

February 15, 2017

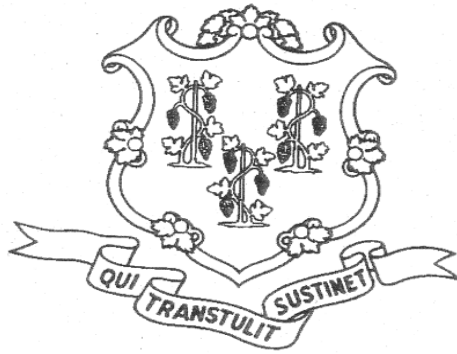
Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Ave  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2016 Medicaid Cost Report for Saint Mary 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 other than outpatient, and speech therapy, which were paid for by entities other than the Medicaid Program. Further, except as noted below, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Saint Mary Home	
Address (No. & Street, City, State, Zip Code) 2021 Albany Avenue, West Hartford, CT 06117	
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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 680-C	RHNS	Residential Care Home 1289	Medicare Provider 07-5085
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Medicaid Provider Numbers:	CCNH 75085	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) Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	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 Saint Mary Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Saint Mary Home	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 2021 Albany Avenue, West Hartford, CT 06117				
Report Prepared By Blum Shapiro & Co, PC	Phone Number 860-561-4000	Date 2/15/2017		
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 860-570-8300		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Saint Mary Home		Address (No. & Street, City, State, Zip) 2021 Albany Avenue, West Hartford, CT 06117		
License Numbers:	CCNH 680-C	RHNS	Residential Care Home 1289	Medicare Provider No. 07-5085
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 Eric Dana			Nursing Home Administrator's License No.:	1447
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
None				







**Mercy Community Health, Inc.**  
**July 1, 2016**

**Board of Directors:**

Barbara Mullen, C.S.J.  
Camille Alvarado, DO  
Dalia Giedrimiene, MD  
Daniel J. O'Connell  
David Harris  
Jean McGinty, RSM, RN  
John Capasso (*Ex-officio*)  
Luis Perez  
Mark D. Walker (*Board Chair*)  
Patricia Cook, RSM  
Patrick J. Johnson, Jr. (*Board Vice-Chair*)  
Peter Murphy  
Richard L. ZuWallack, MD  
Sue Keefe, RSM  
William J. Fiocchetta (*Ex-officio*)

**Corporate Officers:**

<b>President and CEO:</b>	William J. Fiocchetta
<b>Secretary/Treasurer:</b>	Maureen Reardon, RSM, Ph.D.



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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	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	%**				
Sisters of Mercy Northeast	15 Highland View Rd, Cumberland, RI 02864	<input type="radio"/>	<input checked="" type="radio"/>		Pastoral Care	Pg. 13 line 12	22,708	22,708
Trinity Health	17410 College Parkway, Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Loan	Pg. 32A12, Pg. 34 B4	10,528,795	10,528,795
Mercy Community Health	2021 Albany Avenue, West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Pg. 16 line m12	4,042,718	4,042,718
McAuley	275 Steele Rd, West Hartford, CT 06117	<input checked="" type="radio"/>	<input type="radio"/>	81%	Revenue for CCRC Nursing Home patients	Pg. 30 line I4a	1,646,777	1,646,777
Sisters of Providence	1221 Main St, Suite 213, Holyoke, MA 01040	<input checked="" type="radio"/>	<input type="radio"/>		Outside printing	Pg. 16 line m13	343	343
Trinity Health	17410 College Parkway, Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Interest on loan	Pg. 26 line m13	344,425	344,425
Mercy Community Health	2021 Albany Avenue, West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany payable	Pg. 33 line A12	4,377,745	4,377,745
McAuley	275 Steele Rd, West Hartford, CT 06117	<input checked="" type="radio"/>	<input type="radio"/>	81%	Intercompany payable	Pg. 33 line A12	122,561	122,561
See Attached Schedule		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

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

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

Name of Facility Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2016		Page 4	of 37	
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	%**				
Trinity Health	17410 College Parkway, Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany payable	Pg. 33 line A12	8,431,324	8,431,324
St Francis Medical Ctr	114 Woodland Street, Hartford CT 06112	<input checked="" type="radio"/>	<input type="radio"/>		Ancillary Medical Services, Employment Related Services, Physician Services	Pg. 20 line 5, Pg. 13 line B8	56,000	56,000
St Francis Medical Group	114 Woodland Street, Hartford CT 06112	<input checked="" type="radio"/>	<input type="radio"/>		Medical Director and Physician Services	Pg. 13 Line 8	103,828	103,828

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	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 ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
Certain salary costs of the residential care home were directly assigned.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)  <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

### General Information and Questionnaire 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 Saint Mary Home			License No. 680-C	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, Box 371887, 500 Ross St, Suite 154-0470, Pittsburgh, PA 15262	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	06/28/11	66 months	11,675	11,675	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>
							11,675	

\* 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 Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	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 & Co, PC 2 Deloitte via Trinity Health 3 4	Address (No. & Street, City, State, Zip Code) 29 S Main St, West Hartford, CT 06107 3805 W Chester Pike #100, Newtown Square, PA 19073
---	--

