Long Term Portion		69,957		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 10,924,224
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 16,290,255

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc.	2051C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,617,672
6. Gain or Loss for Period			\$	(647,795)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	3,969,877
<b>C. Total Reserves and Net Worth</b>			\$	3,969,877
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	20,260,132

### H. Changes in Total Net Worth

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	5,035,910
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,827,080
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,474,875
D. Net Income or Deficit			\$	(647,795)
E. Balance			\$	4,388,115
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
CR vs. FS Depreciation	148,614			
Adult Day Care Revenue	1,003,459			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	1,152,073
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>			\$	1,570,311
Purpose		Amount		
Adult Day Care Expenses		1,069,975		
Fundraising Expenses, Special Events, and Other		500,336		
3. Total Deductions			\$	1,570,311
H. <b>Balance at End of Period</b>		09/30/18	\$	3,969,877

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

Name of Facility The Mary Wade Home, Inc.	License No. 2051C	Report for Year Ended 9/30/2018	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		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			860-561-6853	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
Gthomas@blumshapiro.com				