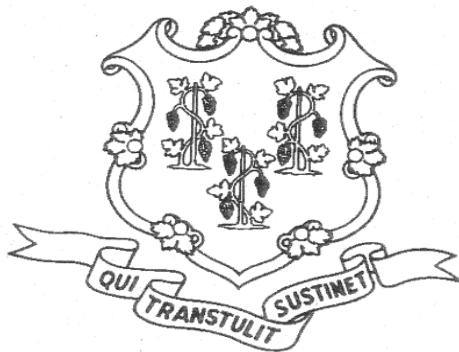


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) The Mary Wade Home, Inc				
Address (No. & Street, City, State, Zip Code) 118 Clinton Avenue, New Haven, CT 06513				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home
Report for Year Beginning 10/1/2020		Report for Year Ending 9/30/2021		

License Numbers:	CCNH 2015C	RHNS	Residential Care Home 1665-RHC	Medicare Provider 07-5325
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Medicaid Provider Numbers:	CCNH 20511	RHNS	ICF-IID
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### For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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## General Information

Name of Facility (as licensed) The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 1	of 37
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### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Mary Wade Home, Inc [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Douglas N. Melanson		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Mary Wade Home, Inc	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 118 Clinton Avenue, New Haven, CT 06513				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2022		
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	\$			
<b>6. Total Wages Paid</b>	<b>\$</b>			
7. Total salaries paid	\$			
<b>8. Total Wages and Salaries Paid (As per page 10 of Report)</b>	<b>\$</b>			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

	Phone No. of Facility 203-562-7222	Report for Year Ended 9/30/2021	Page 2
Name of Facility (as shown on license) The Mary Wade Home, Inc		Address (No. & Street, City, State, Zip ) 118 Clinton Avenue, New Haven, CT 06513	
License Numbers:	CCNH 2015C	RHNS	Residential Care Home 1665-RHC
Medicare Provider No. 07-5325			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> 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 Douglas N. Melanson		Nursing Home Administrator's License No.:	001689
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name Maria Olmo (RCH Only)		License No.:	

## **General Information and Questionnaire Partners/Members**

# **General Information and Questionnaire**

## **Corporate Owners**

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page of 3A   37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
The Mary Wade Home, Incorporated	118 Clinton Avenue, New Haven, CT 06513	Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Enclosed			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut

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

CSP-3B Rev. 10/2005

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

## General Information and Questionnaire

### Related Parties\*

Name of Facility The Mary Wade Home, Inc		License No. 2015C			Report for Year Ended 9/30/2021		Page 4	of 37
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 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?					<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
MW Healthcare, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input type="radio"/>	<input checked="" type="radio"/>		See 04a(4)/ Intercompany loan receivable	Page 32, line 6	1,263,483	1,263,483
MW Holdings, Inc.	83 Pine Street, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a(1), (3), (5)/ Intercompany loan receiv	Page 32, line 6	2,441,622	2,441,622
MW Holdings, Inc.	83 Pine Street, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a(1), (3), (5)/ Rents property to Home	Page 22, line 9	60,000	60,000
Fair Haven Properties, LLC	83 Pine Street, New Haven, CT 06513	<input type="radio"/>	<input checked="" type="radio"/>		See 4a(2), (3), (5)/ Intercompany loan receiv	Page 32, line 6	139,597	139,597
Mary Wade at Home	118 Clinton Avenue, New Haven, CT 06513	<input checked="" type="radio"/>	<input type="radio"/>		See 4a(4), (6), (7)	Page 32, line 6	328,839	328,839
MW Residences, Inc.	118 Clinton Avenue, New Haven, CT 06513	<input type="radio"/>	<input checked="" type="radio"/>		See 4a(8)	Page 32, line 6	420,774	420,774
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	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.

All costs were allocated as listed above except for laundry and all other general and administrative expenses. Those were allocated based on patient days. This method has been accepted in the past.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The Mary Wade Home provides certain services to MWH Holding, Inc. As a result, certain direct and indirect costs have been allocated to MWH Holding, Inc.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

See enclosed pages 5a-5a2 for allocation methodologies for Adult Day Care (ADC) and Advanced Department. See enclosed pages 5a3-5a4 for allocation of costs to MWH Holding, Inc. See enclosed page 29B for outpatient therapy cost allocation.

