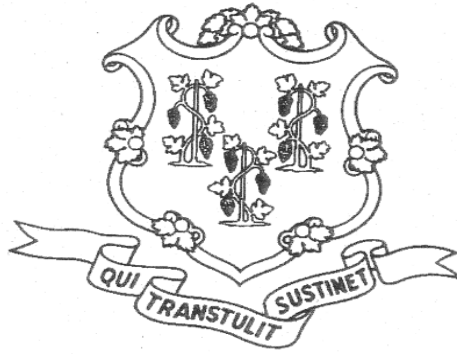


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

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 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 680-C	RHNS	Residential Care Home 1289	Medicare Provider 07-5085
------------------	---------------	------	-------------------------------	------------------------------

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) Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Saint Mary Home [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Rachel DeMaida			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 10/1/2021	To 9/30/2022	
Address of Facility 2021 Albany Avenue, West Hartford CT 06117				
Report Prepared By Haley Gregory	Phone Number 734-343-6611	Date		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <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 9/30/2022	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 Rachel DeMaida		Nursing Home Administrator's License No.:	18-89	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
None				





Mercy Community Health Inc. (Saint Mary Home)

Attachment Page 3A

Board of Directors

Patrick Johnson - Board Chair

Ann Kane, CSJ

Gagandeep Singh, MD

Janice Hamilton-Crawford (Ex-Officio)

Patricia McKeon, RSM

Peter Murphy - Board Secretary/Treasurer

Shyamala Raman

Mark Walker





## General Information and Questionnaire Related Parties\*

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>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?    <input checked="" type="radio"/> Yes    <input type="radio"/> No</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Loan	Pg. 33 A12, Pg. 34 B	9,402,486	9,402,486
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Pg. 16 line m12	2,557,023	2,557,023
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Interest on loan	Pg. 26 line m13	342,492	342,492
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany Receivable	Pg. 33 line A12	270,746	270,746
McAuley	275 Steele Rd West Hartford, CT 06117	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany Receivable	Pg. 33 line A12	140,133	140,133
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	<input type="radio"/>	<input checked="" type="radio"/>		Intercompany Receivable	Pg. 33 line A12	3,014,932	3,014,932
St. Francis Medical Group	114 Woodland Street, Hartford CT 06112	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director and Physician Services	Pg. 13 Line 8	93,842	93,842
St. Francis Hospital	114 Woodland Street, Hartford CT 06112	<input type="radio"/>	<input checked="" type="radio"/>		Employment Physicals	Pg. 16 Line M13	19,135	19,135
		<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 9/30/2022	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 9/30/2022			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	12/20/21	60 months	8,296	6,222	
	<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>
							6,222	

\* 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 9/30/2022	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 See attached	
2	
3	
4	
5	

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

1

2

3

4

5

Services Provided by This Firm (*describe fully*)

1 See attached	\$
2	\$
3	\$
4	\$
5	\$
	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

Name of Legal Firm or Independent Attorney Address	
Armer Arbitration Association	13727 Noel Rd Suite 700 Dallas, TX 75240-2000
Goldman Gruder & Woods LLC	200 Connecticut Ave. Norwalk, CT 06854-1940
West Hartford Probate Court	50 S Main St West Hartford, CT 06107-2485
Pullman & Comley LLC	850 Main St. Bridgeport, CT 06601-7006
Wiggin and Diana	265 Church St. New Haven, CT 06510
Varnum Riddering Schmidt Howlett LLP	39500 High Pointe Blvd Novi, MI 48375
Gnocchi Thadd A	114 S Farms Dr Manchester, CT 06040-6675
Saint Mary Home	2021 Albancy Ave West Hartford, CT 06117-2789
Kitch Drutchas Wagner	1 Woodward Ave #2400 Detroit, MI 48226

**Services Provided by This Firm**

Arbitration Services
Collections & Probate Fees - Disallowed
Probate Fees - Application Services - Disallowed
Site Visits
Bed Restructure
Labor Negotiations
Employee Relations (Termination)
Removal of Fiduciary and Appointment of Successor
Healthcare Law

