

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

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 10/1/2018	Report for Year Ending 9/30/2019

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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2019	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, 2018 and ending September 30, 2019, 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) Brian Nyberg			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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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 10/1/2018	To 9/30/2019
Address of Facility 2021 Albany Avenue, West Hartford CT 06117				
Report Prepared By Pamela Latovick		Phone Number 734-343-6628	Date 2/15/2020	
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 9/30/2019	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 Brian Nyberg			Nursing Home Administrator's License No.:	1943	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
None					









**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 9/30/2019	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	1,658	1,658
Trinity Health	17410 College Parkway, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Loan	Pg. 33 A12, Pg. 34 B	9,776,519	9,776,519
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Pg. 16 line m12	2,532,072	2,532,072
McAuley	275 Steele Rd West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Revenue for CCRC Nursing Home	Pg. 30 line I4a	52,235	52,235
Trinity Health	17410 College Parkway, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Interest on loan	Pg. 26 line m13	385,534	385,534
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany receivable	Pg. 33 line A12	591,196	591,196
McAuley	275 Steele Rd West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany receivable	Pg. 33 line A12	581,661	581,661
Trinity Health	17410 College Parkway, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany receivable	Pg. 33 line A12	21,061,464	21,061,464
See attached		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2019	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 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 9/30/2019			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					
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ? <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Total ***</b>								

\* 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 9/30/2019	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	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
Charge for Services Provided	
\$	

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

**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 State of Connecticut	860-702-3000
5 Various	

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 Street, Hartford, CT 06103-3597
4 50 S. Main St, RM#318, Probate Court, West Hartford, CT 06107
5

Services Provided by This Firm (*describe fully*)

1 Recruiting	\$ 620
2 Collections - disallowed	\$ 49,018
3 Labor relations	\$ 1,749
4 Probate fees - disallowed	\$ 2,125
5 Collections - disallowed	\$ (5,022)
Charge for Services Provided	
\$ 48,490	

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		License No. 680-C			Report for Year Ended 9/30/2019				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	330	236		94	330	236		94	320	237		83
B. As of midnight of THIS report period	334	251		83	320	237		83	334	251		83
3. Total Number of Days Care Provided During Period												
A. Medicare	7,630	7,630			5,763	5,763			1,867	1,867		
B. Medicaid (Conn.)	56,269	56,269			42,310	42,310			13,959	13,959		
C. Medicaid (other states)												
D. Private Pay	14,056	13,660		396	10,264	9,991		273	3,792	3,669		123
E. State SSI for RCH	31,068			31,068	23,520			23,520	7,548			7,548
F. Other (Specify)	10,644	10,644			7,637	7,637			3,007	3,007		
G. Total Care Days During Period (3A thru F)	119,667	88,203		31,464	89,494	65,701		23,793	30,173	22,502		7,671
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	1,342	154		1,188	1,084	126		958	258	28		230
5. <b>Total Resident Days (3G + 4A + 4B)</b>	121,009	88,357		32,652	90,578	65,827		24,751	30,431	22,530		7,901

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

Name of Facility Saint Mary Home			License No. 680-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	27		162		38		1	82					
Per Diem Rate													
a. One bed rm.			256.00		506-530			109.00					
b. Two bed rms.			256.00		457-506			109.00					
c. Three or more bed rms.			256.00		457.00			109.00					
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									6,829	6,829			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									557	557			
2. Restorative Treatments													
C. Other									42,651	42,651			
<b>D. Total Physical Therapy Treatments</b>									50,037	50,037			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									430	430			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									57	57			
2. Restorative Treatments													
C. Other									3,122	3,122			
<b>D. Total Speech Therapy Treatments</b>									3,609	3,609			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,904	5,904			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									636	636			
2. Restorative Treatments													
C. Other									41,710	41,710			
<b>D. Total Occupational Therapy Treatments</b>									48,250	48,250			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2019	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)	144,587	1,701			136,887	1,804
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	468,942	17,320			96,892	3,579
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	122,411	6,249			45,237	2,309
c. Dietary Workers	928,943	55,841			343,288	20,636
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	695,425	43,115			130,386	8,084
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	41,525	1,339			22,567	728
b. Other Maintenance Workers	376,964	22,242			204,866	12,088
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	113,896	6,604			42,090	2,440
9. Barber and Beautician Services						
10. Protective Services	141,723	8,033			77,021	4,365
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	269,746	4,217				
b. RN						
1. Direct Care	2,552,841	62,840				
2. Administrative**	234,681	4,583				
c. LPN						
1. Direct Care	2,295,927	80,330				
2. Administrative**						
d. Aides and Attendants	4,418,831	261,540			353,489	34,055
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	200,774	8,440			41,483	1,744
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	193,643	6,606				
n. Marketing						
o. Other (Specify) See Attached Schedule	142,414	5,093			29,425	1,052
<i>A-13. Total Salary Expenditures</i>	<i>13,343,273</i>	<i>596,093</i>			<i>1,523,631</i>	<i>92,884</i>