## General Information and Questionnaire

### Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
The Mary Wade Home, Inc		2015C		9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
EcoLab	<input type="radio"/>	<input checked="" type="radio"/>	Dishwashing Machine	07/01/19	60 Months	5,039	5,039	
	<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>	5,039	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire

### Accounting Basis

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	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     Yes    If "No," explain.  
previous period?     No

#### Independent Accounting Firm

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, 4th Floor, West Hartford, CT 06107
--	---

Services Provided by This Firm (*describe fully*)

1 Independent audit, Form 990, Medicaid and Medicare Cost Report	\$ 74,529
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 74,529

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

Yes     No    |Page 15, Line 1d

#### Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Neubert, Pepe, & Monteith, P.C. 3 4 5	Telephone Number 860-240-6000 203-821-2000
--	--

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

1 185 Asylum Street, Hartford, CT 06103 2 195 Church Street, New Haven, CT 06510 3 4 5	
--	--

Services Provided by This Firm (*describe fully*)

1 Services related to properties, general operations, bonds, employee matters and regulatory	\$ 16,640
2 Services related to properties, and general operations	\$ 3,261
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 19,901

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

Yes     No    |Page 15, Line 1e

## Schedule of Resident Statistics

Name of Facility The Mary Wade Home, Inc			License No. 2015C				Report for Year Ended 9/30/2021				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	139	94		45	139	94		45				
B. On last day of THIS report period	139	94		45					139	94		45
2. Number of Residents												
A. As of midnight of PREVIOUS report period	109	70		39	109	70		39				
B. As of midnight of THIS report period	125	85		40					125	85		40
3. Total Number of Days Care Provided During Period												
A. Medicare	1,694	1,694			1,253	1,253			441	441		
B. Medicaid (Conn.)	21,567	21,567			16,303	16,303			5,264	5,264		
C. Medicaid (other states)												
D. Private Pay	3,857	1,854		2,003	2,776	1,202		1,574	1,081	652		429
E. State SSI for RCH	12,109			12,109	8,871			8,871	3,238			3,238
F. Other (Specify) Managed Care	2,887	2,887			1,712	1,712			1,175	1,175		
G. Total Care Days During Period (3A thru F)	42,114	28,002		14,112	30,915	20,470		10,445	11,199	7,532		3,667
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	508	10		498	346	9		337	162	1		161
B. Other Bed Reserve Days	120	56		64	92	55		37	28	1		27
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>42,742</b>	<b>28,068</b>		<b>14,674</b>	<b>31,353</b>	<b>20,534</b>		<b>10,819</b>	<b>11,389</b>	<b>7,534</b>		<b>3,855</b>

## Schedule of Resident Statistics (Cont'd)

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	10	54		21			4	36
Per Diem Rate								
a. One bed rm.	PDPM	309.51		558.00		173.00-226.00	144.56	
b. Two bed rms.				509.00		184.00-195.00		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
		2,855	2,855	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,295		1,295	
D. <b>Total Physical Therapy Treatments</b>	4,150		4,150	

8. Total Number of Speech Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
		916	916	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <b>Total Speech Therapy Treatments</b>	916		916	

9. Total Number of Occupational Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
		2,011	2,011	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	531		531	
D. <b>Total Occupational Therapy Treatments</b>	2,542		2,542	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2015C	9/30/2021	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	119,218	853			62,327 446
2. Administrator(s) (Complete also Sec. III of Schedule A1)	96,401	1,300			50,398 679
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					69,372 2,328
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	229,620	8,259			120,045 4,318
5. Dietary Service					
a. Head Dietitian	33,862	871			17,703 456
b. Food Service Supervisor	49,904	1,476			26,090 772
c. Dietary Workers	417,584	23,230			218,314 12,145
6. Housekeeping Service					
a. Head Housekeeper	41,960	1,435			20,277 693
b. Other Housekeeping Workers	180,920	12,765			87,431 6,169
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	46,023	1,435			22,241 693
b. Other Maintenance Workers	70,863	3,564			34,245 1,723
8. Laundry Service					
a. Supervisor	23,920	1,356			12,505 709
b. Other Laundry Workers	38,228	3,496			19,986 1,827
9. Barber and Beautician Services					
10. Protective Services	63,824	4,152			33,367 2,171
11. Accounting Services					
a. Head Accountant	76,016	1,080			39,742 564
b. Other Accountants	231,180	8,069			120,861 4,218
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	242,628	4,485			
b. RN					
1. Direct Care	851,641	18,074			
2. Administrative**	258,617	6,019			
c. LPN					
1. Direct Care	983,953	29,244			56,804 1,906
2. Administrative**					
d. Aides and Attendants	1,604,100	76,642			377,284 21,746
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	80,351	4,181			53,568 2,788
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	62,494	1,894			9,459 287
n. Marketing					
o. Other (Specify)					
See Attached Schedule	301,483	11,397			60,793 2,215
<i>A-13. Total Salary Expenditures</i>	6,104,790	225,278			1,512,812 68,852

\* 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)**

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

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility The Mary Wade Home, Inc			License No. 2015C		Report for Year Ended 9/30/2021			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							
<b>Section I - Operators/Owners</b>									
David Hunter	119,218		62,327		1,299	A1	Mary Wade Healthcare 118 Clinton Ave, New Haven, CT 06513	804	112,328
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