Telephone Number

Charge for Service Provided
650
149,191
1,000
39,096
1,739
50,123
750
254
260
243,063

### Schedule of Resident Statistics

Name of Facility Saint Mary Home		License No. 680-C			Report for Year Ended 9/30/2022				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				
B. On last day of THIS report period	353	256		97					353	256		97
2. Number of Residents												
A. As of midnight of PREVIOUS report period	221	134		87	221	134		87				
B. As of midnight of THIS report period	249	158		91					249	158		91
3. Total Number of Days Care Provided During Period												
A. Medicare	12,769	12,769			9,368	9,368			3,401	3,401		
B. Medicaid (Conn.)	64,537	33,761		30,776	47,546	24,763		22,783	16,991	8,998		7,993
C. Medicaid (other states)												
D. Private Pay	9,365	8,468		897	7,056	6,264		792	2,309	2,204		105
E. State SSI for RCH												
F. Other (Specify)	2,339	2,339			1,738	1,738			601	601		
G. Total Care Days During Period (3A thru F)	89,010	57,337		31,673	65,708	42,133		23,575	23,302	15,204		8,098
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1,162	4		1,158	880	2		878	282	2		280
B. Other Bed Reserve Days	23	15		8	23	15		8				
5. <b>Total Resident Days (3G + 4A + 4B)</b>	90,195	57,356		32,839	66,611	42,150		24,461	23,584	15,206		8,378



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

Name of Facility Saint Mary Home			License No. 680-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" 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)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	29		99		23		1	90					
Per Diem Rate													
a. One bed rm.			302.00		521-575		165.00	119.00					
b. Two bed rms.			302.00		497-521								
c. Three or more bed rms.			302.00		473.00								
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									1,923	1,923			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									134	134			
2. Restorative Treatments													
C. Other									24,818	24,818			
<b>D. Total Physical Therapy Treatments</b>									26,875	26,875			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									113	113			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1	1			
2. Restorative Treatments													
C. Other									1,579	1,579			
<b>D. Total Speech Therapy Treatments</b>									1,693	1,693			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,679	2,679			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									142	142			
2. Restorative Treatments													
C. Other									28,127	28,127			
<b>D. Total Occupational Therapy Treatments</b>									30,948	30,948			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	Page 10	of 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)	177,029	2,080			68,951	2,105
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	291,010	10,858			49,189	1,835
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	10,006	501			5,729	287
c. Dietary Workers	624,758	33,163			357,703	18,988
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	445,796	24,761			80,885	4,493
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	35,921	1,089			19,522	592
b. Other Maintenance Workers	414,934	21,468			225,502	11,667
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	121,612	6,677			69,629	3,823
9. Barber and Beautician Services						
10. Protective Services	179,065	9,577			97,315	5,205
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	311,326	4,159				
b. RN						
1. Direct Care	1,649,480	35,996				
2. Administrative**	603,977	10,977				
c. LPN						
1. Direct Care	2,212,011	64,929				
2. Administrative**	41,777	919				
d. Aides and Attendants	3,154,346	156,804			392,160	24,786
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	189,884	6,980			32,096	1,180
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	176,219	5,475				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	88,645	3,220			14,983	544
<i>A-13. Total Salary Expenditures</i>	10,727,795	399,633			1,413,663	75,505

\* 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
Religious Services	\$ 88,645	3,220			\$ 14,983	544
<b>Total</b>	\$ 88,645	3,220	\$ -	-	\$ 14,983	544

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Outpatient Ancillary Services	\$ 17,585					
Respiratory Services - Disallowed	\$ 8,052					
<b>Total</b>	\$ 25,637	-	\$ -	-	\$ -	-

**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 9/30/2022				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		9/30/2022			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>										
Rachel DeMaida	169,182			59,644	Administrator	2,080	A2			
Brian Nyberg	7,847				Administrator		A2			
Shanowa Gaye			68,951	23,231	RCH RN	2,105				
<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.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Mary Home	680-C	9/30/2022	13	37		
Total Cost and Hours						
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	32,899	DISALLOW				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	730,616	12,177				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	82,982	732				
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	96,504	1,608				
b. Other						
10. Occupational Therapist						
a. Resident Care	717,783	11,963				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	18,997	380				
d. Other						
12. Other (Specify) See Attached Schedule	25,637					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,705,417</b>	<b>26,860</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.