\* 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
Pastoral Care	\$ 142,414	5,093			\$ 29,425	1,052
<b>Total</b>	\$ 142,414	5,093	\$ -	-	\$ 29,425	1,052

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Services - disallowed	\$ 63,422					
Miscellaneous Other Ancillary Expense	\$ 124,342					
<b>Total</b>	\$ 187,764	-	\$ -	-	\$ -	-



**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 9/30/2019				Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	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	9/30/2019			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	49,522		136,886	Executive Director		2,080	A2			
Brian Nyberg	95,065			Administrator		1,047	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2019	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	30,381	disallowed				
3. Pharmacist	17,698					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,155,350	19,256				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	80,000					
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	167,587	2,793				
b. Other						
10. Occupational Therapist						
a. Resident Care	961,293	16,022				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	187,764					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,600,073</b>	<b>38,071</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 9/30/2019	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, Wellingford CT 06402	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, 1904 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		
Saint Francis Medical Group, 114 Woodland St, Hartford CT 06105	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Trinity Health Affiliate		
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 checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Saint Mary Home	680-C	9/30/2019		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	\$ 132,175	118,629			13,546
2. Disability Insurance	\$ 13,514	12,129			1,385
3. Unemployment Insurance	\$ (1,067)	(958)			(109)
4. Social Security (F.I.C.A.)	\$ 1,102,178	989,222			112,956
5. Health Insurance	\$ 2,662,557	2,389,685			272,872
6. Life Insurance (employees only) (not-owners and not-operators)	\$ (526)	(472)			(54)
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 867,145	778,276			88,869
8. Uniform Allowance	\$ 68,712	61,670			7,042
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 73,195	65,693			7,502
<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>	\$ (6,911)	(5,728)			(1,183)
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 48,177	39,927			8,250
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 40,470	33,540			6,930
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 2,860	2,370			490
2. Cellular Phones	\$				
<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	\$				
3. Resident Day User Fee	\$ 1,216,783	1,216,783			
<b>Subtotal</b>	\$ 6,219,262	5,700,766			518,496

\* 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**

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Union Education	\$ 62,868		\$ 7,179
EAP	\$ 2,825		\$ 323
<b>Total</b>	\$ 65,693	\$ -	\$ 7,502

**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	9/30/2019		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>	6,219,262	5,700,766		518,496	
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 49	41		8	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 4,566	3,784		782	
5. Education Expenses Related to Seminars and Conventions	\$ 24,921	20,654		4,267	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 10,153	8,414		1,739	
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	\$ 2,798	2,319		479	
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	\$ 12,920	10,708		2,212	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 43,424	31,707		11,717	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 27,016	22,390		4,626	
12. Administrative Management Services**	\$ 2,532,072	2,098,488		433,584	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 137,274	113,769		23,505	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 9,014,455	8,013,040		1,001,415	

\* 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
Sales and Advertising	\$ 2,319		\$ 479
<b>Total Other Advertising</b>	\$ 2,319	\$ -	\$ 479

## Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CAADC	\$ 402		\$ 148
Hartford Courant	\$ 633		\$ 234
Leading Age CT	\$ 7,932		\$ 2,931
Leading Age Iowa	\$ 20,786		\$ 7,681
NRC Healthcare	\$ 1,257		\$ 465
CT LTC Mutual	\$ 511		\$ 189
Miscellaneous	\$ 186		\$ 69
<b>Total Dues</b>	\$ 31,707	\$ -	\$ 11,717

## 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	\$ 95,975		\$ 19,830
Bank Service Fees - Disallowed	\$ 9,167		\$ 1,894
License and Fees	\$ 11,250		\$ 2,324
Miscellaneous - Disallowed	\$ 5,171		\$ 1,068
Gift Shop Purchases - Disallowed	\$ 11,112		\$ 2,296
Resident Services	\$ 1,507		\$ 311
Purchase Discounts	\$ (172,222)		\$ (35,584)
Intercompany Expense	\$ 122,991		\$ 25,412
Billing Services	\$ 19,556		\$ 4,041
Employee Appreciation	\$ 600		\$ 124
Fines and Penalties - Disallowed	\$ 79		\$ 16
Liturg/Worship Expense	\$ 7,445		\$ 1,538
Miscellaneous Supplies	\$ 1,138		\$ 235
<b>Total Other Administrative and General</b>	\$ 113,769	\$ -	\$ 23,505



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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2019	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	16,524	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
		such as insurance for the officers and financial consulting	
Mercy Community Health	2,532,072	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
		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	
		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 9/30/2019		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	\$ 992,523	724,709			267,814
2.	Non-Food Supplies	\$ 160,192	116,967			43,225
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> )		\$ 552,152	403,164			148,988
c. Other ( <i>Specify</i> ) _____		\$ _____				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 1,704,867</b>	<b>1,244,840</b>			<b>460,027</b>
<b>2E. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
K.	Is any revenue collected 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)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

**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 9/30/2019		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. \$	20,937	15,288		5,649
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)		\$	9,536	6,963		2,573
c. Other (Specify)		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>30,473</b>	<b>22,251</b>		<b>8,222</b>
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	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 3D.

\*\*\* 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	9/30/2019	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. \$	125,952	106,066		19,886
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. \$	55,866	47,045		8,821
c. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	181,818	153,111		28,707
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	633,205	633,205		
b. Medicine Cabinet Drugs	\$	3,208	3,208		
c. Medical and Therapeutic Supplies	\$	477,467	477,467		
d. Ambulance/Limousine***	\$	15,028	15,028		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	92,963	92,963		
f. X-rays and Related Radiological Procedures***	\$	23,571	23,571		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	61,466	61,466		
i. Recreation	\$				
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	651	651		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	1,307,559	1,307,559		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Physical Therapy Supplies - disallowed	\$ 651		
<b>Total Other Resident Care</b>	\$ 651	\$ -	\$ -

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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 9/30/2019	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 84019, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	228,823		124,357	22	6F
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	34,362		18,674	20	4B
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	6,963		2,573	19	3B
Unidine Corporation	PO Box 360639, Pittsburg, PA 1154251	<input checked="" type="radio"/>	<input type="radio"/>		Dining Services	403,129		148,974	18	2B
Kone Inc	Floor Trumbull CT 06611	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	28,319		15,392	22	6F
All Waste Inc	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,368		16,506	22	6F
Blue Earth Compost Inc	3580 Main Street, Hartford, CT 06120	<input type="radio"/>	<input checked="" type="radio"/>		Other Waste Removal	4,599		2,500	22	6F
Quest Pest Control	PO Box 1512 Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Exterminator Services	21,621		11,751	22	6F
Siemens	Carol Stream, IL, 60132-2134	<input type="radio"/>	<input checked="" type="radio"/>		Contract Service - Alarm	10,916		5,933	22	6F
Comcast	PO Box 1577, Newark, NJ 07101-1577	<input type="radio"/>	<input checked="" type="radio"/>		Cable TV	45,719		24,849	22	6F
Mobilex USA	PO Box 222430, Chantilly, VA 20153	<input type="radio"/>	<input checked="" type="radio"/>		Radiology Services	17,392			20	5F
Saint Francis Hospital	114 Woodland Street, Hartford, CT 06112	<input type="radio"/>	<input checked="" type="radio"/>	Trinity Health Affiliate	Employment Physicals	20,953		4,427	16	M13
Holy Family Passionist Retreat	303 Tunxis Rd, West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Clergy Services Mass Celebration	11,708		2,474	16	M13
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 446,359	289,193			157,166	
b. Heat	\$ 201,876	130,794			71,082	
c. Light & Power	\$ 462,414	299,595			162,819	
d. Water	\$ 190,189	123,222			66,967	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 21,447	13,895			7,552	
f. Other ( <i>itemize</i> )	\$ 832,698	539,501			293,197	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 2,154,983	1,396,200			758,783	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 19,519	12,646			6,873	
b. Building & Building Improvements	\$ 903,251	585,210			318,041	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 254,886	165,139			89,747	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 1,177,656	762,995			414,661	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
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	\$ 137,699	89,214			48,485	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,315,355	852,209			463,146	