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

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

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

Name of Facility (as licensed)			License No.		Report for Year Ended			Page	of	
The Mary Wade Home, Inc			2015C		9/30/2021			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>										
Douglas N. Melanson (December 17, 2020 - Present)	77,836		40,692		Administrator	1,591	A2			
Stanley DeCosta (October 1, 2020 - December 1, 2020)	18,565		9,706		Administrator	388	A2			
<b>Section IV - Assistant Administrators</b>										
Maria Olmo (October 16, 2020 - Present)			65,229		Director of RCH (RCH only)	2,208	A3			
Joy Rembert (October 1, 2020 - October 15, 2020)			4,143		Director of RCH (RCH only)	120	A3			

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2015C	9/30/2021		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	10,716	Disallowed			
3. Pharmacist	6,937	Disallowed			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	223,097	3,958			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	45,600	240			
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	78,680	1,335			
b. Other					
10. Occupational Therapist					
a. Resident Care	197,602	4,591			
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	24,000	Disallowed			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	586,632	10,124			

\* 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\***

\* 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
	2015C	9/30/2021		15	37
Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 196,611	157,565			39,046
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 43,771	35,078			8,693
4. Social Security (F.I.C.A.)	\$ 564,703	452,556			112,147
5. Health Insurance	\$ 724,182	580,364			143,818
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 117,817	94,419			23,398
8. Uniform Allowance	\$ 3,961	3,174			787
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 33,387	26,756			6,631
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 74,529	48,942			25,587
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 19,901	13,069			6,832
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 41,972	27,562			14,410
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 43,720	28,710			15,010
2. Cellular Phones	\$ 19,718	12,949			6,769
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	\$ 509,776	509,776			
<b>Subtotal</b>	\$ 2,394,048	1,990,920			403,128

\* 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**

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Residential Care Home
Employee Physicals and Screening, Flu Shots, Counciling Program	\$ 2,581		\$ 640
Pre-Employment Costs	\$ 19,507		\$ 4,834
Organizational Development	\$ 4,668		\$ 1,157
<b>Total</b>	<b>\$ 26,756</b>	<b>\$ -</b>	<b>\$ 6,631</b>

**Schedule of Other Taxes**

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

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

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	Residential Care Home
	<b><i>Subtotals Brought Forward:</i></b>	2,394,048	1,990,920		403,128
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	9,315	6,117		3,198
4. Employee Travel	\$	3,549	2,331		1,218
5. Education Expenses Related to Seminars and Conventions	\$	9,550	7,461		2,089
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	288	189		99
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	53,928	35,414		18,514
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	7,422	4,874		2,548
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	13,098	8,601		4,497
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	2,359	1,549		810
9. Subscriptions	\$	41,212	27,063		14,149
10. Contributions*** See Attached Schedule	\$	10,850	7,125		3,725
11. Services Provided by Contract ( <i>Specify and Complete     Schedule C-2, Page 21 for each firm or individual</i> )	\$	336,490	223,996		112,494
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	447,230	293,689		153,541
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	<b>3,329,339</b>	<b>2,609,329</b>		<b>720,010</b>

\* Do not include Subscriptions, which should go in item 9.

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	Residential Care Home
Board Meeting Expense	\$ (657)		\$ (343)
Meetings and Seminars	\$ 846		\$ 442
<b>Total Other Travel and Entertainment</b>	<b>\$ 189</b>	<b>\$ -</b>	<b>\$ 99</b>

**Schedule of Other Advertising**

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

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 7,224		\$ 3,776
ALTCFM	\$ 56		\$ 29
BJ's - Disallowed	\$ 72		\$ 38
CAHCF	\$ 230		\$ 120
CALA	\$ 118		\$ 62
Professional Memberships	\$ 322		\$ 169
Amazon Prime Membership - Disallowed	\$ 78		\$ 41
Rotary Club of New Haven	\$ 276		\$ 144
National Fire Protection	\$ 115		\$ 60
Oklahoma Mineral Owner Registry	\$ 110		\$ 58
	\$ -		\$ -
<b>Total Dues</b>	<b>\$ 8,601</b>	<b>\$ -</b>	<b>\$ 4,497</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Residential Care Home
Donations	\$ 7,125		\$ 3,725
<b>Total Contributions</b>	<b>\$ 7,125</b>	<b>\$ -</b>	<b>\$ 3,725</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Licenses	\$ 276		\$ 144
Bank Charges - Disallowed	\$ 39,657		\$ 20,732
Miscellaneous Expense - Partially Disallowed	\$ 8,226		\$ 4,300
Officer Liability Insurance	\$ 16,326		\$ 8,535
Cyber Liability Insurance	\$ 2,691		\$ 1,407
Crime Policy Insurance - Disallowed	\$ 1,821		\$ 952
Write-off Bond Expenditures - Disallowed	\$ 214,655		\$ 112,222
Loss on disposal of assets - Disallowed	\$ 2,950		\$ 1,543
Staff Breakroom Supplies	\$ 2,482		\$ 1,298
Settlements - Disallowed	\$ 4,605		\$ 2,408
<b>Total Other Administrative and General</b>	<b>\$ 293,689</b>	<b>\$ -</b>	<b>\$ 153,541</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page of 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 #
N/A			