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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$			
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 35,804	31,636		4,169
4. Social Security (F.I.C.A.)	\$ 908,896	803,071		105,825
5. Health Insurance	\$ 523,003	462,108		60,895
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 253,159	223,683		29,476
8. Uniform Allowance	\$ 4,442	3,924		517
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 2,365,362	2,089,957		275,406
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 243,064	207,920		35,144
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 32,465	27,771		4,694
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 30,671	26,237		4,435
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 719,592	719,592		
<b>Subtotal</b>	\$ 5,116,458	4,595,898		520,560

\* 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	License No.	Report for Year Ended		Page	of
Saint Mary Home	680-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>	5,116,458	4,595,898		520,560	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,884	2,467		417	
5. Education Expenses Related to Seminars and Conventions	\$ 4,278	3,660		619	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 588	503		85	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 15,863	13,570		2,294	
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	\$ 16,247	13,898		2,349	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 26,252	16,694		9,558	
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> )	\$				
12. Administrative Management Services**	\$ 2,557,023	2,187,309		369,714	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ (7,636,282)	(6,532,169)		(1,104,113)	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 103,311	301,829		(198,517)	

\* 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
Promotional Advertising	\$ 1,807		\$ 305
Paid Advertisement	\$ 10,445		\$ 1,765
Annual Meeting & Spotlight Awards	\$ 684		\$ 116
Space on West Hartford Map	\$ 513		\$ 87
Miscellaneous	\$ 120		\$ 20
<b>Total Other Advertising</b>	\$ 13,570	\$ -	\$ 2,294

## Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Hartford Courant Company LLC	\$ 114		\$ 65
Leading Age CT	\$ 11,165		\$ 6,392
NRC	\$ 5,097		\$ 2,918
Reimbursements	\$ 318		\$ 182
<b>Total Dues</b>	\$ 16,694	\$ -	\$ 9,558

## 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
Employee Discounts/Awards	\$ 681		\$ 115
Data Lines	\$ 12,093		\$ 2,044
License and Certifications	\$ 2,967		\$ 502
Bank Fees - Disallowed	\$ 10,423		\$ 1,762
Non Reimbursable Expense - Disallowed	\$ 712		\$ 120
Fines and Penalties - Disallowed	\$ 590		\$ 100
PPE Asset Impairment - Disallowed	\$ (6,759,487)		\$ (1,142,536)
Social Services Purchased Services	\$ 16,537		\$ 2,795
Software Maintenance	\$ 22,381		\$ 3,783
Patient Transportation Ambulance - Disallowed	\$ 464		\$ 78
Recruiting	\$ 79,759		\$ 13,481
Billing Fees	\$ 42,462		\$ 7,177
Purchase Discounts and Rebates	\$ (131,287)		\$ (22,191)
Other Supplies	\$ 35,924		\$ 6,072
IC Insurance Other Expense	\$ 76,619		\$ 12,951
IC Professional Liability	\$ 48,443		\$ 8,188
Recreational Therapy Purchased Services	\$ 1,997		\$ 338
Administration Purchased Services	\$ 70		\$ 12
Printing & Copier Services	\$ 82		\$ 14
Miscellaneous Admin	\$ 4,927		\$ 833
Record Storage	\$ 1,473		\$ 249
<b>Total Other Administrative and General</b>	\$ (6,532,169)	\$ -	\$ (1,104,113)