\* 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>
Elevator Maintenance	\$ 26,116		\$ 14,193
Maintenance Services	\$ 63,079		\$ 34,281
Landscape Maintenance	\$ 64,670		\$ 35,146
Exterminator Services	\$ 24,854		\$ 13,507
Rubbish Removal	\$ 40,301		\$ 21,902
CPS Maintenance	\$ 190,790		\$ 103,687
IC Occcupancy Costs	\$ 36,872		\$ 20,038
Medical Equipment - Disallowed	\$ 26,236		\$ 14,258
TV Cable - Disallowed	\$ 64,665		\$ 35,143
Healthcare Furniture Fixtures	\$ 1,918		\$ 1,042
<b>Total Other Repairs and Maintenance</b>	\$ 539,501	\$ -	\$ 293,197

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### Depreciation Schedule

Name of Facility Saint Mary Home		License No. 680-C			Report for Year Ended 9/30/2019			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		440,225		440,225	282,370	SL	various	15,685					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		105,730		105,730				4,112					
A-4. Subtotal									19,797				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		25,493,768		25,493,768	17,411,527	SL	various	914,193					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		43,037		43,037				1,924					
B-4. Subtotal									916,117				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		2,266,180		2,266,180	1,153,970	SL	various	101,849					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									101,849				
		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. Fully depreciated		X		var	var	201,535		201,535	201,979	SL	various		
b. See attachment for additional motor		X		var	var	203,053		203,053	115,080	SL	various	66,516	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						3,550,120		3,550,120	3,760,522	SL	various	88,659	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						26,385		25,322				1,491	
D-3. Subtotal													156,666
<b>E. Total Depreciation</b>													1,194,429

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2019-02-05	Above Ground Storage Tank	\$ 105,730		\$ 4,112
<b>Total additions for Land Improvement</b>		\$ 105,730		\$ 4,112 *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</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>				
2018-12-03	Heating Coils	\$ 14,037		\$ 1,053
2019-02-21	Sprinkler System Room Updates	\$ 4,375		\$ 102
2019-05-28	Fire Pump	\$ 3,125		\$ 52
2019-05-23	4th Floor Flooring	\$ 21,500		\$ 717
<b>Total additions for Building Improvement</b>		\$ 43,037		\$ 1,924 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</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>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2016-10-18	Refrigerator	\$ 2,616	10	\$ 166
2016-10-18	Heated Dish Dispenser	\$ 4,845	10	\$ 723
2016-10-18	Ice Maker	\$ 2,649	10	\$ 445
2018-10-23	Electric Beds	\$ 13,705	10	\$ 39
2018-06-25	Tenna Single Lounge	\$ 2,570	10	\$ 118
<b>Total additions for Movable Equipmen</b>		\$ 26,385		\$ 1,491 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</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 Improvemen</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</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 9/30/2019			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 9/30/2019	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
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		405.00%	405.00%	
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 _____		7,982,168	1,964,919	
<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 Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 385354	249,668			135,686	
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)		\$ 385,354	249,668			135,686	

