

February 15, 2018

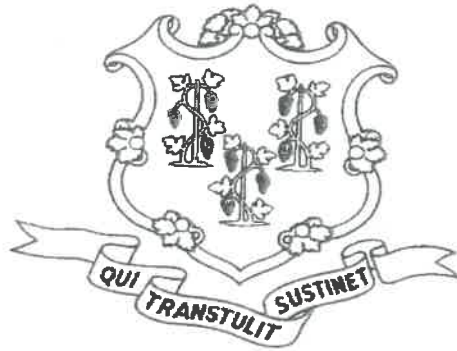
Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Ave  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2017 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 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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)	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2017	1	37

**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) 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 10/1/2016	To 9/30/2017
Address of Facility 2021 Albany Avenue, West Hartford, CT 06117				
Report Prepared By Blum Shapiro & Co, PC		Phone Number 860-561-4000	Date 2/15/2018	
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 9/30/2017	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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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 None		License No.:		







Mercy Community Health Inc. (Saint Mary Home)

Attachment Page 3A

Board of Directors

Sr. Barbara Mullen, CSJ resigned 9/17

Bill Fiocchetta

John Capasso

Dan O'Connell

David Harris

Dr. Camille Alvarado

Dr. Dalia Giedrimiene

Dr. Richard ZuWallack, resigned 12/17

Luis Perez

Mark Walker, resigned 12/17

Patricia Cook, RSM

Patrick Johnson, Jr.

Peter Murphy

Sr. Jean McGinty

Sue Keefe, RSM, resigned 10/17

Ann Kane, CSJ, joined as of 1/18

Patricia McKeon, RSM joined as of 1/18



## General Information and Questionnaire Related Parties\*

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Sisters of Mercy Northeast	15 Highland View Road Cumberland, RI 02864	<input type="radio"/>	<input checked="" type="radio"/>	Pastoral Care	Pg. 13 line 12	14,873	14,873
Trinity Health	17410 College Parkway Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>	Loan	Pg. 33 A12, Pg. 34 B4	10,325,145	10,325,145
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>	Management Services	Pg. 16 line m12	2,480,373	2,480,373
McAuley	275 Steele Rd West Hartford, CT 06117	<input checked="" type="radio"/>	<input type="radio"/>	Revenue for CCRC Nursing Home patients	Pg. 30 line 14a	1,558,049	1,558,049
Sisters of Providence	1221 Main St. Suite 213 Holyoke, MA 01040	<input checked="" type="radio"/>	<input type="radio"/>	Outside Printing	Pg. 16 line m13	618	618
Trinity Health	17410 College Parkway Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>	Interest on loan	Pg. 26 line m13	369,130	369,130
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>	Intercompany receivable	Pg. 33 line A12	57,408	57,408
McAuley	275 Steele Rd West Hartford, CT 06117	<input checked="" type="radio"/>	<input type="radio"/>	Intercompany receivable	Pg. 33 line A12	867	867
See Attached		<input type="radio"/>	<input type="radio"/>				

\* Use additional sheets if necessary.

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

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

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2017	Page 4	of 37	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party	
		Yes	No			Description of Goods/Services Provided
Trinity Health	17410 College Parkway, Livonia, MI 48152	<input type="radio"/>	<input checked="" type="radio"/>	Intercompany payable	2,717,916	2,717,916
St Francis Medical Group	114 Woodland Street, Hartford CT 06112	<input checked="" type="radio"/>	<input type="radio"/>	Medical Director and Physician Services	90,277	90,277
St Francis Hospital	114 Woodland Street, Hartford CT 06112	<input checked="" type="radio"/>	<input type="radio"/>	Employment Physicals	21,814	21,814
Collaborative Labs	114 Woodland Street, Hartford CT 06112	<input checked="" type="radio"/>	<input type="radio"/>	Lab services	65,096	65,096

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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.)