Services Provided by This Firm (*describe fully*)

1 Cost Report Preparation and DSS audit	\$ 12,377
2 External Audit and Form 990 prep (billed through management fees by Trinity Health)	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 12,377

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 See Attached 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	\$ 184,949
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 184,949

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Adebayo Law LLC 2 Goldman, Gruder and Woods, LLC 3 Robinson & Cole, LLP 4 Wigin and Dana 5 State of Connecticut 6 7	Telephone Number 860-645-6600 203-899-8915 860-275-8200 203-498-4400		
Address (No. & Street, City, State, Zip Code ) 1 652 Center St, Manchester, CT 06040 2 200 Connecticut Ave, Norwalk, CT 06604 3 280 Trumbull St., Hartford, CT 06103 4 One Century Tower PO Box 1832, New Haven, CT, 06508-1832 5 50 SOUTH MAIN STST RM#318, Probate Court, West Hartford, CT 06107 6 7			
Services Provided by This Firm ( <i>describe fully</i> )			
1 Settlement - Salary Dispute - Disallowed	\$ 6,934		
2 Collections - Disallowed	\$ 44,432		
3 Labor Relations	\$ 114,737		
4 Administrative Issues	\$ 460		
5 Probate Fees - Disallowed	\$ 282		
6 Miscellaneous - Disallowed	\$ 18,105		
7			
8			
	<table border="1"> <tr> <td data-bbox="1166 1308 1445 1417" style="text-align: center;">           Charge for Services            Provided         </td> </tr> <tr> <td data-bbox="1166 1417 1445 1459">           \$ 184,949         </td> </tr> </table>	Charge for Services Provided	\$ 184,949
Charge for Services Provided			
\$ 184,949			



### Schedule of Resident Statistics

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2016				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	353	256		97	353	256		97	353	256		97
B. On last day of THIS report period	353	256		97	353	256		97	353	256		97
2. Number of Residents												
A. As of midnight of PREVIOUS report period	341	248		93	341	248		93	330	235		95
B. As of midnight of THIS report period	339	247		92	330	235		95	339	247		92
3. Total Number of Days Care Provided During Period												
A. Medicare	11,944	11,944			9,324	9,324			2,620	2,620		
B. Medicaid (Conn.)	57,712	57,712			42,265	42,265			15,447	15,447		
C. Medicaid (other states)												
D. Private Pay	15,035	13,410		1,625	11,805	10,557		1,248	3,230	2,853		377
E. State SSI for RCH	31,729			31,729	23,764			23,764	7,965			7,965
F. Other (Specify)	4,524	4,524			3,439	3,439			1,085	1,085		
G. Total Care Days During Period (3A thru F)	120,944	87,590		33,354	90,597	65,585		25,012	30,347	22,005		8,342
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	725	82		643	546	47		499	179	35		144
B. Other Bed Reserve Days	213	97		116	115	72		43	98	25		73
5. <b>Total Resident Days (3G + 4A + 4B)</b>	121,882	87,769		34,113	91,258	65,704		25,554	30,624	22,065		8,559

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	33	165		49		4	88	
Per Diem Rate								
a. One bed rm.	PPS	241.45		518.00		148.00-161.00	106.14	
b. Two bed rms.	PPS	241.45		469.00-493.00		148.00-161.00	106.14	
c. Three or more bed rms.	PPS	241.45		426.00		148.00-161.00	106.14	

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	2,948	2,948		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	220	220		
2. Restorative Treatments				
C. Other	12,408	12,408		
D. <b>Total Physical Therapy Treatments</b>	15,576	15,576		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	526	526		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	29	29		
2. Restorative Treatments				
C. Other	4,094	4,094		
D. <b>Total Speech Therapy Treatments</b>	4,649	4,649		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	910	910		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	237	237		
2. Restorative Treatments				
C. Other	10,154	10,154		
D. <b>Total Occupational Therapy Treatments</b>	11,301	11,301		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	120,684	1,793			18,036	268
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	75,379	1,456			99,610	2,704
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	510,495	17,193			76,292	2,569
5. Dietary Service						
a. Head Dietitian	46,897	1,609			18,251	626
b. Food Service Supervisor						
c. Dietary Workers	923,400	52,098			359,358	20,275
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	934,079	54,738			226,447	11,688
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	39,024	1,285			21,210	698
b. Other Maintenance Workers	107,484	5,445			58,419	2,959
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	111,367	5,969			42,408	2,273
9. Barber and Beautician Services						
10. Protective Services	260,741	15,097			99,289	5,749
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	245,673	4,352				
b. RN						
1. Direct Care	2,276,355	58,927				
2. Administrative**	297,440	5,945				
c. LPN						
1. Direct Care	2,076,170	71,774				
2. Administrative**						
d. Aides and Attendants	4,403,497	242,334			437,854	24,522
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	251,318	11,711			25,120	1,125
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	169,307	5,980				
n. Marketing	71,457	1,562			10,679	268
o. Other (Specify) See Attached Schedule	125,185	4,749			11,700	412
<i>A-13. Total Salary Expenditures</i>	13,045,952	564,014			1,504,672	76,136