(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 9/30/2019			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				385,354	249,668		135,686	
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 385,354	249,668		135,686	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 29,110	18,860		10,250	
b. Insurance on Automobiles				\$ 10,486	6,794		3,692	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 39,596	25,654		13,942	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 33,601,437	29,207,878		4,393,559	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Mary Home			680-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 93,803	93,803		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 961,293	961,293		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 45,822	37,976		7,846
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	\$ 24,921	20,654		4,267
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 2,798	2,319		479
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 30,803	25,529		5,274
<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)				\$ 1,159,440	1,141,574		17,866

\* 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
13	B2	Dentist	\$ 30,381		
13	B12.03	Respiratory Services	\$ 63,422		
<b>Total Other Salaries Adjustment</b>			\$ 93,803	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Fees - disallowed	\$ 9,167		\$ 1,894
16	m13	Miscellaneous - disallowed	\$ 5,171		\$ 1,068
16	m13	Gift Shop Purchases - disallowed	\$ 11,112		\$ 2,296
16	m13	Fines and Penalties - disallowed	79		16
<b>Total Other A&amp;G Adjustments</b>			\$ 25,529	\$ -	\$ 5,274

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Mary Home			680-C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,159,440	1,141,574		17,866
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 633,205	633,205		
28.			Ambulance/Limousine	\$ 15,028	15,028		
29.			X-rays, etc	\$ 23,571	23,571		
30.			Laboratory	\$ 61,466	61,466		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 92,963	92,963		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 651	651		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$ 11,618	7,527		4,091
37.			Unallowable Property and Real Estate Taxes	\$ 137,699	89,214		48,485
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 303,704	252,064		51,640
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 2,439,345	2,317,263		122,082

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5J.06	PT Supplies	\$ 651		
<b>Total Other Ancillary Costs</b>			\$ 651	\$ -	\$ -

**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
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other - Indirect Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home

<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6f	Cable TV	\$ 64,665		\$ 35,143
22	6f	Medical Equipment Rental	\$ 26,236		\$ 14,258
30	IV8	Gift Shop Revenue	\$ 8,317		\$ -
30	IV8	Other Revenue	\$ 152,558		\$ 2,095
various	various	Outpatient Therapy Program	\$ 288		\$ 144
<b>Total Other Adjustments</b>			\$ 252,064	\$ -	\$ 51,640

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2019			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> )	\$ 29,005,770	26,054,662		2,951,108		
b. Medicaid Room and Board Contractual Allowance **	\$ (12,193,442)	(12,193,442)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 3,960,260	3,960,260				
b. Medicare Room and Board Contractual Allowance **	\$ (1,502,229)	(1,502,229)				
4. a. Private-Pay Residents and Other	\$ 12,161,469	12,109,234		52,235		
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,004,290)	(3,561,273)		556,983		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 263,401	263,401				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (263,401)	(263,401)				
c. Prescription Drugs - Non-Medicare	\$ 33,022	33,022				
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	\$ 4,260,956	4,260,956				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (4,260,956)	(4,260,956)				
c. Physical Therapy - Non-Medicare	\$ 1,631,784	1,631,784				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 702,360	702,360				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (702,360)	(702,360)				
c. Speech Therapy - Non-Medicare	\$ 346,718	346,718				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 4,213,491	4,213,491				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (4,213,491)	(4,213,491)				
c. Occupational Therapy - Non-Medicare	\$ 1,687,090	1,687,090				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (169,374)	(169,344)		(30)		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 31,956,778	28,396,482		3,560,296		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 567	567				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 388	388				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 8,317	8,317				
8. Other ( <i>Specify</i> )	\$ 154,653	152,558		2,095		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 163,925	161,830		2,095		
<b>VI. Total All Revenue</b> (III +V)	\$ 32,120,703	28,558,312		3,562,391		