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



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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co, PC	29 S Main St, West Hartford, CT 06107
2 Deloitte via Trinity Health	3805 W Chester Pike #100, Newtown Square, PA 19073
3	
4	

**Services Provided by This Firm (describe fully)**

1 Cost Report Preparation and DSS audit	\$ 15,781
2 External Audit and Form 990 prep (billed through management fees by Trinity Health)	\$
3	\$
4	\$
	<b>Charge for Services Provided</b>
	\$ 15,781

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	Telephone Number
1 Harbor Robert	203-849-0863
2 Goldman, Gruder and Woods, LLC	203-899-8915
3 Robinson & Cole, LLP	860-275-8200
4 Wiggin and Dana	203-498-4400
5 State of Connecticut	

**Address (No. & Street, City, State, Zip Code)**

- 1 70 New Canaan Avenue, Norwalk, CT 06850
- 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 S. Main St, RM#318, Probate Court, West Hartford, CT 06107

**Services Provided by This Firm (describe fully)**

1 Recruiting	\$ 237
2 Collections - Disallowed	\$ 30,652
3 Labor Relations	\$ 38,372
4 Administrative Issues	\$ 48
5 Probate Fees - Disallowed	\$ 1,337
	<b>Charge for Services Provided</b>
	\$ 70,646

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

**Schedule of Resident Statistics**

Name of Facility Saint Mary Home	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	License No. 680-C			Report for Year Ended 9/30/2017			Page 8	of 37	
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30					
					Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total CCNH	RHNS	Residential Care Home			Total
<b>1. Certified Bed Capacity</b>													
A. On last day of PREVIOUS report period	353	256		97	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	353	256	97
<b>2. Number of Residents</b>													
A. As of midnight of PREVIOUS report period	339	247		92	339	247	92	332	240	92	332	240	92
B. As of midnight of THIS report period	333	240		93	332	240	92	333	240	93	333	240	93
<b>3. Total Number of Days Care Provided During Period</b>													
A. Medicare	10,349	10,349			7,990	7,990		2,359	2,359		2,359	2,359	
B. Medicaid (Conn.)	61,124	61,124			45,153	45,153		15,971	15,971		15,971	15,971	
C. Medicaid (other states)													
D. Private Pay	13,258	11,794		1,464	10,471	9,332	1,139	2,787	2,462		2,787	2,462	325
E. State SSI for RCH	31,075			31,075	23,237		23,237	7,838			7,838		7,838
F. Other (Specify)	4,291	4,291			3,015	3,015		1,276	1,276		1,276	1,276	
G. Total Care Days During Period (3A thru F)	120,097	87,558		32,539	89,866	65,490	24,376	30,231	22,068		30,231	22,068	8,163
<b>4. 3G for Which Revenue Was Received for Reserved Beds</b>													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	1,045	107		938	741	81	660	304	26		304	26	278
<b>5. Total Resident Days (3G + 4A + 4B)</b>	121,142	87,665		33,477	90,607	65,571	25,036	30,535	22,094		30,535	22,094	8,441



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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017	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	26	173		41		4	89	
Per Diem Rate								
a. One bed rm.		242.35		518.00		148-161	106.14	
b. Two bed rms.		242.35		469-493		148-161	106.14	
c. Three or more bed rms.		242.35		426.00		148-161	106.14	

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Physical Therapy Treatments**

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Speech Therapy Treatments**

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Occupational Therapy Treatments**

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	3,127	3,127		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	410	410		
2. Restorative Treatments				
C. Other	12,415	12,415		
D. <b>Total Physical Therapy Treatments</b>	15,952	15,952		
A. Medicare - Part B	481	481		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	14	14		
2. Restorative Treatments				
C. Other	2,992	2,992		
D. <b>Total Speech Therapy Treatments</b>	3,487	3,487		
A. Medicare - Part B	1,395	1,395		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	429	429		
2. Restorative Treatments				
C. Other	11,433	11,433		
D. <b>Total Occupational Therapy Treatments</b>	13,257	13,257		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2017	10	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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	128,790	1,794			19,100	266
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	28,422	560			81,087	2,320
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	568,559	12,019			84,319	1,782
5. Dietary Service						
a. Head Dietitian	41,994	2,057			16,006	784
b. Food Service Supervisor						
c. Dietary Workers	889,542	56,346			339,047	21,476
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	940,808	59,210			229,666	12,868
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,229	1,743			25,670	948
b. Other Maintenance Workers	107,271	6,707			58,303	3,645
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	80,074	4,516			29,758	1,678
9. Barber and Beautician Services						
10. Protective Services	209,420	12,620			113,823	6,859
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	250,668	4,276				
b. RN						
1. Direct Care	2,270,739	48,369				
2. Administrative**	218,805	4,152				
c. LPN						
1. Direct Care	2,185,621	80,534				
2. Administrative**						
d. Aides and Attendants	4,335,709	264,838			379,368	21,038
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	238,465	10,428			29,132	1,174
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	177,322	6,228				
n. Marketing	78,099	1,565			11,582	266
o. Other (Specify)						
See Attached Schedule	132,299	4,944			14,985	515
<i>A-13. Total Salary Expenditures</i>	12,929,836	582,907			1,431,847	75,620

\* 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.