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility	License No.	Report for Year Ended		Page of
	2015C	9/30/2021		18   37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 325,819	213,960		111,859
2. Non-Food Supplies	\$ 29,478	19,358		10,120
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 524	344		180
c. Other (Specify) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 355,821</b>	<b>233,662</b>		<b>122,159</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 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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV8
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 The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021		Page of 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. \$			
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. \$	9,473	6,221	3,252
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$			
c. Other ( <i>Specify</i> ) Laundry Supplies and OSHA Laundry Expense	\$	9,491	6,233	3,258
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	18,964	12,454	6,510
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
	2015C	9/30/2021		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 52,715	35,540		17,175
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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.	\$ 9,987	6,733		3,254
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>62,702</b>	<b>42,273</b>		<b>20,429</b>
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	150,586	150,586		
b. Medicine Cabinet Drugs	\$	7,115	7,115		
c. Medical and Therapeutic Supplies	\$	171,349	171,349		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	805	805		
f. X-rays and Related Radiological Procedures***	\$	11,904	11,904		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	26,371	26,371		
i. Recreation	\$	23,525	15,448		8,077
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	196,461	169,935		26,526
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>588,116</b>	<b>553,513</b>		<b>34,603</b>

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	Residential Care Home
Miscellaneous Part A Expenses - Disallowed	\$ 4,311		
PT Supplies - Disallowed	\$ 29,795		
OT Supplies - Disallowed	\$ 1,577		
Nursing Software Maintenance	\$ 4,014		
COVID-19 Costs	\$ 130,238		\$ 26,526
<b>Total Other Resident Care</b>	<b>\$ 169,935</b>	<b>\$ -</b>	<b>\$ 26,526</b>

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

Name of Facility The Mary Wade Home, Inc				License No. 2015C	Report for Year Ended 9/30/2021				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
All American Waste, LLC	P.O. Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	20,326		9,823	22	6f
Elite Property Services	4481 Whitney Avenue, Hamden, CT, 06518	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	39,982		19,322	22	6f
Executive Computing Services	Suite 2K Newington CT, 06111	<input type="radio"/>	<input checked="" type="radio"/>		Computer Network Maintenance Support	81,113		42,406	16	11
Facility Compliance Services, LLC	221 West Main Street Plantsville CT, 06479	<input type="radio"/>	<input checked="" type="radio"/>		Facilities Consulting	16,433		7,941	22	6f
MatrixCare	1414, Minneapolis, MN 55480-1414	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance and Support	23,160		12,108	16	11
Pension Service, Inc.	PO Box 478 New Haven, CT 06473-0478	<input type="radio"/>	<input checked="" type="radio"/>		Servicing Fees	10,669		2,819	15	a7
Quality Mechanical Corp.	231 Silver Sands Road, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>		Facilities Consulting/ Maintenance	197,818		95,597	22	2a, 6f
RKL LLP	PO Box 8408, Lancaster, PA 17604-8408	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	19,563		10,619	16	11
Smartlinx Solutions, LLC	333 Thornhall St., 4th Fl, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Payroll HR Software	9,247		5,019	16	11
Thyssen Krupp Elevator	P.O. Box 933007 Atlanta, GA 31193	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Services	11,748		5,678	22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* 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 The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	105,107	70,862			34,245
b. Heat	\$	86,764	58,496			28,268
c. Light & Power	\$	168,251	113,434			54,817
d. Water	\$	73,850	49,789			24,061
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	5,039	3,397			1,642
f. Other <i>(itemize)</i>	\$	210,022	141,595			68,427
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	649,033	437,573			211,460
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	6,157	5,265			892
b. Building & Building Improvements	\$	479,790	396,558			83,232
c. Non-Movable Equipment	\$	37,997	38,163			(166)
d. Movable Equipment	\$	170,414	166,029			4,385
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	694,358	606,015			88,343
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	61,014	41,135			19,879
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$	(143,597)	(96,812)			(46,785)
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$	(82,583)	(55,677)			(26,906)
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	60,000	40,452			19,548
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	671,775	590,790			80,985