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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2022	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	2,557,023	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	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 820,189	521,567		298,622
2. Non-Food Supplies	\$ 84,136	53,503		30,633
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> )	\$ 603,003	383,456		219,547
c. Other ( <i>Specify</i> ) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 1,507,328</b>	<b>958,526</b>		<b>548,801</b>
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input 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 type="radio"/> Yes	<input checked="" 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	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2022	19	37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$ 38,473	24,466		14,008
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 ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$			
c. Other ( <i>Specify</i> )	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$ 38,473</b>	<b>24,466</b>		<b>14,008</b>
<b>3E. Laundry Questionnaire</b>				
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	9/30/2022	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. \$	90,985	77,012		13,973
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. \$	285,822	241,927		43,895
C. Other ( <i>Specify</i> )		\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 376,807	318,939		57,868
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	521,734	521,734		
b. Medicine Cabinet Drugs	\$	25,554	25,554		
c. Medical and Therapeutic Supplies	\$	422,123	422,123		
d. Ambulance/Limousine***	\$	21,748	21,748		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	71,858	71,858		
f. X-rays and Related Radiological Procedures***	\$	12,277	12,277		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	96,869	96,869		
i. Recreation	\$				
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$				
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,172,163	1,172,163		

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

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

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

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





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

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2022			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
MJ Norton Security Inc.	Springfield, MA 01151-1326	<input type="radio"/>	<input checked="" type="radio"/>		Security	6,842		3,718	22	6F
Unidine Corporation	PO Box 360639, Pittsburg, PA 1154251	<input type="radio"/>	<input checked="" type="radio"/>		Dining Services	379,249		217,138	18	2b1
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Janitorial Services	241,927		43,895	20	4b
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	142,014		77,180	22	6F
Quest Pest Control	PO Box 1512 Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Exterminating Services	20,214		10,986	22	6F
Plant Life	16 Seymour Rd. #9A, East Granby CT 06026	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping & Grounds	16,010		8,701	22	6F
Kone Inc	Floor Trumbull CT 06611	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	20,747		11,275	22	6F
Otis Mechanical LLC	87 Liberty Hill E., Weathersfield CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Cooling Maintenance	37,138		20,183	22	6F
All Waste Inc	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	39,095		21,247	22	6F
Work Wise	PO Box 539, Hartford, CT 06141	<input type="radio"/>	<input checked="" type="radio"/>		Employee Physicals	12,216		2,092	16	M13
Blue Earth Compost Inc	18 Midland St, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Food Scrap Collection	4,743		2,577	22	6F
Data Facts	Ste 400, Cordova, TN 38018	<input type="radio"/>	<input checked="" type="radio"/>		Background Checks	16,597		2,843	16	M13
Butler Company	848 Marshall Phelps Rd, Windsor CT, 06095	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	3,709		2,016	22	6F
Emco Consulting	PO Box 1871, Pensacola, FL 32591	<input type="radio"/>	<input checked="" type="radio"/>		Medical Waste Removal	5,521		3,001	22	6F

\* 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	9/30/2022			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 253,104	163,984			89,120	
b. Heat	\$ 136,413	88,381			48,032	
c. Light & Power	\$ 418,324	271,029			147,295	
d. Water	\$ 188,746	122,288			66,459	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 6,222	4,031			2,191	
f. Other ( <i>itemize</i> )	\$ 629,796	408,040			221,755	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 1,632,605</b>	<b>1,057,753</b>			<b>574,852</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 23,562.40	15,266			8,296	
b. Building & Building Improvements	\$ 282,772	183,206			99,566	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 125,285	103,109			22,175	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 431,619</b>	<b>301,581</b>			<b>130,038</b>	
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>	<b>\$</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	\$ 143,796	93,164			50,632	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 575,415</b>	<b>394,745</b>			<b>180,669</b>	

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



### Depreciation Schedule

Name of Facility Saint Mary Home		License No. 680-C		Report for Year Ended 9/30/2022			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		554,281		554,281	339,276	SL	various	20,574					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		96,971		96,971		SL	various	2,988					
A-4. Subtotal									23,562				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		29,000,331		29,000,330	19,744,079	SL	various	218,747					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		876,327		876,327		SL	various	64,024					
B-4. Subtotal									282,772				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	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						462,856		462,856	462,856	SL	various		
b. 2018 FORD TRANSIT VAN			X	9	2017	47,131		47,131	44,677	SL		2,454	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						6,068,797		6,068,797	4,985,217	SL	various	93,234	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						277,059						26,441	
d. Standard Resident						36,712						3,155	
e. Specialized Resident													
Total Acquired during this report period						313,771						29,596	
D-3. Subtotal												125,285	
<b>E. Total Depreciation</b>										431,619			