\* 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
Salary Pastoral and Volunteer	\$ 125,185	4,749			\$ 11,700	412
<b>Total</b>	\$ 125,185	4,749	\$ -	-	\$ 11,700	412

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Pastoral Care	\$ 22,708	1,034				
Respiratory Therapy Services - Disallowed	\$ 80,363	1,461				
<b>Total</b>	\$ 103,071	2,495	\$ -	-	\$ -	-

**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
Saint Mary Home				680-C	9/30/2016				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>										
<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	
Saint Mary Home				680-C	9/30/2016			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>										
Eric Dana	120,684		18,036		Administrator	2,060	A2			
<b>Section IV - Assistant Administrators</b>										
Phil Murray	75,379		32,306		Assistant Administrator	2,080	A3			
Patricia Cyphers			67,304		Director of Resident Services	2,080	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.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2016	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						
2. Dentist	23,034	Disallowed				
3. Pharmacist	20,501					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	913,119	15,886				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	147,828	819				
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	243,184	3,796				
b. Other						
10. Occupational Therapist						
a. Resident Care	691,693	11,244				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	26,082	443				
2. Administrative***	70,750	1,000				
b. LPN						
1. Direct Care	161,786	3,879				
2. Administrative***						
c. Aides	516	24				
d. Other						
12. Other (Specify) See Attached Schedule	103,071	2,495				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,401,564</b>	<b>39,586</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 Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Health Drive Dental Group, 85 Old Barnes Rd, Wallingford, CT 06492	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Sisters of Mercy Northeast	Pastoral Services	<input checked="" type="radio"/>	<input type="radio"/>	Members are on the Board of Directors		
PharMerica, 1901 Campus Place, Louisville, KY 40299	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Select Rehabilitation	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
John Rodgers, 16 Mountain Rd, Farmington, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Saint Francis Medical Group, 114 Woodland St., Hartford, CT 06105	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Trinity Health Affiliate		
The Nurse Network	RN/LPN/CNA	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Alliance Rehab	Respiratory Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Celtic Consulting	MDS Coordinator, Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Sisters of the Adoration	LPN	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Saint Mary Home	680-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 180,729	162,040			18,689
2. Disability Insurance	\$ 28,795	25,817			2,978
3. Unemployment Insurance	\$ 63,656	57,073			6,583
4. Social Security (F.I.C.A.)	\$ 1,087,173	974,749			112,424
5. Health Insurance	\$ 2,410,333	2,161,082			249,251
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,739	5,146			593
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 890,364	798,292			92,072
8. Uniform Allowance	\$ 61,680	55,302			6,378
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 78,926	70,765			8,162
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 12,377	10,768			1,609
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 184,949	160,903			24,046
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 30,899	26,882			4,017
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 50,473	43,910			6,562
2. Cellular Phones	\$ 1,426	1,241			185
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	\$ 1,191,490	1,191,490			
<b>Subtotal</b>	\$ 6,279,010	5,745,460			533,550

\* 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**

Saint Mary Home  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Union Training Fund	\$ 62,970		\$ 7,263
Other Employee Benefits	\$ 7,795		\$ 899
<b>Total</b>	\$ 70,765	\$ -	\$ 8,162

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Saint Mary Home	680-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b><i>Subtotals Brought Forward:</i></b>	6,279,010	5,745,460		533,550	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 9,848	8,568		1,280	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 3,505	3,049		456	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 5,984	5,206		778	
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	\$ 18,741	16,304		2,437	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 31,138	22,423		8,715	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 6,446	5,608		838	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 76,967	66,960		10,007	
12. Administrative Management Services**	\$ 4,042,718	3,517,099		525,619	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 165,611	144,079		21,532	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 10,639,968	9,534,756		1,105,212	

\* 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
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	Residential Care Home
Advertising Other	\$ 5,206		\$ 778
<b>Total Other Advertising</b>	\$ 5,206	\$ -	\$ 778

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
CT Association of Residential Care Facilities	\$ 55		\$ 21
Leading Age	\$ 22,368		\$ 8,694
<b>Total Dues</b>	\$ 22,423	\$ -	\$ 8,715

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Recruitment	\$ 31,170		\$ 4,658
Bank Service Fees - Disallowed	\$ 13,377		\$ 1,999
Licenses and Fees	\$ 40,028		\$ 5,982
Miscellaneous Expenses - Disallowed	\$ 14,286		\$ 2,135
Other - Disallowed	\$ 1,170		\$ 175
Fines and Penalties - Disallowed	\$ 1,637		\$ 245
Purchase Discounts	\$ (45,869)		\$ (6,855)
Catering Meals - Disallowed	\$ 7,394		\$ 1,105
All Scripts Subscription Fees	\$ 4,484		\$ 670
Gift Shop Purchases - Disallowed	\$ 21,030		\$ 3,143
Business insurance	\$ 55,373		\$ 8,275
<b>Total Other Administrative and General</b>	\$ 144,079	\$ -	\$ 21,532

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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2016	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Mercy Community Health	39,924	Direct costs associated with the parent company including wages of the CEO, CFO, Administrative Asst, and the VP of HR and other directly non-allocated expenses	ADC cost not reported
		incurred to run the facilities such as insurance for the officers and financial consulting.	
Mercy Community Health	4,042,718	Direct costs associated with the parent company including wages of the CEO, CFO, Administrative Asst, and the VP of HR and other directly non-allocated expenses	Pg. 16 line m12
		incurred to run the facilities such as insurance for the officers and financial consulting.	
Trinity Health		Cash management and financing services including access to the bonding markets for financing, administrative services via a continuum care division, senior	
		management leadership, purchasing management services, legal services, corporate compliance, and quality.	