\* 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**

## Depreciation Schedule

Name of Facility The Mary Wade Home, Inc				License No. 2015C			Report for Year Ended 9/30/2021				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period				291,568		291,568	271,182	SL	Various	6,157			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>											6,157		
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				13,877,613		13,877,613	8,399,657	SL	Various	412,039			
2. Disposals (attach schedule)				(13,501)		(13,501)	(11,093)			1,305			
3. Acquired during this report period (attach schedule)				113,712		113,712		SL	Various	3,173			
<b>B-4. Subtotal</b>											416,517		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				455,004		455,004	346,083	SL	Various	26,606			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				439,528		439,528		SL	Various	11,391			
<b>C-4. Subtotal</b>											37,997		
	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		
	Yes	No	Month	Year									
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)					345,263		345,263	345,263	SL	3			
a. Prior year vehicles (Fully depreciated)					345,263		345,263	345,263	SL	3			
b. Matthew's Buses - 2016 & 2018					128,778		128,778	104,786	SL	4	15,996		
c. Subaru Forester, Matthew's Buses &					125,408		125,408	59,490	SL	4	28,236		
d. Matthew's Buses					66,224		66,224	8,278	SL	4	16,556		
2. Movable Equipment													
a. Acquired prior to this report period					2,034,472		2,034,472	1,805,394	SL	Various	95,789		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					75,796		75,796		SL	Various	10,264		
<b>D-3. Subtotal</b>												166,841	
<b>E. Total Depreciation</b>												627,512	

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

\*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>				
10/27/2020	15 Ton York RTU	\$ 13,140	10	\$ 657
11/8/2020	Motor Rebuild	\$ 2,623	20	\$ 66
2/1/2021	Motor Rebuild	\$ 2,623	20	\$ 66
9/1/2021	Laminate Countertop	\$ 2,003	20	\$ 50
2/28/2021	COVID Retrofit Remodel	\$ 33,341	20	\$ 834
2/28/2021	COVID Retrofit Remodel	\$ 59,982	20	\$ 1,500
<b>Total additions for Building Improvement</b>		\$ 113,712		\$ 3,173
<b>Deletions:</b>				
9/30/2021	Install Generator	\$ (13,501)		\$ 1,305
<b>Total deletions for Building Improvement</b>		\$ (13,501)		\$ 1,305

\* Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/14/2020	Repair Boiler Expansion Tank	\$ 5,366	5	\$ 537
9/1/2021	Emergency Generator	\$ 434,162	20	\$ 10,854
<b>Total additions for Non-Movable Equipment</b>		\$ 439,528		\$ 11,391
<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>				
3/1/2021	Cleaning System	\$ 5,590	5	\$ 559
10/1/2020	Vital Signs Monitor	\$ 3,738	5	\$ 374
4/30/2021	DPS Scale	\$ 13,392	5	\$ 1,339
5/1/2021	Bed, Laminate Panels	\$ 3,448	12	\$ 151
5/17/2021	Ice Machine	\$ 3,620	10	\$ 172
10/1/2020	Laptops, monitors, docks	\$ 1,702	3	\$ 284
10/28/2020	Laptops, monitors, docks	\$ 1,762	3	\$ 294
11/5/2020	(5) Laptops, monitors, docks	\$ 5,495	3	\$ 916
11/13/2020	(5)Laptops, monitors, docks	\$ 5,975	3	\$ 996
12/10/2020	(2) Laptops, monitors, docks	\$ 3,586	3	\$ 598
1/8/2021	Laptops, monitors, docks	\$ 1,524	3	\$ 254
4/20/2021	Laptops, monitors, docks	\$ 1,043	3	\$ 174
6/1/2021	(3) Laptops, monitors, docks	\$ 3,158	3	\$ 526
9/1/2021	Tool 4 data	\$ 8,457	3	\$ 1,410
9/1/2021	Computer Network Upgrade	\$ 2,300	3	\$ 383
9/1/2021	Computer Network Upgrade	\$ 6,174	3	\$ 1,029
9/1/2021	Matrixcare - System upgrades	\$ 4,832	3	\$ 805
<b>Total additions for Movable Equipment</b>		\$ 75,796		\$ 10,264 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

## Amortization Schedule\*

Name of Facility The Mary Wade Home, Inc			License No. 2015C		Report for Year Ended 9/30/2021			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							
A. Organization Expense			568						
1. Organization Expense Prior Years									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. CHEFA	9	2019		1,296,799	93,743			61,014	
2.									
3.									
B-4. Subtotal									61,014
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									61,014

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- Minimum of 5 years or 60 months.
- Life of mortgage; OR
- Remaining Life of Lease; OR
- Actual Life if owned by Related Party.

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

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?