State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-11 Rev. 10/2005

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017		Page 11	of 37					
		Residential Care Home	Residential Care Home							
Name	CCNH	RHNS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
<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.

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

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

Name of Facility (as licensed) Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2017		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
Eric Dana	128,790		19,100		Administrator	2,061	A2			
<b>Section IV - Assistant Administrators</b>										
Phil Murray	28,422		12,182		Assistant Administrator	800	A3			
Patricia Cyphers			68,905		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	9/30/2017	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	15,548	Disallow				
3. Pharmacist	19,301					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	943,284	15,721				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	114,277	1,159				
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	170,251	2,837				
b. Other						
10. Occupational Therapist						
a. Resident Care	817,140	13,619				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	150,668	1,235				
2. Administrative***						
b. LPN						
1. Direct Care	16,568	408				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	78,885	1,714				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,325,922</b>	<b>36,693</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 9/30/2017	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	Pharmacists	<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 Moutain 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 Affilitac	
The Nurse Network	RN/LPN/CNA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Symbria 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 Adoration	RN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* 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	9/30/2017		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 36,928	33,246			3,682
2. Disability Insurance	\$ 17,858	16,078			1,780
3. Unemployment Insurance	\$ 62,932	56,658			6,274
4. Social Security (F.I.C.A.)	\$ 1,077,344	969,934			107,410
5. Health Insurance	\$ 2,598,590	2,339,513			259,077
6. Life Insurance (employees only) (not-owners and not-operators)	\$ (1,388)	(1,250)			(138)
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 858,958	773,321			85,637
8. Uniform Allowance	\$ 63,598	57,257			6,341
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 75,371	67,856			7,514
<b>b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$				
<b>d. Accounting and Auditing</b>	\$ 15,781	13,743			2,038
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 70,646	61,522			9,124
<b>f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 42,219	36,766			5,453
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 26,330	22,929			3,401
2. Cellular Phones	\$ 1,427	1,242			184
<b>i. Appraisal (<i>Specify purpose and attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>3. Resident Day User Fee</b>	\$ 1,193,717	1,193,717			
<b>Subtotal</b>	\$ 6,140,310	5,642,533			497,777

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

(Carry Subtotals forward to next page)





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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2017		Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
<b><i>Subtotals Brought Forward:</i></b>	6,140,310	5,642,533		497,777	
<b>i. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 1,005	876		130	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 11,900	10,363		1,537	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,358	1,183		175	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
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	\$				
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	\$ 12,367	10,770		1,597	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 38,172	27,623		10,549	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org. ***	\$				
9. Subscriptions	\$ 673	586		87	
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> )	\$ 10,091	8,788		1,303	
12. Administrative Management Services**	\$ 2,480,373	2,160,032		320,341	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 151,998	132,367		19,631	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 8,848,247	7,995,121		853,127	

\* 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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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
CT Association of Residential Care Facilities	\$ 253		\$ 97
Leading Age - Connecticut	\$ 2,207		\$ 843
Leading Age - National	\$ 24,439		\$ 9,332
National Davcare Corporation	\$ 412		\$ 157
American Association of Nurse Assessment Coordination	\$ 313		\$ 119
<b>Total Dues</b>	<b>\$ 27,623</b>	<b>\$ -</b>	<b>\$ 10,549</b>