**\* 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 Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2016		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	\$ 895,409	644,565			250,844
2.	Non-Food Supplies	\$ 130,353	93,835			36,518
3.	Other ( <i>Specify</i> ) _____	\$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 295,759	212,904			82,855
c. Management Services**		\$				
d. Other ( <i>Specify</i> ) _____		\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 1,321,521</b>	<b>951,304</b>			<b>370,217</b>
<b>2F. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>	
<b>G. Resident Meals: Total no. of meals served per day:*</b>						
<b>H. Is cost of employee meals included in 2E?    <input type="radio"/> Yes                      <input checked="" type="radio"/> No</b>						
<b>I. Did you receive revenue from employees?    <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      If yes, specify amt.</b>						
<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?    <input checked="" type="radio"/> Yes                      <input type="radio"/> No                      If yes, specify cost.</b>						
<b>L. Is any revenue collected from these people?    <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      If yes, specify amt.</b>						
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?    <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      If yes, specify cost.</b>						
<b>O. Is any revenue collected from employees?    <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      If yes, specify amt.</b>						
<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.

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

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

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2016		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. \$	59,076	42,784		16,292
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	30,481	22,075		8,406
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	89,557	64,859		24,698
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Saint Mary Home	680-C	9/30/2016	20	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.	\$ 76,058	61,217		14,841
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.	\$ 122,299	98,435		23,864
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 198,357	159,652		38,705
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from PharMerica		\$ 599,691	599,691		
b. Medicine Cabinet Drugs		\$ 12,987	12,987		
c. Medical and Therapeutic Supplies		\$ 425,008	425,008		
d. Ambulance/Limousine***		\$ 13,416	13,416		
e. Oxygen					
1. For Emergency Use		\$			
2. Other****		\$ 144,659	144,659		
f. X-rays and Related Radiological Procedures***		\$ 25,886	25,886		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h. Laboratory***		\$ 55,749	55,749		
i. Recreation		\$ 1,637	1,179		458
j. Other (Specify)**** See Attached Schedule		\$ 10,543	7,592		2,951
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,289,576	1,286,167		3,409

\* 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
Fee for Service - Disallowed	\$ 376		\$ 146
Pastoral Care Supplies	\$ 7,216		\$ 2,805
<b>Total Other Resident Care</b>	\$ 7,592	\$ -	\$ 2,951

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

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2016			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
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	235,380		127,932	22	6f
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	46,679		25,371	22	6a
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Dining Services	212,904		82,855	18	2b
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	98,435		23,864	20	4b
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	22,075		8,406	19	3b
All Waste	PO Box 2472, Hartford CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Waste Disposal / Removal	32,899		17,881	22	6f
Kone, Inc.	PO Box 429, Moline, IL 61266-0429	<input type="radio"/>	<input checked="" type="radio"/>		Contract Service - Elevator	17,919		9,739	22	6f
Collaborative Labs	114 Woodland Street, Hartford CT 06112	<input type="radio"/>	<input checked="" type="radio"/>		Lab Services	50,536			20	5h
Comcast	PO Box 1577, Newark, NJ 07101-1577	<input type="radio"/>	<input checked="" type="radio"/>		Cable TV	63,828		34,692	22	6f
Mobilex USA	PO BOX 17462, Baltimore, MD 21297	<input type="radio"/>	<input checked="" type="radio"/>		Radiology Services	25,886			20	5f
Siemens	Carol Stream, IL 60132-2134	<input type="radio"/>	<input checked="" type="radio"/>		Contract Service - Alarm	15,999		8,696	22	6f
Local Choice Landscaping LLC	150 New Britain Ave, Unionville, CT 06085	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping / Snow Removal	58,495		31,793	22	6f
Quest Pest Control	PO Box 1512, Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Extermination Service	19,896		10,814	22	6f
See Attached Schedule		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