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/7/2021	Courtyard Concrete	\$ 5,200	15	\$ 347
12/6/2021	Exterior Spotlights	\$ 1,736	15	\$ 96
1/14/2021	Gazebo	\$ 24,267	15	\$ 1,618
6/20/2022	Fitzgerald Courtyard Landscape	\$ 27,235	15	\$ 499
8/11/2022	Parking Lot Lighting	\$ 38,533	15	\$ 428
<b>Total additions for Land Improvement</b>		\$ 96,971		\$ 2,988
<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>				
3/31/2020	3rd Floor AL Reno	\$ 111,330	10	\$ 11,133
9/25/2020	Flooring Alcove	\$ 5,500	10	\$ 550
9/28/2020	Alcove Reno	\$ 27,897	10	\$ 2,790
1/25/2021	Flooring 364	\$ 2,875	10	\$ 288
1/12/2021	UTO 364	\$ 2,128	10	\$ 213
1/25/2021	Flooring 273	\$ 2,100	10	\$ 210
1/12/2021	UTO 273	\$ 2,862	10	\$ 286
1/12/2021	UTO 356	\$ 3,002	10	\$ 300
2/17/2021	Flooring 174	\$ 2,100	10	\$ 210
3/3/2021	UTO 174	\$ 2,497	10	\$ 250
3/15/2021	UTO 253	\$ 8,234	10	\$ 823
3/4/2021	Flooring 253	\$ 2,100	10	\$ 210
3/15/2021	UTO 259	\$ 11,523	10	\$ 1,152
3/12/2021	UTO 357	\$ 12,038	10	\$ 1,204
7/23/2021	UTO 482	\$ 9,356	10	\$ 936
6/14/2021	Vinyl 482	\$ 2,500	10	\$ 250
7/23/2021	UTO 265	\$ 9,839	10	\$ 984
6/14/2021	Flooring 265	\$ 3,300	10	\$ 330
7/30/2021	Locks for Executive Hallway	\$ 5,047	10	\$ 505
8/31/2021	West 1 Utility Room Flooring	\$ 5,856	10	\$ 586
8/23/2021	Main Entrance Door	\$ 4,399	10	\$ 440
10/19/2021	Heat Pumps	\$ 47,821	10	\$ 4,583
8/23/2021	Voltage Regulator	\$ 2,250	10	\$ 225
4/9/2021	UTO 470FWT	\$ 8,030	10	\$ 803
3/1/2021	Flooring 470FWT	\$ 2,600	10	\$ 260
4/29/2021	UTO 361FWT	\$ 8,054	10	\$ 805
4/13/2021	Flooring 361FWT	\$ 2,600	10	\$ 260
7/23/2021	UTO 251FWT	\$ 11,672	10	\$ 1,167
7/23/2021	UTO 272FWT	\$ 9,667	10	\$ 967
6/14/2021	Flooring 272FWT	\$ 2,150	10	\$ 215
7/23/2021	UTO 475FWT	\$ 9,897	10	\$ 990
7/6/2021	Flooring 475	\$ 2,200	10	\$ 220
12/21/2021	Fire Panel	\$ 12,622	10	\$ 999
9/7/2021	Vinyl flooring FWT 450	\$ 2,350	10	\$ 235
8/30/2021	Cabinetry FWT 450	\$ 706	10	\$ 71
8/30/2021	Vinyl flooring FWT 477	\$ 750	10	\$ 75
9/1/2021	Cabinetry FWT 477	\$ 767	10	\$ 77
6/29/2021	Fire door - hollow metal	\$ 2,465	10	\$ 247
12/31/2021	Fire door #25	\$ 2,665	10	\$ 200
12/31/2021	Fire Door #90	\$ 4,120	10	\$ 309



## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
4/7/2020	Serving Station	Administrative	\$ 21,599	10	\$ 2,160
10/22/2021	Walk In Coolers	Administrative	\$ 103,982	10	\$ 9,532
12/31/2020	Refrigerator 364	Standard Resident	\$ 333	10	\$ 33
12/31/2020	Refrigerator 273	Standard Resident	\$ 333	10	\$ 33
12/31/2020	Refrigerator 356	Standard Resident	\$ 333	10	\$ 33
1/25/2021	Flooring 356	Standard Resident	\$ 3,200	10	\$ 320
2/17/2021	Refrigerator 357	Standard Resident	\$ 333	10	\$ 33
4/13/2021	UTO 464	Standard Resident	\$ 12,682	10	\$ 1,268
2/23/2021	Refrigerator 464	Standard Resident	\$ 333	10	\$ 33
5/28/2021	Sara Flex Scale	Administrative	\$ 4,408	10	\$ 441
6/9/2021	Refrigerator 482	Standard Resident	\$ 333	10	\$ 33
6/28/2021	Refrigerator 265	Standard Resident	\$ 333	10	\$ 33
4/9/2021	Maxi Move patient	Standard Resident	\$ 6,197	10	\$ 620
2/23/2021	Refrigerator 470FWT	Standard Resident	\$ 333	10	\$ 33
3/29/2021	Refrigerator 361FWT	Standard Resident	\$ 667	10	\$ 67
6/15/2021	Refrigerator 251FWT	Standard Resident	\$ 333	10	\$ 33
6/9/2021	Refrigerator 272FWT	Standard Resident	\$ 333	10	\$ 33
6/14/2021	Refrigerator 475FWT	Standard Resident	\$ 333	10	\$ 33
10/28/2021	Heat on demand induction syste	Administrative	\$ 125,340	10	\$ 11,489
9/8/2021	Microwave FWT 450	Standard Resident	\$ 159	10	\$ 16
9/8/2021	Microwave FWT 477	Standard Resident	\$ 159	10	\$ 16
11/24/2021	Microwave FWT 170	Standard Resident	\$ 161	10	\$ 13
2/4/2022	Mini Fridge FWT 170	Standard Resident	\$ 275	10	\$ 18
2/4/2022	Mini refrigerator FWT 275	Standard Resident	\$ 275	10	\$ 18
7/7/2022	Bariatric Beds	Standard Resident	\$ 8,127	10	\$ 203
6/20/2022	Ice Machine Baggot St	Administrative	\$ 5,721	10	\$ 157
2/17/2021	Microwave 357	Standard Resident	\$ 137	5	\$ 27
6/15/2021	Microwave 482	Standard Resident	\$ 144	5	\$ 29
6/14/2021	Microwave 265	Standard Resident	\$ 144	5	\$ 29
8/13/2021	Extractor	Administrative	\$ 6,256	5	\$ 1,251
3/9/2021	Microwave 470FWT	Standard Resident	\$ 144	5	\$ 29
4/1/2021	Microwave 361FWT	Standard Resident	\$ 144	5	\$ 29
6/14/2021	Microwave 251FWT	Standard Resident	\$ 144	5	\$ 29
6/25/2021	Microwave 272FWT	Standard Resident	\$ 144	5	\$ 29
6/15/2021	Microwave 475FWT	Standard Resident	\$ 144	5	\$ 29
2/23/2022	Welch Allen Vital Towers	Administrative	\$ 6,478	5	\$ 756
12/12/2020	SNAP XT Pro	Administrative	\$ 3,276	5	\$ 655
<b>Total additions for Movable Equipmen</b>			\$ 313,771		\$ 29,596
<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>Total additions for Leasehold Improvemer</b>		\$ -		\$ -
<b>Deletions:</b>				

<b>Total deletions for Leasehold Improvemen</b>		\$	-	\$	-

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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### Depreciation Schedule

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value
	Yes	No	Month	Year		
<b>D. Movable Equipment Attachment</b>						
1. Motor Vehicles (Specify name, model and year of each vehicle)						
fully depreciated					236,329	
2015 Ford Truck F-350			11	2016	73,770	
2017 Ford Transit Shuttle Bus			9	2017	84,664	
2017 Ford F350			9	2017	68,092	
2018 Ford Transit Van			12	2017	47,131	
d. <b>ATTACHED SCHEDULE TOTAL</b>	X	0	var	var	509,986	

Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
236,329	236,329	SL	various	0
73,770	73,770	SL	48	
84,664	84,664	SL	48	
68,092	68,092	SL	48	
47,131	44,677	SL	48	2,454
509,986	507,532	SL	Various	2,454

\*Self-Disallowed - Additional de

preciation in excess of 28,000 to be disallowed.