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Recruitment	\$ 27,935		\$ 4,143
Bank service fees - Disallowed	\$ 7,806		\$ 1,158
Licenses and fees	\$ 26,806		\$ 3,975
Miscellaneous expense - Disallowed	\$ 10,816		\$ 1,604
Gift shop purchases - Disallowed	\$ 18,807		\$ 2,789
Other - Disallowed	\$ 561		\$ 83
All Scripts subscription fees - Disallowed	\$ 2,280		\$ 338
Ancillary consulting - Disallowed	\$ 31,164		\$ 4,622
Purchase discounts	\$ (35,726)		\$ (5,298)
Fines and penalties - Disallowed	\$ 2,767		\$ 410
Business insurance	\$ 25,090		\$ 3,721
Clergy services mass celebration	\$ 14,062		\$ 2,085
<b>Total Other Administrative and General</b>	<b>\$ 132,367</b>	<b>\$ -</b>	<b>\$ 19,631</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2017	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	24,912	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	2,480,373	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) - 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 9/30/2017	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. \$	20,901	15,238	5,663
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)	\$	35,777	26,084	9,694
c. Management Services**	\$			
d. Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>56,678</b>	<b>41,322</b>	<b>15,357</b>
<b>3F. Laundry Questionnaire</b>				
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.









**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 9/30/2017	Total Cost/Page Ref.***				Page of 21   37
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg Line
		Yes	No					
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	O	O	Maintenance Service	230,277		125,159	22 6f
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	O	O	Housekeeping Services	97,043		18,331	20 4b
Sodexo, Inc.	PO Box 81049, Woburn, MA 01801	O	O	Laundry Services	26,084		9,694	19 3b
AEGIS Energy Services	PO Box 2511, Springfield, MA 01101	O	O	CoGeneration	11,509		6,255	22 6f
All Waste	PO Box 2472, Hartford, CT 06146	O	O	Waste Disposal/Removal	32,683		17,764	22 6f
Collaborative Labs	114 Woodland Street, Hartford, CT 06112	O	O	Lab Service	65,096			20 5h
Comcast	PO Box 1577, Newark, NJ 07101-1577	O	O	Cable TV	56,000		30,437	22 6f
Holy Family Passionist Retreat	303 Tunxis Rd, West Hartford, CT 06117	O	O	Clergy Services Mass Celebration	14,062		2,085	16 m13
Mobilex USA	PO Box 222430, Chantilly, VA 20153	O	O	Radiology Services	22,091			20 5f
PJ Lodola and Sons Inc.	Windsor Locks, CT 06096	O	O	Electrical Maintenance	13,366		7,264	22 6a
Quest Pest Control	PO Box 1512 Avon, CT 06001	O	O	Extermination Services	21,554		11,715	22 6f
Saint Francis Hospital	114 Woodland Street, Hartford, CT 06112	O	O	Employment Physicals	18,996		2,817	16 m13
Siemens	Carol Stream, IL, 60132-2134	O	O	Contract Service - Alarm	19,065		10,362	22 6f
See Attachment		O	O					

\* 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 Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2017		Page 21		of 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
Chief of Staff LLC	750 Main St, Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>		Dining Services	19,052		7,262	18	2b
Unidine Corporation	PO Box 360639, Pittsburg, PA 154251	<input type="radio"/>	<input checked="" type="radio"/>		Dining Services	406,232		154,835	18	2b
Local Choice Landscaping LLC	150 New Britain Ave, Unionville, CT 06085	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/snow removal	9,844		5,350	22	6f

### 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	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$ 252,219	163,406			88,813	
b. Heat	\$ 178,278	115,501			62,777	
c. Light & Power	\$ 428,471	277,594			150,877	
d. Water	\$ 146,534	94,935			51,599	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 11,510	7,457			4,053	
f. Other ( <i>itemize</i> )	\$ 845,362	547,686			297,676	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 1,862,374</b>	<b>1,206,579</b>			<b>655,795</b>	
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$ 18,184	11,781			6,403	
b. Building & Building Improvements	\$ 780,416	505,609			274,807	
c. Non-Movable Equipment	\$ 101,849	84,181			17,668	
d. Movable Equipment	\$ 108,365	89,567			18,798	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,008,814</b>	<b>691,138</b>			<b>317,676</b>	
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	<b>\$</b>					
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ (630)	(630)				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,008,184</b>	<b>690,508</b>			<b>317,676</b>	

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.