CSP-21 Rev. 10/2001

**PAGE 21 ATTACHMENT**

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

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2016			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners,		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Luchina, Jim	16 Coppergate Rd, East Granby, CT 06026	<input type="radio"/>	<input checked="" type="radio"/>		Tree removal	7,429		4,038	22	6f
PJ LODOLA AND SONS INC	373 S MAIN ST, Windsor Locks, CT 06096	<input type="radio"/>	<input checked="" type="radio"/>		Electrical maintenance	7,992		4,344	22	6f
Team Mechanical	86A Charles St, East Hartford CT, 06108	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance services	42,375		23,031	22	6f
Aegis Energy Services	PO Box 2511, Springfield, MA 1101	<input type="radio"/>	<input checked="" type="radio"/>		Co-generation	15,614		8,487	22	6a
Aldrich Clean Tech Equipment	59 Webster Place, Worcester, MA 01603	<input type="radio"/>	<input checked="" type="radio"/>		Laundry equipment repairs	11,399		4,340	19	3b
Holy Family Passionist Retrest	303 Tunxis Rd, West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Clergy Services Mass Celebration	9,587		1,433	16	m13
National Datacare Corp	PO Box 222430, Chantilly, VA 20153	<input type="radio"/>	<input checked="" type="radio"/>		Bank fees - resident trust	10,006		1,495	16	m13
Swallowing Diagnostics	21 Waterville Rd, Avon CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Medical Purchased Services	7,777		3,542	20	5j
Unidine Corporation	PO Box 360639, Pittsburg, PA 154251	<input type="radio"/>	<input checked="" type="radio"/>		Dining Services	164,898		64,178	18	2b

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

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 293,825	190,361			103,464	
b. Heat	\$ 207,368	134,348			73,020	
c. Light & Power	\$ 427,103	276,708			150,395	
d. Water	\$ 119,331	77,311			42,020	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 11,675	7,564			4,111	
f. Other ( <i>itemize</i> )	\$ 897,519	581,477			316,042	
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 1,956,821	1,267,769			689,052	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 13,283	8,606			4,677	
b. Building & Building Improvements	\$ 672,385	435,619			236,766	
c. Non-Movable Equipment	\$ 102,993	85,127			17,866	
d. Movable Equipment	\$ 102,279	84,537			17,742	
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 890,940	613,889			277,051	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 1,515	1,515				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 892,455	615,404			277,051	

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Cable TV - Disallowed	\$ 63,828		\$ 34,692
Sodexo Labor	\$ 171,674		\$ 93,307
Contract service - Elevator service	\$ 20,650		\$ 11,224
Medical Equipment rental - Disallowed	\$ 25,340		\$ 13,772
Contract service - Lawn service (mainly Sodexho and Local Choice Landscaping)	\$ 143,709		\$ 78,108
Contract service - other	\$ 14,807		\$ 8,048
Exterminator service	\$ 19,896		\$ 10,814
Maintenance contract - other	\$ 62,367		\$ 33,897
Maintenance equipment rental	\$ 3,412		\$ 1,854
Rubbish removal	\$ 39,796		\$ 21,630
Contract service - alarm	\$ 15,999		\$ 8,696
<b>Total Other Repairs and Maintenance</b>	<b>\$ 581,477</b>	<b>\$ -</b>	<b>\$ 316,042</b>

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### Depreciation Schedule

Name of Facility Saint Mary Home		License No. 680-C			Report for Year Ended 9/30/2016			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		336,038		336,038	232,803	SL	Various	12,327					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		7,650		7,650		SL	Various	956					
A-4. Subtotal									13,283				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		22,787,603		22,787,603	15,129,747	SL	Various	624,093					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		545,684		545,684		SL	Various	48,292					
B-4. Subtotal									672,385				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		2,246,195		2,246,195	847,279	SL	Various	100,803					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		19,985		19,985		SL	Various	2,190					
C-4. Subtotal									102,993				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2014 Chrysler 300 AWD			X	9	2014	28,652		28,652	3,582	#REF!	4	7,364	
b. 2003 Buick			X	1	2003	26,595		26,595	26,595	SL	5		
c. Bus Repair			X	12	2010	4,354		4,354	4,354	SL	4		
d.						170,589		170,589	171,033	SL			
2. Movable Equipment													
a. Acquired prior to this report period						3,129,850		3,129,850	3,505,044	SL	Various	93,903	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						10,909		10,909		SL	Various	1,012	
D-3. Subtotal													102,279
<b>E. Total Depreciation</b>													890,940