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Saint Mary Home			License No. 680-C		Report for Year Ended 9/30/2022			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 9/30/2022	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				
7. Acquisition Cost				
a. Land		211,856		
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		7,545,145	1,857,342	
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Saint Mary Home		680-C	9/30/2022			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 326818.77	211,744			115,075	
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 326,819	211,744			115,075	

(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	9/30/2022	27	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		326,819	211,744		115,075
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>	\$	326,819	211,744		115,075
14. Insurance					
a. Insurance on Property (buildings only)	\$	45,327	29,367		15,960
b. Insurance on Automobiles	\$				
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>	\$	45,327	29,367		15,960
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	19,625,123	16,902,744		2,722,379

### D. Adjustments to Statement of Expenditures

Name of Facility Saint Mary Home				License No. 680-C	Report for Year Ended 9/30/2022	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 30,625	30,625		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 717,783	717,783		
7.			Other - See attached Schedule	\$ 40,951	40,951		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 150,191	128,475		21,716
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	\$ 3,094	2,647		447
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 *	\$ 15,863	13,569		2,294
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (7,881,891)	(6,742,266)		(1,139,625)
<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)				\$ (6,923,384)	(5,808,216)		(1,115,168)

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A2	Administrator Wages	\$ 30,625		
<b>Total Other Salaries Adjustment</b>			\$ 30,625	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 32,899		
13	B12	Respiratory Services	\$ 8,052		
<b>Total Other Fees Adjustments</b>			\$ 40,951	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	Bank Service Fees	\$ 10,423		\$ 1,762
16	M13	Non Allowable Expense	\$ 712		\$ 120
16	M13	Fines and Penalties	\$ 590		\$ 100
16	M13	Patient Transportation Ambulance	\$ 464		\$ 78
16	M13	PPE Asset Impairment	\$ (6,759,487)		\$ (1,142,536)
16	M13	Late Fees	\$ 105		\$ 18
16	M13	Miscellaneous Admin	\$ 4,927		\$ 833
<b>Total Other A&amp;G Adjustments</b>			\$ (6,742,266)	\$ -	\$ (1,139,625)

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

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Mary Home				680-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ (6,923,384)	(5,808,216)		(1,115,168)
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 521,734	521,734		
28.	20	5d	Ambulance/Limousine	\$ 21,748	21,748		
29.	20	5f	X-rays, etc	\$ 12,277	12,277		
30.	20	5h	Laboratory	\$ 96,869	96,869		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 71,858	71,858		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 2,454	2,012		442
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 143,796	93,164		50,632
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	\$ 230,105	163,758		66,347
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<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>				\$ (5,822,543)	(4,824,796)		(997,747)

\*\*\* 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
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

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>			\$ -	\$ -	\$ -





<b>Total Unallowable Building Interest</b>	\$ -	\$ -	\$ -
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## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Mary Home	680-C	9/30/2022			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> )	\$ 20,369,138	16,799,277		3,569,861		
b. Medicaid Room and Board Contractual Allowance **	\$ (7,156,863)	(7,156,863)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 6,303,180	6,303,180				
b. Medicare Room and Board Contractual Allowance **	\$ 12,589	12,589				
4. a. Private-Pay Residents and Other	\$ 7,464,511	7,050,576		413,935		
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,038,930)	(1,038,930)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 196,586	196,586				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (196,587)	(196,587)				
c. Prescription Drugs - Non-Medicare	\$ 303,376	303,376				
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	\$ 1,281,226	1,281,226				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,281,226)	(1,281,226)				
c. Physical Therapy - Non-Medicare	\$ 1,959,643	1,959,643				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 139,227	139,227				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (139,227)	(139,227)				
c. Speech Therapy - Non-Medicare	\$ 357,511	357,511				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,438,105	1,438,105				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,438,105)	(1,438,105)				
c. Occupational Therapy - Non-Medicare	\$ 2,391,874	2,391,874				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (4,530,255)	(4,530,255)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 26,435,772	22,451,976		3,983,796		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 75	75				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,564	1,564				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ (63,745)	(66,086)		2,340		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (62,106)	(64,447)		2,340		
<b>VI. Total All Revenue</b> (III +V)	\$ 26,373,665	22,387,530		3,986,136		