State of Connecticut  
**Annual Report of Long-Term Care Facility**  
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**Depreciation Schedule**

Name of Facility Saint Mary Home	License No. 680-C		Report for Year Ended 9/30/2017					Page 23	of 37		
	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	343,688		343,688	246,086	SL	Various	15,838				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	96,537						2,346				
<b>A-4. Subtotal</b>								<b>18,184</b>			
<b>B. Building and Building Improvements</b>											
1. Acquired prior to this report period	23,333,287		23,333,287	15,802,132	SL	Various	645,362				
2. Disposals (attach schedule)	(14,995)		(14,995)	(1,265)	SL						
3. Acquired during this report period (attach schedule)	1,809,836		1,809,836		SL	Various	135,054				
<b>B-4. Subtotal</b>								<b>780,416</b>			
<b>C. Non-Movable Equipment</b>											
1. Acquired prior to this report period	2,266,180		2,266,180	950,272	SL	Various	101,849				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>C-4. Subtotal</b>								<b>101,849</b>			
<b>D. Movable Equipment</b>											
1. Motor Vehicles (Specify name, model and year of each vehicle)	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								
a. Fully depreciated	X		var	170,589		170,589	171,033	SL	var		
b. 2003 Buick	X		12 2003	26,595		26,595	26,595	SL	5		
c. Bus Repair	X		12 2010	4,354		4,354	4,354	SL	4		
d. See attachment for additional motor v	X		var	220,823		220,823	10,946	SL	4	42,640	
<b>2. Movable Equipment</b>											
a. Acquired prior to this report period				3,140,759		3,140,759	3,599,959	SL	Various	44,192	
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)				300,627		300,627		SL	Various	21,533	
<b>D-3. Subtotal</b>											<b>108,365</b>
<b>E. Total Depreciation</b>											<b>1,008,814</b>

**Depreciation Schedule**

Name of Facility Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2017				Page 23b	of 37				
D. Movable Equipment	I. Motor Vehicles (Specify name, model and year of each vehicle)	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								
	a. 2014 Chrysler 300 AWD	X		9	2014	28,652		28,652	10,946	SL	4	7,020	
	b. 2015 Ford Truck F-350	X		11	2016	73,770		73,770	0	SL	4	15,814	
	c. 2014 Chrysler 300	X		6	2015	33,737		33,737	0	SL	4	18,941	
	d. 2017 Ford Transit Shuttle Bus	X		9	2017	84,664		84,664	0	SL	4	864	



Saint Mary Home  
9/30/2017

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/22/2016	LABYRINTH LANDSCAPING	\$ 96,537	20	\$ 2,346
<b>Total additions for Land Improvements</b>		\$ 96,537		\$ 2,346 *
<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>				
12/6/2016	BUILDING RENOVATION	\$ 873,378	10	\$ 69,142
12/6/2016	WINDOW REPLACEMENT	\$ 184,389	10	\$ 14,597
4/27/2017	HOT WATER HEATER	\$ 5,677	10	\$ 261
6/15/2017	NURSE CALL SYSTEM-JERON	\$ 59,543	20	\$ 1,737
8/4/2017	CARPET/VINYL APT #462	\$ 3,543	5	\$ 89
8/4/2017	CARPET/VINYL APT #225	\$ 2,358	5	\$ 59
8/4/2017	CARPET/VINYL APT #173	\$ 2,535	5	\$ 63
8/14/2017	HEAT PUMP UNIT #G115	\$ 3,710	10	\$ 46
8/14/2017	HEAT PUMP APT #G112	\$ 3,710	10	\$ 46
8/31/2017	VINYL SKILLED CARE #1009	\$ 3,600	3	\$ 90
8/29/2017	HEAT PUMP APT #G125	\$ 3,710	10	\$ 46
9/8/2017	HEAT PUMP APT #1007	\$ 3,710	10	\$ 15
12/1/2015	HOT WATER CONNECTION	\$ 21,440	10	\$ 3,841
8/30/2016	AUTOMATIC DOOR	\$ 17,825	10	\$ 2,005
6/22/2016	CARPET/VINYL - 1ST FLOOR HALL	\$ 2,830	5	\$ 731
6/3/2016	PASTORAL A/C SYSTEM	\$ 14,980	10	\$ 1,935
7/8/2016	CHAPEL ROOF REPLACEMENT	\$ 181,368	10	\$ 21,915
12/8/2015	CARPET/VINYL APT #251 FWT	\$ 1,270	5	\$ 455
12/8/2015	CARPET/VINYL APT #474 FWT	\$ 1,110	5	\$ 397
10/12/2016	FIRE PUMP WALL	\$ 28,350	15	\$ 1,811
12/31/2016	SOUTH TOWER RENOVATION	\$ 389,000	20	\$ 15,398
9/21/2016	CARPET - FITZGERALD NURSES	\$ 1,800	5	\$ 375
<b>Total additions for Building Improvements</b>		\$ 1,809,836		\$ 135,054 *
<b>Deletions:</b>				
4/1/2017	2 SHOWERS	\$ (14,995)		
<b>Total deletions for Building Improvements</b>		\$ (14,995)		\$ - **