Saint Mary Home  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/22/2015	Bollard	\$ 7,650	10	\$ 956
<b>Total additions for Land Improvements</b>		\$ 7,650		\$ 956 *
<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>				
08/24/15	SMH FWT FIRE PANEL	\$ 250,000	10	\$ 27,083
11/10/15	AUDITORIUM AND CONNECTOR ROOF	\$ 133,383	10	\$ 12,227
01/11/16	BOILER FWT BUILDING	\$ 36,980	20	\$ 1,387
01/08/16	WINDOW INSTALATION INFRASTRUC	\$ 30,300	15	\$ 1,515
02/05/16	WINDOW INSTALATION INFRASTRUC	\$ 30,300	15	\$ 1,347
12/14/15	2 SHOWERS	\$ 14,995	15	\$ 833
01/19/16	ROOF INFRASTRUCTURE	\$ 8,000	10	\$ 600
12/22/15	SASH LIMITERS ( WINDOW ) INFRA	\$ 6,000	15	\$ 300
03/15/16	WINDOW AND DOOR INFRASTRUCTURE	\$ 4,520	10	\$ 264
06/30/15	RELOCATE FIRE PANEL CALLAHAN	\$ 4,110	10	\$ 514
01/01/16	BOILER HEAT TIMER CONTROLLER	\$ 3,980	10	\$ 299
01/27/16	SASH LIMITERS ( WINDOW ) -SECO	\$ 3,600	15	\$ 160
07/06/15	SMH/BAGGET STREET COMPRESSOR V	\$ 3,488	15	\$ 291
07/20/15	PANIC BUTTONS	\$ 2,311	10	\$ 289
02/22/16	FIRE DOOR REPLACEMENT	\$ 2,285	10	\$ 133
03/02/16	BACK FLOW PREVENTOR	\$ 2,200	20	\$ 64
10/29/15	ENTRANCE FLOOR REPLACEMENT	\$ 2,000	5	\$ 367
09/17/15	HEAT PUMP	\$ 1,386	10	\$ 150
01/11/16	HEAT PUMP	\$ 1,290	10	\$ 97
01/12/16	HEAT PUMP	\$ 1,290	10	\$ 97
01/20/16	HEAT PUMP	\$ 1,290	10	\$ 86
07/13/15	HEAT PUMP	\$ 1,230	10	\$ 154
10/09/15	REPLACEMENT WINDOW MAINT DIR O	\$ 746	20	\$ 37
<b>Total additions for Building Improvements</b>		\$ 545,684		\$ 48,292 *
<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>				

8/17/2015	REPLACE 4 DUCTLESS AIR CONDITIONING UNITS	17,160	10	2,002	Attachment Pages 23 24
5/23/2016	CUSTOM AIR CONDITIONING SUPPORTS	2,825	5	188	
<b>Total additions for Non-Movable Equipment</b>		\$ 19,985		\$ 2,190	*
<b>Deletions:</b>					
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -	**

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/30/2015	ICE MACHINE	3,575	10	417
12/15/2015	SMH REHAB EQUIPMENT	2,940	15	163
11/9/2015	PARALLEL BARS SMH REHAB	1,710	15	105
3/14/2016	KITCHEN RANGE	1,000	10	58
3/14/2016	CONVECTION OVEN	995	10	58
11/19/2015	MDS LAPTOP REPLACEMENT	689	3	211
<b>Total additions for Movable Equipment</b>		\$ 10,909		\$ 1,012 *
<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

**Amortization Schedule\***

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<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>									

\* 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 Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	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		353			
6. Square Footage		211,856			
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed			
b. Date Mortgage Obtained	2014	2014			
c. Interest Rate for the Cost Year	4.35%	4.35%			
d. Term of Mortgage (number of years)	35	35			
e. Amount of Principal Borrowed	8,934,956	2,180,000			
f. Principal balance outstanding as of 9/30/16	8,446,358	2,082,437			
<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
Saint Mary Home		680-C	9/30/2016			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 344,425	264,818			79,607	
Name of Lender		Rate					
Trinity Health							
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)		\$ 344,425	264,818			79,607	

(Carry Subtotals forward to next page)

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

Name of Facility Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2016			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				344,425	264,818		79,607	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other ( <i>Specify</i> )				\$				
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 ( <i>Specify</i> )				\$				
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 344,425	264,818		79,607	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 22,572	14,624		7,948	
b. Insurance on Automobiles				\$ 3,079	1,995		1,084	
c. Insurance other than Property (as specified above)								
1. Umbrella ( <i>Blanket Coverage</i> )				\$				
2. Fire and Extended Coverage				\$				
3. Other ( <i>Specify</i> )				\$				
<b>14d. Total Insurance Expenditures (14a + b + c)</b>				\$ 25,651	16,619		9,032	
<b>15. Total All Expenditures (A-13 thru C-14)</b>				\$ 33,710,518	29,608,864		4,101,654	

### D. Adjustments to Statement of Expenditures

Name of Facility Saint Mary Home				License No. 680-C	Report for Year Ended 9/30/2016	Page 28	of 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.	10	A12n	Salaries not related to Resident Care	\$ 82,136	71,457		10,679
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 691,693	691,693		
7.			Other - See attached Schedule	\$ 118,899	118,899		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 69,095	60,112		8,983
11.			Telephone	\$			
12.			Cellular Telephone	\$			
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	\$ 6,934	6,032		902
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.	16	16	Automobile Expense (e.g. personal use)	\$ 3,505	3,049		456
18.	16	m3	Unallowable Advertising *	\$ 5,984	5,206		778
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 3,333,106	3,006,097		327,009
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 76,741	66,764		9,978
<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	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 4,388,094	4,029,310		358,784

\* 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
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 23,034		
13	B12	Respiratory Therapy Services	\$ 80,363		
13	B8	Medical Director Fees in Excess of Limit	\$ 15,502		
<b>Total Other Fees Adjustments</b>			\$ 118,899	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Fees	\$ 13,377		\$ 1,999
16	m13	Miscellaneous Expense	\$ 14,286		\$ 2,135
16	m13	Other	\$ 1,170		\$ 175
16	m13	Fines and Penalties	\$ 1,637		\$ 245
16	m13	Catering Meals	\$ 7,394		\$ 1,105
16	m13	Gift shop purchases	\$ 21,030		\$ 3,143
15	1a1-1a9	Benefits - marketing salary (see below for calculation and p. 28 line 2 for salary disallowance)	\$ 7,870		\$ 1,176
<b>Total Other A&amp;G Adjustments</b>			\$ 66,764	\$ -	\$ 9,978