\* 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	Lab - Medicare	\$ 18,735		
30, II6a	Lab - Medicare C/A	\$ (18,735)		
30, II6a	X-Ray - Medicare	\$ 7,543		
30, II6a	X-Ray - Medicare C/A	\$ (7,543)		
<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	Lab Revenue	\$ 31,074		
30, II6b	X Ray Revenue	\$ 6,782		
30, II6b	Ancillary Contractual Allowances	\$ (4,568,111)		
<b>Total Other Resident Revenue</b>		\$ (4,530,255)	\$ -	\$ -

## Interest Income

		Account			
Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income Operations		\$ 1,564		
<b>Total Interest Income</b>			\$ 1,564	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	LTC Specialty Equipment	\$ 16,943		
30, IV8	Provider Incentive Revenue	\$ 52,075		
30, IV8	Unrestricted Contribution	\$ 2,211		
30, IV8	Miscellaneous Revenue	\$ 29,551		\$ 2,340
30, IV8	Resticted Net Assets Released	\$ 2,042		
30, IV8	Other Rental Income	\$ 12,625		
30, IV8	IC Derivatives Cash Payment	\$ (35,689)		
30, IV8	Federal CARES Act	\$ 102,156		
30, IV8	State & Other CARES Act	\$ (248,000)		
<b>Total Other Revenue</b>		\$ (66,086)	\$ -	\$ 2,340

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	316,212
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,568,431
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	60,863
4. Inventories			\$	124,638
5. Prepaid Expenses			\$	37,041
a. Prepaid Expense	37,041			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	21,427
Deposits	21,427			
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	4,128,613
B. Fixed Assets				
1. Land			\$	100,982
2. Land Improvements	*Historical Cost	651,251	\$	614,731
	Accum. Depreciation	36,521		
		Net		
3. Buildings	*Historical Cost	29,876,657	\$	9,523,489
	Accum. Depreciation	20,353,169		
		Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
6. Movable Equipment	*Historical Cost	6,382,567	\$	1,274,520
	Accum. Depreciation	5,108,047		
		Net		
7. Motor Vehicles	*Historical Cost	509,987	\$	
	Accum. Depreciation	509,987		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	226,511
Construction in Progress	226,511			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	11,740,232

\* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	15,868,845
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> )			\$	3,539,944
	IC Other AR	3,500,594		
	LT Other Assets Gross	39,350		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	3,539,944
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	19,408,789

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

## Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility Saint Mary Home		License No. 680-C	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	4,037,902
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> )				\$	1,155,670
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
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> )				\$	4,497,780
IC Current Portion of LT		172,211	Other Custodial Funds Pt	285,180	
AP vendor Infection Control		29,952	Older PY Medicare Paya	38,992	
AP Patient Credit & Refunds		545,633			
IC AP		3,425,811	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	9,691,351

\* 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 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				9,691,351	
<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> )				\$ 9,240,776	
IC LT Debt		9,240,776			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 9,240,776	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 18,932,128	



**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	9/30/2022	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			\$	(6,536,881)
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	6,748,543
7. Total Net Worth			\$	211,661
<b>C. Total Reserves and Net Worth</b>			\$	476,661
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	19,408,789

### H. Changes in Total Net Worth

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	12,720,991
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	26,373,665
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	19,625,123
D. Net Income or Deficit			\$	6,748,542
E. Balance			\$	19,469,533
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	19,469,533

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2022	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				
Haley Gregory				
Address Address			Phone Number	
20555 Victor Parkway, Livonia MI 48152			734-343-6611	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Pamela Latovick			734-343-6628	
Contact Email Address				
latovicp@trinity-health.org				