\*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>				





## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/6/2016	SOUND EQUIPMENT	\$ 27,610	10	\$ 2,186
12/6/2016	FURNITURE	\$ 190,557	15	\$ 10,057
6/27/2017	CABINETS - MOBILE HEATED	\$ 2,617	10	\$ 51
8/23/2017	DISHWASHER MOTOR	\$ 7,465	10	\$ 93
3/14/2016	CONVECTION OVEN	\$ 5,944	10	\$ 1,016
1/12/2016	DISHWASHER (UNDER COUNTER)	\$ 4,969	10	\$ 849
1/12/2016	IMMERSION BLENDER	\$ 425	10	\$ 73
1/12/2016	FOOD HOLDING CABINET REACH-IN	\$ 2,800	10	\$ 478
1/12/2016	GAS RANGES	\$ 10,062	10	\$ 1,719
7/16/2016	VITAL SIGN MACHINE	\$ 2,755	8	\$ 416
6/1/2016	CART DOORS (6)	\$ 3,546	10	\$ 458
6/30/2016	BEDSIDE CABINETS	\$ 2,418	15	\$ 208
6/30/2016	CS7 ELECTRIC BEDS, 36" W	\$ 7,311	12	\$ 787
6/30/2016	OVERBED TABLES	\$ 2,007	15	\$ 173
6/30/2016	TABLETOPS & BASES	\$ 3,892	10	\$ 503
6/30/2016	WILLIAMSBURG ARMCHAIRS	\$ 15,792	15	\$ 1,360
6/30/2016	HOMESTEAD BUFFET TABLE	\$ 2,683	15	\$ 231
8/4/2016	DISHWASHER MOTOR	\$ 7,774	10	\$ 875
<b>Total additions for Movable Equipment</b>		\$ 300,627		\$ 21,533 *
<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 9/30/2017		Page '24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Month	Year			Cost to Be Amortized	Length of Amortization
<b>A. Organization Expense</b>						
1.						
2.						
3.						
<b>A-4. Subtotal</b>						
<b>B. Mortgage Expense</b>						
1.						
2.						
3.						
<b>B-4. Subtotal</b>						
<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)						
<b>C-4. Subtotal</b>						
<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 9/30/2017	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

Is the property either owned by the Facility or leased from a Related Party?\*  Yes  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 NOT 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	

**Part B - Owner and Related Parties**

	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	4.05%	4.05%		
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 9/30/17	8,285,546	2,039,599		
<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				

**Part C - Arms-Length Leases for Real Property Improvements Only**

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2017			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 369,130	296,362			72,768	
Name of Lender Trinity Health		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							
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>		<b>\$ 369,130</b>	<b>296,362</b>			<b>72,768</b>	

*(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
Saint Mary Home		680-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				369,130	296,362		72,768	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 369,130	296,362		72,768	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 28,913	18,732		10,181	
b. Insurance on Automobiles				\$ 9,374	6,073		3,301	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$ 89,735	78,146		11,589	
14d. Total Insurance Expenditures (14a + b + c)				\$ 128,022	102,951		25,071	
15. Total All Expenditures (A-13 thru C-14)				\$ 32,117,082	28,249,874		3,867,207	



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Mary Home			680-C	9/30/2017	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.	10	A12n	Salaries not related to Resident Care	\$ 89,681	78,099		11,582
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 817,140	817,140		
7.			Other - See attached Schedule	\$ 79,560	79,560		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 31,989	27,858		4,131
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 11,900	10,363		1,537
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	L6	Automobile Expense (e.g. personal use)	\$ 771	734		37
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 1,757,790	1,637,131		120,659
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 95,175	82,884		12,292
<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)				\$ 2,884,007	2,733,769		150,238

\* 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.