Marketing Benefits Disallowance

	<u>CCH</u>	<u>RCH</u>
Marketing salary reported Page 10 line A12n	71,457	10,679
Total salaries reported page 10	13,045,952	1,504,672
% Marketing to Total Salaries	1%	1%
Total Benefits page 15 lines 1a1-1a9	4,310,266	497,130
Marketing Benefits Disallowance (33.33% of marketing benefits)	<u>7870</u>	<u>1176</u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Mary Home				680-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 4,388,094	4,029,310		358,784
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 599,691	599,691		
28.	20	5d	Ambulance/Limousine	\$ 13,416	13,416		
29.	20	5f	X-rays, etc	\$ 25,886	25,886		
30.	20	5h	Laboratory	\$ 55,749	55,749		
31.	20	5c	Medical Supplies	\$ 42,501	42,501		
32.	20	5e 2	Oxygen (non emergency)	\$ 144,659	144,659		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 522	376		146
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,515	1,515		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 66,965	53,599		13,367
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 3,079	1,995		1,084
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 181,797	120,485		61,312
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 28,071	28,071		
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 5,551,945	5,117,252		434,693

\*\*\* 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.



Saint Mary Home  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Fee for Service	\$ 376		\$ 146
<b>Total Other Ancillary Costs</b>			\$ 376	\$ -	\$ 146

**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	7b	Excess Building Depreciation (limited to CON allowance)	\$ 6,347		\$ 3,450
22	7c	Excess Nonmoveable Depreciation (limited to CON allowance)	\$ 48		\$ 10
22	7d	Automobile Depreciation	\$ 5,965		\$ 1,252
22	7d	Depreciation conversion adjustment	\$ 41,239		\$ 8,655
<b>Total Other Property Adjustments</b>			\$ 53,599	\$ -	\$ 13,367

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Other Revenue	\$ 6,423		\$ 2,497
22	6f	Medical equipment rental	\$ 25,340		\$ 13,772
22	6f	Cable TV	\$ 63,828		\$ 34,692
various	various	Outpatient Therapy Program - see attachment page 29B	\$ 224		\$ 122
30	IV7	Barber and Beauty Revenue	\$ 13,679		\$ 5,316
		Fair Rent for Adult Day Care	\$ 10,991		\$ 4,913
<b>Total Other Adjustments</b>			<b>\$ 120,485</b>	<b>\$ -</b>	<b>\$ 61,312</b>

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
26	12B7	Mortgage Interest in Excess of CON	\$ 28,071		
<b>Total Unallowable Building Interest</b>			<b>\$ 28,071</b>	<b>\$ -</b>	<b>\$ -</b>

**Estimated Overhead on Outpatient Therapy:**

Therapy Square Footage	1,400
Total Square Footage	<u>191,368</u>
% Attributable to Therapy Space	0.73%

Total All Treatments	31,526
Total Physical Therapy Treatments	<u>15,576</u>
Total All Outpatient Treatments	757
Outpatient Physical Therapy Treatments	707
Outpatient % of PT Treatments	4.54% <b>b</b>
Outpatient % of All Treatments	2.40%

Outpatient Allocation of Therapy Space 0.018% **c**

<b>Total Outpatient Disallowance:</b>	<b>351 <b>A</b></b>	<u>SNF</u>	<u>RCH</u>
		<b>224</b>	<b>122</b>

**A & G Expenses - includes entity not reported (pg. 22 of CR):**

Heat	210,676
Water	121,234
Light & Power	433,915
Repairs & Maintenance	298,512
Other Maintenance	<u>911,993</u>
Total	1,976,330
Outpatient Allocation	<u>0.018% <b>c</b></u>
Unallowable Amount	<u>347 <b>A</b></u>

221 120

**Insurance - includes entity not reported (pg. 27 of CR):**

Property Insurance	22,932
Outpatient Allocation	<u>0.018% <b>c</b></u>
Unallowable Amount	<u>4 <b>A</b></u>