Yes

No

If "Yes," complete Part B.  
If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	139			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

##### Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable	Variable		
b. Date Mortgage Obtained	09/26/19	09/26/19		
c. Interest Rate for the Cost Year	2-5%	4.75%		
d. Term of Mortgage (number of years)	35	9		
e. Amount of Principal Borrowed	42,800,000	2,900,000		
f. Principal balance outstanding as of 9/30/2021	42,700,000	2,900,000		

##### Complete if Mortgage was Refinanced

###### During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
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		\$ 45,700,000				
2. Loan Origination Date		09/26/19				
3. Interest Rate %		2-5%				
4. Term		35				
5. CHEFA Interest Expense		511,726	455,231			56,495
12 B7. <b>Total Building Interest Expense (A1 - A4 + B5)</b>		\$ 511,726	455,231			56,495

(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
		9/30/2021			27	37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:			511,726	455,231		56,495
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)		\$	4,329	2,919		1,410
Capital Lease \$4,457						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	516,055	458,150		57,905
14. Insurance						
a. Insurance on Property (buildings only)		\$	63,022	42,489		20,533
b. Insurance on Automobiles		\$	41,723	28,129		13,594
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	53,138	35,825		17,313
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	128,693	86,764		41,929
Professional						
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	286,576	193,207		93,369
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	14,682,615	11,822,373		2,860,242

## **D. Adjustments to Statement of Expenditures**

Name of Facility The Mary Wade Home, Inc			License No. 2015C	Report for Year Ended 9/30/2021		Page 28   of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b><i>Page 10 - Salaries and Wages</i></b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 236,786	182,218		54,568
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 197,602	197,602		
7.			Other - See attached Schedule	\$ 44,375	44,375		
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 14,677	9,638		5,039
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 18,278	12,003		6,275
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	I5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 5,320	4,156		1,164
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 10,850	7,125		3,725
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 449,134	294,938		154,196
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 977,022	752,056			224,966

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A1	Owners & Operators	\$ 56,260		\$ 29,412
10	A2	Administrators	\$ 6,932		\$ 3,624
10	A11a	Head Accountant	\$ 5,466		\$ 2,858
10	A11b	Other Accountants	\$ 4,967		\$ 2,597
10	A12o	Respiratory Therapist	\$ 77,840		
10	A12o	Assisted Living Executive Director	\$ 18,271		\$ 9,552
10	A12o	Director of Community Relations	\$ 12,482		\$ 6,525
<b>Total Other Salaries Adjustment</b>			\$ 182,218	\$ -	\$ 54,568

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 10,716		
13	B8a	Medical Director	\$ 2,722		
13	12	Pulmonology Consultant	\$ 24,000		
13	B3	Pharmacist	\$ 6,937		
<b>Total Other Fees Adjustments</b>			\$ 44,375	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15		Benefits on Disallowed Salaries Above	\$ 23,589		\$ 12,332
16	l7	Board Meetings	\$ (657)		\$ (343)
16	M8a	Fraternal Organizations	\$ 234		\$ 123
16	M8a	Chamber of Commerce	\$ 1,315		\$ 687
16	M8	Amazon Prime	\$ 78		\$ 41
16	M8	BJ's	\$ 72		\$ 38
16	M13	Bank Charges	\$ 39,657		\$ 20,732
16	M8	Dues	\$ 386		\$ 202
16	M13	Write-off Bond Expenditures	\$ 214,655		\$ 112,222
16	M13	Miscellaneous Expenses	\$ 6,233		\$ 3,259
16	M13	Settlements	\$ 4,605	\$ -	\$ 2,408
16	M13	Crime Insurance	\$ 1,821	\$ -	\$ 952
16	M13	Loss on disposal of asset	\$ 2,950	\$ -	\$ 1,543
<b>Total Other A&amp;G Adjustments</b>			\$ 294,938	\$ -	\$ 154,196

State of Connecticut

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

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

Name of Facility			License No.	Report for Year Ended		Page of	
The Mary Wade Home, Inc			2015C	9/30/2021		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			Subtotals Brought Forward	\$ 977,022	752,056		224,966
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 150,586	150,586		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 11,904	11,904		
30.	20	5h	Laboratory	\$ 26,371	26,371		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 805	805		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 35,683	35,683		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	6d	Depreciation on Unallowable Motor Vehicles	\$ 60,788	60,788		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 167,610	113,640		53,970
<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	\$ 175	115		60
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 65,230	53,817		11,413
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,496,174	1,205,766		290,408