\* 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	Laboratory - Medicare Revenue	\$ 35,098		
30, II6a	Laboratory - Medicare C/A	\$ (35,098)		
30, II6a	Radiology - Medicare Revenue	\$ 2,814		
30, II6a	Radiology - Medicare C/A	\$ (2,814)		
30, II6a	Oxygen - Medicare Revenue	\$ 9,327		
30, II6a	Oxygen - Medicare C/A	\$ (9,327)		
<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, II6a	Laboratory Revenue	\$ 20,022		
30, II6a	Radiology Revenue	\$ 5,147		
30, II6a	Oxygen Revenue	\$ 23,789		
30, II6a	Bed Rental Revenue	\$ 795		
30, II6a	Ancillary Contractual Allowances	\$ (219,097)		\$ (30)
<b>Total Other Resident Revenue</b>		\$ (169,344)	\$ -	\$ (30)

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income Operations		\$ 388		
<b>Total Interest Income</b>			\$ 388	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Unrestricted Donations	\$ 87,233		
30, IV8	Restricted Donations	\$ 8,889		
30, IV8	Vending Machine Revenue	\$ 14		
30, IV8	Miscellaneous Revenue	\$ 79,468		\$ 2,095
30, IV8	IC Derivatives Cash Payments	\$ (23,046)		
<b>Total Other Revenue</b>		\$ 152,558	\$ -	\$ 2,095

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	28,414,175
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	6,352,799
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	427,855
4. Inventories			\$	113,550
5. Prepaid Expenses			\$	72,608
a. Other Prepaid Expense	33,258			
b. Other Long Term Prepaid Assets	39,350			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	26,415
Escrow - Teamsters 671 Med	21,427			
Dental Prefund	2,760			
FSA Prefund	2,228			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	35,407,402
B. Fixed Assets				
1. Land			\$	100,982
2. Land Improvements	*Historical Cost	549,996		
	Accum. Depreciation	_____	Net	549,996
3. Buildings	*Historical Cost	27,642,083		
	Accum. Depreciation	19,145,761	Net	8,496,322
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	5,997,210		
	Accum. Depreciation	4,734,707	Net	1,262,503
7. Motor Vehicles	*Historical Cost	532,231		
	Accum. Depreciation	410,676	Net	121,555
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	545,735
Construction in Progress	545,735			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	11,077,093

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

(Carry Total forward to next page )



## Schedule of Prepaid Expenses Page 31 Line A5

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

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

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

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

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

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

## Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 46,484,495	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ 1,279,398	
Investments	412,264			
Due from Affiliates	867,134			
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 1,279,398	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 47,763,893	

\* 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 9/30/2019	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,298,265
2. Notes Payable ( <i>itemize</i> )				\$	
_____ _____ _____ See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	1,019,791
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	82,916
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> )				\$	24,251,925
Resident Trust Funds		157,470	Other Accounts Payable	67,366	
Intercompany Payable, net		23,810,530			
Current Portion of Debt - Intercomp		181,069			
Miscellaneous Current Liabilities		35,490	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	28,652,897

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

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				28,652,897
<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> )				\$
Intecompny Debt - Long Term		9,776,519	9,776,519	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 9,776,519
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 38,429,416

**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	9/30/2019	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			\$	10,550,211
6. Gain or Loss for Period			\$	(1,480,734)
10/1/2018 thru 9/30/2019				
7. Total Net Worth			\$	9,069,477
<b>C. Total Reserves and Net Worth</b>			\$	9,334,477
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	47,763,893

### H. Changes in Total Net Worth

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2019	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	10,623,334	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	32,120,703	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	33,601,437	
D. Net Income or Deficit			\$	(1,480,734)	
E. Balance			\$	9,142,600	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
Other Entity Loss not Included					(73,123)
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$	(73,123)	
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><i>Balance at End of Period</i></b>		09/30/19	\$	9,069,477	

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Pamela Latovick				
Address Address			Phone Number	
17410 College Parkway Suite 200, Livonia MI 48152			734-343-6628	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Pamela Latovick			734-343-6628	
Contact Email Address				
latovicp@trinity-health.org				