3 1

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2016			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> )	\$ 30,067,331	26,479,073		3,588,258		
b. Medicaid Room and Board Contractual Allowance **	\$ (12,789,630)	(11,770,810)		(1,018,820)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,869,539	4,869,539				
b. Medicare Room and Board Contractual Allowance **	\$ 692,562	692,562				
4. a. Private-Pay Residents and Other	\$ 8,878,075	8,647,523		230,552		
b. Private-Pay Room and Board Contractual Allowance **	\$ (640,160)	(640,160)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 406,813	406,813				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (406,813)	(406,813)				
c. Prescription Drugs - Non-Medicare	\$ 197,805	197,805				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 949,775	949,775				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (949,775)	(949,775)				
c. Physical Therapy - Non-Medicare	\$ 835,475	835,475				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 268,225	268,225				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (268,225)	(268,225)				
c. Speech Therapy - Non-Medicare	\$ 230,279	230,279				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 911,525	911,525				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (911,525)	(911,525)				
c. Occupational Therapy - Non-Medicare	\$ 515,924	515,924				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (858,582)	(858,582)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 31,998,618	29,198,628		2,799,990		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ (2,510)	(1,807)		(703)		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 30,245	21,780		8,465		
5. Interest Income ( <i>Specify</i> )	\$ (572)	(412)		(160)		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 18,995	13,679		5,316		
8. Other ( <i>Specify</i> )	\$ 814,180	586,303		227,877		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 860,338	619,543		240,795		
<b>VI. Total All Revenue</b> (III +V)	\$ 32,858,956	29,818,171		3,040,785		

\* 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
30, II6a	X-Ray and Other	\$ 49,470		
30, II6a	X-Ray and Other Contractual Allowance	\$ (49,470)		
30, II6a	Oxygen - Medicare	\$ 23,280		
30, II6a	Contractual Allowances - Oxygen	\$ (23,280)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6b	X-Ray and Other	\$ 30,889		
30, II6b	X-Ray and Other Contractual Allowance	\$ (897,465)		
30, II6b	Oxygen - Other	\$ 7,994		
<b>Total Other Resident Revenue</b>		\$ (858,582)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest income - operations		\$ (412)		\$ (160)
<b>Total Interest Income</b>			\$ (412)	\$ -	\$ (160)

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Gifts and Bequests	\$ 264,643		\$ 102,858
30, IV8	Grant Income	\$ 344,272		\$ 133,808
30, IV8	Other Revenue - Disallowed	\$ 6,423		\$ 2,497
30, IV8	Other Comprehensive Loss - Interest Rate Swap	\$ (29,036)		\$ (11,285)
<b>Total Other Revenue</b>		\$ 586,303	\$ -	\$ 227,877

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	11,969,614
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,632,323
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(6,883)
4. Inventories			\$	133,857
5. Prepaid Expenses			\$	106,823
a. Other Prepaid Expenses	4,002			
b. Licenses and Fees	23,617			
c. Health Insurance	39,829			
d. Sodexho Deposit	39,375			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	25,355
Escrow- Teamsters 671 Med	21,427			
Dental Prefund	2,760			
FSA Prefund	1,168			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	17,861,089
<b>B. Fixed Assets</b>				
1. Land			\$	100,982
2. Land Improvements	*Historical Cost	347,729		
	Accum. Depreciation			
	Net		\$	347,729
3. Buildings	*Historical Cost	23,805,727		
	Accum. Depreciation	16,550,164		
	Net		\$	7,255,563
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
6. Movable Equipment	*Historical Cost	5,477,692		
	Accum. Depreciation	4,205,462		
	Net		\$	1,272,230
7. Motor Vehicles	*Historical Cost	224,836		
	Accum. Depreciation	208,720		
	Net		\$	16,116
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	1,171,805
Fixed Asset Holding	1,169,924			
Construction in Progress	1,881			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	10,164,425

\* 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 Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 28,025,514	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
3. Buildings			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
4. Non-Movable Equipment			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
5. Movable Equipment			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
6. Motor Vehicles			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost _____	Net		
	Accum. Depreciation _____			
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ 412,264	
Investments	412,264			
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 412,264</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 28,437,778</b>	

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

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 788,383
2. Notes Payable ( <i>itemize</i> )				\$
_____				
_____				
_____				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 952,094
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 62,185
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable ( <i>Current Portion</i> )				\$
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities ( <i>itemize</i> )				\$ 14,168,898
Resident Trust Funds	149,284	Accrued Retirement Exp <sup>a</sup>	(16,633)	
Open Cost Rpts PublicAid	27,195	Intercompany Payable	12,931,630	
Current Portion of Debt - Intercomp	207,265	Provider Tax Liability	306,567	
Other Accrued Expenses	563,590			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				<b>\$ 15,971,560</b>

\* 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 Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			15,971,560	
<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				\$
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> )				\$
Intercompany Debt - Long term		10,321,530		
				10,321,530
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 10,321,530
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 26,293,090

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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2016	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			\$	265,000
6. Total Reserves			\$	265,000
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,802,709
6. Gain or Loss for Period			\$	(923,021)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	1,879,688
<b>C. Total Reserves and Net Worth</b>			\$	2,144,688
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	28,437,778

### H. Changes in Total Net Worth

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	4,069,519
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	32,858,956
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	33,710,518
D. Net Income or Deficit			\$	(851,562)
E. Balance			\$	3,217,957
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Other Entity Loss not included	(71,459)			
Other adjustments	(1,001,810)			
F-3. Total Additions			\$	(1,073,269)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,144,688
				09/30/16

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

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2016	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 <i>Blum, Shapiro &amp; Company, P.C.</i>		Title		Date Signed 2/13/17	
Printed Name of Preparer  Blum Shapiro & Co, PC					
Address Address  2 Enterprise Drive, Shelton, CT 06484				Phone Number  860-561-4000	