\*\*\* 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	Misc. Part A Expense	\$ 4,311		
20	5j	PT Supplies	\$ 29,795		
20	5j	OT Supplies	\$ 1,577		
<b>Total Other Ancillary Costs</b>			\$ 35,683	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	9	Parking Lot Rental/ Office Space - MWH - Related Party	\$ 40,452		\$ 19,548
27	14b	Auto Insurance	\$ 28,129		\$ 13,594
29B		Outpatient Therapy Fair Rent Allocation	\$ 1,712		\$ 414
29B		Outpatient Therapy Insurance Allocation	\$ 250		\$ 60
29B		Outpatient Therapy A&G Allocation	\$ 1,161		\$ 281
29B		Outpatient Therapy Indirect Allocation	\$ 801		\$ 194
22	8b	Amortization of Start Up Costs	\$ 41,135		\$ 19,879
<b>Total Other Property Adjustments</b>			\$ 113,640	\$ -	\$ 53,970

### Schedule of Other - Indirect Adjustments

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## **Schedule of Unallowable Building Interest**



**F. Statement of Revenue**

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021			Page 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> )	\$ 13,519,185	11,321,052			2,198,133
b. Medicaid Room and Board Contractual Allowance **	\$ (5,213,961)	(4,790,676)			(423,285)
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 884,913	884,913			
b. Medicare Room and Board Contractual Allowance **	\$ 251,674	251,674			
4. a. Private-Pay Residents and Other	\$ 2,594,976	2,190,540			404,436
b. Private-Pay Room and Board Contractual Allowance **	\$ (384,480)	(373,476)			(11,004)
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 53,344	53,344			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 77,261	77,261			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 359	359			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 216,843	216,843			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 237,143	237,143			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 142,972	142,972			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 37,128	37,128			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 218,212	218,212			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 244,369	244,369			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (408,585)	(408,585)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (501,122)	(501,122)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,970,231	9,801,951			2,168,280
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 133,640	87,759			45,881
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 164	108			56
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 3,148,145	2,570,349			577,796
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 3,281,949	2,658,216			623,733
<b>VI. Total All Revenue</b> (III +V)	\$ 15,252,180	12,460,167			2,792,013

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare****Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 Li	Medicare A - X-Ray	\$ 2,656		
Page 30 Li	Medicare A - Lab	\$ 6,494		
Page 30 Li	Medicare A - Non R&B Contractual Allowance	\$ (265)		
Page 30 Li	Medicare A - Ancillary Contractual Allowance	\$ (386,965)		
Page 30 Li	Medicare A - Small Balance Adjustment	\$ 24		
Page 30 Li	Medicare B - Contractual Allowance	\$ (23,833)		
Page 30 Li	Medicare B - Small Balance Adjustment	\$ (6,695)		
Page 30 Li	Outpatient Medicare B - Contractual Allowance	\$ (1)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (408,585)</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 Li	INPT Managed Care Part A - X-Ray	\$ 3,070		
Page 30 Li	INPT Managed Care Part A - Lab	\$ 8,834		
Page 30 Li	INPT Managed Care Part A Ancillary Contractual	\$ (512,672)		
Page 30 Li	INPT Private - Laboratory	\$ (354)		
<b>Total Other Resident Revenue</b>		<b>\$ (501,122)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Page 30 Li	Interest Income	\$ 108	\$ -	\$ -	\$ 56
<b>Total Interest Income</b>		<b>\$ 108</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 56</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30 Li	Donations - Unrestricted	\$ 12,306	\$ -	\$ 6,433
Page 30 Li	Annual Campaign	\$ 20,023	\$ -	\$ 10,468
Page 30 Li	Special Events	\$ 47,161	\$ -	\$ 24,656
Page 30 Li	Miscellaneous Income	\$ 21,569	\$ -	\$ 11,277
Page 30 Li	Investment Income	\$ 4,121	\$ -	\$ 2,154
Page 30 Li	Unrealized Gain/Loss	\$ 11,602	\$ -	\$ 6,065
Page 30 Li	Sale of Investments	\$ 5,016	\$ -	\$ 2,623
Page 30 Li	Investment Fees	\$ (305)	\$ -	\$ (160)
Page 30 Li	Cable/TV/Phone	\$ 11,874	\$ -	\$ 6,207
Page 30 Li	COVID Grant Income	\$ 535,154	\$ -	\$ 108,999
Page 30 Li	Paycheck Protection Program Loan Forgiveness	\$ 1,532,803	\$ -	\$ 312,197
Page 30 Li	Capital Campaign	\$ 36,703	\$ -	\$ 19,188
Page 30 Li	Board Designated - Spend Distribution	\$ 332,315	\$ -	\$ 67,685
Page 30 Li	Small Balance Adjustment	\$ 7		\$ 4
<b>Total Other Revenue</b>		<b>\$ 2,570,349</b>	<b>\$ -</b>	<b>\$ 577,796</b>