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Mary Home			680-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 2,884,007	2,733,769		150,238
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 520,610	520,610		
28.	20	5d	Ambulance/Limousine	\$ 13,203	13,203		
29.	20	5f	X-rays, etc	\$ 22,577	22,577		
30.	20	5h	Laboratory	\$ 65,096	65,096		
31.	20	5c	Medical Supplies	\$ 54,757	54,757		
32.	20	5e2	Oxygen (non emergency)	\$ 115,119	115,119		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7	7		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 864	714		150
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ (630)	(630)		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 9,855	6,395		3,460
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 1,969	1,275		693
<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	\$ 246,856	166,950		79,906
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 31,414	31,414		
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 3,965,704	3,731,257		234,447

\*\*\* 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  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Physical therapy supplies	\$ 7		
<b>Total Other Ancillary Costs</b>			<b>\$ 7</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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 ot CON allowance)	\$ 48		\$ 10
<b>Total Other Property Adjustments</b>			<b>\$ 6,395</b>	<b>\$ -</b>	<b>\$ 3,460</b>

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6f	Cable TV	\$ 56,000		\$ 30,437
22	6f	Medical equipment rental	\$ 39,296		\$ 21,358
30	IV8	Barber and Beauty revenue	\$ 11,278		\$ 4,307
30	IV8	Other revenue	\$ 49,189		\$ 18,784
		Fair rent for Adult Day Care	\$ 10,991		\$ 4,913
various	various	Outpatient Therapy Program - see attachment page 29B	\$ 197		\$ 107
<b>Total Other Adjustments</b>			\$ 166,950	\$ -	\$ 79,906

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
26	12B7	Mortgage interest in excess of CON	\$ 31,414		
<b>Total Unallowable Building Interest</b>			\$ 31,414	\$ -	\$ -

**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	32,696
Total Physical Therapy Treatments	<u>15,952</u>
Total All Outpatient Treatments	844
Outpatient Physical Therapy Treatments	761
Outpatient % of PT Treatments	4.77% <b>b</b>
Outpatient % of All Treatments	2.58%

Outpatient Allocation of Therapy Space 0.019% **c**

		<u>SNF</u>	<u>RCH</u>
<b>Total Outpatient Disallowance:</b>	<b>309 <b>A</b></b>	<b>197</b>	<b>107</b>

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

Heat	181,122
Water	148,871
Light & Power	435,305
Repairs & Maintenance	256,242
Other Maintenance	<u>585,048</u>
Total	1,606,588
Outpatient Allocation	<u>0.019% <b>c</b></u>
Unallowable Amount	303 <b>A</b>

193 105

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

Property Insurance	29,375
Outpatient Allocation	<u>0.019% <b>c</b></u>
Unallowable Amount	6 <b>A</b>

4 2

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 31,104,650	26,245,037		4,859,613		
b. Medicaid Room and Board Contractual Allowance **	\$ (13,453,548)	(11,972,938)		(1,480,610)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 4,959,719	4,959,719				
b. Medicare Room and Board Contractual Allowance **	\$ 747,186	747,186				
4. a. Private-Pay Residents and Other	\$ 8,651,064	8,443,676		207,388		
b. Private-Pay Room and Board Contractual Allowance **	\$ (2,789,360)	(2,789,360)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 346,550	346,550				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (346,550)	(346,550)				
c. Prescription Drugs - Non-Medicare	\$ 145,934	145,934				
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	\$ 1,042,851	1,042,851				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,042,851)	(1,042,851)				
c. Physical Therapy - Non-Medicare	\$ 878,347	878,347				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 217,202	217,202				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (217,202)	(217,202)				
c. Speech Therapy - Non-Medicare	\$ 150,066	150,066				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,119,578	1,119,578				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,119,578)	(1,119,578)				
c. Occupational Therapy - Non-Medicare	\$ 609,525	609,525				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ (874,039)	(874,039)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 30,129,544	26,543,153		3,586,391		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 940	680		260		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 162	117		45		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 15,585	11,278		4,307		
8. Other (Specify)	\$ 729,773	528,104		201,669		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 746,460	540,179		206,281		
<b>VI. Total All Revenue</b> (III + V)	\$ 30,876,004	27,083,332		3,792,672		