**G. Balance Sheet**

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 524,203	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,129,861	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 130,996	
5. Prepaid Expenses			\$ 186,221	
a. Insurance		157,997		
b. Clothing Labels		360		
c. Other Expenses		27,864		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$ 119,661	
Patient Funds		119,661		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 3,090,942	
B. Fixed Assets				
1. Land			\$ 320,191	
2. Land Improvements	*Historical Cost	291,568	\$ 14,229	
	Accum. Depreciation	277,339	Net	
3. Buildings	*Historical Cost	15,307,983	\$ 5,577,166	
	Accum. Depreciation	9,730,817	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	971,149	\$ 587,069	
	Accum. Depreciation	384,080	Net	
6. Movable Equipment	*Historical Cost	2,203,434	\$ 215,253	
	Accum. Depreciation	1,988,181	Net	
7. Motor Vehicles	*Historical Cost	665,673	\$ 87,068	
	Accum. Depreciation	578,605	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 8,964,056	
Construction in Progress		4,991,722		
See Schedule		3,972,334		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 15,765,032	

\* 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 B8

Page Ref Line Ref Description

31 B9	Cost Report versus Financial Statements	\$ 1,045,416
31 B9	Property - Unrelated to Skilled Nursing Facility	\$ 2,926,918
<b>Total Other Other Fixed Assets (Itemize)</b>		\$ 3,972,334

## Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

32 B7	Project Fund	\$ 4,221,495
32 B7	Debt Service Reserve Fund - Non Taxable	\$ 290,019
32 B7	Debt Service Reserve Fund - Taxable	\$ 2,925,193
32 B7	Deferred 457(b) Compensation	\$ 357,494
32 B7	Board Designated Investments	\$ 132,857
32 B7	Debt Service Account	\$ 1,214,627
<b>Total Other Assets</b>		\$ 9,141,685

## 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

33 A12	Deferred Revenue	\$ 15,000
<b>Total Other Current Liabilities (Itemize)</b>		\$ 15,000

## 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	License No.	Report for Year Ended	Page of
		9/30/2021	32   37
Account		Amount	
		Total Brought Forward:	\$ 18,855,974
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 (itemize)			\$ 35,325
Cheer Fund	35,325		
6. Loans to Owners or Related Parties (itemize)			\$ 2,615,330
Name and Address	Amount	Loan Date	
MW Healthcare: \$1,263,483; MW Residence: \$420,774, MW Holdings: \$462,637, MW	2,615,330		
7. Other Assets (itemize)			\$ 34,857,996
Deferred Costs	25,335,319		
Lic Bed Addition	380,992		
See Schedule	9,141,685		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 37,508,651
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 56,364,625

\* 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 The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 3,367,302
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> )				\$ 291,028
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$ 8,992
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> )				\$ 1,114,187
11. Accrued Income Taxes*				\$
12. Other Current Liabilities ( <i>itemize</i> )				\$ 603,559
Provider Tax Payable		121,657	Capital Lease - Current P	21,537
Resident Trust		119,920	PPP Loan - Current Porti	123,643
Due to Medicaid		104,000	Bonds Payable - Current	100,000
Other Liabilities		(2,198)	See Schedule	15,000
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				<b>\$ 5,385,068</b>

\* 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 The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			\$ 5,385,068	
<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				\$ 47,702,059
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> )				\$ 2,103,010
Deferred Compensation 457(b) Eligible		369,697		
Capital Lease - Long Term Portion		11,661		
PPP Loan - Long Term Portion		1,721,652		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 49,805,069
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 55,190,137

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

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	Page 35	of 37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	604,923
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 569,565
7. Total Net Worth			\$	1,174,488
<b>C. Total Reserves and Net Worth</b>				\$ 1,174,488
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 56,364,625

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Mary Wade Home, Inc	2015C	9/30/2021	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020				\$ 1,548,448
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 15,252,180
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 14,682,615
D. Net Income or Deficit				\$ 569,565
E. Balance				\$ 2,118,013
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Adult Day Care Revenue				456,320
Cost Report versus Financial Statement Deprecia				100,519
2. Other ( <i>itemize</i> )				
F-3. Total Additions				\$ 556,839
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$
Name and Address (No., City, State, Zip )				
2. Other Withdrawings ( <i>Specify</i> )				\$ 1,500,364
Purpose				
Adult Day Care Expenses				877,674
Fundraising Expenses, Related Entities				622,690
3. Total Deductions				\$ 1,500,364
H. <b>Balance at End of Period</b>				\$ 1,174,488

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

Name of Facility The Mary Wade Home, Inc	License No. 2015C	Report for Year Ended 9/30/2021	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		

### Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
CliftonLarsonAllen LLP		
Address	Phone Number	
29 South Main Street, 4th Floor, West Hartford, CT 06107	860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Jonathan Fink	860-561-4000	
Contact Email Address		
Jonathan.Fink@CLAnet.com		