\* 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	\$ 56,588		
30, II6a	X-Ray and Other Contractual Allowance	\$ (56,588)		
30, II6a	Oxygen - Medicare	\$ 21,996		
30, II6a	Contractual Allowances - Oxygen	\$ (21,996)		
<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	\$ 34,012		
30, II6b	X-Ray and Other Contractual Allowance	\$ (916,735)		
30, II6b	Oxygen - Other	\$ 8,684		
<b>Total Other Resident Revenue</b>		\$ (874,039)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	INTEREST INCOME OPERATIONS		\$ 117		\$ 45
<b>Total Interest Income</b>			\$ 117	\$ -	\$ 45

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Gifts and Bequests	\$ 317,550		\$ 121,264
30, IV8	Gain on PPE disposal	\$ 37,117		\$ 14,174
30, IV8	Grant Income	\$ 152,237		\$ 58,136
30, IV8	Other Revenue - Disallowed	\$ 49,189		\$ 18,784
30, IV8	Other comprehensive income - interest rate swap	\$ (27,990)		\$ (10,688)
<b>Total Other Revenue</b>		\$ 528,104	\$ -	\$ 201,669

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	13,996,995
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,908,467
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	8,621
4 Inventories			\$	127,803
5. Prepaid Expenses			\$	1,079
a. Other Prepaid Expenses	1,079			
b. _____				
c. _____				
d. _____				
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)			\$	18,068,320
<b>B. Fixed Assets</b>				
1. Land			\$	100,982
2. Land Improvements	*Historical Cost	444,267	\$	444,267
	Accum. Depreciation			
	Net			
3. Buildings	*Historical Cost	25,600,569	\$	8,239,067
	Accum. Depreciation	17,361,502		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
6. Movable Equipment	*Historical Cost	5,778,319	\$	1,401,865
	Accum. Depreciation	4,376,454		
	Net			
7. Motor Vehicles	*Historical Cost	417,008	\$	164,778
	Accum. Depreciation	252,230		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	549,545
Construction in Progress	549,545			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	10,900,504

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	28,968,824
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 _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care ( <i>itemize</i> )				
\$				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )				
\$				
451,614				
Investments				
451,614				
\$				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				
\$				
451,614				
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				
\$				
29,420,438				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Saint Mary Home		680-C	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,225,309
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> )				\$	1,002,505
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	114,460
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> )				\$	2,976,012
Resident Trust Funds		159,295	Miscellaneous Current Li	(29,320)	
Current Portion of Debt - Intercompa.		192,813			
Accrued Retirement Expenses		(6,417)			
Intercompany Payable, net		2,659,641			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>5,318,286</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 9/30/2017	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				5,318,286	
<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		10,132,332			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 10,132,332	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 15,450,618	

**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	9/30/2017	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			\$	15,023,560
6. Gain or Loss for Period			\$	(1,318,740)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	13,704,820
<b>C. Total Reserves and Net Worth</b>			\$	13,969,820
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	29,420,438

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Saint Mary Home	680-C	9/30/2017	36	37	
<b>Account</b>			<b>Amount</b>		
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	2,144,688	
B. Total Revenue (From Statement of Revenue Page 30)			\$	30,876,004	
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	32,117,082	
D. Net Income or Deficit			\$	(1,241,078)	
E. Balance			\$	903,610	
F. Additions					
1. Additional Capital Contributed (itemize)					
2. Other (itemize)					
Other Entity Loss not Included			(77,662)		
Forgiveness of intercompany payable			13,143,872		
F-3. Total Additions			\$	13,066,210	
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specify)			\$		
Name and Address (No., City, State, Zip)		Title	Amount		
2. Other Withdrawings (Specify)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	13,969,820	
				09/30/17	

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

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
<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 <i>2/15/18</i>	
Printed Name of Preparer Blum Shapiro & Co, PC					
Address 2 Enterprise Drive, Shelton, CT 06484				Phone Number 860-561-4000	